TREATMENT OF INDIVIDUALS LIVING WITH CO-OCCURRING DISORDERS

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Objectives

3. Be aware of 10 strategies to help clients with co-occurring disorders avoid slipping through the cracks.
We will also discuss

- Challenges in assessing mental illness among persons with substance use disorders and how to overcome them.
- Hidden psychiatric disorders common among clients with substance use disorders.
- Strategies for overcoming resistance when working with clients who are triple challenged.
- Treatment of 4 psychiatric disorders that co-occur with substance use disorders.

Definition of Co-occurring Disorders

Two coexisting disorders, independent of each other, but yet interacting with each other. Each is characterized by denial/ambivalence and is treatable. When mental illness and substance use disorders coexist both should be considered primary and treatment for both disorders is needed.
The Initial Evaluation of Co-occurring Disorders

• Co-occurring Disorders should be the expectation.

• Each diagnosis should be able to stand alone. Each has life of its own and is not dependent upon the other for continuation.

• It can take two to four weeks to make an accurate diagnosis. Symptoms are not diagnosis.

The Initial Evaluation Continued

• Gather information from a number of sources.

• Look at former records.

• Clients are more than their diagnosis.
Challenges in Assessing a Co-occurring Disorder

• Alcohol and drug use can produce symptoms of most major forms of a mental health disorder.

• Withdrawal from drug use can produce symptoms of a mental health disorder. It is often helpful to wait through a period of abstinence to clarify diagnosis.

• Sometimes it is obvious, other times you don’t know right away.

Challenges Continued

• Gender and racial biases

• You often see what you look for

• Better to under-diagnose

• Clients should stay in continuous assessment
Treatment

The Person Centered Recovery Movement

An approach to mental health treatment in which the client is the director of his or her plan
Events That Led to the “Person-Centered Movement”

- In the 1980’s there were many clients who did not respond well to traditional mental health treatment. These clients were chronically homeless and chemically dependent.
- Audits by the federal government revealed that mental health treatment was ineffective.
- Mass closing of state hospitals begun.
- Former mental health consumers began emerging as leaders in the field.

The Tenets of the “Person-Centered Movement”

- The client has ownership of his/her life and is therefore the director of his/her plan.
- Clients have a greater investment in the change process if they choose their own path.
- Family and friends who believe in the client can be great sources of support.
- Services are geared toward helping the client achieve a desired future and a meaningful life.
Tenets Continued

• The client is approached as a capable human being who is full of strengths.

• What the client has learned from previous experiences should be included in the plan.

• Helpers work to view the situation from the client’s perspective.

Tenets Continued

• Wellness strategies chosen by the client are used.

• Service planning should include the client’s entire life.

• The helpers strive to understand the clients’ uniqueness, hopes, wishes, dreams, and aspirations.
Evidence Based Approaches to Co-occurring Disorders Treatment

- Supportive employment
- Motivational incentives
- Fishbowl Technique
- Florida Assertive Community Treatment (ACT) Teams are found in:
  - Community Based
  - Prison Based

Evidence Based Practices Continued

- Motivational interviewing
- Cognitive behavioral therapy
- Feedback Informed Treatment
Evidence Based Practices Continued

Integrated Treatment of Co-Occurring Disorders Components:
- Psycho-education
- Family psycho-education
- Intensive family case management
- ACT

Integrated Treatment Continued
- Supportive employment
- Supportive housing
- Multi-disciplinary team approach
- Medication management
- Care coordination
- Peer-based recovery support
Best Practices in Co-occurring Disorders Treatment

The 4 essentials

- Stable housing
- Stable therapeutic relationship
- Meaningful daily activity
- Significant interpersonal relationship

Stage Based Intervention
Best Practices Continued
• Pre-contemplation
• Ambivalence
• Readiness
• Action
• Maintenance

Best Practices Continued
• Address trauma - Seeking Safety
• Family Therapy
Best Practices Continued

Recovery coaching in the natural environment to support recovery and help build recovery capital

Levels of engagement

• Pre-treatment recovery support
• In-treatment recovery support
• Post-treatment recovery support

Best Practices Continued

Recovery capital—internal and external assets that support recovery

• Success prior to mental illness diagnosis and addiction
• Education
• Employability
• Healthy family support
• Pro-social group affiliation
Best Practices Continued

Treatment of other addictions
• Sex
• Gambling
• Cyberspace

Best Practices Continued

Specialty courts – drug court, trauma court, prostitution court, veterans court
Best Practices Continued

Increasing medication adherence
- Provide supportive employment
- Match the patient with a doctor that he/she likes
- Provide psycho-education
- Discuss side-effects
- Make sure the client has a voice
- Do a cost-benefit analysis
- Do a discontinuation of medication/hospitalization evaluation

Treatment of 4 Psychiatric Disorders Which Co-occur With Substance Use Disorders

1. Post Traumatic Stress Disorder (PTSD)
2. Schizophrenia
3. Depression
4. Antisocial Personality Disorder
PTSD

- Psychodynamic approach
- Cognitive Behavioral Therapy (CBT)
- Experiential approaches

Schizophrenia

- Psychotherapy
- Psycho-education
- CBT
- Supportive employment
- Supportive housing
- Peer based recovery
- Support
- Medication
Depression

- Cognitive Behavioral Therapy
- Interpersonal Therapy
- Psycho-education
- Medication

Antisocial Personality Disorder

- Explain the diagnosis
- Show Diagnostic and Statistical Manual (DSM) criteria
- Discuss treatment
- Use of CBT
- Help develop recovery capital
- Help with employment
- Work with the family
Overcoming Resistance With Persons With Co-occurring Disorders Who Are Triple Challenged

• Support should precede challenges
• Provide resources to address the third challenge
• Avoid arguing

Overcoming Resistance With Persons With Co-occurring Disorders Who Are Triple Challenged Continued

• Roll with resistance
• Use stage based interventions for each of the 3 challenges
Evaluating Your Program’s Effectiveness in Treatment of Co-occurring Disorders

Level One

We primarily specialize in treating addictions

or

We primarily specialize in treating mental health disorders

Level Two

Dual diagnosis capable. We have had some trainings in treating co-occurring disorders. One or two of our staff has worked in both fields.
Evaluating Your Program’s Effectiveness Continued

Level Three

Dual diagnosis competent. All of our staff have been trained in integrated co-occurring disorders treatment. We have demonstrated the capacity to treat co-occurring disorders effectively. We effectively utilize peers who are in recovery as a part of our approach. We are utilizing evidence-based co-occurring disorders approaches to treatment.

Level Four

Complexity proficient. In addition to treating co-occurring disorder, our program also has proficiency in addressing other co-occurring conditions/complexities that clients bring to treatment, including homelessness, HIV, diabetes and other medical complications, nicotine dependence, cognitive impairment, learning disabilities, etc.
Slipping Through the Cracks

Going back and forth between substance abuse treatment, mental health treatment, criminal justice system and the child welfare system without recovering. This can also include multiple medical hospitalizations and periods of homelessness.

Primary Reasons Clients With Co-occurring Disorders Slip Through the Cracks
Reasons Clients Slip Through the Cracks Continued

*Unresolved Trauma*

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Reasons Clients Slip Through the Cracks Continued

*Unresolved Grief*
Reasons Clients Slip Through the Cracks Continued

Hidden Psychiatric Disorder

- Phobia
- ADD
- Depression
- Personality Disorders
- Traumatic Stress Disorders

Reasons Clients Slip Through the Cracks Continued

An untreated process addiction
Immersion Into a Drug Sub-Culture

Individuals who use drugs can be:
• A-cultural
• Bi-cultural
• Culturally immersed

Memory
Reasons Clients Slip Through the Cracks Continued

Inadequate treatment time allowed for the individual to reach a full recovery

Reasons Clients Slip Through the Cracks Continued

Loneliness and addictive relationships
Addictive Relationships

- Lots of drama
- Smothering
- Extreme jealousy
- Abuse

Reasons Clients Slip Through the Cracks Continued

Lack of recovery capital which leads to feelings of inadequacy and hopelessness
Recovery Capital

- Success prior to addiction
- A good education
- Reading comprehension
- Vocational Skills
- Good communication skills
- Stable relationships
- Leadership
- Hope for the future

Reasons Clients Slip Through the Cracks Continued

A lack of integrated services
Strategies to help clients avoid slipping through the cracks

Strategies to Help Clients Avoid Slipping Through the Cracks

- Stable housing
- Community
- Distance from drug sub-culture
Strategies Continued

Increase Recovery Capital

• Educational
• Vocational
• Relational
• Occupational

Does a better quality of life lead to recovery or does recovery lead to a better quality of life?
Strategies Continued

Provide longer term monitoring similar to how cancer and diabetes are addressed

Strategies Continued

Effectively Utilize Peers

• Pre-treatment
• In treatment
• Post-treatment
Anchor Recovery in the Client’s Natural Environment

- The use of peers
- Recovery drop in centers
- Churches
- Libraries
- Colleges

Strive to Create Seamless Systems of Collaboration

- Treatment and peers
- Treatment and child welfare, criminal justice, mental health and medical communities
Strategies Continued

• Work with families
• Incorporate culture
• Celebrate small victories and encourage the client to do the same

Bibliography


McGovern, M. and Drake, R. Screening and Assessment for People with Co-Occurring Disorders (2005) Hazelden. Center City, MN.
