

Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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Treating Complex Clients:

Where Substance Use, Mental Health, and Trauma Intersect

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Prevalence of Co-occurring Disorders

- Trauma and Substance Use Disorder
  - 30-59% - Najivitas
  - 77% - Triffleman
  - 21-43% compare to 8-25% general population – Jacobsen
- Mental Health and Substance Use Disorder
  - 8.9 million adults with only 7.4% receive treatment for both - SAMHSA

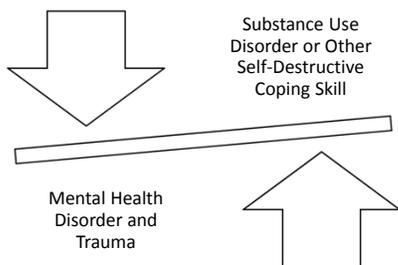
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What is Integrated Treatment

- All services are integrated
  - Assessments screen for mental health, trauma, and substance use disorders (we include process substance use disorders)
  - Treatment plans address all concerns
  - One consistent message
  - Integrated Treatment Specialists
    - Specially trained in effective treatment for co-occurring disorders
    - Can provide all services for complex clients
    - Can provide supervision for multiple providers
      - Effective only when communication is open and often (SAMHSA, 2009)

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Why is it Important?



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One Example

**HOW MENTAL HEALTH AND TRAUMA LEAD TO SUBSTANCE USE DISORDER AND OTHER SELF-DESTRUCTIVE COPING SKILLS**

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## Opiates

- Slows down Sympathetic Nervous System
  - Breathing
  - Heart rate
  - Blood pressure
  - Constricts blood vessels
- Analgesic (pain relief)
- Anti-anxiety

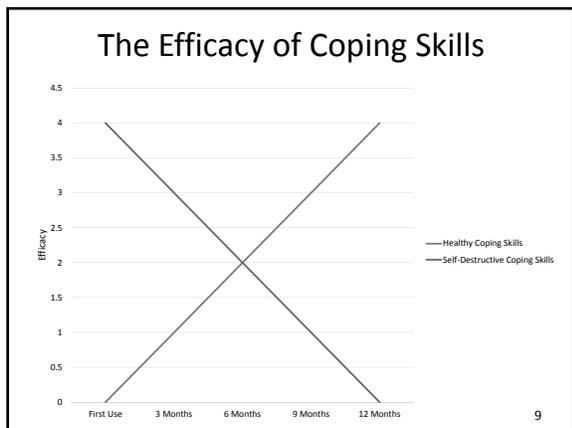
Short-term effects of Heroin

- Central
  - Euphoria
  - Abnormally alert and drowsy state
- Mouth
  - Dryness
- Skin
  - Itch
  - Flushing
- Respiratory
  - Slowed breathing
- Muscular
  - Weakness

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PTSD Symptoms	Effects of Opiates
Intense or prolonged distress after exposure to traumatic reminders	Euphoria, analgesic, anti-anxiety
Persistent (and often distorted) negative beliefs and expectations about oneself or the world (e.g., "I am bad," "The world is completely dangerous.")	Euphoria, analgesic
Persistent negative trauma-related emotions (e.g., fear, horror, anger, guilt or shame)	Disconnection from emotional state
Feeling alienated from others (e.g., detachment or estrangement)	Euphoria, Connection to using community
Irritable or aggressive behavior	Slows down sympathetic nervous system (breathing, heart rate) effect is body relaxes
Self-destructive or reckless behavior	Use can be fatal
Hypervigilance Exaggerated startle response Sleep disturbance	Slows down sympathetic nervous system (breathing, heart rate) effect is body relaxes, alternately alert and drowsy state, anti-anxiety

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## Paradigms Defined

- a philosophical and theoretical framework of a scientific school or discipline within which theories, laws, and generalizations and the experiments performed in support of them are formulated; *broadly* : a philosophical or theoretical framework of any kind

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## Paradigm Theory

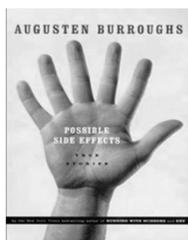
- Developed by Thomas Kuhn in 1970
- Once paradigm is adopted brain will
  - Search out data that supports
  - Discount data that contradicts

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## Selective Attention Test

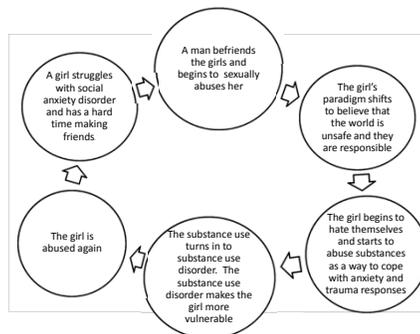
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## Paradigm Theory



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## Personal Paradigms: One Example



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## Intervention Strategies

- Explain paradigm theory
- Explain relevant mental health disorders
- Explain types of trauma
  - One time event
  - Recurrent or complicated
  - Mini-traumas
- Explain how substance use disorder and other self-destructive coping skills are a rational choice in an irrational situation but that they lose efficacy (stop working over time)

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## Intervention Strategies

- How have your experiences changed your ideas of:
  - Yourself
  - Your family of origin
  - Your current family or important relationships
  - Your body
  - Your boundaries
  - Your emotions

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## Balancing Compassion & Accountability



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## Be Compassionate

- Use Your MI Skills (but don't sound too therapy)
- Use Self Disclosure to bond and gain trust
- Offer your help and deliver on those offers
- Be their advocate: don't fight with them, fight for them
- Focus on strengths
- Switch it up
  - Go for a walk
  - Play catch while talking
  - Incorporate art or journaling
  - Play music they enjoy during session

**DO WHAT WORKS FOR THE CLIENT IN FRONT OF YOU!!!  
DON'T GIVE UP ON THEM!**

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## Know Yourself

- If you are having a hard time finding the value and strength in the client in front of you:
  - Use supervision
  - Evaluate cross-transference
  - Recognize that substance use disorder comes from pain
    - Trauma
    - Mental Health Disorders
    - Family Conflict

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## Gaining Respect

- Use Immediacy - **Call it like you see it!**
  - If they don't want to be there it's OK to say that and say how you feel about it
  - If you think they're still using, call them on it
- It's easier to be silly than to be stupid, use humor to soften confrontation
- State your boundaries and hold those boundaries unless you have clinical justification not to
- Focus on their goals
- Use guilt to motivate change
- Use urine analysis and collateral contacts to verify
- Trust your gut! Your clinical instincts are your greatest asset

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Guilt

- I made a mistake
- Useful
- Consequence that can change behavior

Shame

- I am a mistake
- Counterproductive
- Continues unwanted, self-destructive behavior

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## Find Your Clinical Confidence

- If you are struggling to hold clients accountable
  - Use Supervision
  - Evaluate your own desire to be liked
  - Practice assertiveness
  - Understand the necessity! substance use disorder is a brain disease without confrontation the brain cannot develop discrepancy!

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## Stage-Wise Treatment

- Engagement – Build rapport
- Persuasion – Create therapeutic alliance and gather information
- Active – Doing the work
- Relapse prevention – Build on positive changes

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## Evidence-Based Intervention Strategies

- Strengths work
  - The Power and Price of Survival: Understanding Resilience, Stress and Trauma  
<http://www.humanpriorities.com/>
  - Strengths Mapping  
<http://www.ibr.tcu.edu/pubs/trtmanual/prepchange.html>
  - Authentic Happiness  
<http://www.authentic happiness.sas.upenn.edu/Default.aspx>
  - Jung Typology Test  
<http://www.humanmetrics.com/cgi-win/JTypes1.htm>

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## Intervention Strategies

- Boston Consortium Model
- Helping Women Recover and Beyond Trauma  
ICCD Clubhouse Model
- Trauma Affect Regulation
- Trauma Recovery and Empowerment Model
- Seeking Safety
- Dialectical Behavioral Therapy
- Eye Movement Desensitization and Reprocessing

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## Speaker

Erin Tankersley

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## Questions

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