



Intervention Strategies for Clients with Co-Occurring Substance Use Disorders

Mental Health Disorder Defined

- ▶ The Substance Abuse and Mental Health Services Administration (SAMHSA) defines mental health disorders as changes in thinking, mood, and/or behavior. These disorders can affect how we relate to others and make choices. There are categories of mental health disorders based on the age of consent.





Serious Mental Illness

- ▶ SMI is defined as any person over the age of 18 having, at any time during the past year, a diagnosable mental, behavioral, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. SMI includes depression, schizophrenia, anxiety disorders, and bipolar disorder.

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Serious Emotional Disturbance

- ▶ SED refers to children and youth who have a diagnosable mental, behavioral, or emotional disorder within the past year, which resulted in function impairments that substantially interferes with or limits the child's role or functioning in family, school, or community activities.



Signs of Possible Mental Health Disorders

- ▶ Eating or sleeping too much or too little
- ▶ Withdrawing from people or activities
- ▶ Little or no energy
- ▶ Feeling numb or feeling as though nothing matters
- ▶ Having unexplained aches and pains (psychosomatic)
- ▶ Feelings of helplessness or hopelessness
- ▶ Substance use
- ▶ Yelling or fighting
- ▶ Severe mood swings



Signs of Possible Mental Health Disorders

- ▶ Feeling/being confused, forgetful, on edge, angry, upset, worried, or scared
- ▶ Persistent thoughts and memories
- ▶ Hearing voices or believing things that are untrue
- ▶ Thoughts of self harm or harming others
- ▶ Inability to perform ADLs



Common Mental Health Disorders

- ▶ According to SAMHSA there are 8 common mental health disorder categories:
 - ▶ Anxiety Disorders
 - ▶ Bipolar and Related Disorders
 - ▶ Schizophrenia Spectrum and Other Psychotic Disorders
 - ▶ Depressive Disorders
 - ▶ Trauma and Stressor Related Disorders
 - ▶ Eating Disorders



Anxiety Disorders

- ▶ Anxiety disorders are characterized by excessive fear or worry that is difficult to control and has a substantial negative impact on daily functioning.
- ▶ Common Anxiety Disorders:
 - ▶ Generalized Anxiety Disorder (GAD)
 - ▶ Obsessive Compulsive Disorder (OCD)
 - ▶ Specific Phobias
 - ▶ Social Phobia
 - ▶ Agoraphobia



Anxiety Disorder Treatment

- ▶ Anxiety disorders are treated, like much of the other mental health and substance use diagnoses, with the combination of medication and therapy.
 - ▶ Cognitive Behavioral Therapy (CBT)
 - ▶ Mindfulness Based Therapy
 - ▶ Exposure Therapy
 - ▶ Medication
 - ▶ Multiple medications are prescribed for anxiety, however one of the most common seen is a benzodiazepine. (Note, this is a highly abused drug)



Bipolar and Related Disorders

- ▶ People with bipolar and related disorders experience dramatic mood swings, increased levels of energy following by low energy levels and feelings of hopelessness. People with bipolar are often seen overtly happy and impulsive and it is often followed by irritability.
- ▶ These mood episodes are broken down as follows:
 - ▶ Mania
 - ▶ Abnormally elevated, expansive, or irritable mood accompanied by increased energy, impulsivity, or activity that have a negative effect on ones daily functioning
 - ▶ Hypomania
 - ▶ Generally the same as mania, however not as severe and it does not cause social and/or occupational problems.
 - ▶ Depressive
 - ▶ Persistent depressed mood, loss of interest in things that bring pleasure, feelings of hopelessness
 - ▶ Mixed State
 - ▶ Includes symptoms from both mania and depressive states



Bipolar and Related Disorders

- ▶ Types of Bipolar and Related Disorders
 - ▶ Bipolar I
 - ▶ Has mania and depressive
 - ▶ Bipolar II
 - ▶ Has hypomania and depressive
 - ▶ Cyclothymic
 - ▶ Periods of hypomania and depressive symptoms, however never meets the requirements to be diagnosed as bipolar.



Treatment for Bipolar

- ▶ Bipolar disorders are treated, like much of the other mental health and substance use diagnoses, with the combination of medication and therapy.
 - ▶ Medications
 - ▶ Mood stabilizers
 - ▶ Antidepressants
 - ▶ Antipsychotics
 - ▶ Cognitive Behavioral Therapy (CBT)
 - ▶ Psychoeducation
 - ▶ Family Therapy



Schizophrenia Spectrum and Other Psychotic Disorders

- ▶ Schizophrenia is a chronic and severe disorder that is characterized by delusions, hallucinations, disorganized thinking, grossly disorganized or abnormal motor behavior, and negative symptoms which include diminished emotional expression and an inability to engage in self directed activities.
- ▶ Common Diagnoses seen:
 - ▶ Schizophrenia
 - ▶ Has positive (hallucinations, delusions), negative (flat affect), and cognitive (trouble focusing) symptoms
 - ▶ Schizoaffective
 - ▶ Have the same symptoms as above, however symptoms also include depressive symptoms



Schizophrenia Spectrum and Other Psychotic Disorders

- ▶ With schizophrenia spectrum disorders, medication is the first line of treatment. But like all mental health diagnosis, integrated treatment works best, both medications and therapy.
 - ▶ Medications
 - ▶ Antipsychotics
 - ▶ Psychosocial Treatment

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Depressive Disorders

- ▶ Depressive disorders are characterized by feelings of sadness, hopelessness, emptiness, or irritable moods that have a major and negative impact on daily living activities.
 - ▶ Common Depressive Disorder Diagnoses
 - ▶ Major Depressive Disorder
 - ▶ Symptoms include depressed mood, significant weight loss or weight gain, decreased interest in pleasurable activities , insomnia or hypersomnia, recurrent thoughts of death, suicidality
 - ▶ Premenstrual Dysphoric Disorder (PMDD)
 - ▶ Persistent Depressive Disorder (Dysthymia)

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Depressive Disorders

- ▶ As with all other mental health disorders, a combination of medication and therapy is the best plan of attack.
 - ▶ Medications such as antidepressants
 - ▶ Cognitive Behavioral Therapy (CBT)
 - ▶ Electroconvulsive Therapy (ECT)



Trauma and Stressor Related Disorders

- ▶ Trauma disorders are characterized by exposure to a traumatic or stressful event which creates symptoms that negatively affect one's life.
 - ▶ Common Diagnoses
 - ▶ Post Traumatic Stress Disorder (PTSD) – The most common trauma and stressor related disorder diagnosed
 - ▶ Acute Stress Disorder
 - ▶ Adjustment Disorder
 - ▶ Reactive Attachment Disorder

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Post Traumatic Stress Disorder (PTSD)

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Trauma and Stressor Related Disorders

- ▶ Treatment consists of medication and therapy, as all other disorders previously discussed.
 - ▶ Medication include SSRIs
 - ▶ Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
 - ▶ Prolonged Exposure
 - ▶ Eye Movement Desensitization and Reprocessing (EMDR)

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Eating Disorders

- ▶ Eating disorders are characterized a persistence disturbance of eating behavior that alters the consumption of food and impacts the person physically as well as impairs their functioning at work, school, home, etc.
- ▶ Common Diagnoses:
 - ▶ Anorexia Nervosa
 - ▶ Bulimia Nervosa
 - ▶ Binge Eating Disorder



Eating Disorders



- ▶ Again.... Medications and Counseling
 - ▶ Medications include SSRIs and mood stabilizers
 - ▶ Therapies include CBT and family focused therapies
 - ▶ Nutritional Counseling
 - ▶ Medical Care
 - ▶ Medical Monitoring (lab work)

Criteria for a Substance Disorder Diagnosis

Criteria	Severity
Use in larger amounts or for longer periods of time than intended	Severity is designated according to the number of criteria present: 0-1: No diagnosis 2-3 : Mild Substance Use Disorder 4-5 : Moderate Substance Use Disorder 6 or more : Severe Substance Use Disorder
Unsuccessful efforts to cut down or quit	
Excessive time spent using the substance or attempting to obtain the substance	
Intense desire or urge to use (craving)	
Failure to fulfil major obligations	
Continued use despite social/interpersonal problems	
Activities/hobbies reduced	
Recurrent use despite physical or psychological problems caused by the use	
Tolerance	
Withdrawal	



Common Drugs of Abuse

- ▶ Alcohol
- ▶ Tobacco
- ▶ Cannabis
- ▶ Opioid
- ▶ Stimulant
 - ▶ Caffeine
 - ▶ Cocaine
 - ▶ Amphetamine/Methamphetamine
- ▶ Hallucinogen

- ▶ In order to diagnose the substance use disorder, one would use the before mentioned criteria and pair it with the drug listed above and then associate this with a severity.



Sex Addiction*

- ▶ Sex addiction is not a defined diagnosis at this time.
- ▶ ICD 11 has put Compulsive Sexual Behavior Disorder in their latest publication.
 - ▶ This is characterized by a persistent pattern of failure to control intense, repetitive sexual impulses or urges, resulting in impairment in personal, family, social, educational, or vocational areas.
 - ▶ This was not categorized under the addictive disorders but rather under the impulse control disorders.
 - ▶ Publications urge professionals to stop using the terms sex addiction or porn addict.
- ▶ It is important to take note of this issue because:
 - ▶ There is not a diagnosis listed in the DSM V
 - ▶ Many compulsive sexual behaviors can be explained with other mental health diagnoses
 - ▶ You must screen for this disorder using an evidenced based screening tool and continually assess for other mental health disorders that would explain behaviors.



Signs of Possible Substance Use Disorders

- ▶ Bloodshot eyes, enlarged pupils or restricted pupils
- ▶ **Changes in eating or sleeping habits**
- ▶ Runny nose or sniffing
- ▶ **Sudden weight loss or weight gain**
- ▶ **Deterioration of appearance**
- ▶ Unusual odors on breath, body, or clothing
- ▶ **Difficulties in relationships**
- ▶ **Getting into fights**, legal trouble, accidents, or driving under the influence
- ▶ **Unexplained need for money or having financial difficulties**

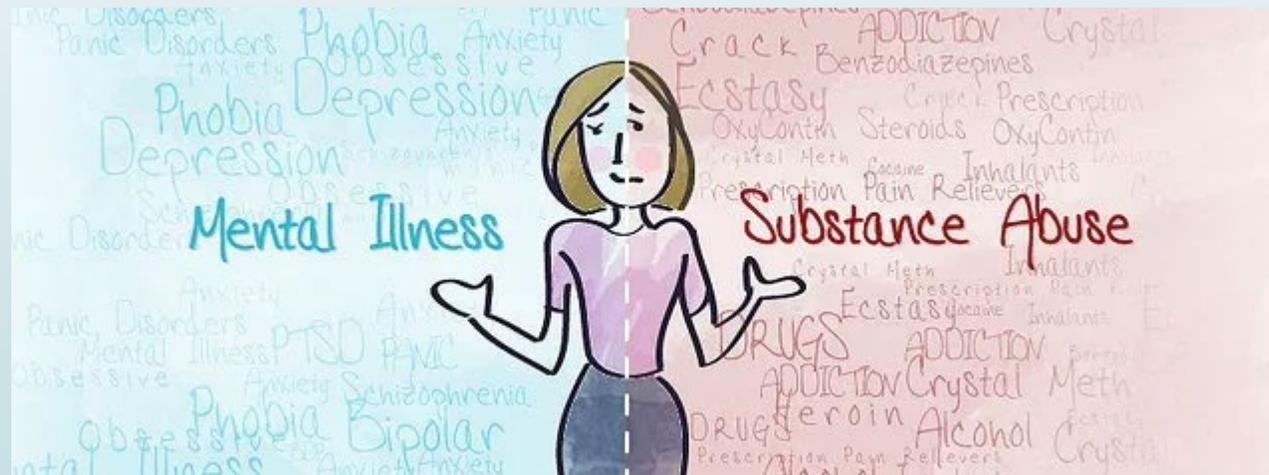


Signs of Possible Substance Use Disorders

- ▶ Unexplained mood swings, increased irritability, or anger outbursts
- ▶ No longer participating in enjoyable activities
- ▶ Appearing fearful, anxious, or paranoid
- ▶ Periods of unusual increased energy or nervousness
- ▶ Neglecting responsibilities at work, school, or home

Co-Occurring Disorders Defined

- ▶ SAMHSA defines co-occurring disorders as the coexistence of both a mental health and a substance use disorder.
- ▶ Formerly known as a dual diagnosis





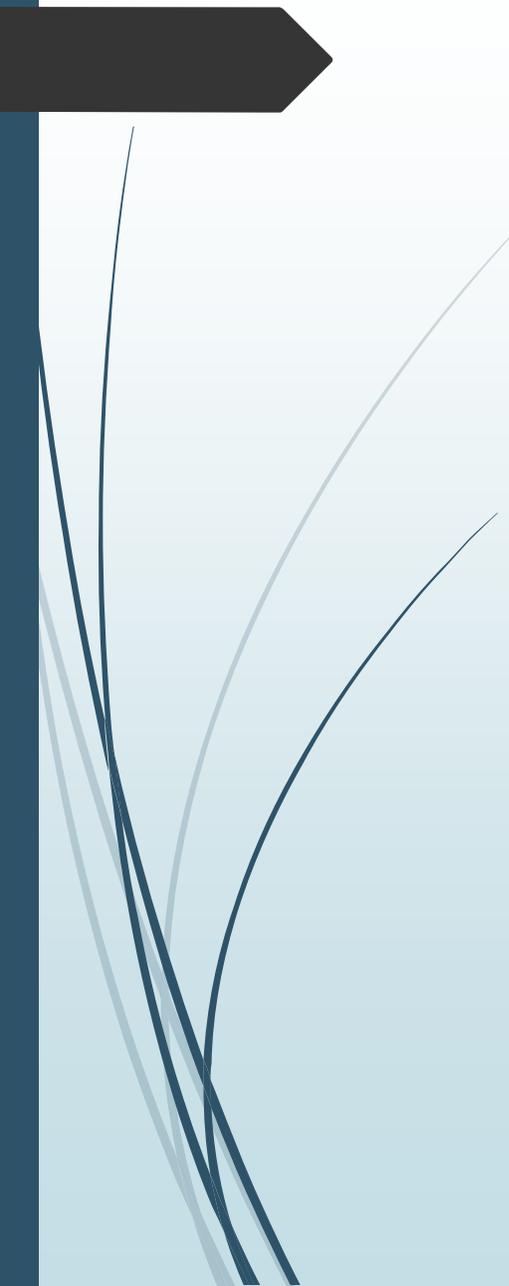
Why are we discussing this?

- ▶ According to SAMHSA, in 2017 **8.5 million** people suffered from co-occurring disorders.
- ▶ This is based on numbers reported. Only 5%-10% of people with co-occurring disorders are accurately diagnosed.
- ▶ Remember, this is a very underreported problem as many clinicians and practitioners have such little understanding of co-occurring disorders that they go undiagnosed.



Common Mental Health Disorders often seen in those with Substance Use Disorders

- ▶ Antisocial Personality Disorder
- ▶ Borderline Personality Disorder
- ▶ Narcissistic Personality Disorder
- ▶ Depressive Disorders
- ▶ Post Traumatic Stress Disorder
- ▶ Anxiety Disorders
- ▶ Schizophrenia
- ▶ Bipolar Disorder

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Common Combinations

- ▶ Alcohol Use Disorder and Antisocial Personality Disorder
- ▶ Alcohol Use Disorder and Mania
- ▶ Alcohol Use Disorder and Dementia
- ▶ Alcohol Use Disorder and Schizophrenia
- ▶ Alcohol Use Disorder and other Substance Use Disorder
- ▶ Cannabis Use Disorder and Schizophrenia
- ▶ Stimulant Use Disorder and Anxiety Disorders
- ▶ Opioid Use Disorder and PTSD
- ▶ Opioid Use Disorder (Heroin) and Depression



How Do We help?

- ▶ Educate ourselves but also educate our patients on co-occurring disorders
- ▶ Use evidenced based screenings for mental health and substance use disorders
- ▶ Keep an open mind about what could be going on with a patient
- ▶ Do not ignore the symptoms
- ▶ Practice full honesty... If you think a patient is using drugs, ask for a drug screen. If you think a patient is presenting with a mental illness, go beyond a screening and give an evidenced based assessment or refer to a mental health professional for an assessment.



Appropriate Screening/Assessments/Diagnosis

- ▶ We should use evidence based screenings and/or assessments in order to make an appropriate diagnosis.
 - ▶ Screenings is a rapid and brief test looking for the presence or absence of symptoms associated with a disorder.
 - ▶ Screenings used:
 - ▶ Modified Mini Screen (MMS) – screens for mood, anxiety, and psychotic disorders
 - ▶ CAGE-AID – screens for substance use disorders
 - ▶ Beck Depression Inventory or Hamilton Depression Score
 - ▶ Beck Anxiety Inventory or Hamilton Anxiety Scale
 - ▶ Life Events Checklist and the PTSD Checklist (PCL)
 - ▶ There are multiple other screenings that are evidenced based and available for purchase or on the public domain.



Appropriate Screening/Assessments/Diagnosis

- An assessment is a thorough and detailed review of symptoms presented and their chronology to determine the presence or absence of a substance use and/or mental health disorder.
- Often an assessment is a structured clinical interview with the implementation of some standardized scales.
- Assessments used:
 - Addiction Severity Index (ASI)
 - Global Appraisal of Individual Needs (GAIN)*
 - Psychiatric Diagnostic Screening Questionnaire
 - Daily Living Activities – 20 (DLA-20)
 - Daily Living Activities – 20 Alcohol and Drug (DLA-20AD)

* The GAIN requires extensive training and is expensive and timely to administer.



Person Centered Treatment

- ▶ Meet the person where they are
- ▶ Focus on the individual , what they feel they need to work on or change
- ▶ Empower the person seeking treatment
- ▶ Recognize and validates all positive change
- ▶ Identification of individuals strengths
- ▶ Treatment goals and interventions are tailored to the person, although they are evidenced based interventions



What is Evidenced Based Treatment

- ▶ Evidenced based treatment falls into 3 categories, according to SAMHSA:
 - ▶ The intervention (treatment) is included in the federal registry of evidenced based intervention, meaning the reliability and validity of the intervention has been tested and the intervention has shown positive outcomes OR
 - ▶ The intervention produced positive effects on the primary targeted outcome, and these findings are reported in a peer-reviewed journal OR
 - ▶ The intervention has documented evidenced of effectiveness based on guidelines developed by the Center for Substance Abuse Prevention and are implemented under four specific guidelines



Evidenced Based Practices Used in Integrated Treatment

- ▶ Cognitive Behavioral Therapy (CBT)
- ▶ Motivational Interviewing (MI)
- ▶ Motivational Enhancement Therapy (MET)
- ▶ Prolong Exposure (PE)
- ▶ Eye Movement Desensitization Reprocessing (EMDR)
- ▶ Medication Assisted Treatment (MAT)
- ▶ 12 Step Facilitation
- ▶ SMART Recovery
- ▶ Peer Support
- ▶ Dialectical Behavior Therapy (DBT)
- ▶ Functional Family Therapy
- ▶ Community Reinforcement Approach and Family Training (CRAFT)



Cognitive Behavioral Therapy (CBT)

- ▶ Also referred to as “talk therapy”
- ▶ CBT is the gold standard and has evidence to be helpful with all forms of mental health disorders and substance use disorders.
- ▶ CBT focused on one learning to recognize their distortions in thinking that are creating problems then reevaluating these distortions and creating a reality based thought process.
- ▶ CBT also focuses on gaining a better understanding of one’s own behaviors and motivation, using problem solving skills to cope with situations, gaining confidence in one’s abilities, facing fears instead of avoiding them, and learning calming techniques.
- ▶ CBT focuses on what is currently going on in one’s life, rather than their past and how their past has created their difficulties. Although one’s history is relevant, CBT focuses on moving forward by finding more effective coping skills.



Motivational Interviewing (MI)

- ▶ MI focuses on accepting your client where they are and the therapist being a helper in the change process, not a leader.
- ▶ MI is a first line technique in substance abuse, especially when you have a client that is an ambivalent stage of change.
- ▶ When practicing MI the therapist should keep these 5 principles in mind:
 - ▶ Express empathy through reflective listening
 - ▶ Develop discrepancy between clients' goals or values and their current behavior
 - ▶ Avoid argument and direct confrontation
 - ▶ Adjust to client resistance rather than opposing it directly
 - ▶ Support self-efficacy and optimism



Medication Assisted Treatment (MAT)

- ▶ Medicated assisted treatment combines therapy and medications to treat substance use disorders.
- ▶ MAT is not trading one drug for another. MAT is used in combination with therapy, psychotropic medication if needed, and self help groups. MAT curbs the withdrawal and cravings.
- ▶ MAT for Opioid Use Disorder includes:
 - ▶ Methadone
 - ▶ Buprenorphine
 - ▶ Naltrexone
- ▶ MAT for Alcohol Use Disorder includes:
 - ▶ Disulfiram
 - ▶ Acomprosate
 - ▶ Naltrexone
- ▶ MAT for Smoking includes:
 - ▶ Nicotine replacement therapies
 - ▶ Bupropion (Wellbutrin)
 - ▶ Varenicline (Chantix)



Naloxone

- ▶ Naloxone (Narcan) is not a medicated assisted treatment, however it is important to mention as it is an opioid overdose prevention medication.
- ▶ The World Health Organization (WHO) stated that naloxone is one of the number of medications considered essential to a functioning health care system.
- ▶ Naloxone can be obtained without a prescription.
- ▶ Naloxone should be help in your primary practice office.



Eye Movement Desensitization and Reprocessing (EMDR)

- ▶ EMDR is a structured therapy that has a client focus on a traumatic experience/memory while simultaneously experiencing bilateral stimulation (originally with eye movements, but more and more practitioners are doing this stimulation via tapping or other electronic means of stimulation). By doing this, there is a reduction in the vividness and emotion associated with the trauma.
- ▶ EMDR focuses directly on the memory of the traumatic event(s) and the process is intended to change the way the brain processes the memory vs other evidence based treatments that attempt to alter the emotions, thoughts, and responses resulted form the traumatic experience.



12 Step Facilitation



- ▶ Clinicians can use 12 step facilitation with clients.
- ▶ Most 12 step programs are self help and peer lead groups such as:
 - ▶ Narcotics Anonymous – NA
 - ▶ Alcoholics Anonymous – AA
 - ▶ Eating Disorders Anonymous – EDA
 - ▶ Al-Anon
 - ▶ Sex & Love Addicts Anonymous – SLAA
 - ▶ Celebrate Recovery – Note, this is a 12 step like program, however instead of the 12 steps, this program uses the 8 beatitudes of the Bible.



12 Steps

- Admitting Powerlessness
- Belief that a Power greater than us can restore us to sanity
- Made a decision to turn our will and life over to God, as we understand Him
- Made a fearless and moral inventory of ourselves
- Admitted to God, ourselves, and one other human the exact nature of our wrongdoings
- Entirely ready to have God
- Ask Him to remove our shortcomings
- Make a list of people that we harmed in our addiction and become willing to make an amends to them all
- Make direct amends to such people, except when to do so would cause injury to them or others
- Continued to take a personal inventory and when wrong, promptly make an amends
- Pray only for knowledge for His will for us and to power to carry that out
- Carry the message to others



SMART Recovery

- ▶ SMART Recovery is another self help group that does not focus on the 12 steps or a higher power.
- ▶ SMART Recovery is an abstinence-based program that teaches self-help procedures designed to empower one to abstain and develop a more positive lifestyle.
- ▶ SMART Recovery is based in REBT (Rational Emotive Behavior Therapy), a form of CBT. According to REBT, your thinking creates your feelings which in turn causes you to react. By managing beliefs and emotions, one can manage reactions.
- ▶ SMART Recovery does not focus on the past, except to learn from it, but instead focuses on present day events and the causes of self destructive behaviors.

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4 Point Program – SMART Recovery

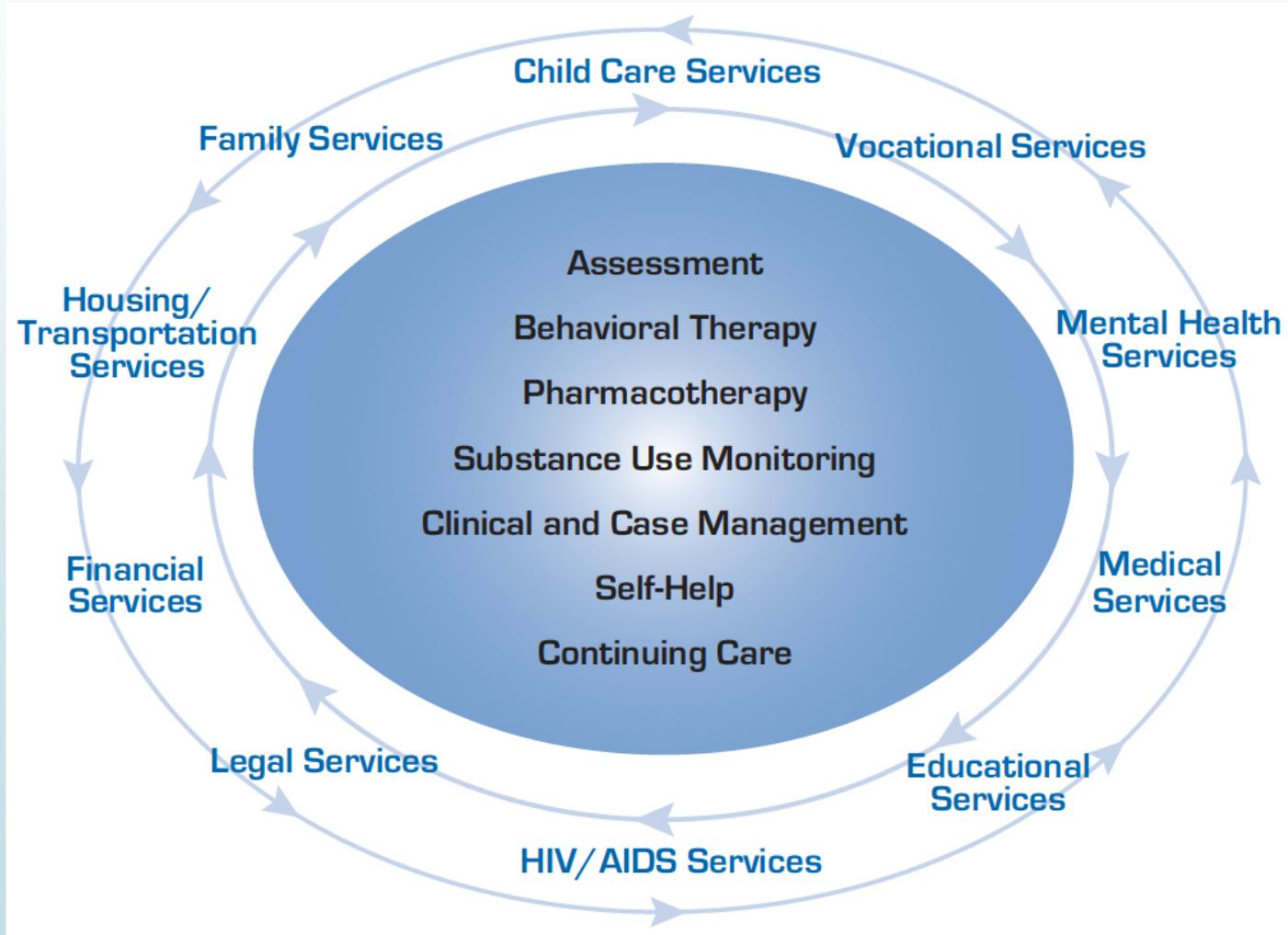
- ▶ Enhance and Maintain Motivation to Abstain
- ▶ Cope with Urges
- ▶ Problem Solve (manage thoughts, feelings, and behaviors)
- ▶ Achieve a Balanced Lifestyle



Integrated Treatment

- ▶ Integrated treatment combining both mental health treatment and substance abuse treatment, using practitioners that have a deep understanding of the complexities and interactions of the two disorders.
- ▶ The integrated treatment model consists of a multi-disciplinary treatment team.
- ▶ Integrated treatment should address medical, psychological, social, vocational, and legal problems.
- ▶ Integrated treatment also treats the whole family, if the family is willing.
- ▶ In studies integrated treatment:
 - ▶ Reduced substance use
 - ▶ Improved psychiatric symptoms and functioning
 - ▶ Decreased hospitalizations
 - ▶ Increased housing stability
 - ▶ Decreased arrested
 - ▶ Improved quality of life

Services Need for Effective Integrated Treatment



Quadrants of Care Model

Treatment for Patients with Co-occurring Disorders (COD) Quadrants of Care Model

HIGH
severity

Substance Use Disorder (SUD)

<p>3</p> <p>SUD More Severe MD Less Severe</p> <p>Recommended care: SUD treatment provider, in collaboration with MD treatment provider as needed.</p>	<p>4</p> <p>SUD More Severe MD More Severe</p> <p>Recommended care: Intensive, comprehensive, integrated treatment for both disorders. Emergency care as needed.</p>
<p>1</p> <p>SUD Less Severe MD Less Severe</p> <p>Recommended care: Primary healthcare setting, in collaboration with SUD/MD treatment providers as needed.</p>	<p>2</p> <p>SUD Less Severe MD More Severe</p> <p>Recommended care: MD treatment provider, in collaboration with SUD treatment provider as needed.</p>

LOW
severity

Mental Disorder (MD)

HIGH
severity



No Wrong Door Policy

- ▶ It is imperative that wherever a person first presents that there are qualified people to assess the entirety of their needs and address those needs, even if addressing those is a referral.
 - ▶ Side Note... Always follow up with your referrals. People with substance use disorders and mental health disorders frequently do not show up for follow up appointments
- ▶ The expected standard of care is to screen for mental health disorders in a substance use program and to screen for substance use disorders in a mental health program.



Resources

- ▶ National Institute of Mental Health
- ▶ Merck Manual
- ▶ Substance Abuse and Mental Health Services Administration
- ▶ DSM V
- ▶ World Psychiatry
- ▶ Hazelden – Co Occurring Disorders Program
- ▶ American Psychological Association
- ▶ Alcoholics Anonymous – Big Book
- ▶ SMART Recovery