



## CO-OCCURRING DISORDERS

Children and families with education, mental health and family support needs are searching for a better quality of life. Wesley Spectrum Services helps them to become independent, responsible and caring members of the community by providing an array of high quality special education, mental health and family services. These services give children and families the strength to learn, to live and to love, resulting in stronger families and stronger communities.

### Philosophy and Purpose

Persons who are diagnosed with substance abuse and Co-Occurring mental health issues are often medically unstable and lack the skills to care for themselves in a productive way. Wesley Spectrum Co-Occurring Disorders (COD) program assists these people in gaining stability and independence, so they can become contributing, caring members of a community. We can serve people with COD in a range of programs that get at the underlying factors and work to treat the total problem.

### Eligibility

Only available in Washington County, the COD program focuses on adolescents and adults who have both a substance abuse and mental health diagnosis. We give priority to pregnant injection drug users, pregnant substance abusers, injection drug users and co-occurring disorder individuals. Individuals must meet the requirements outlined in the Pennsylvania Client Placement Criteria of the American Society of Addiction Medicine and PPC-II.

### Availability

The COD program began operating in 2003 in the Washington County offices of Wesley Spectrum. At any given time, we can accommodate 20 patients in the Partial Hospitalization program and a total of 105 patients in the Intensive and Outpatient Programs. If we are operating at capacity and space is not available, we may refer prospective clients to outside agencies or to similar services within Wesley Spectrum. Aside from our priority populations, all eligible people are treated equitably without favoritism.

### Referral

Referrals come from rehabilitation centers in Pennsylvania, West Virginia, and Ohio, hospitals, half-way houses, shelters, county agencies and Washington Drug and Alcohol Commissions. Clients can also self-refer. Participation is almost always voluntary.

### Intake

The Intake Coordinator collects health history, demographic and insurance information and schedules an appointment with an intake counselor within two weeks (in 48 hours for priority clients). During that appointment, we review each potential client as an individual and chart a course at the best level of treatment for his or her needs. This may include a number of coordinated support or therapy services delivered through Wesley Spectrum or other agencies.

### Funding

Services are paid for by the client or through private or public insurance. We also contract with county services for financial support of our services. At intake, a patient liability assessment is conducted to determine any fees or co-pays required.

### Accreditation and Licensure

Wesley Spectrum is accredited through the Council on Accreditation and licensed by the Department of Health Drug and Alcohol, Department of Public Welfare Mental Health. All our therapists maintain current credentials through professional development and licensing. We have been selected by county courts and Children, Youth and Families agencies in various counties to provide services.

### Treatment Approach

Many agencies attempt to treat COD with separate services for mental health counseling and substance abuse treatment. We offer a fully integrated program that recognizes how mental illness and substance abuse interact with each other to affect an individual's state of mind, treatment and recovery. Our staff is cross-trained to treat multiple symptoms of trauma, drug and alcohol addictions, and psychiatric problems that are interwoven in COD.

Because COD impacts both patients and their families, we involve the whole family in treatment, enlisting familial support to help clients recover. We educate families about mental illness and



## *Strength to learn, to live, to love*

addiction, so they understand what to expect in recovery. We believe every person has value and see the possibilities for good in every client. We guide patients to reconnect spiritually, with their family and their community to build a sense of purpose and wholeness.

Client centered service planning and measurement are at the core of our service delivery process. Individual treatment plans are reviewed and updated periodically during the course of treatment. We measure each client's progress toward his or her individual goals, reevaluating goals when necessary. If progress is not occurring, we can then restructure the patient's program of services.

### **Services**

Co-Occurring Disorders is a fully independent program to recognize, diagnose and treat people with mental illness that co-exists with addiction. Outpatient Services provides up to five hours per week of individual, group or family treatment. Intensive Outpatient offers up to 10 hours of services a week. The Partial Hospitalization Program for COD is a six-hour day treatment program for adults over 18 who need close supervision, totaling between 10 and 30 hours a week of counseling sessions.

Individualized treatment plans for COD services focus on both issues at the same time, finding the underlying traumas that caused mental illness and drug addiction. This may include counseling, sexual abuse therapy, drug assessment, prevention, intervention, education, and psychiatric therapy.

Our treatment modalities include cognitive behavioral therapy to change long term patterns of self-defeating thought, and reality therapy that focuses on increasing responsible behaviors and awareness of personal responsibility for one's actions. We assist clients in processing their experiences, and demonstrate normal reactions to life events. They come to terms with emotions and learn appropriate ways to express their feelings.

COD patients also benefit from Wesley Spectrum case management services, in which we coordinate resources to improve a client's housing, employment or other practical needs. For pregnant women, mothers and their dependent children, we

also arrange for medical care, nutrition education, transportation, and therapeutic interventions for sexual and physical abuse.

### **Outcomes**

After successfully completing treatment, clients should have the skills they need to manage their family and daily life. At discharge, goal attainment, and changes in mental health functioning of the identified client are measured to determine the overall impact of the service. Client satisfaction with services is also measured. Wesley Spectrum Services also collects data on whether discharges were planned or unplanned and if the client was discharged to a more, the same or a less restrictive setting. This outcome data is then aggregated across clients and used to help us improve the quality of our services.

### **Discharge**

A client has successfully completed treatment when he or she has met treatment goals, abstains from using drugs or alcohol, has improved family functioning, handles stress in a healthy manner, performs at school, work or in another daily life setting, and participates in a community recovery program.

### **Aftercare and Follow Up**

Prior to discharge an aftercare plan is developed with the family when possible. The aftercare plan identifies any services that will be needed post discharge and how those services will be arranged for the client. We check in with the family by phone at thirty days, six months and one year following discharge. At that time, we assess if there has been follow through on the aftercare plan and if family needs additional services, or readmission for further treatment.

### **Contact Information**

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