

Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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Treatment for Co-occurring Disorders

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Co-occurring Disorders

Although this term is not always precise and distinctive, for the purpose of this presentation, co-occurring disorder (COD) refers to an individual who endorses symptoms consistent with both a substance use disorder and a mental health disorder.

Some mental health problems may not fully meet strict definition of a Dx. However, many of the relevant principles may apply to the Tx of COD.

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According to SAMSHA's Website:

- Approximately 8.9 million adults have COD
- Only 7.4% of these individuals receive treatment for both

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Researchers Have Established Three Consistent Findings Regarding COD Tx:

- Co-occurrence is common (about 50% crossover)
- Dual diagnosis is associated with a variety of negative outcomes, including high rates of relapse
- Parallel but separate mental health and substance abuse treatment systems deliver ineffective care

Drake et al. 2001

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Best practice involves Services Integration

- Integrate screening for mental health and AODA Sx
- Provide integrated assessment
- Integrated treatment planning
- Integrated or coordinated treatment
- Provide continuing care

<http://www.samhsa.gov/co-occurring/>

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Minkoff's Principles to Design COD Treatment Program:

- Comorbidity should be expected, not considered an exception.
- Psychiatric and substance use disorder should be regarded as primary disorders when they coexist.
- Serious psychiatric and substance use disorders are chronic relapsing illness that can be conceptualized through using a disease and recovery model
- Stage specific treatment is required
- Whenever possible, treatment should be provided by individuals, teams, or programs with expertise in mental health and substance use disorder

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Minkoff's Principles to Design COD Treatment Program (cont.):

- Should take longitudinal perspective on treatment, emphasizing the value of continuous relationships with integrated treatment providers
- Admission criteria should promote acceptance of consumers at all levels of motivation and readiness
- Should include interventions to engage the most detached individuals, for example, the homeless
- Fiscal and administrative operations should support the mission and implementation

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Screening

- All screenings should include questions about substance use and mental health Sx
- Substance use: Drugs of choice, frequency of use, withdrawal concerns, past AODA Tx
- Mental health: Symptoms of concern, past Tx, medications, current psychiatrist

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Assessment

- Should begin as early as possible, without arbitrary waiting periods of sobriety or psychiatric stabilization
- Should include a definition of the stage of change or level of motivation
- There is no "gold standard" assessment tool for COD

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Steps in the Assessment Process

- Engage the client
- Identify and contact collaterals
- Screen for and detect COD
- Determine level of care
- Determine diagnosis
- Identify strengths and supports
- Determine stage of change
- Plan treatment

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Assessment for Substance Use

- Previous Tx and collaterals identified
- Substance use history (based on DSM criteria)
- Longest period of time abstaining from all use
- ASAM
- Substance Use Checklist
 - Drug class
 - Past concern/current concern?
 - How many days used in past month
 - Method of use
 - How much per use
 - How long have you used
 - Last day used

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Assessment for Mental Health Sx

- Mental Status Exam
- Past Tx, Collaterals identified
- Symptom screen
- Symptom checklist: 1-5 concern in past three months

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Integrated Treatment Planning

- Collaborative process
- One treatment plan and set of goals
- One relapse prevention plan
- For each goal:
 - Clear and measurable description
 - Short term/long term/criteria for discharge?
 - Client strengths
 - Method/objectives
 - Recommended services

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Integrated or Coordinated Treatment

- Same clinicians or teams of clinicians, working in one setting, provide appropriate mental health and substance abuse interventions in coordinated fashion
- Consistent approach, philosophy, and set of recommendations
- Family interventions to address understanding and learning to cope with two interacting illnesses
- No consensus exists on specific approaches to individual, group, or family therapy

Drake et al. 2001

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Integrated or Coordinated Treatment

- Should include, as applicable, individual therapy, group therapy, family therapy, medication management
- Individualized, multiple psychotherapeutic interventions
- Focus on preventing anxiety, rather than breaking through denial

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Critical Components of Effective DOD Tx Programs

- Comprehensive, staged, long-term approach to recovery
- Assertive outreach
- Motivational interventions
- Assist clients in acquiring skills and supports to manage both illnesses and pursue functional goals
- Cultural sensitivity and competence

Drake et al. 2001

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Comprehensiveness

- Moving away from the "pick a side" approach
- Move beyond "symptom management"
- Examples: Anger management, stress management, social skills, healthy activity identification, employment skills
- Helps individuals address unique relapse trippers (depression, panic, etc.)

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Staged Interventions

- Form trusting relationship
- Develop motivation
- Help acquire skills and supports (CBT, ACT, DBT)
- Help develop and use strategies for maintaining recovery

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Motivational Interventions

- Help client to identify goals
- Recognize ambivalence
- Recognize that not managing one's illness interferes with attaining those goals

Miller, Rollnick 1991

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Key Techniques and Guidelines for Working With Clients Who Have COD

- Provide motivational enhancement consistent with specific stage of change
- Maintain a recovery perspective
- Monitor psychiatric Sx
- Design contingency management techniques to address specific target behaviors
- Use cognitive-behavioral techniques
- Use relapse prevention techniques
- Use repetition and skills-building
- Increase structure and support
- Facilitate client participation in mutual self-help groups

SAMSHA Tip 42

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Individual Therapy

- Build motivation
- Help person learn the "weave" that may exist between substance use and mental health Sx
- Identify less healthy coping skills and learn healthier replacement skills
- Non-confrontational, collaborative approach
- Characterized by a slow pace and long-term perspective

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Family Therapy

- Provide education and support
- Provide concrete plans with individual and family
- Consider family group therapy

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Holistic Therapies

- Equine assisted therapy
- Yoga
- Meditation
- Experiential
- Acupuncture
- Nutrition/exercise

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Jon's Story

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References

Drake, Robert, Essock, Susan, et al: Implementing Dual Diagnosis Services for Clients With Severe Mental Illness. *Psychiatric Services* 52:469-476. 2001

Miller W. Rollnick S: *Motivational Interviewing: Preparing People to Change addictive Behavior*. New York, Guilford. 1991.

Minkoff, Kenneth: *Best Practices: Developing standards of Care for Individuals With Co-occurring Psychiatric and Substance Use Disorders*. *Psychiatric Services* 2001.

SAMSHA TIP 42: *Substance Abuse Treatment For Persons With Co-Occurring Disorders* 2005

<http://www.samhsa.gov/co-occurring/>

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