

Illinois Association of Problem Solving Courts

Presents

*Co-occurring Disorders and Evidence
Based Treatment*

Presenter

Mark Sanders, LCSW, CADAC

Definition of Co-occurring Disorders

Two coexisting disorders, independent of each other, but yet interacting with each other. Each is characterized by denial/ambivalence and is treatable. When mental illness and substance use disorders coexist both should be considered primary and treatment for both disorders is needed.

How the Two Interact

Examples

- *Marijuana used to medicate psychotic symptoms (CBD)*
- *Alcohol used to medicate the grief caused by mental illness*
- *Drugs used to avoid the side effects of psychiatric medication*
- *Alcohol minimizing the effectiveness of meds, increasing the risk of overdose and suicide*

Interact Continued

- *Drug use exacerbating psychiatric symptoms*
- *The medication of feelings of uselessness with illicit drugs*
- *Alcohol and illicit drug use making it difficult to follow treatment regimens*

The Initial Evaluation of Co-occurring Disorders

- *Co-occurring Disorders should be the expectation.*
- *Each diagnosis should be able to stand alone. Each has life of its own and is not dependent upon the other for continuation.*
- *It can take two to four weeks to make an accurate diagnosis. Symptoms are not diagnosis.*

The Initial Evaluation Continued

- *Gather information from a number of sources.*
- *Look at former records.*
- *Clients are more than their diagnosis.*

Challenges in Assessing a Co-occurring Disorder

- *Alcohol and drug use can produce symptoms of most major forms of mental illness.*
- *Withdrawal from drug use can produce symptoms of mental illness. It is often helpful to wait through a period of abstinence to clarify diagnosis.*
- *Sometimes it is obvious, other times you don't know right away.*

Challenges Continued

- *Gender and racial biases.*
- *You often see what you look for.*
- *Better to under-diagnose*
- *Clients should stay in continuous assessment.*

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Treatment

The Person Centered Recovery Moment

An approach to mental health treatment in which the client is the director of his or her 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. These clients were chronically homeless and chemically dependent.*
- Audits by the federal government revealed that mental health treatment was ineffective.*
- Closing of state 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 his/her 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.*

Evidence Based Approaches to Co-occurring Disorders Treatment

- *Supportive employment*
- *Housing First*
- *Prison based ACT Teams*
- *Motivational incentives*
 - **Fishbowl Technique*



Candy



Dunkin' Donuts



Fishbowl Technique



Flat Screen TV

Evidence Based Practices Continued

- *Motivational interviewing*
- *Cognitive behavioral therapy*
- *Feedback Informed Treatment*

Evidence Based Practices Continued

- *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 treatment for co-occurring disorders*
- *Medication management*
- *Peer-based recovery support*

Best Practices in Co-occurring Disorders Treatment

The 4 essentials

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

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*Stage
Based
Intervention*

Best Practices Continued

- *Pre-contemplation*
- *Ambivalence*
- *Readiness*
- *Action*
- *Maintenance*

Best Practices Continued

- *Address trauma-seeking safety*
- *Family Therapy*

Best Practices Continued

Recovery coaching in the natural environment to support recovery and help build recovery capital

Levels of engagement

- *Pre-treatment recovery support*
- *In-treatment recovery support*
- *Post-treatment recovery support*

Best Practices Continued

Recovery capital-internal and external assets that support recovery

- *Success prior to mental illness and addiction*
- *Education*
- *Employability*
- *Healthy family support*
- *Pro-social group affiliation*

Best Practices Continued

Treatment of other addictions

- *Sex*
- *Gambling*
- *Cyberspace*

Best Practices Continued

*Specialty courts – drug court, trauma court,
prostitution court, veterans
court*

Best Practices Continued

Increasing medication compliance

- *Provide supportive employment*
- *Match the patient with a doctor that he/she likes*
- *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*

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

Level One

*We primarily specialize in treating addictions
or*

*We primarily specialize in treating mental
illness*

Evaluating Your Program's Effectiveness Continued

Level Two

Dual diagnosis 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

Dual diagnosis competent. 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.

Slipping Through the Tracks

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

Slipping Through the Cracks



**Intervention
Strategies for Clients
with Multiple
Addictions and Disorders**

Mark Sanders, LCSW, CADC

Relationship Detox:

***A Counselor's Guide to Helping
Clients Develop Healthy
Relationships in Recovery***



Mark Sanders, LCSW, CADC

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www.onthemarkconsulting25.com

*Primary reasons clients slip
through the cracks*

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Unresolved Trauma

"Superb journalism and thrilling storytelling." —NAOMI KLEIN

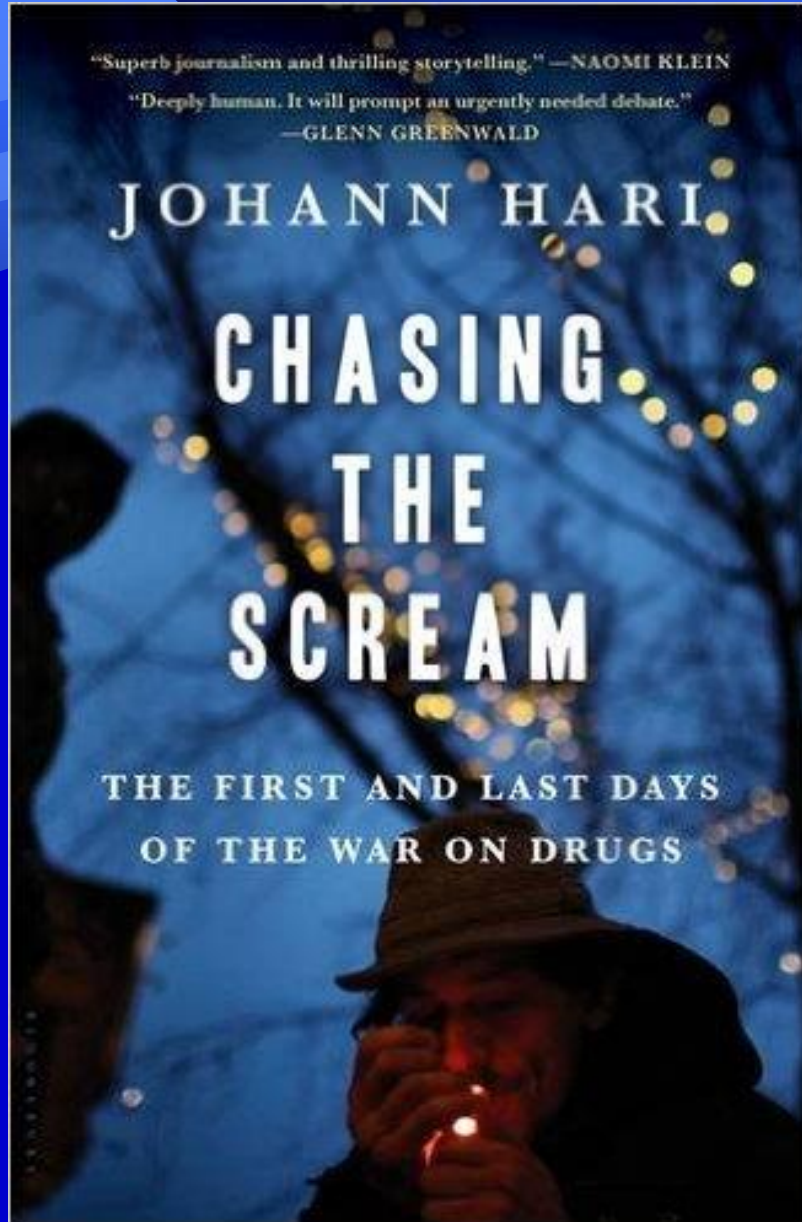
"Deeply human. It will prompt an urgently needed debate."

—GLENN GREENWALD

JOHANN HARI

CHASING
THE
SCREAM

THE FIRST AND LAST DAYS
OF THE WAR ON DRUGS



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*





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Michael Jackson



Michael Jackson

Seeds for his Addiction

- *Absence of a childhood*
- *Pressure to be perfect*
- *Low self concept*
- *Father wounds*

Diagnostic Categories and 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*

Evidence Based Treatment

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



PTSD vs. Complex Trauma

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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%

Evidence Based Treatment

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

The Trauma of Unemployment

- *Crack* *1986*
- *Meth* *1990's*
- *Heroin* *Today*
- *Are we losing a generation?*
- *STEM*

Unresolved Grief

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

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*

Memory

Inadequate service dose

*90 days of continuous recovery
support*

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*Loneliness and addictive
relationships*

Addictive Relationships

- *Lots of drama*
- *Smothering*
- *Extreme jealous*
- *Abuse*

*Lack of recovery capital which
leads to feelings of inadequacy
and hopelessness*

Recovery Capital

- *Success prior to addiction*
- *A good education*
- *Reading comprehension*
- *Vocational Skills*
- *Good communication skills*
- *Stable relationships*
- *Leadership*
- *Hope for the future*

A lack of integrated services

*Strategies to help clients avoid
slipping through the cracks*

Initial Contact

- *Create a welcoming environment*
- *Minimize confrontation*
- *Role with resistance*
- *Have an effective opening statement*

Opening Statement

I know I can't make you stop getting high. I will honor whatever decision you make concerning your drug use.

Initial Contact Continued

- *3 sessions at a time*
- *Use incentives*

Does a better quality of life lead to recovery or does recovery lead to a better quality of life?

- *Housing first*
- *Community*
- *Distance from destructive peer groups*

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*

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*