



TREATMENT OF INDIVIDUALS LIVING WITH CO-OCCURRING DISORDERS

Presenter
Mark Sanders, LCSW, CADC



This training is supported by Florida Department of Children and Families
Office of Substance Abuse and Mental Health

Objectives

- 1. Be aware of the 10 tenets of the new person-centered approach to co-occurring disorders treatment.*
- 2. Be aware of 3 evidence-based approaches to co-occurring disorders treatment.*
- 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 among persons 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*

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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.

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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.*

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The Initial Evaluation Continued

- *Gather information from a number of sources.*
- *Look at former records.*
- *Clients are more than their diagnosis.*

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Challenges in Assessing a Co-occurring Disorder

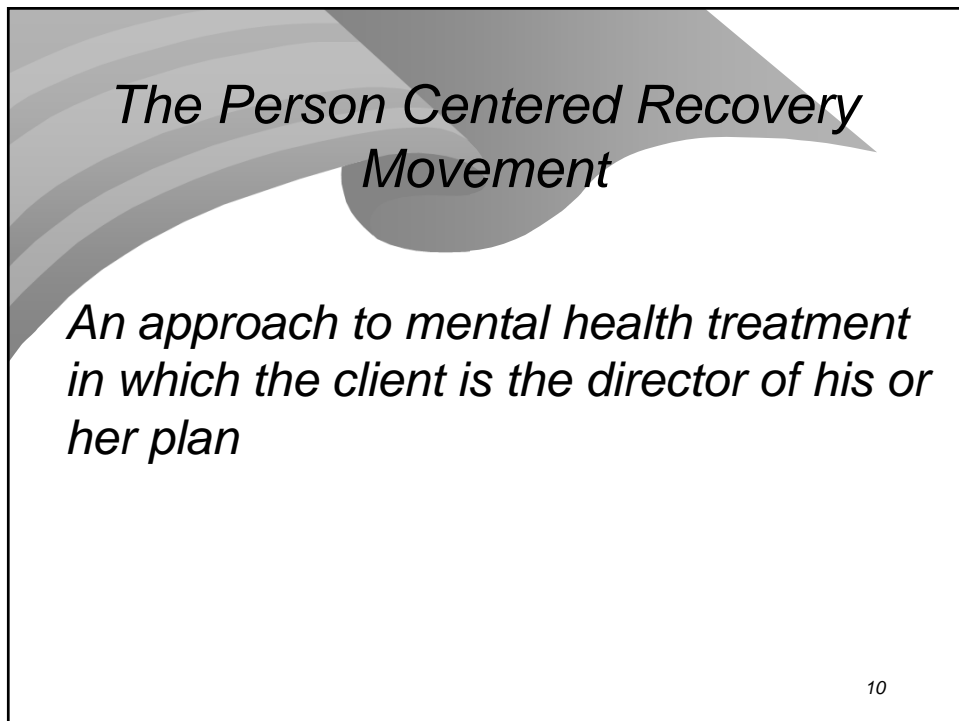
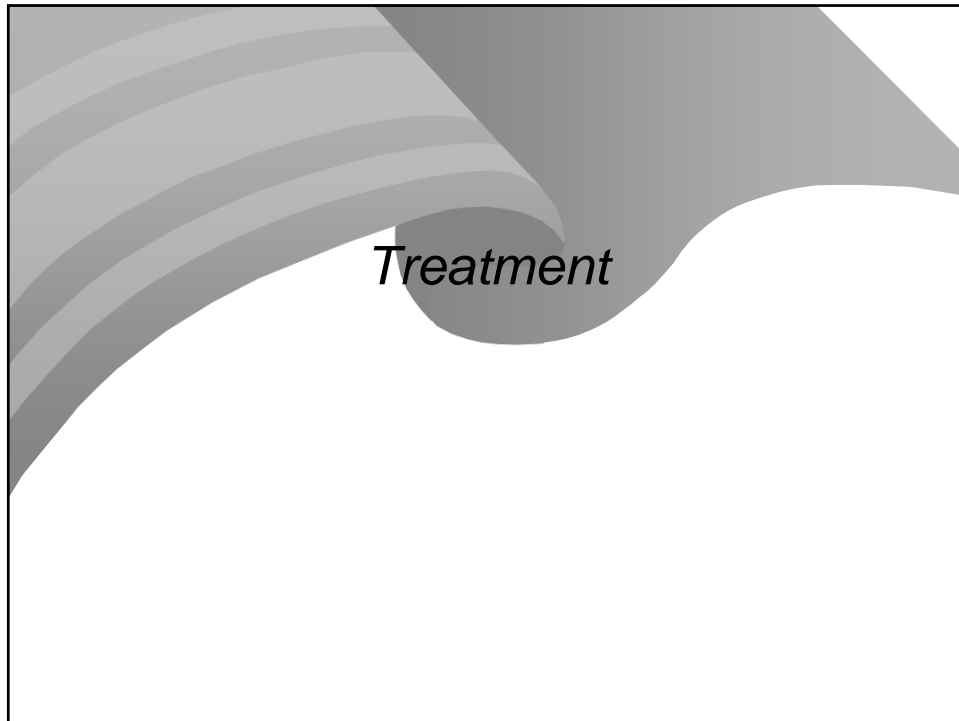
- *Alcohol and drug use can produce symptoms of most major forms of a mental health disorder.*
- *Withdrawal from drug use can produce symptoms of a mental health disorder. It is often helpful to wait through a period of abstinence to clarify diagnosis.*
- *Sometimes it is obvious, other times you don't know right away.*

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Challenges Continued

- *Gender and racial biases*
- *You often see what you look for*
- *Better to under-diagnose*
- *Clients should stay in continuous assessment*

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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.*

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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.*

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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.*

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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.*

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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*

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Evidence Based Practices Continued

- *Motivational interviewing*
- *Cognitive behavioral therapy*
- *Feedback Informed Treatment*

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Evidence Based Practices Continued

Integrated Treatment of Co-Occurring Disorders Components:

- *Psycho-education*
- *Family psycho-education*
- *Intensive family case management*
- *ACT*

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Integrated Treatment Continued

- *Supportive employment*
- *Supportive housing*
- *Multi-disciplinary team approach*
- *Medication management*
- *Care coordination*
- *Peer-based recovery support*

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Best Practices in Co-occurring Disorders Treatment

The 4 essentials

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

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*Stage
Based
Intervention*

Best Practices Continued

- *Pre-contemplation*
- *Ambivalence*
- *Readiness*
- *Action*
- *Maintenance*

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Best Practices Continued

- *Address trauma - Seeking Safety*
- *Family Therapy*

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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*

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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*

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Best Practices Continued

Treatment of other addictions

- *Sex*
- *Gambling*
- *Cyberspace*

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Best Practices Continued

*Specialty courts – drug court,
trauma court, prostitution court,
veterans court*

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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*

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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*

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PTSD

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

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Schizophrenia

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

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Depression

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

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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*

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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*

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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*

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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

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Evaluating Your Program's Effectiveness Continued

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.

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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.

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Evaluating Your Program's Effectiveness Continued

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.

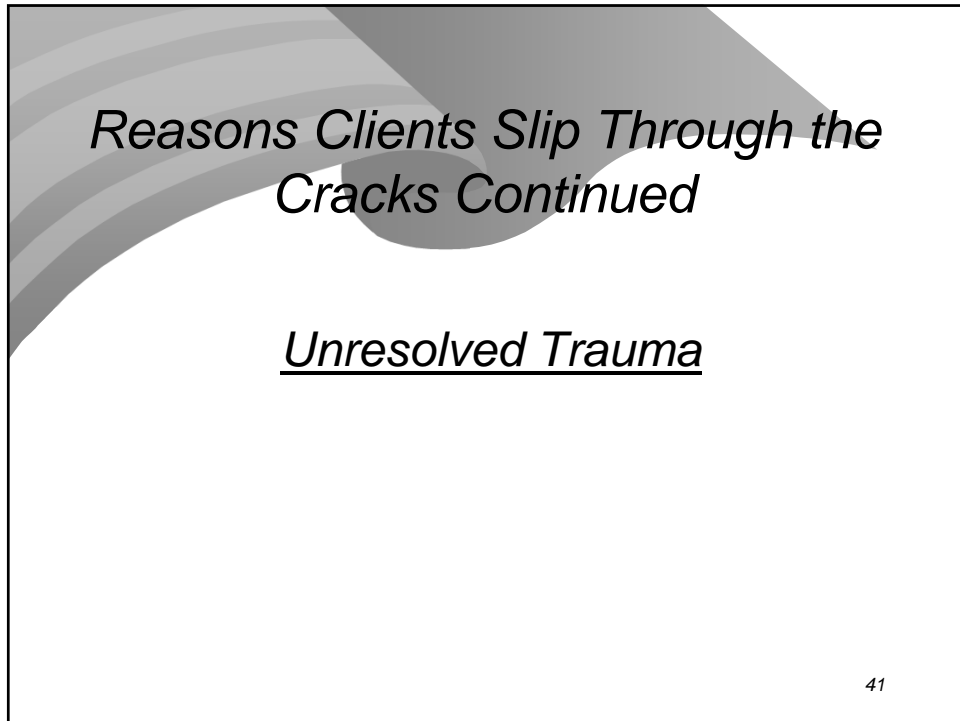
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Slipping Through the Cracks

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.

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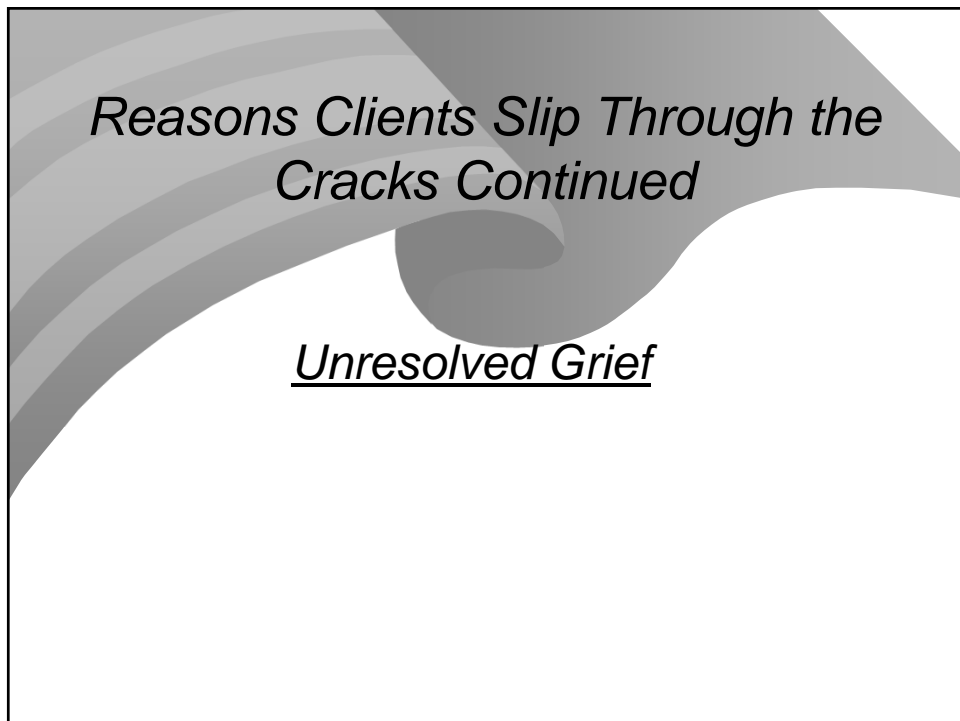
Primary Reasons Clients With Co-occurring Disorders Slip Through the Cracks



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*

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*Reasons Clients Slip Through the
Cracks Continued*

An untreated process addiction

*Reasons Clients Slip Through the
Cracks Continued*

Immersion Into a Drug Sub-Culture

Individuals who use drugs can be:

- *A-cultural*
- *Bi-cultural*
- *Culturally immersed*

*Reasons Clients Slip Through the
Cracks Continued*

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*

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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*

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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*

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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*

Strategies Continued

Anchor Recovery in the Client's Natural Environment

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

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Strategies Continued

Strive to Create Seamless Systems of Collaboration

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

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Strategies Continued

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

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