

Texas HHSC Institute
Presents
Integrated Co-Occurring Disorders Treatment
Presenter
Mark Sanders, LCSW, CADC

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Poll Question

What percentage of clients with a substance use disorder have a concurrent mental illness?

- A. 25%
- B. 50%
- C. 75%
- D. 90%

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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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*How the Two Interact
Examples*

- *Marijuana used to medicate psychotic symptoms (CBD)*
- *Alcohol used to medicate the grief caused by mental illness*
- *Drugs used to avoid the side effects of psychiatric medication*
- *Alcohol minimizing the effectiveness of meds, increasing the risk of overdose and suicide*

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Interact Continued

- *Drug use exacerbating psychiatric symptoms*
- *The medication of feelings of uselessness with illicit drugs*
- *Alcohol and illicit drug use making it difficult to follow treatment regimens*

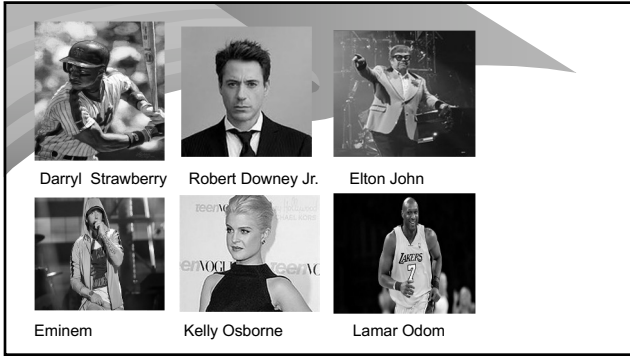
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The Good News!!

75% of Individuals with Substance Use Disorders will eventually recover

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Darryl Strawberry

Robert Downey Jr.

Elton John

Eminem

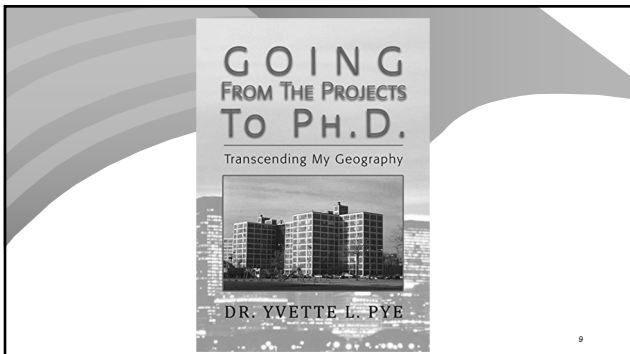
Kelly Osborne

Lamar Odom

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The Good News Continued
For individuals with mental illness

- *One third remit completely*
- *One third make progress*
- *One third remain the same*

Source: SAMHSA

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The Challenge of Diagnosis

- *Substance use can mimic symptoms of mental illness*
- *Withdrawal symptoms can resemble mental illness*
- *Psychiatrist only agree upon diagnosis 30% of the time*
- *The problem of over diagnosis*
- *Clients are more than their diagnosis!!*
- *Some diagnosis are hidden*

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Hidden Psychiatric Disorders

- *Depression*
- *Anxiety Disorder*
- *ADD*
- *Traumatic Stress Disorders*
- *Phobias*
- *Personality Disorders*

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*Mental Health Treatment
The Early Years*

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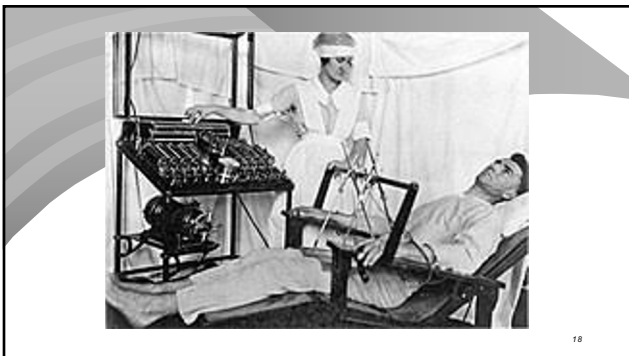
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Integrated Co-occurring Disorders Treatment

- *Integrated co-occurring disorders treatment*

Components of Integrated Treatment

- *Person First/centered treatment*
- *Psycho-education*
- *Family psycho-education*
- *Intensive family case management*
- *Assertive community treatment (ACT)*
- *Goals in recovery and purpose*

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Integrated Treatment Continued

- *Supportive employment*
- *Supportive housing*
- *Integrated treatment for co-occurring disorders groups*
- *Peer based recovery support services*
- *Evidence based practices*
- *Medication*

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Evidence Based Approaches to Co-occurring Disorders Treatment

- *Supportive employment*
- *ACT Teams*
- *Prison based ACT Teams*
- *Motivational incentives*
- *Fishbowl Technique*

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

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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 Interventions

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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 and addiction*
- *Education*
- *Employability*
- *Healthy family support*
- *Love*
- *Pro-social group affiliation*

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Best Practices Continued

Treatment of other addictions

- *Sex*
- *Gambling*
- *Cyberspace*
- *Eating Disorders*

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Best Practices Continued

Specialty courts – drug court, trauma court, prostitution court, veterans Court, mental health court

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Best Practices Continued

Increasing medication compliance

- *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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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 illness*

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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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Seven horizontal lines for notes.

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Evaluating Your Program's Effectiveness Continued

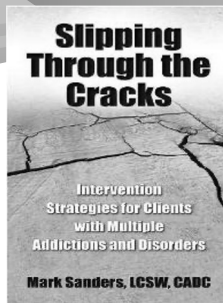
Level Four

Complexity proficient. In addition to treatment 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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Seven horizontal lines for notes.

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Seven horizontal lines for notes.

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Slipping Through the Tracks

Going back and forth between substance use disorders, mental health, criminal justice and child welfare systems without recovering. This can also include multiple medical hospitalizations and periods of homelessness.

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Strive to Create Seamless systems of collaboration

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

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