Integrated Co-Occurring Treatment (ICT) Model

Overview

The Integrated Co-Occurring Treatment (ICT) model, an evidence informed practice, uses an intentionally-integrated and domain-guided treatment approach, which aligns with the Intensive Home Based Treatment (IHBT) design. The reciprocal interactions of co-occurring substance use and serious emotional disabilities are addressed directly, with each considered ‘primary’. Guiding principles include; System of Care (SOC) core values, a developmentally mindful and resiliency-oriented approach, strong family partnering, intentionally integrated screening and assessment, integrated and stage-matched treatment design, and ongoing safety and risk assessment. Youth, family and community engagement is emphasized and evaluated at all phases. ICT therapists receive weekly coaching and consultation in order to stay on top of the multi-faceted challenges and evolving areas of focus.

Youth with co-occurring mental health and substance use issues and their families are harder to engage in treatment, and much harder to retain in treatment. The youth served by ICT are at risk of out-of-home placement (residential treatment, juvenile detention, child-protective removal etc.), and often experience and display significant risks (to themselves and/or others). Frequently, they and their families have engaged in multiple previous treatment attempts and have experienced great frustration with, and even rejection by, traditional treatment programs. With an intensive home/community-based approach, ICT strives to increase possibilities for engagement with youth and families, thereby increasing chances for treatment retention, overall risks reduction and meaningful change. The types of services provided are also flexible, and very importantly, provided by a single therapist. The goals of ICT are to reduce risks for the youth and family, retain the youth in the home, stop the loss of personal and family resources, and start to aid in building inner capacities and resiliencies.
ICT Model Basics

Youth
- 12 to 17 ½ years
  - 18+ years may be considered if youth is expected to remain at home and under parental care/rules
- Have significant concerns related to mental health and substance use.
- Be living in a permanent placement with parents, caregivers or family (adoptive homes are considered permanent and family). Long-term foster may qualify, but must be reviewed and pre-approved.

Family
- Parent(s) or caregiver must be willing to engage in home-based treatment
- Parent(s) or caregiver will be expected to participate in weekly sessions/meetings with the ICT Therapist
  - A Crisis Management Plan, Intake Assessment, and completion of research paperwork are expected portions of this participation.
  - Unsecured weapons are not permitted in the home during ICT involvement.

Probation/Juvenile Justice (with typical close involvement/partnership)
- ICT Therapist will maintain regular, coordinative contact
- Probation/Justice staff to perform regular drug screenings (with cooperative agreement)

Frequency/Intensity
- ICT Therapist will meet with the youth and family 2-4 times per week, for approximately 4 or more hours per week
- ICT Therapist will have a flexible schedule to accommodate parent(s) or caregiver
- ICT Therapist is Clinical Lead in the case (no other clinical services – except psychiatry)
- ICT Therapist provides all therapeutic services, including individual and family work, case management services and community coordination
- ICT Therapist remains on call to youth/families 24/7

ICT Team
- Weekly case/model consultation calls or weekly case/model conceptualization teaming
- Dedicated (at least 50%) model supervisor; dually licensed and experienced

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