

Chapter Title <b>Clinical</b>	Section # <b>C</b>		Subject # <b>320.7</b>
Subject Title <b>Triple Diagnosis Practice</b>	Adopted <b>02/21/19</b>	Last Revised	Reviewed <b>3/20/20; 3/15/21; 3/17/22</b>

## PROCEDURE

### Application

This procedure shall apply to The Right Door for Hope, Recovery and Wellness' clinical services when working with a person that has been diagnosed with a depressive disorder, substance use disorder and co-occurring personality disorder, also referred to as, "Triple Diagnosis." This procedure is best practice, but does not leave out self-determination, person-centered planning and persons served directing treatment and service provision.

#### 1.0 Evidenced Based and Best Practice

1.1 The Right Door for Hope, Recovery and Wellness (The Right Door) will place priority in training clinical staff in the evidenced based practices of Dialectical Behavioral Therapy (DBT), Cognitive Behavioral Therapy (CBT), Motivational Interviewing and substance use and treatment. These staff will primarily work with those with active "Triple Diagnosis."

#### 1.2 DBT Focus

1.2.1 Diary Cards

1.2.2 Chain analysis

1.2.3 Group Therapy

1.2.4 Newly trained therapists utilizing DBT will be a part of a cohort for implementation support for one-year post training.

1.3 CBT Focus: Newly trained therapists utilizing CBT will be a part of a cohort for implementation support for one-year post training.

#### 2.0 Practice to Implement for Persons Served with Active Triple Diagnosis

When a person served is diagnosed with a depressive disorder, substance use disorder and a personality disorder, the primary clinician will ensure in conjunction with person centered planning and self-determination, that the following practice is in place with coordination from the entire treatment team.

2.1 Person served will receive weekly therapy or weekly group therapy. Qualifiers for weekly engagement:

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- 2.1.1 CBT/DBT/Seeking Safety Group
- 2.1.2 CBT Therapy
- 2.1.3 DBT Therapy
- 2.1.4 Peer contact or other appointment with a clinician
- 2.1.5 Phone call every other week utilizing the DBT coaching sheet
  
- 2.2 Mental Status Exam: Person served will receive a mental status exam at each contact.
  
- 2.3 Safety Planning: Person served will have a safety plan in place in the electronic medical record.
  - 2.3.1 Safety plan will be reviewed quarterly at a minimum
  - 2.3.2 Safety plan will be reviewed monthly at a minimum post psychiatric inpatient hospitalization for six months post hospitalization. Then quarterly.
  
- 2.4 Transition Planning: When a person served is showing continued progress and engagement, a gradual stepdown plan can be considered.
  - 2.4.1 A transition plan should be created with the person served and their family/natural supports (if appropriate).
  - 2.4.2 Treatment team could start by:
    - 2.4.2.1 Decreasing face to face contacts based on progress in treatment and consultation with supervisor.
    - 2.4.2.2 Decreasing phone contacts.
    - 2.4.2.3 Decreasing or discontinuing group therapy.
  
- 2.5 Person served not engaging in services: When a person served is not engaging in treatment services (no showing or cancelling), the clinician will follow this procedure:
  - 2.5.1 Calling the person served and charting calls in non-billable notes.
  - 2.5.2 Visiting the place of residence and leaving a business card in an unmarked envelope
  - 2.5.3 Sending Outreach Letters

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2.5.4 If concern over person served safety, safety procedures should be implemented:

2.5.4.1 Pre-screening

2.5.4.2 Wellness Checks

2.5.4.3 Alternative Outpatient Treatment Order

2.6 Inpatient Hospitalization Discharge Planning: When a person we are serving has active triple diagnosis, the following six (6) month practice will be implemented when discharging from psychiatric inpatient hospitalization:

2.6.1 Prior to discharging from hospital clinician will meet with client at least one time and will participate in the discharge meeting the day of discharge.

2.6.2 Primary clinician will offer for Peer Support Specialist to work with the person served for 30 days

2.6.2.1 Persons served must consent to working with Peer

2.6.2.2 Use of peer post hospitalization will be reviewed in supervision

2.6.3 Person served will receive weekly contacts for the first four (4) weeks post discharge.

2.6.4 Person served will receive safety plan review at each contact.

2.6.5 Primary clinician will ensure practice in 2.1 – 2.4 above is implemented.

Kerry Possehn, Chief Executive Officer	Date		