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
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• Mental Health and Substance Abuse Issues (MISA)

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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

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Treatment and Maintenance

• 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
Treatment and Maintenance

- 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
Mindfulness

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

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
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
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
Trauma Informed Therapy

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 Hazleden
      » 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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