Beyond Sobriety: How To Effectively Treat Clients with Co-Occurring Disorders (COD)

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Living with COD

Video: Living with COD
Video Reflection

How would this impact their ability to care for their children?

- Neglect
- Loss of job
- Legal problems
- Unpredictable mood swings
- Abuse
What Does “Co-Occurring Disorders (COD)” Mean?

- “The coexistence of both a mental health and a substance use disorder…” (SAMHSA.gov)

- About 7.9 million adults had COD in 2014 (SAMHSA.gov)
Co-Occurring Disorders and Child Welfare

- Children with parents experiencing COD are at a higher risk of:
  - Neglect
  - Poverty
  - Domestic violence
  - In utero drug exposure
  - Parentification
  - Exposure to suicidal threats or drastic mood swings

National Resource Center: “Supporting Children of Parents with Co-occurring Mental Illness and Substance Abuse”
Pre-frontal Cortex

- Pre-frontal cortex controls functions such as
  - Mood
  - Decision making
  - Strategizing/planning
  - Focus
  - Organizing thoughts
  - Impulse control
  - Problem solving
When Mental Illness Occurs

- Different systems of the brain are impacted, including the pre-frontal cortex
- The result of this could lead to serious behavioral health issues
How Medication Works

- Medication can be prescribed by a physician to assist providers in treating both mental illness and substance use disorder.
- This is called Medication Assisted Therapy (MAT)
How Does Medicine Differ From Self Medicating

- Controlled
- Prescribed
- Targeted on specific receptors
- Is much “cleaner”
How Mental Illness and Substance Use Relate

- Brain chemistry is fragile
- People will sometimes self-medicate to alleviate symptoms of mental illness
- Both mental illness and substance use can alter brain chemistry exacerbating COD symptoms
- It’s a perpetual cycle
Why Diagnosing COD Can Be Difficult

- Difficult to diagnose mental illness/mood disorders while under the influence of substances.

- Some drug induced episodes mimic mental illness.

- With altered brain chemistry there may be present a new mental illness that was not previously diagnosed.
Let’s Take Methamphetamine Use…

- Depression
- Detox from meth
- Increased energy
- Methamphetamine use
- Fatigue
- Agitation
Past Year Substance Use Disorder (SUD) and Major Depressive Episode (MDE) in the Past Year among Youths Aged 12-17: 2014*

MDE, 2,400,000

SUD, 1,300,000

COPSD, 340,000

* Source: SAMHSA.gov Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health
Past Year Substance Use Disorder (SUD) and Mental Illness (MI) among Adults Aged 18 and older: 2014*

- MI, 43,600,000
- COPSD, 7,900,000
- SUD, 12,300,000

* Source: SAMHSA.gov Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health
Adverse Childhood Experiences (ACE)

- 9,346 adults surveyed about 9 ACE experiences
  - Childhood emotional abuse,
  - Physical abuse,
  - Sexual abuse
  - Witnessing domestic violence
  - Parental separation or divorce
  - Growing up with drug abusing,
  - mentally ill,
  - suicidal, or
  - criminal household members

- What they learned was:
  - Children in alcoholic homes were more likely to experience adverse experiences
  - Risk of alcoholism and depression in adulthood increased as the number of ACE events increases regardless of parental alcohol abuse
  - Depression among adult children of alcoholics is likely due to having ACE experiences AND alcohol abusing parents

“Adverse childhood experiences, alcoholic parents, and later risk of alcoholism and depression.”
How Does This Impact Community

- People with co-occurring disorders are disproportionately represented in the criminal justice system. (Peters, Lurigio, & Wexler)
  - They are more likely to re-offend if they do not receive treatment
  - Treatment in jail is often inadequate
- Increased homeless population with co-occurring disorders (National Coalition for the Homeless)
  - Use substances to self medicate
  - Increased risk for violence
  - Cycle between jail, emergency rooms, and the street
Screening Tools

- CAGE screening for alcohol use
- CRAFFT for adolescent substance use
  - BECK Depression scale
- Generalized Anxiety Disorder 7 item scale (GAD-7)
What Can Be Done

- Promote protective factors
- Identify at-risk families early
- Priority access to treatment
- Gender specific treatment
- Family centered services
- Recovery coaches or mentors
- Shared family care
Ask The Right Questions

- Clients may minimize drug use so it’s important to ask specific questions

- Often mental health and substance use treatment providers do not screen for co occurring disorders or general medical health problems (ncbi.nlm.nih.gov)
Internal Communication

• Communication begins within your own agency/organization first.
  ◦ Staff with direct contact need to be trained to recognize symptoms of COD

• Treatment plans must be individualized to meet the goals of clients based on their specific set of symptoms
  • “Maintain Sobriety” and “Manage Mental Health Symptoms” are not sufficient goals
Collaboration

- Collaboration exists on a spectrum
  - There is no clear cut measurement
- **Collaboration MUST include the CLIENT**
  - They have a right to have knowledge of their own diagnosis and prognosis and what their goals are
- Clients with COD have an increased need for coordinated care
Make the Right Referrals

- Clients should be referred to the most appropriate provider.
- A diagnosis is not needed for a referral to be made.
- This will look different for each provider.
- Networking is crucial to making appropriate referrals.
- Consider the client’s basic needs
  - What will make them successful
- Consider both substance use and mental health
Communicate With Providers

- Clients are at increased risk if providers fail to collaborate on multiple health conditions (ncbi.nlm.nih.gov):
  - This can require clients to have multiple interactions with multiple providers.
  - At Lena Pope this happens at intake

- Best practice for collaborating providers (ncbi.nlm.nih.gov):
  - Shared understanding of goals and roles
  - Effective communication
  - Shared decision making
Medication Is Not Enough

- Individual and/or group therapy is recommended with any medication
- Medication assists the client in making healthier choices
  - They still need the guidance to learn better skills
Healthy Support

- Healthy Support and accountability are critical
- Support groups for children
  - Skill development such as communication, relaxation, and learning to be assertive
- Support for parents
  - They don’t always have supportive friends or family
- Encourage family togetherness
  - Help supportive family learn to set healthy boundaries

National Resource Center: “Supporting Children of Parents with Co-occurring Mental Illness and Substance Abuse”
Defining Recovery

- **Recovery** - “a return to a normal state of health, mind, or strength.” - Google Dictionary
- **Recovery** - “the act or process of returning to a normal state after a period of difficulty” - Miriam-Webster
- **Recovery** - “the regaining of or possibility of regaining something lost or taken away.” - Dictionary.com
What Recovery Means in the Real World

- Recognizing triggers for both mental illness and substance use
- Medication compliance to avoid relapse
- Having a relapse prevention plan
  - Includes who you will call and where you will go for help

- Peer Support
- Honesty about one’s recovery
Barriers to Recovery

- Relapse
- Lack of support
- Unmanaged mental illness and/or substance use
- Lack of client education as it relates to COD
- Involuntary participation in treatment
- Access to insurance
- Lack of transportation
Relapse

- Relapse
  - Can be with both mental illness and substance use
    - Thought stopping takes work
    - Journaling
    - Staying clean
    - Open communication

- Relapse can affect both Mental illness and substance use
  - Discontinuing meds can also lead to mental health relapse

- ER treatment if someone is suicidal
- Tough to get a baseline if you’ve been using more often than not
Erasing the Stigma

• People may more readily accept mental illness than a substance use disorder
  ◦ i.e. depression has to do with brain chemistry while most people tend to think substance use is all about bad choices.

• Mental Health has a stigma as well that leads clients to leave it untreated
  ◦ “I don’t want anyone to think I’m crazy”

• Mental health and Substance Use need to be clearly defined as a combination of factors that lead to specific behaviors.
Recovery Oriented Systems of Care (ROSC)

- ROSC is a truly collaborative effort on all community providers to create continuity of care to include:
  - Prevention
  - Intervention
  - Treatment
  - Post Treatment

- Breaks down provider silos
Recovery Support Services (RSS)

- Non-clinical services to help clients and families work toward recovery
- Can be offered before, during, or after treatment
  - Differs from 12 step groups
- Can include services such as
  - Housing
  - Child care
  - Life skills training
  - Employment readiness
Peer Recovery Support

- Peer Recovery Support
References

• “Co-Occurring Substance Use and Mental Disorders in the Criminal Justice System: A New Frontier of Clinical Practice and Research” (Peters, Lurigio, and Wexler; Psychiatric Rehabilitation Journal 2015 Vol. 38, No 1, 1-6)

• Child Welfare Information Gateway Bulletin for Professionals October 2014

• National Abandoned Infants Assistance Resource Center “Research to Practice Brief” June 2012

• www.ncbi.nlm.nih.gov Coordinating Care for Better Mental Health, Substance Abuse, and General Health

• National Coalition for the Homeless “Substance Abuse and Homelessness July 2009

• www.samhsa.gov
  ◦ Behavioral Health Barometer United States, 2015
  ◦ Information on Medication Assisted Therapies (MAT)

• Adverse childhood experiences, alcoholic parents, and later risk of alcoholism and depression. http://www.ncbi.nlm.nih.gov/pubmed/12161676
Resources

• Substance Abuse and Mental Health Services Administration (SAMHSA) has many online resources to screen both mental health and substance use:

• National Institute on Drug Abuse (NIDA) has an online screening tool for drug use:
  ◦ [https://www.drugabuse.gov/nmassist/](https://www.drugabuse.gov/nmassist/)

• Screening Tools:
  [https://www.omh.ny.gov/omhweb/resources/providers/co_occuring/adult_services/screening.html](https://www.omh.ny.gov/omhweb/resources/providers/co_occuring/adult_services/screening.html)
Questions

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