Developing Treatment Plans for Persons with Co-Occurring Disorders

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Disclaimer

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Learning Objectives

- ✓ Defining co-occurring disorders
- ✓ Answer Why we address co-occurring disorders in ADC?
- ✓ Recognize the necessity of matching treatment approaches to the individual
- ✓ Recognize the necessity of providing a comprehensive continuum of treatment and ancillary services
- ✓ Develop an understanding of the complex interactions between flexible treatment and case planning while maintaining integrity to the ADC Best Practice Standards

Co-Occurring Disorders (CODs)

Previously referred to as dual diagnoses

The coexistence of both a mental health and a substance use disorder

Each diagnosis is independent of the other and is not a cluster of symptoms resulting from the one disorder

Mental Health Disorders

- Bipolar Disorders
- Depressive Disorders
- Anxiety Disorders
- Trauma- & Stress-Related Disorders
- Psychotic Disorders
- Personality Disorders

Prevalence and other Data

- ✓70-74 percent of persons in the criminal justice system are affected by co-occurring disorders
- ✓63% of Drug Court participants report serious mental health symptoms
- ✓75%–80% of mental health court enrollees have substance use disorders

Untreated mental health concerns lead to:

- Difficulty adjusting to group
- Increased decompensation & hospitalization
- Higher dropout rates
- Struggles engaging in employment/education
- Increased recidivism
- SUD problem gets worse

Integrated vs Non-integrated Treatment

- ✓Reduced substance use
- ✓Improvement in psychiatric symptoms and functioning
- ✓Decreased hospitalization
- ✓Increased housing stability
- ✓Fewer arrests
- ✓Improved quality of life

Drake et al. (2001)

Interaction between SUD and MH

Self-medicate a pre-existing mental health illness

SUD can also bring about mental illness

What does Integrated Treatment Look like?

Principle 1. Mental health and substance abuse treatment are integrated to meet the needs of people with co-occurring disorders

Principle 2. Integrated treatment specialists are trained to treat both substance use disorders and serious mental illnesses

Principle 3. Co-occurring disorders are treated in a stage-wise fashion with different services provided at different stages

Principle 4. Motivational interventions are used to treat consumers in all stages, but especially in the persuasion stage

Principle 5. Substance abuse counseling, using a cognitive-behavioral approach, is used to treat consumers in the active treatment and relapse prevention stages

Principle 6. Multiple formats for services are available, including individual, group, self-help, and family

Principle 7. Medication services are integrated and coordinated with psychosocial services

Screening and Assessment

Screening

- At intake, periodically thru the program, and as needed
- Program eligibility
- Establishes need for further assessment
- Can be administered in short timeframe
- Indicates likely presence or absence
- Not intended to be conclusive or diagnostic
- Can be administered by anyone who has been trained to administer a specific tool

Mental Health Screening

	Brief Jail Mental Health Screen	GAIN-SS	MHSF-III	Modified MINI Screen1 (MMS)
Length	8 questions (5 minutes)	23 questions (5-10 Minutes)	18 questions (15 minutes)	22 questions (5-10 minutes)
Cost	FREE	$100 for 5 years (paper version)	FREE	FREE
Training	One page instruction sheet	60 minute online training	Minimal Training Required	Training is brief, a manual is available

Trauma & PTSD Screening

	Primary Care PTSD Screen (PC-PTSD -5)	PTSD Checklist—Civilian Version (PCL-C)		Stressful Life Events Screening Questionnaire—Revised (SLESQ-R)
Length	5 items (5 minutes)	17 items (5-10 minutes)		13 items
Cost	FREE (Developed by VA)	FREE (Developed by VA)		FREE
Training	One page instruction sheet	5 page manual - Interpretation should be made by a clinician		Minimal Training Required

Other Screening Tools

	PHQ-9 Quick Depression Assessment	COLUMBIA-SUICIDE SEVERITY RATING SCALE	Anxiety Disorders (GAD-7) scale	Mini Mental State Examination (MMSE)
Length	10 items (5 minutes)	6 items (10 minutes)	7 items	11 items (5-10 minutes)
Cost	FREE	FREE	FREE	FREE
Training	One page scoring sheet	Mental health training is not required to administer	Instruction sheet	2-page administration and scoring sheet

Assessment

- Scope is more focused on specific topic areas
- Used to define the nature of a particular issue
- Used to determine the severity of a particular issue
- Should only be administered by topic specific professionals
- Can be conclusive and used to inform diagnoses
- Used to inform formal solution

Assessment

1. Engage the client.
2. Identify and contact collaterals
3. Determine quadrant and level of care.
4. Determine diagnosis.
5. Determine disability and functional impairment.
6. Identify strengths and supports.
7. Identify cultural and linguistic needs
8. Identify problem domains.
9. Determine stage of change.
10. Plan treatment.

Using Assessment Tools

- ✓ No single gold standard
- ✓ Narrow vs broad scope
- ✓ DO NOT replace clinical judgement
- ✓ No one tool stands in for comprehensive clinical assessment.

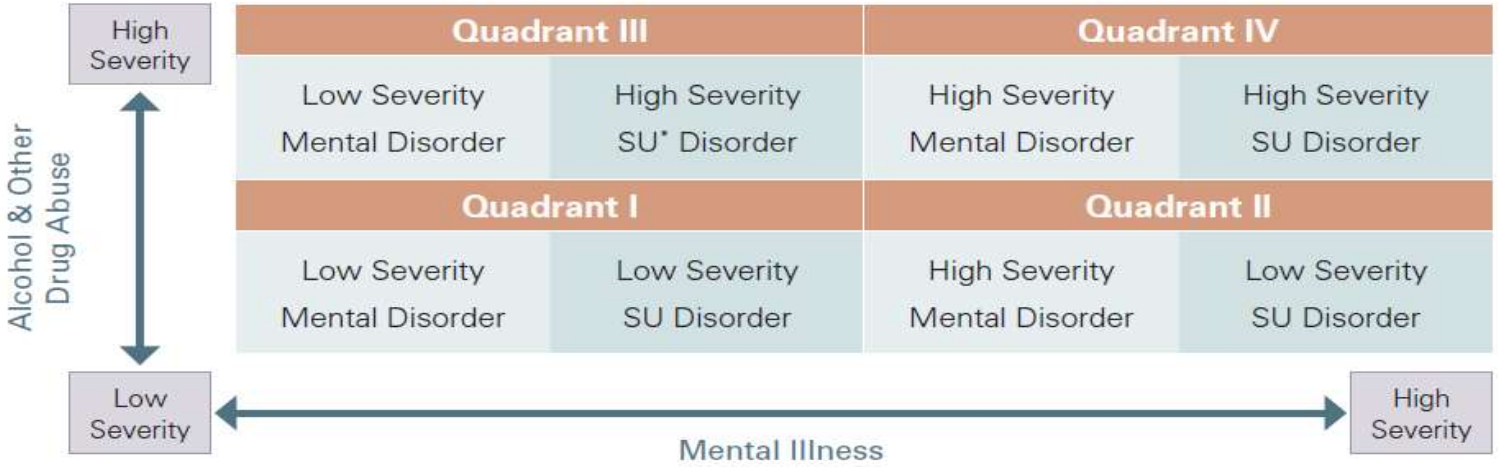
Using Assessment Tools

- ✓ Dartmouth Assessment of Lifestyle Inventory (DALI) (Rosenberg et al., 1998). http://dms.dartmouth.edu/prc/instruments/DALI.pdf.
- ✓ Structured Clinical Interview for DSM-IV TR (SCID)

Continuum of Care – Quadrant Assignment

The best outcomes are achieved when drug courts target participants who are at a greater risk for criminal recidivism *and* have greater criminogenic needs.

FIGURE 1 Quadrant Model: Participants in Adult Drug Courts with Co-Occurring Disorders



* Substance Use

Adapted from a figure developed by the NASADAD & NASMHPD Council of State Government Justice Center, 2012

Level of Care

LOCUS

- Risk of harm.
- Functional status.
- Comorbidity (medical, addictive, psychiatric).
- Recovery environment.
- Treatment and recovery history.
- Engagement and recovery status.

Integrated Treatment

- ✓Mental health and substance abuse are treated concurrently by clinician or treatment team.
- ✓Treatment of both disorders is integrated.
- ✓Treatment is low-stress and motivation-based.
- ✓Outreach and close monitoring are provided as needed.

Treatment Planning

No single, correct intervention or program exists for individuals with CODs. Rather, match appropriate treatment to individual needs per these multiple considerations:

Treatment Planning Domains

- Acute safety needs
- Quadrant assignment
- Level of care
- Diagnosis
- Disability
- Strengths and skills
- Availability of recovery Support
- Cultural context
- Problem domains
- Phase of recovery/stage of change (for each problem)

Treatment Planning Steps

Evaluate pressing needs	**Determine consumers' stage of treatment**	**Select target behaviors for change.**
Determine interventions for achieving desired goals.	**Choose measures to evaluate the effects of your interventions.**	**Select followup times to review the plan.**

Treatment Plan Components

- History and Demographics
- Diagnosis
- Presenting Concerns
- Treatment Contract
- Responsibility
- Strengths
- Treatment Goals
- Objectives
- Modality, Frequency, and
- Interventions
- Progress

Evidence-Based Treatment

- Medications
- CBT
- Illness Management & Recovery
- Family Psychoeducation
- Social Skills Training

Medications

Mental Health Disorders

- Bipolar Disorders
- Depressive Disorders
- Anxiety Disorders
- Trauma- & Stress-Related Disorders
- Psychotic Disorders
- Personality Disorders

Bipolar Disorders

- 65% have lifetime SUD
- lower SUD treatment adherence and retention
- poor response to lithium
- Little research has examined nonpharmacological approaches
- Start low and go slow
- emphasize and monitor medication compliance
- group-based interventions that use multiple treatment components

Depressive Disorder

- highly comorbid with SUDs
- more severe mood symptoms
- less likely to receive antidepressants
- Both substance use and discontinuance can be associated with depressive symptoms
- Clients with depression often feel hopeless and unmotivated
- increased risk of suicidality
- CBT and motivational interviewing had small but significant effects

Depressive Disorders

TIP 48, Managing Depressive Symptoms in Substance Abuse Clients During Early Recovery (Center for Substance Abuse Treatment [CSAT], 2008).

Anxiety Disorders

- 30% increased odds of having any anxiety disorder
- worse outcomes than those with either disorder alone
- Pharmacotherapies can effectively reduce anxiety symptoms
- Increased risk with benzodiazepines
- special sensitivities of clients to group environment
- Expect a longer treatment duration
- CBT and exposure therapy

Trauma- & Stress-Related Disorders

- lifetime prevalence of up to 52% in people with PTSD
- faster relapse and poorer treatment response
- people with PTSD and SUD are frequently only treated for addiction
- Exposure therapy can be safe and effective at reducing trauma and SUD symptoms
- These clients need stability in their primary therapeutic relationship

Personality Disorders

- 35-65% among people with SUDs
- No evidence-based treatments exist for PDs, but effective treatments are available to address a variety of PD symptoms
- Dialectical behavioral therapy, dynamic deconstructive psychotherapy, and dual-focused schema therapy appear promising

Psychotic Disorders

- 4 times greater risk of heavy substance use heavy
- SUD can worsen disease course and may reduce adherence to antipsychotic medication
- symptoms can look like resistance or denial
- medication adherence is critical to control positive symptoms
- Provide frequent breaks and shorter sessions or meetings
- Present material in simple, concrete terms with examples and use multimedia methods

Local Support

- ✓National Association of State Mental Health Program Directors Web site at www.nasmhpd.org
- ✓The local chapter of the National Alliance on Mental Illness at https://www.nami.org/Find-Your-Local-NAMI
- ✓Behavioral Health Evolution, Double Trouble in Recovery at http://www.bhevolution.org/public/doubletroubleinrecovery.page

Information on Co-Occurring Disorders

- ✓SAMHSA Co-Occurring Disorders:

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

- ✓Mental Health America, Co-Occurring Disorders:
  http://www.mentalhealthamerica.net/go/co-occurring-disorders

- ✓• Policy Research Associates, Publications:

  http://www.prainc.com/projects-services/projects-national-centers/publications/

- SAMHSA's GAINS Center:
  http://gainscenter.samhsa.gov/topical_resources/cooccurring.asp

Information on Co-Occurring Disorders

- ✓Screening tools:
  https://www.integration.samhsa.gov/clinical-practice/screening-tools
- ✓Evidence-Based Practices Resource Center (NREPP):
  https://www.samhsa.gov/ebp-resource-center