Connecticut DMHAS Facilities Integrated Co-occurring Disorders Treatment Training Day 1

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AGENDA

- Overview of Co-occurring Mental Health and Substance Use Disorders
- The epidemiology, course and adverse outcomes related to co-occurring disorder
- The importance of integrated treatment as an Evidence Based Practice
- The core care principles of Integrated COD Treatment
- Integrated screening, assessment and treatment planning including specific tools
- Stage of Change/Stage of Treatment
- Matching interventions to a person's stage of change/stage of treatment

GETTING TO KNOW YOU

What Do You Already Know About Integrated Treatment?

What Would You Like to Know?

What would you like to get out of the training?

IMPORTANCE RULER

On a scale of 0 to 10, where 0 is not **important** at all and 10 is extremely **important**, where would you say you are?

You picked___ why not a ___(lower number)?

What would it take to get you to a___ (higher number)?

CONFIDENCE RULER

On a scale of 0 to 10, where 0 is not **confident** at all and 10 is extremely confident, where would you say you are?

You picked___ why not a ___(lower number)?

What would it take to get you to a___ (higher number)?

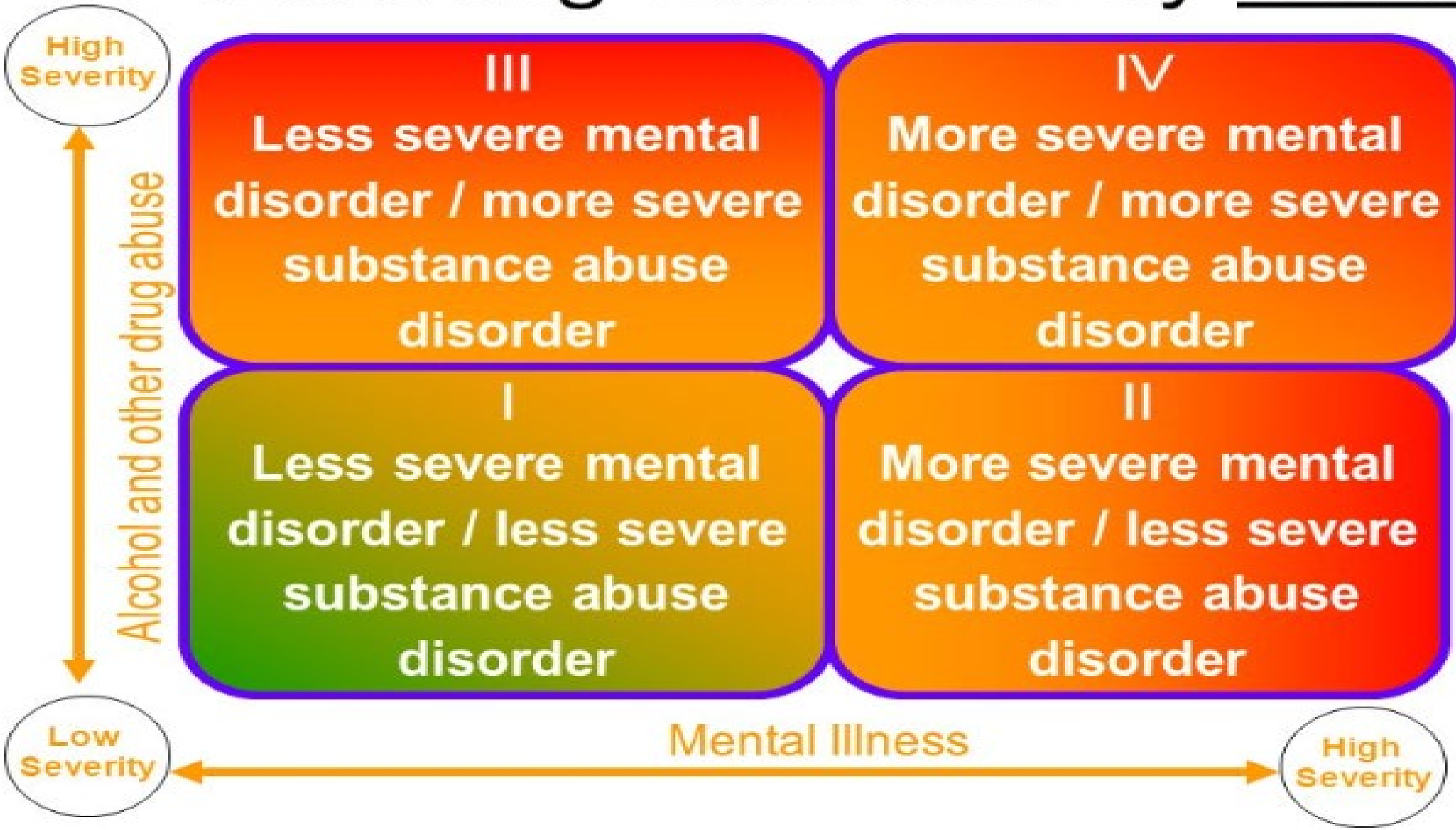
WHAT ARE CO-OCCURRING DISORDERS?

Mental health and substance use conditions occurring together in one person

Can be any mental health condition (AMI) such as PTSD or anxiety in combination with any substance use problem, including tobacco use

Sometimes refers to serious mental health conditions (SMI) like major depression, bipolar or schizophrenia co-occurring with any substance use (IDDT)

Co-Occurring Disorders by Severity



WHY FOCUS ON CO-OCCURRING DISORDERS?

- Co-occurring issues and conditions are an expectation, not an exception (Minkoff)
- Substance use conditions are common in people with mental health conditions
- Mental health conditions are common in people with substance use conditions
- Co-occurring conditions lead to worse outcomes and higher costs than single disorders
    - Drake and Brunette, (1998)
    - Hassin et al, (2002) Arch Gen Psych

ADVERSE OUTCOMES

People experiencing serious mental health distress and using substances in a problematic way are more likely to experience the following compared to people with one condition:

- Increased MH symptoms, hospital and ER visits
- Relationship difficulties
- Violence (both engaging in and victims of)
- Suicide
- Arrest and incarceration
- Unemployment, homelessness, poverty

Reyes, et al (2012)

EPIDEMIOLOGY

Over 50% of people with schizophrenia, bipolar disorder and other severe mood conditions have a substance use condition at some time in their life

About one third of people with anxiety or depressive conditions also have a substance use condition at some time in their life

Of 20 million people with a substance use disorder, more than 39 percent also have a mental health diagnoses (SAMHSA, 2021).

From 2017-2019, a little over ½ of adults with co-occurring disorders received treatment in the past year for either condition, and only 10% received treatment for both (Pew, 2023)

Adults identifying as Black (7%) or Hispanic (7%) received treatment for both less often than their White counterparts (11%)

PRINCIPLES OF INTEGRATED TREATMENT

- Welcoming environment/no wrong door
- Recovery oriented/Person-centered Care
- Cultural humility
- Trauma informed care
- Engagement, outreach & practical assistance
- Each disorder treated as primary
- Integrated Screening, Assessment & Treatment
- Stage-based treatment

PRINCIPLES OF INTEGRATED TREATMENT

- Motivational Interviewing
- Peer Support and Advocacy
- Harm reduction
- Access to individual **and** group treatment
- Access to comprehensive services
- Long-term view

ACCESS: WELCOMING, NO WRONG DOOR

Co-occurring mental health and substance use conditions are an expectation not an exception in both mental health and addiction treatment settings

It is important to have easy access and a welcoming environment wherever people seek services

PERSON CENTERED, RECOVERY ORIENTED CARE

- What is person centered care?
  - **Small Groups/Recorder/Spokesperson**
  - **Report back to large group**

  Person Centered Care should drive integrated treatment

PERSON-CENTERED, RECOVERY ORIENTED CARE

A collaborative process promoting recovery rather than only minimizing illness and symptoms

Is directed by the person in partnership with practitioners and natural supporters

Supports person's unique life goals, aspirations, and preferences and builds on a person's capacities, strengths, interests

PERSON–CENTERED CARE

Written and spoken language honors person centered values

Principles include:

Use person-first terms

Avoid overly negative connotations

Be careful not to communicate hierarchy/social control

PERSON-CENTERED LANGUAGE

DEFICIT BASED LANGUAGE	PERSON-CENTERED LANGUAGE
A schizophrenic, a borderline	A person diagnosed with…
Clinical case manager	Recovery coach/guide
Front-line staff/in the trenches	Direct support staff
Substance abuser/addict	Person living with…
Suffering from	Living with/recovering from
Treatment teams	Recovery Team
Low-functioning	A person's symptoms/addiction interferes with the following…
Unrealistic	Idealistic, high expectations
Resistant/non-compliant	Disagrees with, chooses alternatives
Weaknesses	Barriers to change; support needs
Maintaining clinical stability/abstinence	Promoting a life worth living

CO-OCCURRING CONDITIONS INTEGRATED TREATMENT

All disorders, including mental health and substance use, are viewed as "primary" and are targeted for concurrent treatment

All disorders, including mental heath and substance use, are seen as interactive

Integrated screening using validated screens for mental health and substance use

Integrated Assessment and Integrated Treatment Plan

Integration and modification of best practices for all conditions, including mental health and substance use treatment interventions

ENGAGEMENT

- Engagement is the first step in integrated treatment
- It is the process of establishing a mutually collaborative, trusting, and respectful helping relationship (Miller & Rollnick 2013)

What do you think works?

WHAT PEOPLE RECEIVING SERVICES SAY WORKS

- Relationship is key - warm respect, friendliness, interest, patience, and sincerity
- Providers showed acceptance and support
- Individualized care
- A focus on meaningful life goals
- Goals that are identified by the person

WHY ENGAGEMENT IS IMPORTANT

- The foundation of a recovery partnership is an empathic, hopeful, integrated, strength-based relationship (K. Minkoff)
- Low engagement may lead to exacerbation of symptoms, rehospitalization, and not fully realizing the potential benefits of treatment (Dixon, et al, 2016)
- Most people who do engage in treatment and stay in treatment have improved outcomes

ACTIVE ENGAGEMENT

- Make every effort to actively engage a person who is reluctant to engage in treatment
- Reach out, provide services in natural living environments
- Help person with immediate needs, provide practical assistance
- Be consistent and persistent

INTEGRATED SCREENING

- Do you use screening instruments now?
- What screens do you use?
- What is your screening procedure?

SCREENING AND FEEDBACK EXAMPLE CHANGE GOAL DEFERRED

Marijuana Use Methods of Assessment	**WHO-ASSIST V 3.0**
Assessment Results	Score=#28 High Risk
Feedback	"Reviewed results with person. Asked person what they know about the risks of smoking weed and asked permission to provide additional information. Person gave permission. Provided information. Asked what they make of all this. Person responded that they didn't think smoking weed was a problem for them."

INTEGRATED ASSESSMENT

- Should routinely expect that all persons may have multiple complex needs
- Ongoing throughout the helping relationship
- Gather information about all disorders and how they interact
- Invite and validate person's perceptions
- Use open ended questions and reflective listening to explore person's perceptions and identify strengths, and goals

INTEGRATED ASSESSMENT

- History and treatment of medical, psychiatric, substance use, and other disorders
- Impact of each disorder on key areas of life (e.g. relationships, work, school)
- Motives for substance use and motivation for change
- Stage of change for all current disorders
- Recovery environment and existing support network (recovery capitol)

INTEGRATED ASSESSMENT

- Vocational history and educational history
- History of trauma and other risk factors
- The person's range of different needs
- Any challenges that are present and how the person views them
- Explore the impact of culture on the person's view of their problems and of treatment (use the DSM -TR "Cultural Formulation Interview")

Using the Cultural Formulation Interview

https://youtu.be/8SjBG9di8ss

INTEGRATED ASSESSMENT

- Obtain information from multiple sources
- Gather information informally and formally over time
- Include repeated, longitudinal component
- Review assessment results with person without judgment or criticism (MI style)

INTEGRATED ASSESSMENT TOOLS

- Longitudinal Assessment
- Stage of Change Scales
- Decisional Balance

LONGITUDINAL ASSESSMENT

- Integrated, longitudinal, strength-based history
- Mental health and substance use history is integrated
  - Describe major life areas (e.g., work), symptoms, treatment, response to treatment, and interactions of both disorders
- Identify symptoms of each disorder during stability from the other
- Focus on periods of different functioning
  - Detailed description of most recent baseline
- Ongoing assessment as new information is gathered

LONGITUDINAL ASSESSMENT

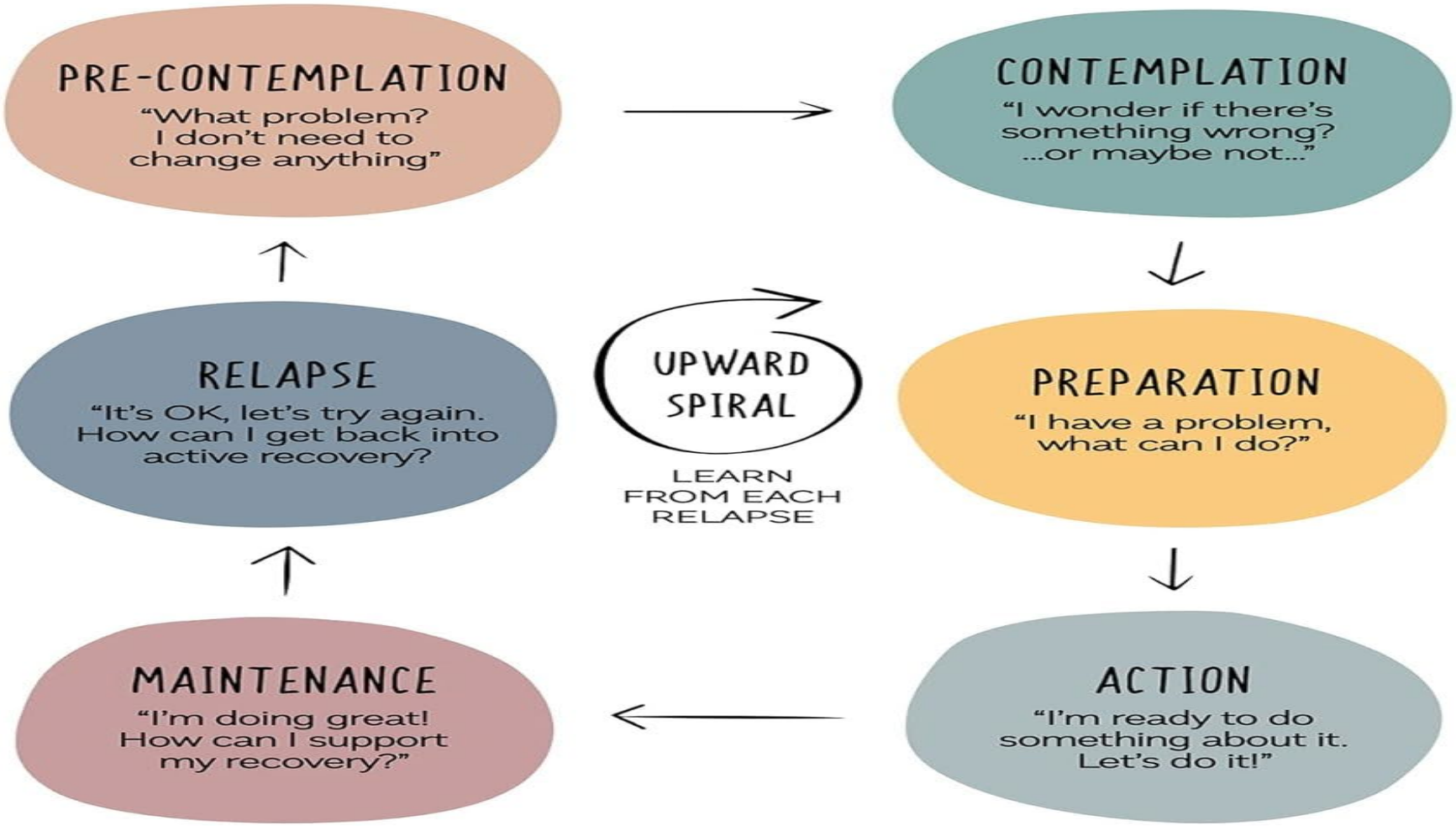
- Helps determine the chronology of mental health and substance use problem development
- Useful in clarifying diagnosis for persons where the co-occurring diagnosis is uncertain
- Helps to organize historical data
- Shows relationship over time of the mental health and substance use problems to each other and to the person's major life areas

STAGES OF CHANGE & STAGES OF TREATMENT

What do you already know about Stage of Change?

Add in exercise

STAGES OF CHANGE



STAGE OF CHANGE

- Change is a process not an event, conceptualized as a sequence of stages
- Process is circular rather than linear; people may go through the stages many times before achieving stable change
- Each stage has a task or problem that must be resolved to move to the next stage
- *People are not in stages, behaviors are*
- People can be in different stages for each identified problem
- **Precontemplation**, **Contemplation**, **Preparation**, **Action**, **Maintenance**

STAGES OF CHANGE

- *People are not in stages, behaviors are*
- People can be in different stages for each identified problem
- **Precontemplation, Contemplation, Preparation, Action, Maintenance**

IMPORTANCE RULER

01

On a scale of 0 to 10, where 0 is not **important** at all and 10 is extremely **important**, where would you say you are?

02

You picked___ why not a ___(lower number)?

03

What would it take to get you to a___ (higher number)?

CONFIDENCE RULER

01

1. On a scale of 0 to 10, where 0 is not **confident** at all and 10 is extremely confident, where would you say you are?

02

2. You picked___ why not a ___(lower number)?

03

3. What would it take to get you to a___ (higher number)?

STAGES OF TREATMENT

- **Engagement, motivation, active treatment, and relapse prevention**
- Not linear
- Stage determines goals
- Goals determine interventions
- Multiple options at each stage

STAGES OF CHANGE/TREATMENT

Important to identify where a person is in the change process for each problem area

Treatment strategies and interventions need to be matched to a person's stage of change/treatment

Enhance person's motivation to change through a series of techniques depending on the person's stage of change (Motivational Interviewing for early stages)

Addressing motivation and tailoring treatment response is associated with treatment retention and more positive mental health and substance abuse outcomes

STAGES OF CHANGE/TREATMENT

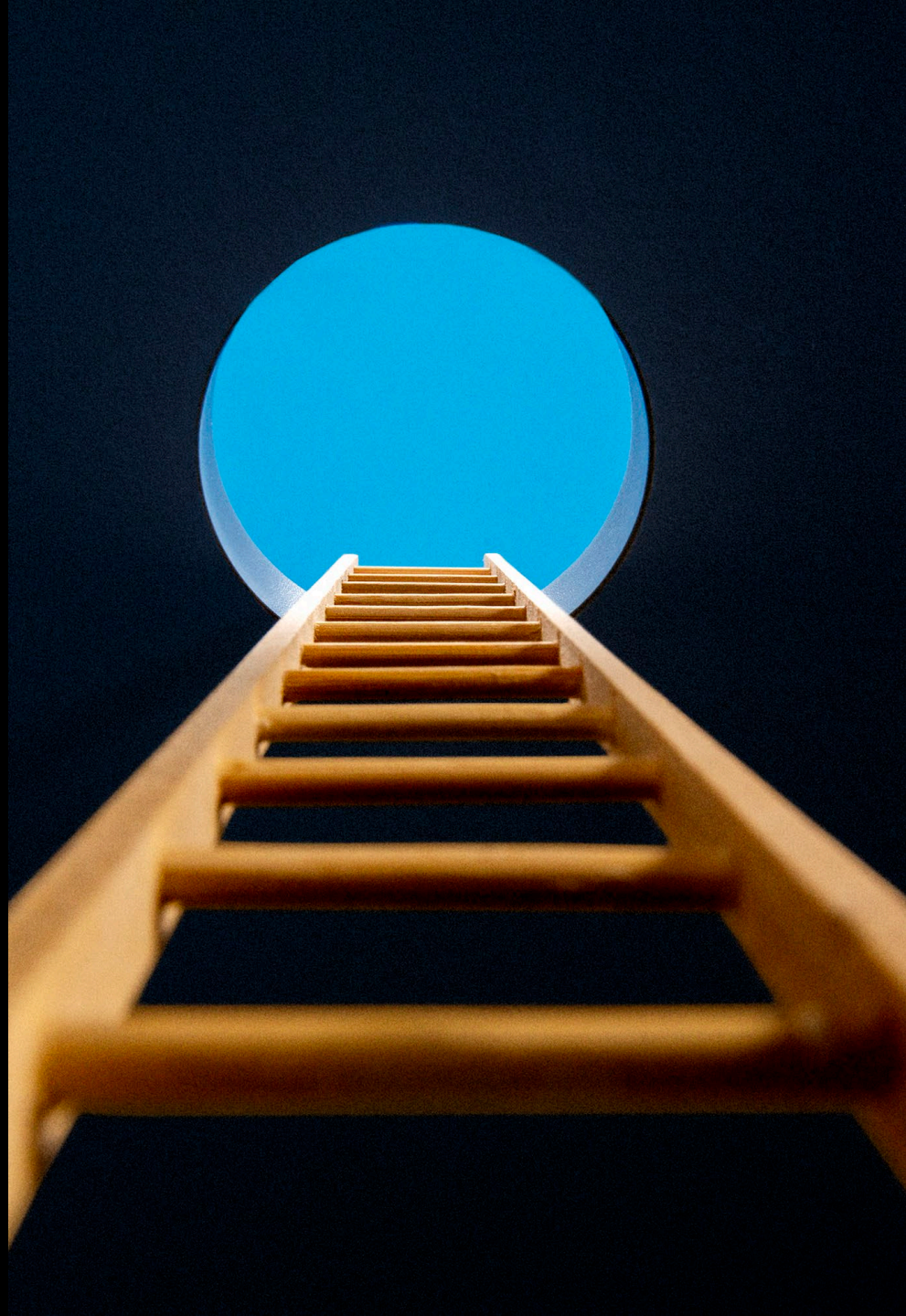
Stage of Change	*Stage of Treatment*
Pre-contemplation	Engagement
Contemplation Preparation	Motivation
Action	Active Treatment
Maintenance	Relapse Prevention

IDENTIFYING STAGE OF CHANGE: **5 ?**

- Ask the person if seriously intending to change the problem in the near future, typically within the next 6 months. If not, they are in the precontemplation stage
- Participants who state that they are seriously considering changing the problem behavior in the next 6 months are in the contemplation stage
- Those intending to take action in the next month are in the preparation stage
- Participants who state that they are currently taking steps to change the problem behavior are in the action stage
- Participants who state they have made the change for 6 months or longer are in the maintenance stage

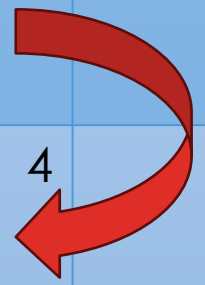
CONTEMPLATION LADDER

- I AM TAKING ACTION TO CHANGE
- I AM STARTING TO THINKING ABOUT TO CHANGE
- I AM THINKING ABOUT CHANGING BUT…….
- MAYBE I SHOULD CONSIDER CHANGING
- NO WAY I AM GOING TO CHANGE



DECISIONAL BALANCE

	PROS	CONS
STAYING THE SAME	1	2
MAKING THE CHANGE	4	3



DECISIONAL BALANCE

- To identify possible treatment goals, answer these questions based on information collected in the Decisional Balance:
  - ✓What is the most critical reason for continuing a behavior?
  - ✓What would decrease the cost (negatives) of changing a behavior?
  - ✓What would increase perception of the benefits of changing a behavior?

SUBSTANCE USE TREATMENT SCALE (SATS)

Pre-engagement	**No contact**; meets criteria for mild, moderate, or severe substance use disorder
Engagement	**Irregular contact**; meets criteria for mild, moderate, or severe substance use disorder
Early motivation	Regular contact; **using same/less for less than 2 weeks**; meets criteria for mild, moderate, or severe substance use disorder
Late motivation	Regular contact; **using less for 2-4 weeks**; meets criteria for mild, moderate, or severe substance use disorder
Early active treatment	Regular contact; **using less for month or more**; meets criteria for mild, moderate, or severe substance use disorder
Late active treatment	Regular contact; does not meet criteria for past **1-5 months**
Relapse prevention	Regular contact; does not meet criteria for past **6-12 months**
Remission/recovery	Regular contact; does not meet criteria for more than **one year**

SUBSTANCE USE TREATMENT SCALE (SATS)

- The SATS is a validated, reliable instrument used to assess and monitor the progress that persons with a SMI make toward recovery from a substance use disorder

- Strategies:
  - Use multiple sources of information
  - Base rating on discussion involving whole treatment team

WHAT STAGE OF TREATMENT ARE THEY IN?

- John is 24, single, with a diagnosis of schizophrenia. He occasionally comes to the mental health clinic usually looking for help with practical needs. He smokes weed daily and has no interest in stopping

- Gina is a single woman with bipolar disorder who is active in Narcotics Anonymous for her cocaine addiction. She has been abstinent for two months. She knows that her cocaine use has had a terrible impact on her life and uses this as a focus of her weekly meetings with her counselor

- Fred has been a client of the mental health clinic for many years. He continues to drink at least a quart of wine daily and does not take his medication consistently. He does meet weekly with his clinician and sometimes calls when in crisis. Fred states he would like to stop drinking but feels he can't.

What treatment interventions do you think will be helpful for:

The Precontemplation/Engagement Stage?

The Contemplation/Motivation Stage?

The Action Stage?

The Relapse Prevention/Recovery?

STAGE-BASED TASK AREAS

Different stages have different task areas

Precontemplation/Engagement: focus on engagement and treatment relationship, **do not focus** on behavior (unless barrier to **person's** goal achievement)

Contemplation/Motivation: focus on helping person resolve ambivalence **about change**

Preparation/Motivation: Resolve ambivalence, help person develop a change plan

Action and Maintenance/Active Treatment/Relapse Prevention: focus on skills for making and sustaining changes

TREATMENT INTERVENTIONS
PRECONTEMPLATION/ENGAGEMENT STAGE

Goal: **To establish a trusting treatment relationship**

- ✓Active listening, empathy, safe environment
- ✓Practical assistance (e.g. food, clothing, housing, benefits, transportation, medical care)
- ✓Outreach
- ✓Help with medication
- ✓Help in avoiding legal penalties
- ✓Crisis intervention
- ✓Family meetings
- ✓Support and assistance to social networks
- ✓**Harm Reduction**

fears, values, and
e to assist an individual in
n choice

HARM REDUCTION

Accept	Accept that many people do not initially want to change
Respect	Respect an individual's autonomy
Place	Place individual's perspective and wishes above our sense of what is best
Set aside	Set aside our own fears, values, and choices to be able to assist an individual in making his/her own choice

HARM REDUCTION

- What is it?
- Why use it?
- When and how do you use it?

HARM REDUCTION

- When person is not interested in changing a behavior that is causing harm it is often better to help them identify and find ways to reduce the negative consequences related to the behavior than try and get them to change the behavior

- If we *push* for behavior change the person is likely to stop treatment altogether

TREATMENT INTERVENTIONS CONTEMPLATION/MOTIVATION STAGE

Goal: Help person resolve ambivalence in addressing both substance use and mental health problems

- ✓Strategies for increasing change talk/decreasing sustain talk
- ✓Join a co-occurring group
- ✓Social skills training to address non-substance related situations
- ✓Structured activities (e.g. work, volunteering, church etc.)
- ✓Coping skills for stress reduction (meditation practice)
- ✓Sampling constructive social and recreational activities
- ✓Medications to treat psychiatric illness
- ✓Medications for substance use disorder (MAT)

TREATMENT INTERVENTIONS ACTION STAGE

Goal: To help person reduce or stop misuse of substances

- ✓ Family and individual problem-solving skills
- ✓ Action Stage Groups
- ✓ Self-monitoring: systematic analysis of substance use episodes
- ✓ Social skills training to address substance-related situations
- ✓ Self-help groups (AA etc.)
- ✓ Cognitive behavioral interventions (coping with negative thoughts, stress management)
- ✓ Substitute activities (e.g., work, sports)
- ✓ Pharmacological treatments to support abstinence

TREATMENT INTERVENTIONS MAINTENANCE/RELAPSE PREVENTION STAGE

Goal: To maintain awareness of vulnerability and expand recovery to other areas

- Expanding involvement in employment
- Relapse prevention groups
- Lapse Management
- Self-help groups
- Social skills training to address other areas
- Family problem solving
- Lifestyle improvements (e.g. smoking cessation, healthy diet, stress management techniques)
- Independent housing
- Becoming a role model for others
- Relapse prevention plan

Stage of Change	Stage of Treatment	Provider's Goal (based on stage) and interventions	Tools & Methods	Things You Might Want To Avoid
Pre-contemplation Doesn't think their substance use is a problem Not interested in reducing or stopping substance use Feels hopeless about quitting Doesn't like being told what to do	Engagement Not sure treatment offered would be helpful Has mixed feelings about being involved in the treatment being offered Not sure the practitioner would be helpful Feels being hassled about substance use Doesn't have a trusting relationship with the provider	To establish a working alliance with the client Relationship building is key Communicate in the spirit of motivational interviewing Outreach Provide assistance with practical needs e.g., food, housing, finances Harm reduction	Communicate warm respect, friendliness, interest, MI Spirit & OARS Person sets the agenda Show acceptance Involve Peers Give advice and information with permission Complete validated screens give feedback Focus on meaningful life goals	Pushing your agenda Offering ideas too early (the Righting Reflex) Giving advice without permission deciding that substance use is the problem before the person does

CHOOSING TREATMENT GOALS

- The Decisional Balance and Stage of Change assessments represent different approaches to helping identify goals
- These approaches are complementary, and some common goals may emerge from both
- Treatment goals are factors in determining interventions
- Multiple options available

CHOOSING TREATMENT GOALS
THE STAGES OF CHANGE/TREATMENT

DIFFERENT STAGES FOR DIFFERENT PROBLEM AREAS

PRECONTEMPLATION/ENGAGEMENT: FOCUS ON TREATMENT RELATIONSHIP, DO NOT FOCUS ON BEHAVIOR (UNLESS BARRIER TO GOAL ACHIEVEMENT)

CONTEMPLATION/PREPARATION: FOCUS ON HELPING PERSON RESOLVE AMBIVALENCE

ACTION AND MAINTENANCE: FOCUS ON SKILLS FOR MAKING CHANGES

EXPLORING STRENGTHS

A collaborative process

Ask about strengths in diverse areas e.g., role in family, friendships, cultural traditions, resilience

Explore what has worked for them in the past

Be creative in exploration - "think back when you were young, what did you want to be when you grew up?"

Use affirmations

Integrated Plans build on strengths and remove barriers

IDENTIFYING BARRIERS

- You might see a particular change as a goal, but the person doesn't (e.g., reducing substance use)

- This can be written as a barrier (mental health and/or substance misuse symptoms) if identified by person "How might… get in the way of achieving your goal?"

- Elicit other barriers to achieving goals:
  - Intrusive or burdensome symptoms
  - Lack of resources
  - Need for assistance/supports etc.

THE INTEGRATED TREATMENT PLAN

- Maximizes self-determination and choice
- Incorporates Evidence Based Practices for each disorder – modified if necessary
- Informed by Integrated Assessment, Stages of Change, Timeline, and the Decisional Balance
- Practitioner and person take steps in sharing treatment decisions
- Practitioner brings educational information related goal or problem area, treatment options, risks/benefits, evidence base
- The person brings information based on personal experience, perspective on problems, preferences, values, and potential solutions

SMART GOALS

Objectives define strategies or implementation steps to attain the identified goals

- **S**pecific: observable action or behavior to reach the goal
- **M**easurable: how you know whether the objective was completed (precise and action-oriented)
- **A**chievable: small steps, simple, person feels confident about achieving the objective
- **R**elevant: objective is important to person and person wants to achieve it
- **T**ime-framed : When the objective should be achieved by

TREATMENT PLAN EXAMPLE

Goal: Get a job	
Strengths: self-reliant, motivated	**Barriers**: smokes weed but worried won't get hired for a job because they won't pass a drug screen

Steps

1. Ask the person how they think their smoking weed might affect their ability to get and hold a job (developing discrepancy)?
2. How important is it for you to get this job?
3. What ideas do you have about pursuing this goal?

CONTEMPLATION TREATMENT PLAN EXAMPLE

Goal: Reduce Marijuana Use		
Strengths: Resourcefulness, Non-using support network	Barriers: feels needs to smoke weed to relax	
Possible Interventions 1. Use decisional balance to further explore ambivalence 2. Explore past successes at making a change 3. Elicit person's ideas of alternatives for relaxing 4. Use EPE for giving information on health and other consequences 5. Attend a co-occurring disorders group		
What other intervention do you think would be helpful?		

PRACTICE VIGNETTE

- Work with a small group (4-6), each group needs a spokesperson
- Read the vignette
- Draft an integrated treatment plan using the integrated treatment plan template
- Write at least one goal, one objective and several interventions
- Report back to large group for discussion

LONG TERM VIEW

People with co-occurring conditions are not all the same

Everyone's recovery process is different

Use non-confrontational interventions and exchanges

Promote empathy and compassion

Help motivate

Don't push for change

Understand that change takes time

Recovery occurs over time, not overnight

Stay with the person

THE GOOD NEWS

Implementation of integrated treatment for co-occurring conditions is challenging but critical to improving outcomes

Multiple strategies are helpful

Include all stakeholders

Over time (not overnight) programs can successfully implement the core components of Integrated Treatment

The person gets better!

MORE GOOD NEWS

Mental health and addiction practitioners already use most of the skills of Integrated Treatment:

- ✓Cultural humility
- ✓Person Centered, recovery oriented, trauma informed care
- ✓Stage-based treatment
- ✓Motivational Interviewing & CBT
- ✓Harm reduction
- ✓Peers


QUESTIONS
SEE YOU FOR DAY 2