

Great Lakes Mental Health TTC

Presents

Integrated Co-occurring Disorders Treatment

Presenter

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Great Lakes (HHS Region 5)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Mental Health Treatment

The Early Years

- Moral Model
- Asylums
- Institutionalization for life
- Belief that individual with mental illness were 'possessed'
- Isolation/solitary confinement
- Lobotomies
- Imprisonment

Substance Use Disorders Treatment

The Early Years

- Moral Model
- Temperance Movement
- Asylums
- Frontal Lobe Removal

Substance Use Disorders Treatment

The Early Years Continued

- Removal of ovaries
- Therapeutic hair cuts
- Heavy confrontation
- Discontinuation of medication as proof of recovery
- Criminalization of Substance Use Disorders

A Recovery Revolution!

The Person-Centered Recovery Moment

An approach to mental health treatment in which the client is the director of their plan.

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. Many of these individuals were homeless and had Substance Use Disorders.
- Audits by the federal government revealed that mental health treatment was ineffective.
- Closing of state psychiatric hospitals.
- Former mental health consumers emerging as leaders in the field.

The Tenets of the “Person-Centered Movement”

- The client has ownership of his/her life and is therefore the director **of their 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.

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.

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.

Tenets Continued

- Evidence Based Practices
- Mental Illness and Substance Use Disorders treated together

3 Types of Co-occurring Disorders Treatment

- Sequential – one at a time
- Both disorders treated in the same facility at the same time
- Concurrent – both disorders treated in separate facilities at the same time

Integrated Co-occurring Disorders Treatment

- Integrated co-occurring disorders treatment

Components of Integrated Treatment

- Psycho-education
- Family psycho-education
- Intensive family case management
- Assertive community treatment (ACT)

Integrated Treatment Continued

- Supportive employment
- Supportive housing
- Integrated group treatment for co-occurring disorders
- Peer-based recovery support
- Medication

Increasing Medication Compliance

- Continuous assessment
- Community
- Provide supportive employment
- Client voice
- Match the patient with a doctor they like
- 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

Integrated Treatment Continued

The 4 essentials

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

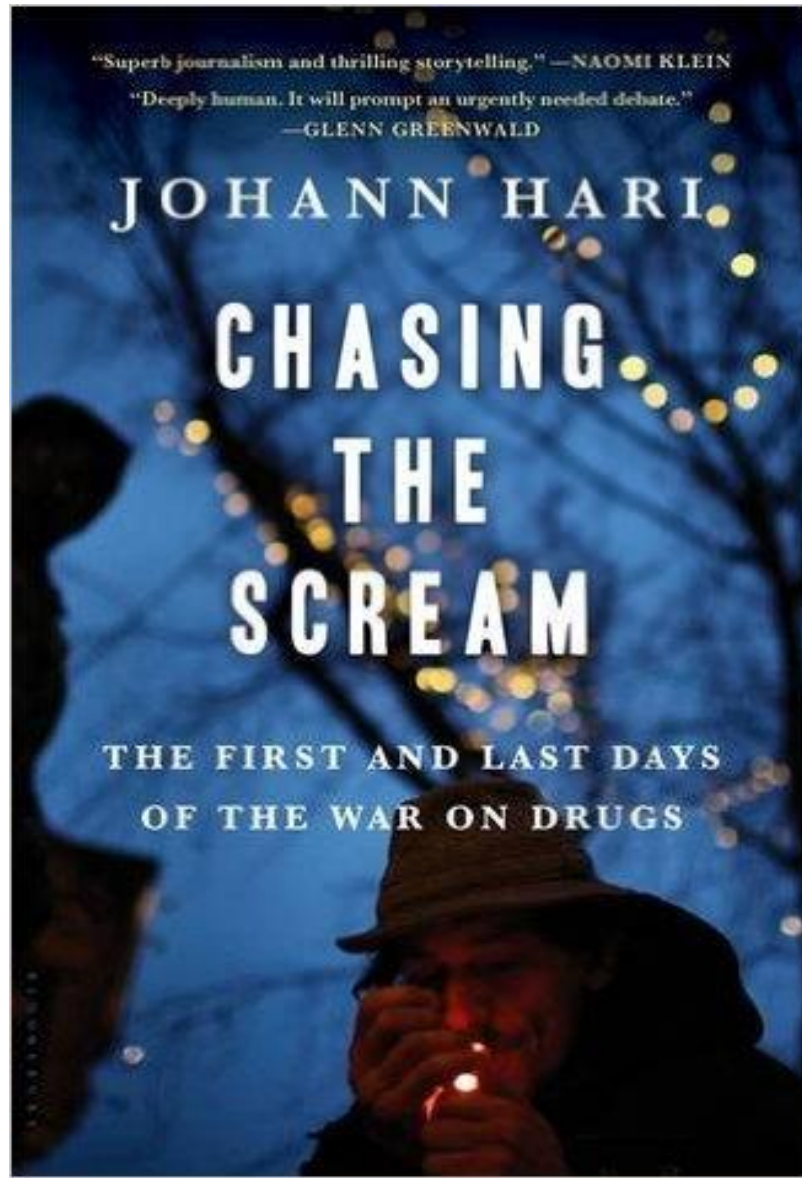
Integrated Approaches to Helping Clients With Co-occurring Disorders Avoid Slipping Through the Cracks

Slipping Through the Cracks

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

Primary reasons clients with co-occurring disorders slip through the cracks

Unresolved Trauma



Source: [amazon.com](https://www.amazon.com)

In the Realm of the Hungry Ghost

by
Gabor Mate, M.D.

- Drugs don't cause a substance use disorder any more than a deck of cards causes compulsive gambling
- There needs to be a pre-existing vulnerability
- For some people, the seeds of a substance use disorder is planted years before they use drugs



Source: Flickr commons



Source: Flickr commons

In the Realm of the Hungry Ghost

by

Gabor Mate, M.D.

- Drugs don't cause addiction any more than a deck of cards causes compulsive gambling
- There needs to be a pre-existing vulnerability
- For some people, the seeds of addiction is planted years before they use



Michael Jackson

Source: Flickr commons



Source: Flickr commons

Seeds for his Substance Use Disorder

- Absence of a childhood
- Pressure to be perfect
- Low self concept
- Father hunger and father wounds

Adverse Childhood Experiences ACE's

Before age 18 (10 ACE's)

- Abuse (physical, emotional, sexual and/or neglect)
- Exposure to parental domestic violence
- Parental mental illness or Substance Use Disorder
- Parental separation or divorce
- Loss of a parent through death, deportation, incarceration

Results

- Compared to an ACE's Score of 0, a person with a score of 4 is 8 times more likely to develop a Substance Use Disorder
- A score of 5, the person is 10 times more likely to develop a Substance Use Disorder
- Life expectancy of a person who scores 6 is age 60 (monitoring)

Results Continued

- Each ACE increases Opioid relapse rates by 17%
- Each visit to a Trauma Informed program reduces relapses by 2%

Dr. Karen Derefinko
University of Tennessee

More Programs and Clinicians Are Needed That Can Integrate Trauma Informed Care and Substance Use Disorders Treatment

PTSD

- The person has been exposed to a traumatic event
- Recurrent and intensive distressing recollections of the event
- Efforts to avoid conversations, activities, places and people that bring up memories of the event
- Difficulty falling or staying asleep, nightmares, flashbacks

Treatment

Cognitive Behavioral Therapy, Exposure Therapy,
EMDR, Cognitive Processing Therapy

PTSD vs. Complex Trauma

With PTSD exposure to a specific traumatic event is required

Complex Trauma Includes Multiple Layers and Years of Traumatic Experiences

- Neglect
- Abandonment
- Multiple placements
- Parental substance abuse
- Adult emotional unavailability
- Multiple losses
- Exposure to domestic violence
- Abuse

Most Common Symptoms of Complex Trauma

- Difficulty regulating emotions 65%
- Difficulty with impulse control 63%
- Negative self-image 62%
- Difficulty concentrating (ADD) 60%
- Aggression (Conduct Disorder) 56%
- PTSD 12%
- Substance Abuse 10%

Treatment

Cognitive Behavioral Treatment, Anger Management, Mindfulness Meditation, ARC Model etc.,

Historical Trauma

A cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma.

- Brave Heart, 2000

The Healing of Historical Trauma

- Awakening and Collective Commitment
- Mass Mobilization
- Personal and Collective Mourning
- Return to culture
- Achieving a new harmony
- Cultural revitalization and celebration

White and Coyhis

24 -7 – 365 Terror

An Existential Concern

How long do African American and Latino males live?

Dispelling the Myth

- 500 – 700 murders annually
- 40,000 annual births in Chicago
- 2.7 million residents

Dispelling the Myth Continued

- 9 million residents of Cook County
- 112 murders in Englewood over last 20 years
- 73 thousand residents of Englewood
- Life expectancy of African American men in Chicago is age 70. Hispanic Latino males age 73

3 Waves of Trauma Informed Treatment

First Wave

- Psychodynamic Approaches
Judith Hermann
- Safety
- Remembering and mourning
- Reconnection
 - Finding a survivor mission
 - Striving to reach your potential

Second Wave

- Cognitive Behavioral Therapies

Third Wave

- Experiential Approaches

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

Unresolved Grief

- *Unspeakable losses*
- *Unacknowledged losses*
- *Ambivalent losses*

Stages of Grief

Elizabeth Kubler Ross

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

The Messed-Up Stage

The Sixth Stage of Grief

Finding Meaning

“Finding meaning can help reduce some of the pain of your grief.”

- Denial
- Anger
- Bargaining
- Depression
- Acceptance
- **MEANING**

David Kessler

Finding Meaning Continued

- Meaning helps us find a path forward
- Meaning helps us make sense of grief
- Meaning can help decrease some of the pain of grief

Finding Meaning Continued

- Gratitude
- Lessons learned
- A purpose or cause
- Organ donation
- Contributing to a cause



Farrah Fawcett

Finding Meaning Continued

- Cancer
- MADD and drug related deaths
- Gangs
- Finding God
- At peace now



Cooley High Movie

Finding Meaning Continued

- A better place

“I think Prince is in a better place. Up there with all those who died early. Michael Jackson, my dad (Marvin Gaye) up there jammin.”

Nona Gaye



A Better Place Continued

“Dear Mama, don’t cry, your baby boys doin good. Tell the homies I’m in Heaven and they ain’t got hoods. Seen a show with Marvin Gaye last night it had me shook. Drinkin Peppermint Schnapps with Jackie Wilson and Sam Cooke. Then some lady name Billie Holiday sang, sittin there kickin it with Malcolm til the day came.”

2 Pac

Thugz Mansion

Characteristics of Effective Grief Counselors

- Good listening and basic counseling skills
- Boundaries
- Views grief as natural
- Slow to label as pathological
- Ability to discuss their own losses

Characteristics of Effective Grief Counselors Continued

- Ability to talk about God
- Ability to individualize their work
- Slow to prescribe pills for grief
- Support before challenge

What Grief Counselors Do

1. Listen
2. They are emotionally present
3. They assist clients in expressing and identifying feelings
4. They normalize client feelings
5. Allow clients to show their feelings
6. Listen non-judgmentally and with acceptance

What Grief Counselors Do Continued

7. Let their genuine concern and care show
8. Encourages clients to talk about the loss
9. Provides data about the grief process
10. Helps clients tap into their natural resources for support
11. Pays attention to the impact of previous losses on current losses

What Grief Counselors Do Continued

12. Pays attention to events happening in the larger society and how these events affect clients
13. Encourages clients to be patient with themselves
14. Help with thoughts and thought patterns which may complicate grief
15. Help clients turn pain into purpose
16. Integrate co-occurring disorders treatment and grief counseling

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

A hidden psychiatric disorder

A. Phobia

B. ADD

C. Depression

D. Personality Disorders

E. Traumatic Stress Disorders

An Untreated Process Addiction

Emersion Into a Drug Sub-culture

Inadequate service dose

90 days of continuous recovery support

Loneliness and Addictive Relationships



Helping Clients With Co-occurring Disorders Avoid Slipping Through the Cracks

Increase Recovery Capital

- Educational
- Vocational
- Relational
- Occupational

Provide longer term monitoring similar to how cancer and diabetes are addressed

Effectively Utilize Peers

- Pre-treatment 75%
- In treatment 50%
- Post-treatment 80% of relapses

Integration With Specialty Courts

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

Anchor Recovery in the Client's Natural Environment

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

Become

- Trauma informed
- Dual diagnosis capable
- Address process addictions

Strive to Create Seamless Systems of Collaboration

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

Integrated Approaches to Trauma, Grief and Process Addictions

Evaluating Your Program's Effectiveness in Treatment of Co-occurring Disorders

Level One

We primarily specialize in treating substance use disorders
or

We primarily specialize in treating mental illness

Evaluating Your Program's Effectiveness

Continued

Level Two

Co-occurring Disorders capable. We have had some trainings in treating co-occurring disorders. One or two of our staff has worked in both fields.

Evaluating Your Program's Effectiveness Continued

Level Three

Co-occurring Disorders capable. 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.

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.