

# Approaching and Treating Co-Occurring Mental and Substance Use Disorders in Farming and Rural Communities

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# Approaching and Treating Co-Occurring Mental and Substance Use Disorders in Farming and Rural Communities

This session will discuss co-occurring mental health and substance use disorders in farming and rural communities. Outline the prevalence of mental health and substance use co-occurring disorders, linking research to real-world impact of these disorders. Address the impact of COVID-19 within these communities.



## Focus Areas:

- Co-occurring disorders of mental health condition and substance use.
- How can PCPs screen and address these issues?
- Identify how and why co-occurring disorders may occur and what the signs are.



# Presenters:

## Rebecca Roller, PsyD, LMFT



Dr. Roller is a licensed clinical psychologist and marriage and family therapist. She founded Sac River Counseling, a private practice located in rural Missouri and certified as a National Health Services Corps site. She retired from full time practice in 2017 but continues to be involved in the field of rural substance abuse. She serves on the Board of Directors for RHAA (Restoring Hope Against Addiction), a local not for profit organization working in conjunction with Recovery Court and other organizations with the primary goal of aiding individuals in maintaining sobriety and assimilating back into their communities. She is also very involved in the world of agriculture as an owner/operator of Back Forty Bison, a conservation focused bison ranch hosting four herds of North American Bison.

# Maridee Shogren, DNP, CNM



Dr. Maridee Shogren, DNP, CNM, is a Clinical Associate Professor at the University of North Dakota. She is the lead author of *Depression, Alcohol and Farm Stress: Addressing Co-Occurring Disorders in Rural America*. Her background in agriculture includes her upbringing on a farm family in rural northwestern MN where she enjoys spending her leisure time. Dr. Shogren serves as a content expert for the Mountain Plains Mental Health Technology Transfer Center on farm stress, inter-professional practice, and women's health. She has practiced as a nurse-midwife in a variety of settings.



# What is Rural?

Definitions, Culture, Challenges



## Today's Farmer **Prairie precision**

BRINGING BACK BISON AND THEIR  
NATIVE GRASSLANDS TO MISSOURI

THIS ISSUE

GARLIC GURUS SHARE PRODUCTION TIPS

MFA HELPS WITH NUTRIENT MANAGEMENT

NITROGEN-MODELING TOOL SHOWS VALUE





# Defining Rural

- More than three dozen definitions for rural areas
  - Changing community demographics, urban sprawl and diverse geographies make one definition impossible
- Rural areas are commonly noted to have a combination of low population density, isolation, and small size

# Rural Communities and Farming

- **Farm:** Any place from which \$1,000 or more of agricultural products were produced or sold
- **Farm Producer:** Someone who is involved in making decisions for a farm
- **Farmer:** May be used to collectively refer to all types of farmers, ranchers, and agricultural producers
  - one definition cannot detail the differences in lifestyle, culture and self-identity that exist for farmers, ranchers, and agricultural producers
  - Broad definitions of farming and agricultural production have helped improve the identification of people involved in agricultural work
    - Allows for greater understanding of types of people involved in America's agricultural economy

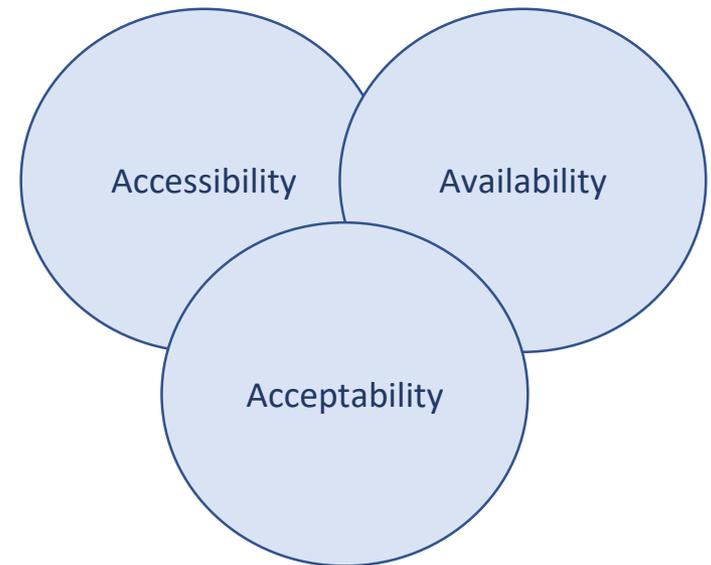
# Rural Culture

- “If you’ve seen one rural town, you’ve seen one rural town”
- Rural areas are not homogenous
  - Each has its own traditions, customs, geography
- Independence and self-reliance instilled early
  - Especially seen in farm families
- Lower population density, isolation, lack of privacy
  - “Goldfish Effect”
    - Aware of each other’s lives, illnesses, health events; community-wide gossip
    - People know your vehicle, friends with clinic staff, you serve on committees/boards with providers
- Dual relationships: Providers AND community members
  - Each community has its own culture



# Rural Healthcare Challenges

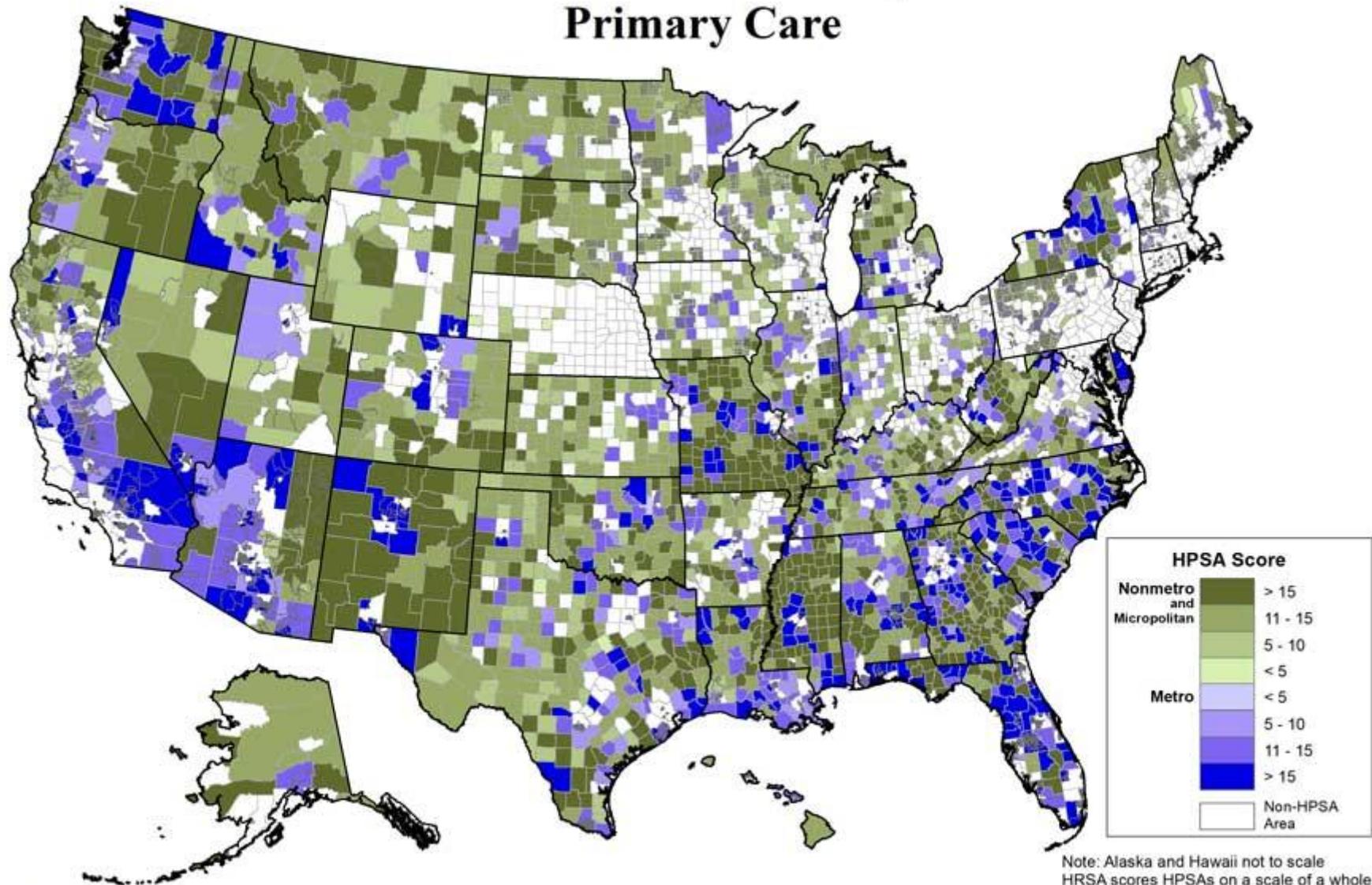
- Limited access to healthcare
  - Distance, transportation concerns
  - Lack of MH and SUD treatment services
    - Changes to telehealth guidelines may help here
  - Pharmacy availability limited
  - Nutrition: Food deserts
- Limited acceptability
  - Self-stigma, embarrassed to seek services, fear
- Limited availability of providers
  - May not have expertise in treating MH and SUDs
    - Fewer MOUD waived providers
  - OBGYNs, critical care specialists, pediatricians may not be available



# Rural Healthcare Challenges

- Many rural counties are designated as
  - Primary Care Health Provider Shortage Areas
  - Mental Health Provider Shortage Areas
- Providing care in rural and remote areas presents unique challenges to address the needs of individuals with co-occurring mental health (MH) and substance use disorders (SUDs)

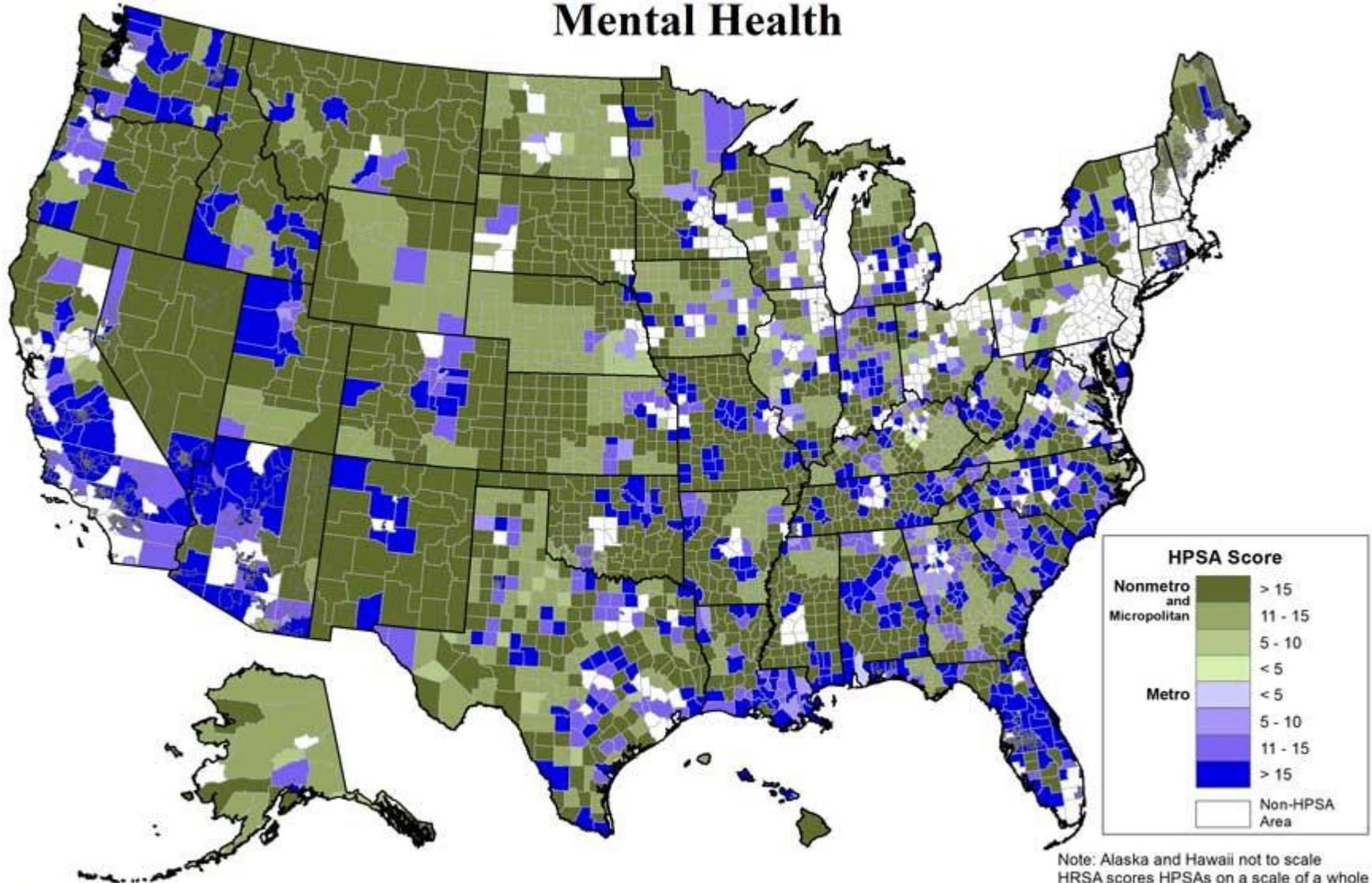
# Health Professional Shortage Areas Primary Care



Note: Alaska and Hawaii not to scale  
HRSA scores HPSAs on a scale of a whole number (0-25 for primary care), with higher scores indicating greater need

Source(s): data.HRSA.gov, U.S. Department of Health and Human Services, April 2020

# Health Professional Shortage Areas Mental Health



Note: Alaska and Hawaii not to scale  
HRSA scores HPSAs on a scale of a whole number (0-25 for mental health), with higher scores indicating greater need

Source(s): data.HRSA.gov, U.S. Department of Health and Human Services, April 2020



# Farming in Rural Communities

Stress, Health, Co-occurring Disorders

# Farming: A High Stress Profession

- A stressor is “a chemical or biological agent, environmental condition, stimulus, or event that triggers stress in an organism”
- **“Farm Stress”** is similar and yet very different
  - The stress experienced by farmers, agricultural workers and their families as a result of the unique agricultural work environment
  - Many resources interchange farm stress with financial concerns; however, while financial concern is very real, it is not the only contributing factor

# Farm Stressors

- **Typical Stressors**

- Constant responsibilities
- Location
- Multi-generations
- Stigma
- Access to relevant care

- **Extraordinary Stressors**

- Weather
- Market prices and tariffs
- Debt and cash flow
- Health-care costs

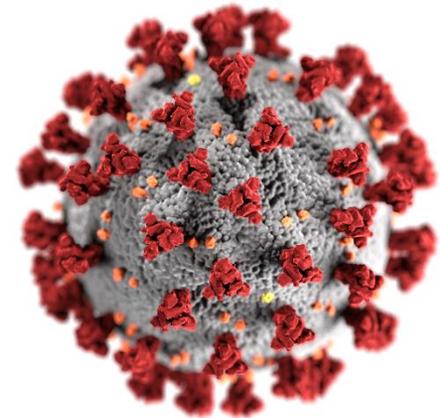


# Farm Stress and the Family

- Women, regardless of the role on the farm, are more likely than men to experience stress
  - Farm women typically play a supportive role in helping husbands deal with their stress and frustration; often do not get same support in return
- Children are far from immune to farm stressors
  - Farm children often work on the farm and identify closely with rural values
  - Stress impact may be noted physically, emotionally, socially

# COVID-19 Implications

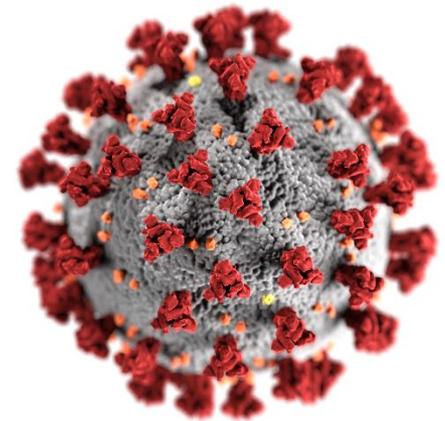
- Negative – “Just one more thing I can’t control”
  - Farm
    - Disruption of the Supply Chain
    - Financial Stress
    - Limited access to supplies
    - Inability to pay employees
    - Increased workload
  - Substance Use/Abuse
    - Increased Stress
    - Isolation
    - Reduced coping (lack of recreation, sporting events and other distractions, spiritual meetings, support groups)



[www.cdc.gov/media](http://www.cdc.gov/media)

# COVID-19 Implications

- Positive - Opportunity to re-examine current agricultural practices – “just in time” model creating bottlenecks and backlogs
  - Development of new markets – increase in farm to consumer.
  - Telehealth
    - <https://www.apaservices.org/practice/clinic/covid-19-telehealth-state-summary>
    - Many states waiving licensing requirements for out-of-state licensed providers
    - Expanding services such as medication assisted treatment
    - Access to care in a more confidential manner
    - Greater flexibility in scheduling treatment



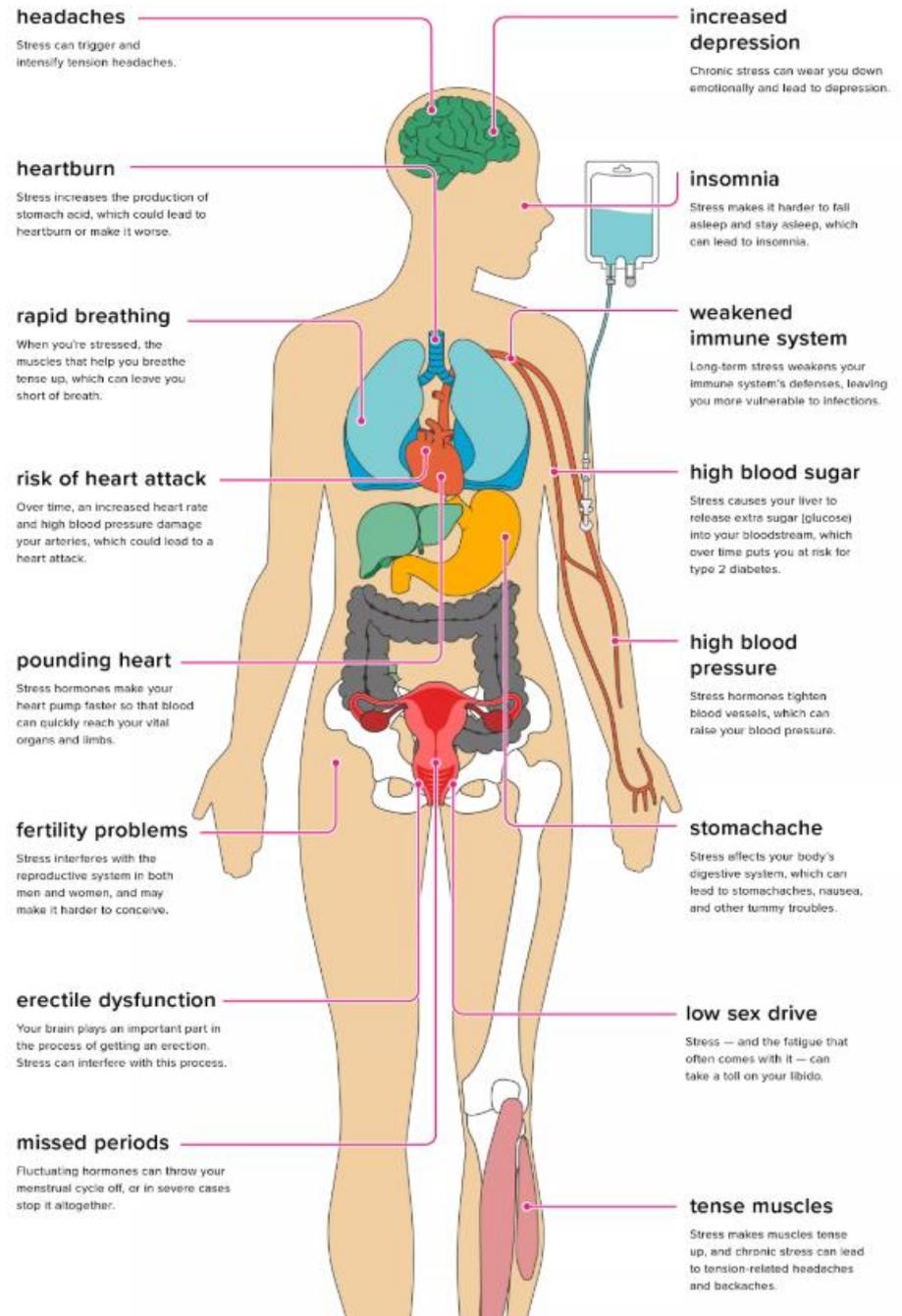
[www.cdc.gov/media](http://www.cdc.gov/media)

# How Does Stress Impact Health?

- We cannot forget the impact of all kinds of STRESS on health!
  - Life stress accumulates over the lifespan
  - Causes significant morbidity and mortality
  - If not addressed, can lead to not only physical illness but also
    - Mental health issues
    - Substance use disorders
    - Suicide
  - Many attempt to address stress by self-medicating with alcohol and other drugs
    - Seeking professional help is often perceived as a “Sign of Weakness”

# How Stress Affects your Body

<https://www.stress.org/how-stress-affects-your-body>





# An Interprofessional Approach to Identifying and Treating Co-Occurring Disorders

Screening, Brief Intervention and Referral to Treatment (SBIRT)

# Screening: Often Starts in Primary Care

- Screening
  - Identifies the presence of a problem
  - Important to use validated and evidence-based screening tools
    - Outcome = “Yes” or “No” or “Score”
  - May be part of rooming the primary care visit



# Screening Tools for Alcohol Use and Depression

- Substance use disorders
  - AUDIT-C
  - AUDIT
  - DAST-10
- Mental Health Concerns: Depression
  - PHQ-2
  - PHQ-9
- Anxiety
  - GAD-7
    - Recent study: 71% of farmers met criteria for Generalized Anxiety Disorder

# Reminder: Social Needs Screening Tools

- Social and economic factors profoundly influence health
  - Can affect up to 40% of health outcomes
  - Providers often don't inquire about social needs
- Social Screening Tool Options
  - Your Current Life Situation
    - <https://sdh-tools-review.kpwashingtonresearch.org/screening-tools/your-current-life-situation>
  - Health Leads: Social Needs Screening Toolkit: Creative Commons CC BY-SA 4.0
    - <https://healthleadsusa.org/resources/the-health-leads-screening-toolkit/>
  - PRAPARE
    - <http://www.nachc.org/research-and-data/prapare/>

# Brief Intervention: Now What Do I Do?



- How to facilitate the conversation:
  - Just Go with the **FLO**
    - **Feedback**
    - **Listen**
    - **Options**
- Patient driven
  - May not reflect a clinician's preference for change
- May occur in a single interaction or over multiple sessions
  - Brief 10-15", multi-contact interventions have best support
- Is referral more appropriate?

# Referral to Treatment

- This does not imply inpatient treatment only
  - Referral for additional assessment and evaluation of symptoms
  - Referral to establish diagnosis
- Who are your community colleagues?
  - Counselors
  - Social workers
  - Primary care
  - Self-help programs (Alcoholics Anonymous)
- Preparing clients for “The Next Step”
  - Warm hand-off whenever possible

# Establish a Farm Friendly Practice

- Welcome
  - Importance of the first encounter
  - Every “touchpoint” is important
  - Appointment availability
  - Office environment, etc.
- Community
  - Historical background
  - Involvement = Investment



# Encourage Treatment

- Referral Sources – Get Creative!
  - Primary Care Physicians
  - Former Clients
  - University Extension Offices
  - Farm & Ranch Associations
  - Law Enforcement - First Responders
  - Ministerial Alliances
  - Veterinarians
  - Bankers, lawyers, etc.
  - Hairdressers & Barbers
  - Farm Suppliers (Max the Mineral Man)
  - Schools
- Free Community Talks
  - Extension Education “Add ons”
  - School
  - Brown Bag Lunch
  - “Depressed Farmers” versus “Making Hay when the Sun Stops Shining”



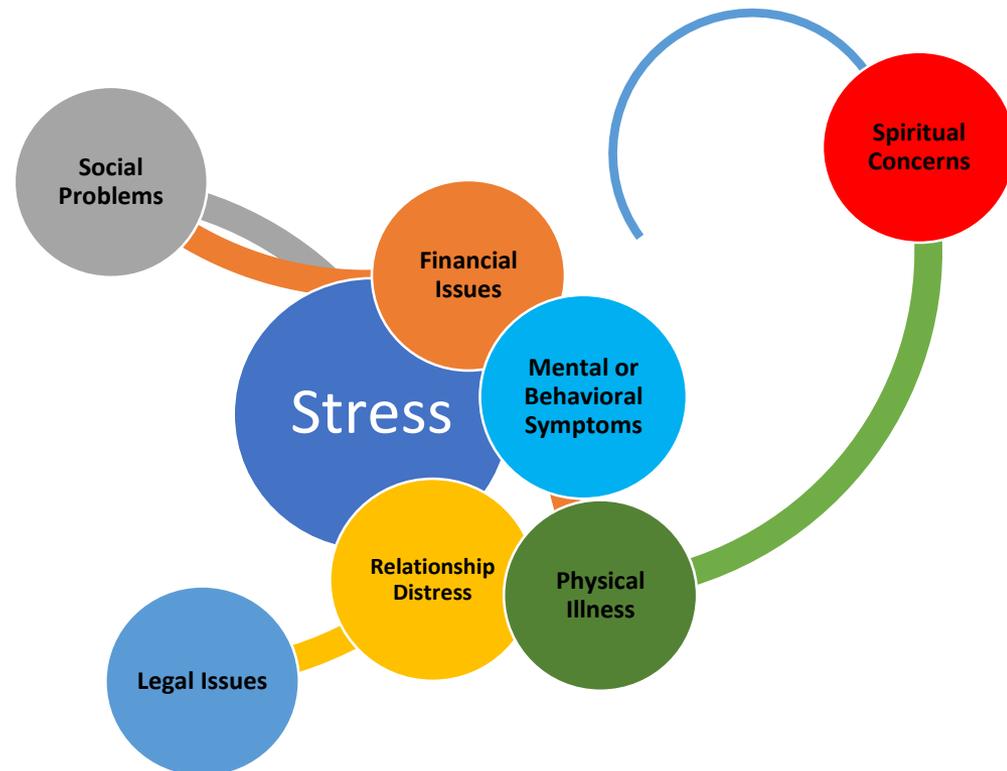
# Maintaining Engagement

- Therapeutic alliance is primary
  - As rural areas are not homogenous – neither are farmers
  - Concept of Agrarian Imperative - Michael Rossman
    - Focus on Behavior
  - Back to the Basics
    - Carl Rogers
      - Genuine Engagement
      - Unconditional Positive Regard
      - Empathy



# Assessment

- Importance of assessment prior to treatment.
- Presenting Problem – “Stress”
- Sort through the myriad of “other issues” that present.



# Provide “Useful” Treatment

- Clinical Interview - Don't underestimate the value of a good diagnostic clinical interview
  - *Essentials of Psychiatric Diagnosis: Responding to the Challenge of DSM-5 – Allen Frances*
- Genograms – Family Systems
- Ecomaps – External Systems



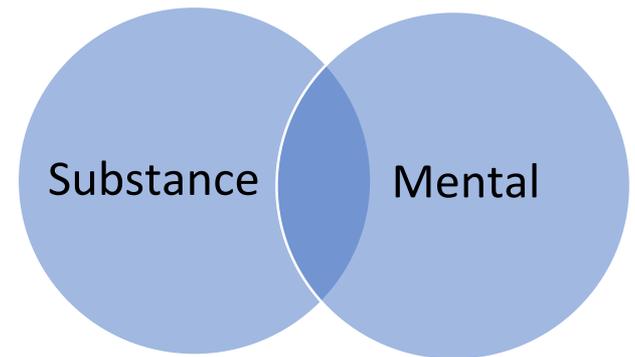
# Provide “Useful” Treatment

- Good Questions – Part art, part science
- *Carefully* explore deeper than the presenting problem
  - Relationship issues that have alcohol abuse as a component.
  - Anger episodes that are a manifestation of a mood disorder or PTSD
  - Children presenting with behavioral problems and serving as the “identified patient”



# What are Co-Occurring Disorders (COD)?

- Combination of a mental health disorder and a substance use disorder
  - i.e. Major Depressive Disorder and Alcohol Use Disorder
  - \*Strong bidirectional relationship between AUD and depression
- Contributing factors include biology, genetics, trauma, the environment and life experiences
- According to the National Survey on Drug Use and Health (2019)
  - About 9.2 million people 18 years+ had both a SUD and a mental illness in 2018

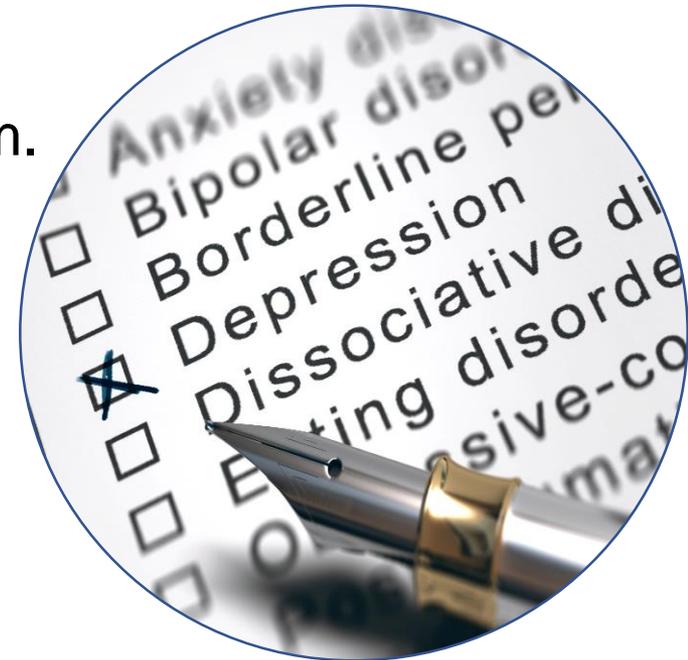


# Co-Occurring Disorders

- CODs should be treated together
  - Only 7.4% of people with COD currently receive treatment for both disorders
  - Flexible, community-based, wrap-around integrated services may increase access to treatment
    - Barriers especially prevalent in rural areas like transportation, childcare and geographic proximity to services are concerns.
  - Lack of capacity in healthcare providers to screen/ identify SUDs and mental health disorders
    - Why?
  - We need
    - Increased interprofessional collaboration and communication
    - **Increased use of universal screening tools**
    - Targeted workforce development
    - Increased recruitment of substance abuse and mental health providers to rural areas
    - Increased use of telehealth services

# Screening vs Assessment

- Screeners versus Assessment
  - Screener
    - Identifies the presence of a problem.
    - Outcome = “Yes” or “No”
    - Don’t repeat screener
    - Can easily be incorporated into Clinical Interview
  - Assessment
    - Defines the nature of that problem
    - Contributes to diagnosis
    - Provides specific treatment recommendations



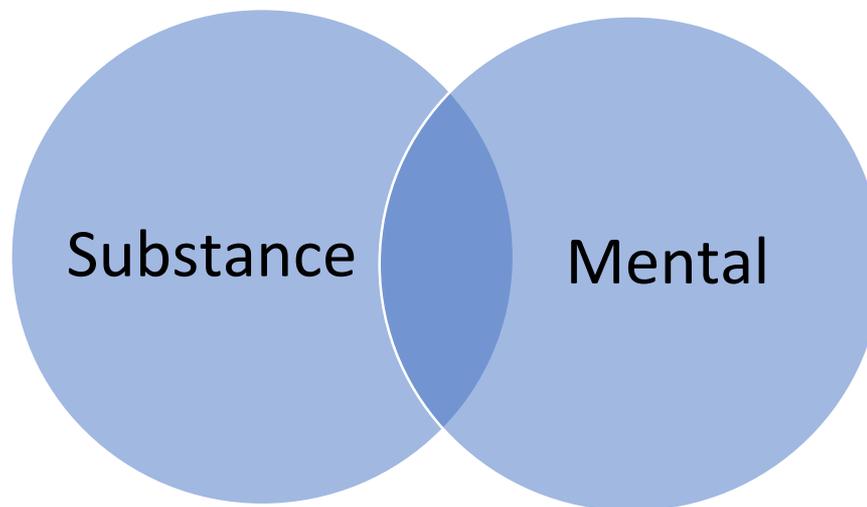
iStock.com/Olivier Le Moal

# Assessment

- SASSI-4 (Adult Substance Abuse Subtle Screening Inventory)
  - Identifies defensiveness and willingness to acknowledge experienced consequences of substance use disorder.
- ASI (Addiction Severity Index)
  - Semi-structured with a systemic approach – 7 areas
    - ASI-MV Computer-Administered
    - ASI-B Baseline
    - ASI-Lite Follow-Up

# Co-Occurring Mental Disorders

- Co-occurring Disorders
  - Anxiety
  - Depression
  - Trauma Related
    - PTSD
    - PTEs
- Less Common
  - Personality
  - Psychotic
  - Obsessive Compulsive
  - Gender Issues



# Assessment for Co-Occurring Disorders

- Clinical Interview – DSM-5™
  - “Clinically significant distress or impairment in social, occupational, or other important areas of functioning.”
  - “The episode is not attributable to the physiological effects of a substance or to another medical condition.”
- General – MCMI, MMPI – Restructured Form
- Targeted – PTSD, Anxiety, Depression
  - Some are also useful in monitoring progress

# Ethical Considerations

- Assess, monitor and document suicidality.
  - Depression + substance abuse + presence of firearms = lethal attempts
    - Recommend temporary relocation of firearms
    - Provide after hours crisis numbers/resources
- Boundaries - “Good fences make neighbors.”
  - Boundary Crossing versus Boundary Violation



# Ethical Considerations

- Practice within your scope of competence.
  - Section 2 of APA's Ethics Code calls for clinicians to have sufficient "education, training, supervised experience, consultation, study, or professional experience" in a given domain to practice in it competently.
- Know when to refer.
  - At the onset when diagnosis when a co-occurring diagnosis is not within your scope of competence
  - When inpatient or residential rehabilitation is warranted
  - When medical supervision or stabilization is necessary such as detoxification
- Be mindful of cultural competence
  - Education and Adaptation

# Ethical Considerations

- Self-Care is an ethical imperative
  - Vicarious Traumatization
    - Processing an event multiple times
  - Stress versus Distress
  - Burnout – Result of Distress
  - Impaired Professional Competence
  - Loss of Engagement
- Ongoing self-awareness and intervention



# The Toll on Rural Providers and Caregivers

- Farm stress can be a particularly difficult thing for behavioral health providers and primary care providers to treat
- Unique factors increase likelihood of compassion fatigue
  - Compassion fatigue: physical and emotional exhaustion that some caregivers experience over the course of their service to others
    - Consequences:
      - Symptoms of burn out like apathy, fatigue, feelings of being trapped or ineffective
      - Secondary traumatic stress: Caregivers actually experience symptoms of being traumatized through their work with people who directly experienced a traumatic event

# The Toll on Rural Providers and Caregivers

- Added impact of farm stress
  - Providers may be members of farming community as well
    - Kids, friends, colleagues
  - Client's situations may be similar to their own
    - Spouse or family member of a farmer
  - Entire rural communities may be experiencing "collective stress"
    - "trickle down effect"



# Farm Stress is NOT just a Farm Problem

- Healthcare providers, families, communities and policy makers must work together to address the ongoing impact of farm stress in our region and our nation



# Resources

- Depression, Alcohol and Farm Stress: Addressing Co-Occurring Disorders in Rural America <https://mhttcnetwork.org/centers/mountain-plains-mhttc/product/depression-alcohol-and-farm-stress-addressing-co-occurring>
- [National Suicide Prevention Lifeline](#): Call 1-800-273-TALK (1-800-273-8255) or Use the [online Lifeline Crisis Chat](#)
- [Substance Abuse and Mental Health Services Administration](#): 1-800-662-HELP (4357)
- Mountain Plains MHTTC farm stress resources [MHTTC farm stress resources](#)
- Journal of Rural Mental Health: [www.apa.org/pubs/journals/rmh/](http://www.apa.org/pubs/journals/rmh/)
- National Association for Rural Mental Health: [www.narmh.org](http://www.narmh.org)
- Farm Aid's Farmer Resource Network: [www.farmaid.org/ideas](http://www.farmaid.org/ideas)
- Farm Aid Fact Sheets: [www.farmaid.org/blog/fact-sheet/](http://www.farmaid.org/blog/fact-sheet/)
- How Stress Effects the Body: <https://www.apa.org/helpcenter/stress/index>

A wide-angle photograph of a golden wheat field stretching to the horizon. The sky is filled with large, dark, dramatic clouds, with a bright patch of light breaking through in the center. The overall mood is one of gratitude and achievement.

**Thank you for joining!**