

## Integrated Dual Disorder Treatment (IDDT) Adult Mental Health

Literature review updated September 2018.

As part of WSIPP's research approach to identifying evidence-based programs and policies, WSIPP determines "what works" (and what does not work) to improve outcomes using an approach called meta-analysis. For detail on our methods, see our [Technical Documentation](#). At this time, WSIPP has not yet calculated benefits and costs for this topic.

**Program Description:** Integrated Dual Disorder Treatment (IDDT) is a specific, integrated approach to treating individuals diagnosed with both serious mental illness and a substance use disorder. This particular model involves multidisciplinary teams composed of case managers, psychologists, psychiatrists or other professionals to manage medication, and a substance abuse counselor. The treatment is provided in an outpatient mental health treatment setting and consists of assertive outreach and a staged approach dependent on the client's readiness to change. The intervention is designed to be of indefinite duration. Among studies included in this analysis, all participants had a diagnosed substance use disorder and severe mental illness. In two of the included studies, participants were also homeless.

More information on this intervention is available at: <http://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4367>.

### Meta-Analysis of Program Effects

Outcomes measured	No. of effect sizes	Treatment N	Adjusted effect size and standard error			Unadjusted effect size (random effects model)	
			ES	SE	Age	ES	p-value
Crime	1	123	-0.140	0.138	38	-0.140	0.311
Alcohol use disorder	1	75	0.165	0.246	40	0.165	0.503
Illicit drug use disorder	1	45	-0.207	0.304	40	-0.207	0.495
Substance use disorder	2	105	-0.033	0.345	39	-0.033	0.923
Hospitalization (psychiatric)	1	123	-0.622	0.141	38	-0.622	0.001
Psychiatric symptoms	2	151	0.049	0.136	40	0.049	0.718
Health care costs*	1	46	-0.146	0.144	39	-0.146	0.309
Homelessness	1	46	-0.106	0.205	39	-0.106	0.606

\*The effect size for this outcome indicates percentage change, not a standardized mean difference effect size.

Meta-analysis is a statistical method to combine the results from separate studies on a program, policy, or topic in order to estimate its effect on an outcome. WSIPP systematically evaluates all credible evaluations we can locate on each topic. The outcomes measured are the types of program impacts that were measured in the research literature (for example, crime or educational attainment). Treatment N represents the total number of individuals or units in the treatment group across the included studies.

An effect size (ES) is a standard metric that summarizes the degree to which a program or policy affects a measured outcome. If the effect size is positive, the outcome increases. If the effect size is negative, the outcome decreases.

Adjusted effect sizes are used to calculate the benefits from our benefit cost model. WSIPP may adjust effect sizes based on methodological characteristics of the study. For example, we may adjust effect sizes when a study has a weak research design or when the program developer is involved in the research. The magnitude of these adjustments varies depending on the topic area.

WSIPP may also adjust the second ES measurement. Research shows the magnitude of some effect sizes decrease over time. For those effect sizes, we estimate outcome-based adjustments which we apply between the first time ES is estimated and the second time ES is estimated. We also report the unadjusted effect size to show the effect sizes before any adjustments have been made. More details about these adjustments can be found in our [Technical Documentation](#).

## Citations Used in the Meta-Analysis

- Drake, R.E., McHugo, G.J., Clark, R.E., Teague, G.B., Xie, H., Miles, K., & Ackerson, T.H. (1998). Assertive community treatment for patients with co-occurring severe mental illness and substance use disorder: A clinical trial. *American Journal of Orthopsychiatry*, 68(2), 201-215.
- Mangrum, L.F., Spence, R.T., & Lopez, M. (2006). Integrated versus parallel treatment of co-occurring psychiatric and substance use disorders. *Journal of Substance Abuse Treatment*, 30(1), 79-84.
- Morse, G.A., Calsyn, R.J., Dean, K.W., Helminiak, T.W., Wolff, N., Drake, R.E., Yonker, R.D., . . . McCudden, S. (2006). Treating homeless clients with severe mental illness and substance use disorders: Costs and outcomes. *Community Mental Health Journal*, 42(4), 377-404.

For further information, contact:  
(360) 664-9800, [institute@wsipp.wa.gov](mailto:institute@wsipp.wa.gov)

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