

## Appendix 4: Integrated Treatment Plans

### Dual diagnosis: Key directions & priorities for service development.

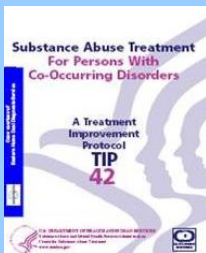
(2007, Victorian DHS)



### Context:

- Integrated treatment may be provided by a clinician or treating team within the one service addressing both a person's substance use and mental health problems.
- It can also be provided by staff of separate agencies working together to agree and implement an individual treatment plan.
- Integrated treatment can also occur when clinicians from separate agencies agree an individual treatment plan addressing both disorders and then provide treatment.
- This integration needs to continue after any acute intervention by way of formal interaction and co-operation between agencies in reassessing and treating the client.

### TIP 42: Substance Abuse Treatment for Persons with Co-Occurring Disorders (SAMHSA, 2005)



- Integration requires the participation of providers trained in both substance abuse and mental health services to develop a single treatment plan addressing both sets of conditions and the continuing formal interaction and cooperation of these providers in the ongoing reassessment and treatment of the client.
- The threshold for integration relative to collaboration is the shared responsibility for the development and implementation of a treatment plan that addresses the co-occurring disorders

## Integrated Treatment Plan (sample proforma)

Integrated Treatment Plan (sample proforma)						
<b>Purpose:</b> Plan and deliver integrated treatment when multiple agencies are involved (when it is not possible for a single agency to provide integrated assessment and treatment of both mental health and substance use needs).						
<b>Name:</b> John Smith			<b>Address:</b> Beyond the black stump			
<b>AOD agency identifier:</b> 123456			<b>Mental health identifier:</b> 654321			
<b>Agencies involved:</b> - Black Stump Primary Mental Health - Black Stump Alcohol & Other Drug Service			<b>Consent – has client consented to interagency referral?</b>		<b>Yes</b>	<b>No</b>
<b>Participants involved:</b> (client, carers, workers) - John (client) - Jane (wife) - Jill (Counsellor – Black Stump Primary Mental Health) - Jim (Counsellor – Black Stump Alcohol & Other Drug Service)			<b>Interagency communication:</b> AOD & mental health workers agree to communicate <ul style="list-style-type: none"> <li>In person / per phone / per letter</li> <li>After each client contact <input type="checkbox"/>Yes <input type="checkbox"/>No</li> <li>On the ...../...../..... at .....</li> </ul>			
Need category	Current situation	Identified Goals	Strategy / Responsibility	Timing/dates	Outcome	Outcome date
Emotional and mental wellbeing	In treatment for anxiety and depression associated with alcohol dependence	John aims to drink only two nights per week	Supervise home-based alcohol withdrawal and initial month of alcohol abstinence (Jim / John / Jane / GP)	Commence after next GP appointment (tomorrow)		
		Reduction in symptoms of anxiety & depression	Practice stress management techniques (John / Jane / Jill)	Daily		
			Continue CBT counselling / monitor mental state (John / Jill)	Next appointment in one week		