

Treating Co-Occurring Mental Health and Substance Abuse Issues

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Objectives

My hope is that you walk away with increased knowledge and perspective on current trends related to the treatment of co-occurring mental health and substance abuse issues.

- Basic Understanding
- Treatment Trends
- Evidence-Based Practices

Table of Contents

Part 1:

- Mental Health and Substance Abuse Issues (MISA)

Part 2:

- Treatment and Maintenance

Part 3:

- Questions & Answers

Co-Occurring Mental Health and Substance Abuse Issues

- **Co-Occurring Disorders**

- When someone is referred to as “dually diagnosed” or having MISA related issues they have *typically* been diagnosed with a mental health disorder and substance abuse or dependence.

- **Examples:**

- Generalized Anxiety Disorder and Alcohol Abuse/Dependence
- Major Depressive Disorder and Cocaine Abuse/Dependence



Poll Question

- What population do you work with?
- A. Children and Adolescents?
- B. Adults?
- C. Both?

Co-Occurring Mental Health and Substance Abuse Issues

- **Mental Health Issues**

- Vary in type and severity
 - Anxiety, Mood, Psychotic, Personality, etc.
- Can significantly decrease a person's quality of life and wellbeing.
- Can temporarily be controlled or addressed by alcohol and other drugs.
 - Short-term relief, long-term discomfort.
 - Short-term discomfort, long-term relief/fulfillment.

Co-Occurring Mental Health and Substance Abuse Issues

- **Substance Abuse**
 - Recurring legal problems
 - Use in risky situations
 - Failure to fulfill roles
 - Interpersonal conflicts
 - Never met criterion for dependence with the same class of drugs

Co-Occurring Mental Health and Substance Abuse Issues

- **Substance Dependence**
 - Tolerance
 - Withdrawal
 - Can't stop or slow down despite numerous attempts to do so
 - Using more/more often than intended
 - Spending a significant amount of time getting the substance or getting over use

Co-Occurring Mental Health and Substance Abuse Issues

- **Substance Dependence**
 - Important recreational, occupational and social activities are given up or are no longer important
 - Continued use despite a physical or psychological problem that are a result of or exacerbated by the substance



Biopsychosocial Model

MISA

**Social/Environment:
Environment & Others**

**Biology:
Genetics**

**Psychology:
Thoughts & Emotions**

- **Collaborative and Integrated Treatment**
 - **BIOLOGY:**
 - Psychiatry and Medical Professionals
 - **PSYCHOLOGY and ENVIRONMENT:**
 - Evidence-Based Interventions for Co-Occurring Disorders
 - Therapy
 - » Group, Individual, Family
 - » 12 Step and Peer Support

- **Evidence-Based Interventions for Co-Occurring Disorders**
 - **Motivational Interviewing**
 - **Mindfulness Based Interventions**
 - Acceptance and Commitment Therapy
 - Dialectical Behavior Therapy
 - **Trauma Informed Therapy**
 - **12 Step Facilitation**

Poll Question

- Do you have any previous experience with and/or training in Motivational Interviewing?
- A. Yes
- B. No

Motivational Interviewing



Motivational interviewing is a person-centered counseling style for addressing the common problem of ambivalence about change.

- Spirit is prioritized over technique
 - Partnership, acceptance, compassion, and evocation
- MI is not a technique, nor is it a treatment curriculum; MI is a way of being with clients.

Motivational Interviewing



- Clients' motivation, retention and outcome vary with the particular counselor to whom they are assigned.
- Counselor style strongly drives client resistance (confrontation drives it up, empathic listening brings resistance down).
- That is, the *counselor* is one of the determinants of client motivation and change.

Motivational Interviewing

Applications with MISA issues...

- Treatment adherence/compliance
- Medication adherence/compliance
- Seeking psychiatric services
- Attending support meetings
- Adopting new coping skills
- Approaching difficult issues in therapy

Motivational Interviewing: Recommended Readings

- **Motivational Interviewing: Preparing People for Change**
 - William Miller and Steven Rollnick
- **Building Motivational Interviewing Skills**
 - David Rosengren
- **Motivational Interviewing in the Treatment of Psychological Problems**
 - Hal Arkowitz, William Miller and Steven Rollnick
- **Enhancing Motivation for Change in Substance Abuse Treatment: Treatment Improvement Protocol (TIP) Series # 35.**
 - U.S. Department of Health and Human Services – available at no cost from SAMHSA website or by calling National Clearing House (800) 729-6686

Poll Question

- Do you have any previous experience with and/or training in mindfulness based therapies?
- A. Yes
- B. No

Current definition of mindfulness:

- **“Mindfulness is the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to things as they are.” - Jon Kabat-Zinn**

- Paying attention especially to things we often ignore or take for granted.
- Paying attention to things as they are at any given moment rather than how we would like them to be.
- Descriptive/objective in nature
 - Antithesis of getting caught up in the content of thinking and judgmental/ruminative thoughts.



Acceptance and Commitment Therapy

ACT is...

- A form of Cognitive Behavioral Therapy (3rd wave)
- Designed to increase psychological flexibility
 - Helps expand lives and behavior patterns
 - While decreasing behaviors that tend to increase suffering in the long term

Acceptance and Commitment Therapy

ACT helps people to...

- Compassionately embrace their internal experiences (Thoughts, feelings, sensations, memories, etc.).
- Build and strengthen behavior patterns that are value oriented.
 - Example: Signing up for adult education classes even when their mind is telling them that they are “stupid and incapable.”

ACT: Pathology and Suffering

Psychological Inflexibility

- Experiential avoidance
- Fusion
- Rigid sense of self
- Inaction, impulsivity or avoidance
- Distance from values
- Lack of self knowledge
- Attachment to past and feared future



ACT: Recovery and Wellness

Psychological Flexibility

- Acceptance
- Defusion
- Observing self
- Mindfulness
- Contact with values
- Workable goals
- Committed action



ACT: Recommended Readings

- **Acceptance and Commitment Therapy: The Process and Practice of Mindful Change**
 - Steven Hayes, Kirk D. Strosahl, Kelly Wilson
- **Learning ACT**
 - Jason Luoma, Steven Hayes, Robyn Walser
- **The Happiness Trap**
 - Russ Harris
- **Mindfulness for Two**
 - Kelly Wilson
- **Things Might Go Terribly, Horribly Wrong**
 - Kelly Wilson

Dialectical Behavior Therapy (DBT)

- Applies a range of cognitive and behavior therapy strategies to helping those with Borderline Personality Disorder (BPD) traits, including suicidal behaviors.

Axis II: Personality Disorders

- **Borderline Personality Disorder (BPD)**
 - Pervasive pattern of instability of interpersonal relationships, self-image and affects, as well as marked impulsivity, beginning by early adulthood and is present in a variety of contexts (DSM IV TR).

Identifying characteristics based on DSM IV TR criteria:

- Extreme fear of abandonment
- Unstable and intense interpersonal relationships
- Identity disturbance
- Unhealthy impulsivity
- Recurrent suicidal behaviors, gestures, threats or self mutilating
- Affect instability
- Chronic feelings of emptiness
- Intense anger
- Transient and stress-related paranoid ideation
- Dissociative symptoms

DBT: Recovery and Wellness

Format:

- DBT Programs
 - Individual, Group and Peer Consultation
- Skills Groups
 - Group and Individual Skills Training

Main Components:

- Core Mindfulness Skills
- Emotion Regulation
- Interpersonal Effectiveness
- Distress Tolerance

DBT: Recommended Readings

- **Skills Training Manual for Treating Borderline Personality Disorder**
 - Marsha M. Linehan
- **Cognitive-Behavioral Treatment of Borderline Personality Disorder**
 - Marsha M. Linehan
- **Dialectical Behavior Therapy in Clinical Practice: Applications Across Disorders and Settings**
 - Edited by Linda A. Dimeff and Kelly Koerner

Poll Question

- Do you have any previous experience with and/or training in Trauma Informed Therapies?
- A. Yes
- B. No

Many individuals seeking behavioral health treatment have a history of experiencing trauma (physical abuse, sexual abuse, emotional abuse, etc.).

- Those with trauma histories often develop co-occurring disorders including:
 - Substance Abuse
 - Mental Health
 - Chronic Medical Conditions



Identifying characteristics of PTSD based on DSM IV TR criteria:

- Criterion A: Stressor
- Criterion B: Intrusive Recollection
- Criterion C: Avoidance/Numbing
- Criterion D: Hyper-Arousal
- Criterion E: Duration
- Criterion F: Functional Significance

Trauma Informed Therapy

In taking a trauma informed approach to treatment, an organization takes steps on all levels to gain a basic understanding of how trauma can impact the life of those seeking services.



- Adjustments are made accordingly in order to increase the effectiveness of the program and avoid re-traumatization.
- Trauma informed care and treatment aim to address issues related to the experienced trauma and facilitate healing.

Trauma Informed Therapy

Key issues to consider:

- The clients need to be respected, informed, connected and supported.
 - Healing and recovery
- The relationship between trauma and symptoms of trauma (e.g. substance abuse, eating disorders, depression, anxiety, etc.).
- Collaborating with client, support members, medical professionals and other behavioral health agencies.

Case Example:

- 35-year old male
- New father and husband
- Successful in his field
- History of sexual abuse and trauma
- Alcohol Dependence and PTSD
 - Drinking daily for the previous 12 months
 - Issues and behavior have resulted in worsened depression, anxiety and decreased intimacy

Trauma Informed Therapy

Examples of trauma specific approaches and interventions:

- **Helping Woman Recover**
 - Stephanie Covington

- **Helping Men Recover**
 - Stephanie Covington

- **Beyond Trauma**
 - Stephanie Covington

- **Seeking Safety**
 - Lisa Najavits

- **Acceptance and Commitment Therapy for the Treatment of Post-Traumatic Stress Disorder & Trauma Related Problems**
 - Robyn D. Walser and Darrah Westrup

Additional examples of trauma specific approaches and interventions:

- **Eye Movement Desensitization and Reprocessing (EMDR)**
 - <http://www.emdr.com/>
 - Francine Shapiro
- **Prolonged Exposure Therapy for PTSD: Emotional Processing of Traumatic Experiences Therapist Guide (Treatments that Work)**
 - Edna Foa, Elizabeth Hembree, Barbara Olaslov Rothbaum

Poll Question

- Do you have any previous experience with and/or training in 12-step facilitation?
- A. Yes
- B. No

12 Step Facilitation

Facilitating peer support group attendance for those experiencing issues related to co-occurring disorders can be challenging.

– Barriers include:

- Lack of knowledge/information
- Stigma related to mental health issues and medications
- Symptoms
- Transportation and resources

12 Step Facilitation



Benefits of peer support attendance:

- Support/Fellowship
- Structure and routine
- Accountability and guidance

Examples of MISA informed 12 step groups

- Dual Recovery Anonymous
- Alcoholics Anonymous - “Double Trouble” meetings

Additional non-12 step related support groups can also be helpful

- NAMI

12 Step Facilitation

Recommended treatment approaches and resources:

- Individual: Motivational Interviewing
- Group and individual:
 - Hazelden’s Co-Occurring Disorder Program
 - Available through Hazelden
 - » www.hazelden.org
 - 12 Step Facilitation Therapy
 - Joseph Nowinski

Parents, Friends and Families

- **What can parents and support members do?**
 - **CRAFT**
 - **Community Reinforcement and Family Training**
 - Get Your Loved One Sober
 - Motivating Substance Abusers to Enter Treatment
 - » Meyers and Wolfe
 - **National Institute of Drug Abuse**
 - drugabuse.gov
 - **National Alliance on Mental Illness**
 - nami.org
 - **Al-anon.org**
 - **RecoverGateway.org**

Questions?

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**Visit: RecoverGateway.org
Call: 24-Hour Helpline 877-505-HOPE (4673)**