# Co-Occurring Disorders

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# Objectives

QUICK REVIEW OF CO-OCCURRING DISORDERS

BEST PRACTICE GUIDELINES

ADDITIONS TO YOUR TOOLBOX

PRACTICE

# Poll

- What is your lived experience?
  A. Mental Health Disorder(s)
  B. Substance Use Disorder(s)
  C. Both Mental Health and Substance Use Disorders
  D. No lived experience with mental health/substance use disorders

# Quick Review

- Co-Occurring Disorders: Individuals living with Serious Mental Illness and Substance Use Disorders
  - Very common.
  - Associated with increased negative outcomes.
  - Often treatment is fragmented and difficult to navigate.
  - Individual's stage of change may be different for each illness.
- Goals of Treatment
  - Recovery from both mental illness and substance use.
  - Individual learns to manage both illnesses so that he or she can pursue meaningful life goals.

# Integrated Treatment for Co-Occurring Disorders

SAMHSA Evidenced Based Best Practice

Over 20 years of research

Need for combining interventions into a streamlined package to person served

Inclusion of critical components for best outcomes and retention

# Why Integrated Treatment?

Individuals with co-occurring disorders are more likely to experience:

- Relapse
- Hospitalization
- Violence and trauma
- Incarceration
- Homeless
- Infected with HIV, hepatitis and other diseases.

Often are excluded from services in one system

Receive disparate messages about treatment and recovery

Have overall poor outcomes in non-integrated settings.

# Why Integrated Treatment?

- EBP with fidelity results in the following positive outcomes:
  - Reduced substance use
  - Improvement in psychiatric symptoms and functioning
  - Decreased hospitalization.
  - Increased housing stability
  - Fewer arrests
  - Improved quality of life

# Critical Components

## Staged Interventions

- Identify and have stage specific interventions.
- Engagement, persuasion, active treatment, and relapse prevention
- Stages are not linear and different for each disorder and progression varies by the individual

## Assertive Outreach

- Recognize that individuals with co-occurring disorders have difficulty linking to and participating in treatment.
- Intensive case management, home based services, addressing social determinants of health
- Take time to establish relationships and trust

# Critical Components

## Motivational interventions

- Address lack of motivation to manage psychiatric symptoms, ‘self-medicate’ with substances, or pursue other functional goals.
- Identify  goals and recognize through examination of ambivalences that current behaviors are inconsistent with goals.

## Counseling

- Used to help motivated clients develop skills and supports to control symptoms and pursue an abstinent lifestyle.
- Can be individual, group, family and a combination of approaches

# Critical Components

**Social support interventions**

- Strengthen immediate social environment to encourage modifying behavior
- Involvement in social networks and /or family interventions

**Long-term perspective**

- Often it may take individuals with dual diagnosis longer to recover, with even intense treatment taking months or years
- Community based perspective that includes rehabilitation activities to prevent relapses and enhance gains

# Critical Components

## Comprehensiveness

- Change is required across multiple aspects of life including: habits, stress management, friends, activities, housing and vocational goals.
- Multiple services must be available to address all these needs

## Cultural sensitivity and competence

- Most effective programs include culturally appropriate interventions that meet the needs of individual served
- Must still be consistent with the model approach

# Barriers to Integrated Treatment

## Policy

- Separate funding for MH vs. SUD Treatment
- Reimbursement from Medicaid/Medicare and other payers

## Programs

- Lack of clear models, guidelines, quality monitoring and outcome measures, and appropriately trained staff

## Clinical

- Lack of education/training. MH clinicians in SUD, and SUD in MH.

## Consumer and family

- Family view of substance use. Consumer minimization of effects of use, belief in self medication/positive effects of use.

# Strategies to Address Barriers

| Policy | Programs | Clinical | Consumer and family |
| --- | --- | --- | --- |
| • Still in progress. May be motivated to change by costs of treatment. | • Single leadership for programs and monitoring fidelity to model. | • Teach new skills to ALL staff.<br>• Develop dual diagnosis specialists | • Access to accurate information<br>• Become advocates for co-occurring treatment |

# Poll

- What is the approach at your place of work?
  A. Primarily provide mental health treatment
  B. Primarily provide substance use disorder treatment
  C. Provide both mental health and substance use treatment, but not integrated
  D. Provide seamless integrated co-occurring treatment
  E. Not Applicable/Do not provide MH/SUD treatment

# Tools to Use

- Understand the benefits of integrated treatment and work to implement in your own approach.
- If you have MH experience, make sure you understand common substances used, how they affect individuals, and the short- and long-term effects of use.
- If you have SUD experience, know common symptoms, terminology and treatment for MH disorders.

# Tools to Use

Recognize the importance of outreach and engagement.

Refer to appropriate services including counseling, self help, medication management.  Ensure all referrals are aware of co-occurring disorders.

Individuals with co-occurring disorders may need more time and more support. Have patience!

# Tools to Use

Recognize and adjust approach based on the individual's stage of treatment.

- Engagement = Precontemplation
- Persuasion = Contemplation/Preparation
- Active Treatment = Action
- Relapse Prevention = Maintenance

Know that motivation changes and stages can change and individuals may be in different stages for each disorder.

# Tools to Use - Engagement

Convey genuine caring and respect

Empathetically understanding situation and goals

Provide useful outreach and practical assistance to face immediate challenges such as health and financial

- Ensure physical health needs are met.
- Consider social determinants of health.

# Tools to Use - Engagement

Helping individuals understand that treatment can help them achieve goals.

Requires time, patience, an accepting attitude, persistent approach and being available when an opportunity appears.

Pushing treatment prematurely can interfere with the engagement process

# Tools to Use - Persuasion

## Motivation Interviewing

Use Motivation Interventions, especially in persuasion stage.

## Remember

Remember the five principals of motivational interviewing:

- Express empathy
- Develop discrepancy
- Avoid argumentation
- Roll with resistance
- Instill self-efficacy and hope

# Tools to Use – Active Treatment

Support individuals in understanding how their thoughts and feelings affect behaviors and substance use.

- Identifying triggers
- Creating action plans for those triggers
- Practice

Negative thoughts and emotions are often associated with mental health symptoms and simultaneously triggers for substance use.

Learning to manage negative thoughts and emotions can significantly improve mental health symptoms and reduce substance dependence.

# Tools to Use – Active Treatment

## Assist in developing cognitive skills:

- Identify negative thoughts
- Categorize negative thoughts
- Stop negative thoughts
- Replace negative thoughts

## Behavioral techniques:

- Improve conversation skills
- Learn assertiveness skills
- Replace use with pleasant activities
- Manage mood problems

## Ways to reduce negative thinking:

- Recall the good thinks in life and about yourself
- Challenge and refute irrational beliefs
- Avoid assuming catastrophe
- Re-label the distress
- Make a hopeful statements
- Blame event, not self
- Remind to stay on task
- Recognize accomplishments

# Tools to Use – Relapse Prevention

- Assist in the development of a relapse prevention plan
- Support and reinforce previously learned skills
  - Triggers
  - Negative Thoughts
  - Behaviors
- Facilitate social skills to make sober friends
- Facilitate social and leisure activities
- Explore job opportunities
- Encourage and facilitate participation in self-help groups

# Tools to Use – Relapse Prevention

- Finding ways to avoid old friends who use substances
- Finding different friends
- Refusing substances if offered
- Calling a support person before using substances
- Staying busy with a particular activity or job
- Relearn ways to relax and pursue enjoyment
  - People may need help remember what they liked to do in past
- Consider vocational goals
- Manage symptoms of mental illness

# Tools to Use – Relapse Prevention

- Manage symptoms of mental illness
  - Using medication as prescribed
  - Managing stress
  - Getting adequate sleep
  - Using social support
  - Engaging in enjoyable activities
  - Using recovery strategies

# Case Study - Kevin

- Kevin is a 57-year-old, Irish-American, unemployed, divorced father of five grown children. He was diagnosed with post-traumatic stress disorder, psychotic disorder not otherwise specified, alcohol dependence, and probably mild dementia due to head trauma. He has been living at the homeless shelter.  He has used alcohol and marijuana since adolescence. Since his discharge from the Marines 20 years ago, he has experienced symptoms of racing thoughts, flashbacks, anxiety, and social avoidance.
- Kevin worked as a heavy-equipment operator until 5 years ago when he was in an automobile accident and sustained a brain injury. He was charged with driving while intoxicated, lost his driver's license, and lost his job. Since then, he has not had stable housing, has not worked, and has experienced poor memory and concentration in addition to his other symptoms.
- As his use of alcohol and marijuana increased over time, he has become more and more paranoid. Kevin has been arrested a number of times for criminal threatening and assault.
- He refused treatment at the local VA and mental health center, but was willing to meet with mental health practitioners at the homeless shelter. Kevin's behavior at the shelter has been paranoid and aggressive.

# Breakout Discussion Questions

- What stage of integrated treatment is Kevin?
- How would you approach Kevin in your current role?
- What might you try based on information you learned today?
- What concerns do you have about Kevin and how could you address those concerns?
- After breakout  discussion, we will review the highlights from each group together.

# Questions, comments, concerns?

- Contact Information
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# Sources

Substance Abuse and Mental Health Services Administration. Integrated Treatment for Co-Occurring Disorders: The Evidence. DHHS Pub. No. SMA-08-4366, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009.

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