

# Integrated Care for Substance Use & Mental Health Disorders

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# Objectives

- Challenges of clients, families, providers, other systems, and payors
- Overview of co-occurring disorders
- Evidenced-based treatments
- Common clinical issues
- Families and children
- Outcomes, quality initiatives, fidelity

# **1. Current Challenges with Co-Occurring Disorders**

**Clients, Families, Treatment  
Systems and Payors**

# Challenges for Clients

- Accept disorder(s) & need for treatment
- Develop motivation to change
- Engage in recovery
- Use appropriate level of care
- Comply with treatment plan
- Deal with stigma & negative of systems
- Develop a recovery support system

# Challenges for Clients

- Learn and use recovery skills
  - To manage SUD
  - To manage MH disorder
- Clinicians & systems affect client's ability to deal with these and other challenges!

# Challenges for Families

- Support the family member's recovery
- Focus on family and self
- Reduce "enabling"
- Manage emotional reactions
- Take care of self
- Focus on children
- Prepare for setbacks

# Challenges for Clinicians and Service Delivery Systems

- Convey helpful attitudes to consumers and their families
- Understand disorders “from the inside out” (subjective burden)
- Develop consumer and family centered standards of care and services
- Think “family,” not just consumer

# Challenges for Clinicians and Service Delivery Systems

- Provide evidenced-based treatment services (based on scientific studies)
  - Psychosocial, medications, combined
- Focus on the “whole person”
- Focus on key issues in order to improve adherence and reduce relapse risk
- **Clinicians make a difference!**

# Challenges for Clinicians and Service Delivery Systems

- Reduce use of more costly inpatient and residential services
- Offer various levels of partial hospital and intensive outpatient services to prevent hospitalization and as “step-down” from higher level of care
- Facilitate linkages with mutual support programs

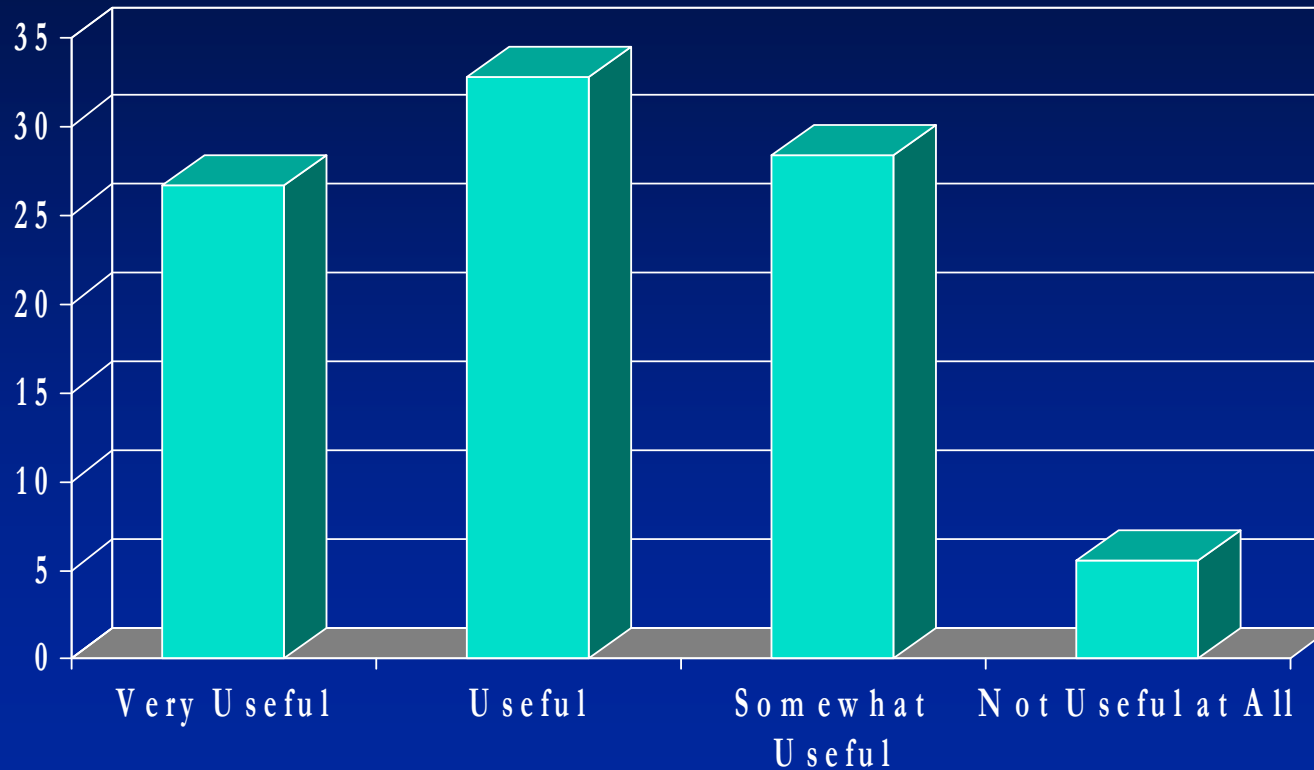
# Challenges for Clinicians and Service Delivery Systems

- Use recovery materials to get clients “active” in change process
- Adjust to decreases in funding (operate with fewer resources)
- Implement quality initiatives
- Identify simple outcomes to track
  - Clinical: D&A use; MH symptoms
  - Process: adherence, completion

# How Useful was this Workbook in

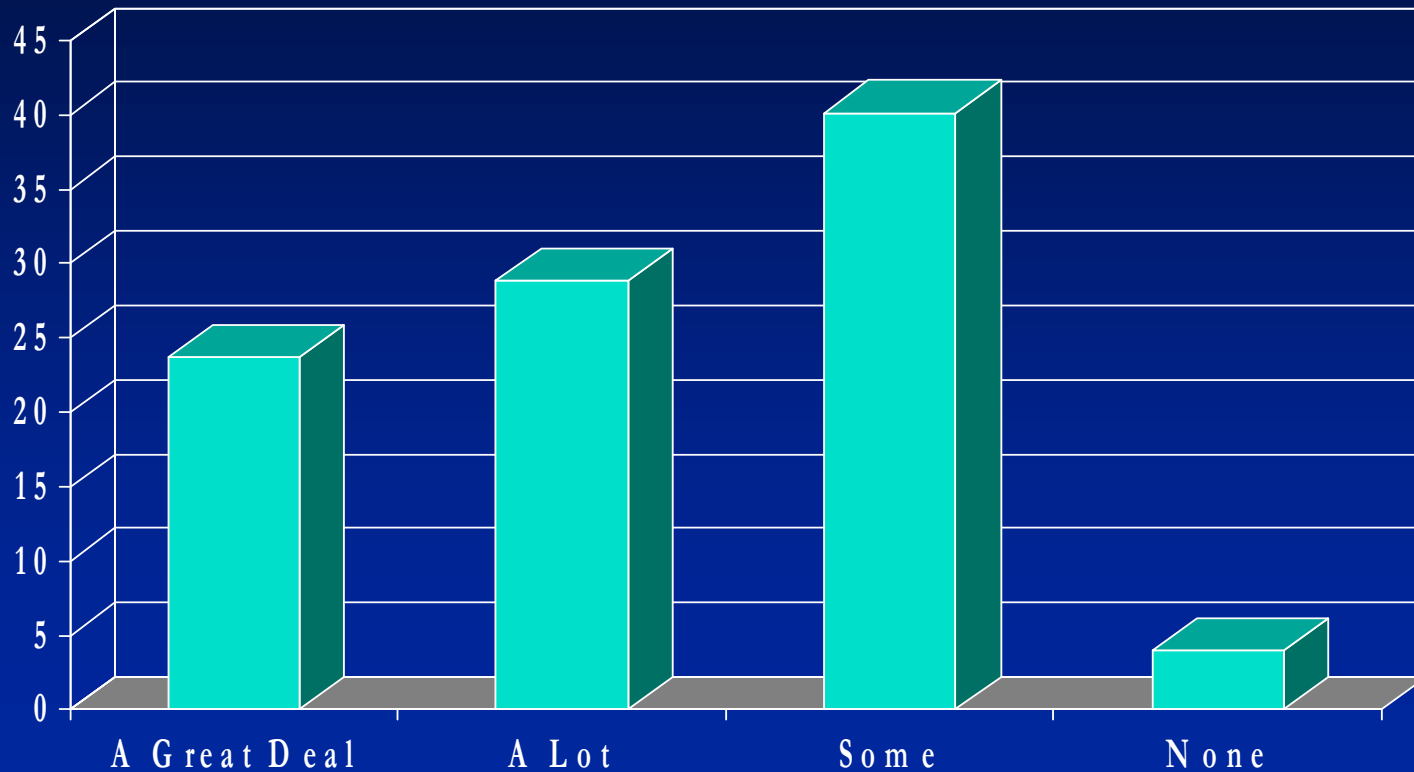
Percent

# Your Recovery (n=191 clients)?



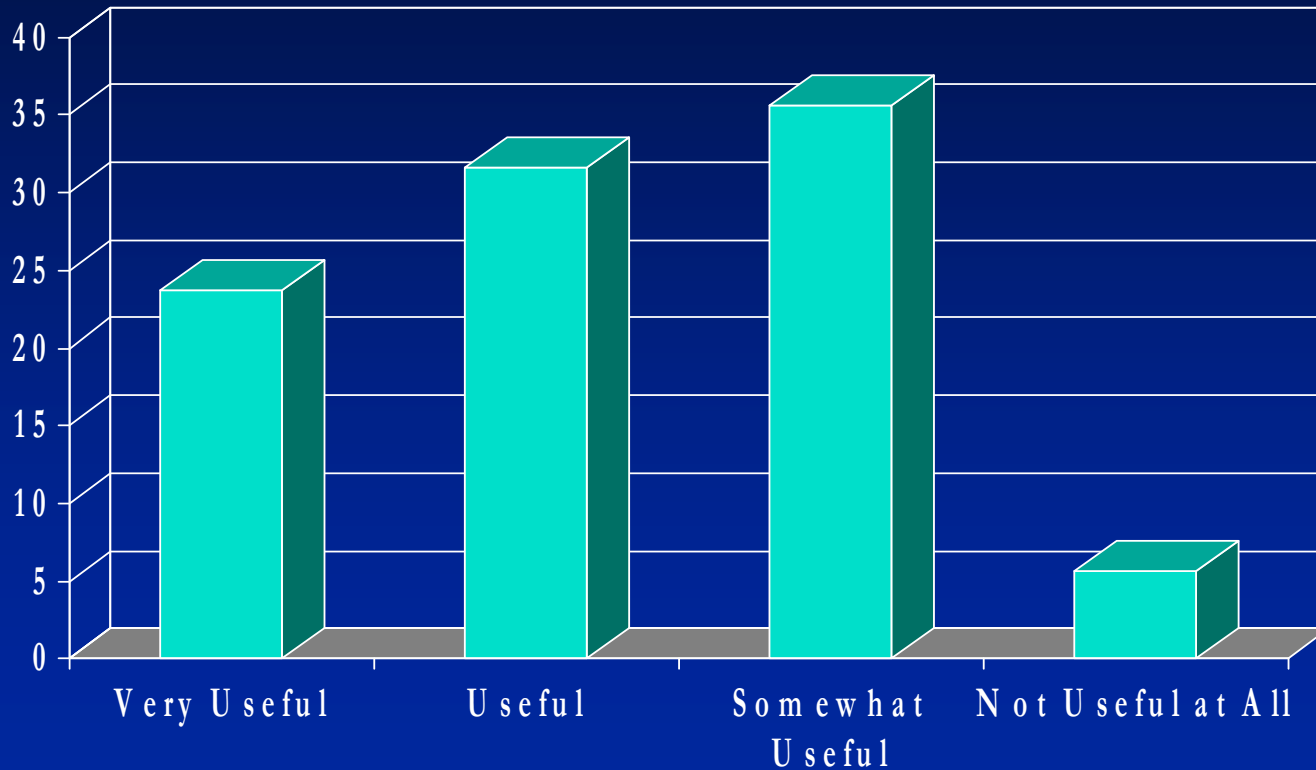
# How Much Information Did You Learn?

Percent



# Workbook Usefulness for Learning Coping Strategies

Percent



# Challenges for Other Systems (CJS, Medical)

- Understand problems, disorders, treatment, recovery
- Convey helpful attitudes
- Be realistic, limit negativity
- Facilitate linkages with clinical services
- Collaborate with caregivers

## **2. Overview of Dual Disorders**

Prevalence from Epidemiologic and  
Clinical Studies

Patterns of Disorders

Effects of Disorders

# ECA Study: Substance Use + Mental Disorders

- 16.4% had a substance use disorder
  - 53% of those with drug abuse or dependency diagnosis had a lifetime psychiatric diagnosis
  - 37% of those with alcohol abuse or dependency diagnosis had a lifetime psychiatric diagnosis

-Regier et al

# National Co-morbidity Study: Prevalence of Dual Disorders

- Over 10 million have dual disorders
  - 51% with a mental disorder have a substance use disorder
  - 41-66% with a substance use disorder have a mental disorder

-Kessler et al

# SUDs Disorders among Those with MH Diagnosis

- Antisocial disorder: 84%
- Borderline disorder: 67%
- Bipolar disorder: 61%
- Schizophrenia: 47%
- Depression: 25-40%
- Anxiety disorders: 25-40%

# Patterns of Dual Disorders

- Substance severity:
  - High, moderate or low
- Psychiatric severity:
  - High, moderate or low substance
- Clinical presentation and problems will vary according to the pattern of disorders of a given consumer

# Over 100 Studies of Dual Disorders Show Higher Rates of:

- Severe financial problems
- Unstable housing and homeless
- Medication non-compliance
- Relapse, psychiatric service use: ER, hospital
- Violence, legal problems, incarceration
- Depression and suicide
- Family burden
- Sexually transmitted diseases; HIV infection

20

-Drake & Mueser; Cornelius et al; Daley et al; Salloum

# Substance Use Disorders Are Associated with Many Problems

- Medical, dental, sexual
- Disability, mortality (accidents, diseases)
- Social, interpersonal, legal, occupational, academic, criminal, spiritual, economic
- Family: system and individual members
- Psychological, psychiatric



# **3. Assessment of Dual Disorders**

Assessment Process and Strategies,  
ASAM, and Criteria for DSM IV TR  
Substance Abuse & Dependence

# Assessment Process

- Thorough history is an important tool used to convince patient he/she has a problem and needs help
- Expect denial from patients
- How you ask questions is important
- Assessment is an ongoing process

# Approaches to Assessment

- Global and comprehensive interviews that detect a broad range of disorders or problems (e.g., SCID, SADS, DIS, PRIME-MD)
- Approaches that give global information on health or quality of life
- Disorder or problem specific approaches (BDI, BAI, ASI, PANSS)

# Assessment Process for Dual Disorders

- Structured interviews: DSM-IV, ASI, DUSI, SASSI, etc
- Pen & paper questionnaires or brief Qs
  - MAST, DAST, CAGE
  - BDI, BAI, SCL-90
- Lab tests
- DALI (D&A use among SMI consumers)

# Assessment Process for Dual Disorders

- Urinalysis, breathalyzers, or blood tests help assess recent substance use
- Some like this “external” control
- Blood levels are also helpful to determine if certain psychotropic medications are being used (level may be sub-therapeutic or potentially toxic)

-Daley & Moss

# Assessment of Psychiatric Illness: DSM-IV

- Axis I: Clinical disorders
- Axis II: Personality disorders or MR
- Axis III: General medical conditions
- Axis IV: Psychosocial and environmental problems (relationships, supports, economic, work, education, housing, etc)
- Axis 5: Global assessment of function

# Classification of DSM IV Substance Use Disorders

- Intoxication
- Withdrawal
- Abuse
- Dependence
- Substance induced disorders: delirium, dementia, amnesia, psychotic, mood, anxiety, sleep, sexual dysfunction, and perception (flashbacks)

# 4. Evidenced-Based Treatments (EBTs)

What is an EBT (or empirically supported treatment)?

What is a Clinical Trial?

# What is Empirically (evidence) Based Treatment?

- **Research-based:** subjected to scientific research in randomized clinical trials
- **Meaningful outcomes:** practice has resulted in benefits to recipients
- **Standardization:** practice can be replicated; there is a published description defining the EBT

# What is Empirically (evidence) Based Treatment?

- **Replication:** interventions and practices have been studied in more than one setting, with consistent results
- **Fidelity measure:** allows verification that intervention is implemented in a manner consistent with the protocol
  - Gallon, S. NW Frontier ATTC

# **5. Evidence-Based Treatments for Alcohol Use Disorders**

# Psychosocial Treatments for Alcohol Use Disorders

- Brief Interventions: FRAMES
- Motivational Enhancement (MET)
- Coping Skills Training
- Contingency Reinforcement Approach
- Twelve-Step Facilitation Therapy
- Marital and Family Approaches

-Miller et al; Project MATCH; Monti et al; Meyers & Smith;  
Finney & Moos

# Studies of Alcohol Treatment: Project MATCH

- Treated 1726 patients in 9 sites
- Assigned to 1 of 3 txs: TFT, CSST, MET
- All show significant effects at 1 & 3 year
  - Percent abstinent days: 20% at pre-tx to 80% at post-tx
  - Drinks per drinking day: 17 at pre-tx to 3 at post-tx

# Medications for Alcohol Use Disorders

- Opiate antagonists (ReVia)
- Acamprosate (Campral)
- Disulfiram (Antabuse)
- Medications are used with therapy or counseling

# **6. Evidence-Based Treatments for Drug Use Disorders**

# Psychosocial Treatments for Drug Use Disorders

- Individual drug counseling
- Group drug counseling
- Motivational enhancement therapy
- Motivational Incentives
- Relapse prevention
- Social/coping skills training
- Supportive-expressive psychotherapy

# Psychosocial Treatments for Drug Use Disorders

- Twelve-Step Facilitation
- Cue extinction
- Family therapy
- Community reinforcement approach
- MATRIX model (stimulants)
- Combined behavioral & nicotine replacement

# Outcomes Studies of Drug Addiction Treatment

- Reviewed over 100 randomized, controlled trials of addiction treatment
- Most showed:
  1. Significant reductions in D&A use
  2. Improved personal health
  3. Reduced social pathology

-McLellan et al, 2000

# Contingency Management

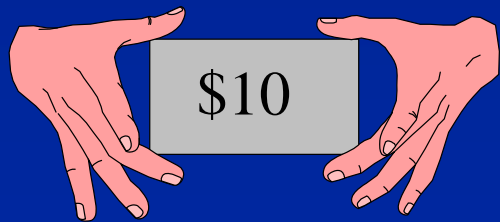
Using “Incentives” in  
Drug Abuse Treatment

# Treatment of Cocaine Dependence

Higgins et al., 1994

## Contingency Management

- Community Reinforcement Approach Therapy
- Urine testing 2x/week
- Vouchers



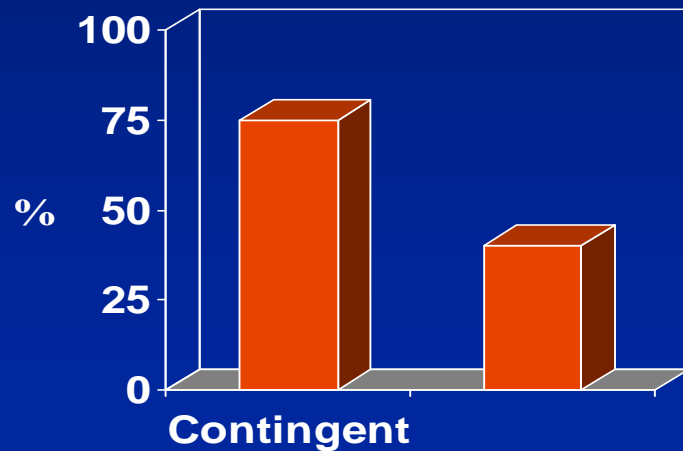
Can earn over \$1000

## Control Treatment

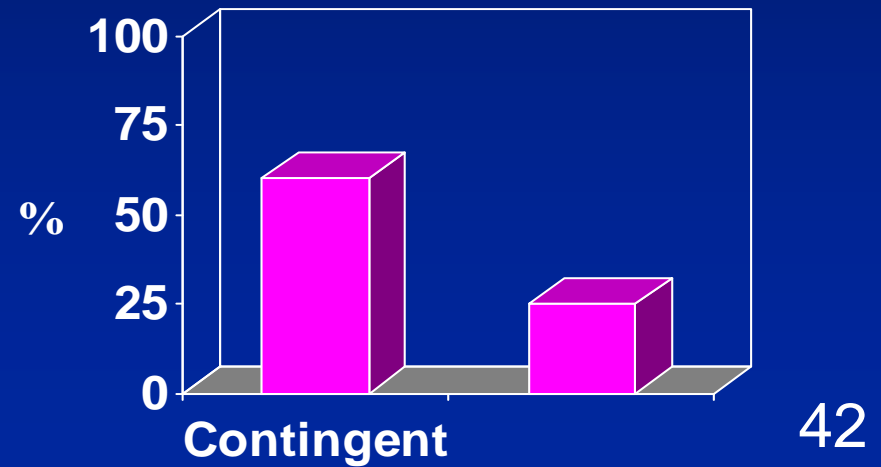
- Community Reinforcement Approach Therapy
- Urine testing 2x/week
- No vouchers

# Treatment of Cocaine Dependence

Retained throughout  
Trial



>8 Weeks of Cocaine  
Abstinence



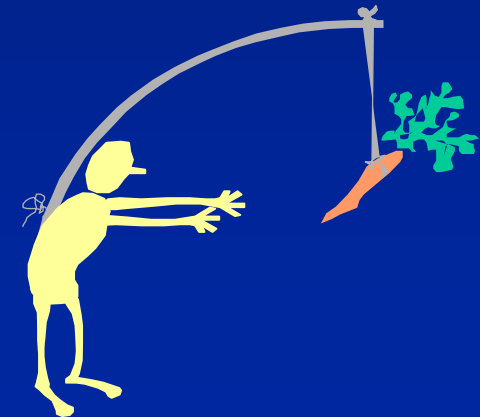
# Criticisms of Incentives

## 1. Cost



## 2. Generalization and Acceptability

adaptation to non-research settings  
group vs individual treatment  
extrinsic rewards  
urine testing  
training and supervision



# Medications for Drug Use Disorders

- Methadone or buprenorphine for opiate addiction
- Opiate antagonists (Trexan)
- Nicotine replacement therapy
- Cocaine addiction: disulfiram, modafinil, topiramate, propranolol, and baclofen
- Medication treatments for addiction usually include therapy or counseling

# **7. Evidence-Based Treatments for Psychiatric Disorders**

# Empirically Supported Treatments for Psychiatric Disorders

- There are general therapies for many disorders & disorder specific therapies
- There are many medications used singly or in combination
- Electroshock therapy also useful for some patients
- Combination treatment (therapy+meds) are often needed for severe disorders

# Empirically Supported Treatments for Psychiatric Disorders

- Therapies used with many disorders:
  - CBT
  - IPT
  - Social skills
- Some disorder specific therapies:
  - DBT: borderline disorders
  - IPT+Social Rhythm Therapy: bipolar
  - Personal Therapy: schizophrenia

# Medication Issues for Clients

- Review at counseling sessions
  - Degree of adherence with meds
  - How meds are helping (or side effects)
  - Is missing meds related to D&A use?
  - Ask “why did you miss your meds?”
- Help clients who need schedule or routine with taking meds

# Clients Choosing Not To Take Medications

- Acknowledge the right not to take meds
- Determine if decision is well thought out
- Ask their reason(s) for not taking meds
- Don't accept "I don't like pills"; offer other possible reasons (don't believe they have a psych illness; side effects)
- Ask what they use to deal with psych ill
- Review outcomes of not taking meds

# Medications for Psychiatric & Addictive Disorders

<http://www.mattc.org/information/psychotherapeutic/index.html>

You can print a “free” PDF file of  
medications

# **8. Evidence-Based Treatments for Dual Disorders**

# Treatment Approaches for Dual Disorders (SMI+SUDs)

- Daley & Montrose; Daley & Zuckoff; Salloum, Daley & Thase; Cornelius et al.
- Drake, Mueser, et al.
- Liberman; Linehan; Navajits
- Minkoff & Drake
- Pepper & Ryglewicz
- Rosenthal; Weiss; Ziedonis

# Integrated Treatment For Dual Disorders

- Treat both disorders in same place by same treatment team
- Specific focus of treatment depends on current symptoms & problems
- Dose not imply 50-50 balance (varies with consumers)
- Integrated services or counseling

# Integrated Treatment For Dual Disorders: Clinic or Program

- Provides treatment sessions that focus on both mental health and D&A issues
- Provide recovery materials on both types of disorders
- Facilitate linkage with mutual support programs for D&A, MH, or co-occurring
- Provide ongoing training, consultation, supervision on integrated treatment

# 9. Clinical Issues

Integrated Treatment for Substance  
Use and Mental Health Disorders

# Goals of Treatment

- Engage in treatment; motivate
- Eliminate or reduce symptoms
- Stop, reduce substance use
- Develop, improve coping skills
- Improve functioning; lifestyle change
- Facilitate linkage with recovery pgms  
Decrease relapse risk; early intervention

# Dual Recovery Counseling

- Focus on establishing alliance
- Establish an agreement (contract)
- Establish goals (what client wants)
- Assess motivation to change
- Address ambivalence to change
- Help client accept disorder(s)

# Dual Recovery Counseling

- Provide education on disorder(s) and treatment
- Help manage persistent symptoms
- Facilitate medication assessment
- Monitor compliance with medications
- Educate on “recovery”
  - Process, domains
  - Prioritizing areas of change

# Dual Recovery Counseling

- Agree on goals related to alcohol/drugs
- Review D&A history and effects
- Provide education on:
  - Alcohol & drugs
  - SUDs and addiction
  - Treatment (including medications)
  - Recovery and relapse
- Monitor use, close calls, cravings

# Dual Recovery Counseling

- Acceptance of disorder(s)
- Challenge and change thinking
  - Negative or faulty beliefs or thoughts
  - Addictive or “stinking thinking”

# Reduce Negative, Faulty or Addictive Thinking

- **Mark Twain Said. . .**

- ↳ “I am an old man and have known many troubles, but most of them never happened”

# Challenge Addictive or “Stinking” Thinking

- I’ll die if I don’t get a drink
- I can’t cope without alcohol or drugs
- I can’t have fun without substances
- Life is a drag without using
- I miss the action of (bars, parties, street)
- I won’t fit in if I don’t drink or use drugs
- It’s hard to say no to substance offers

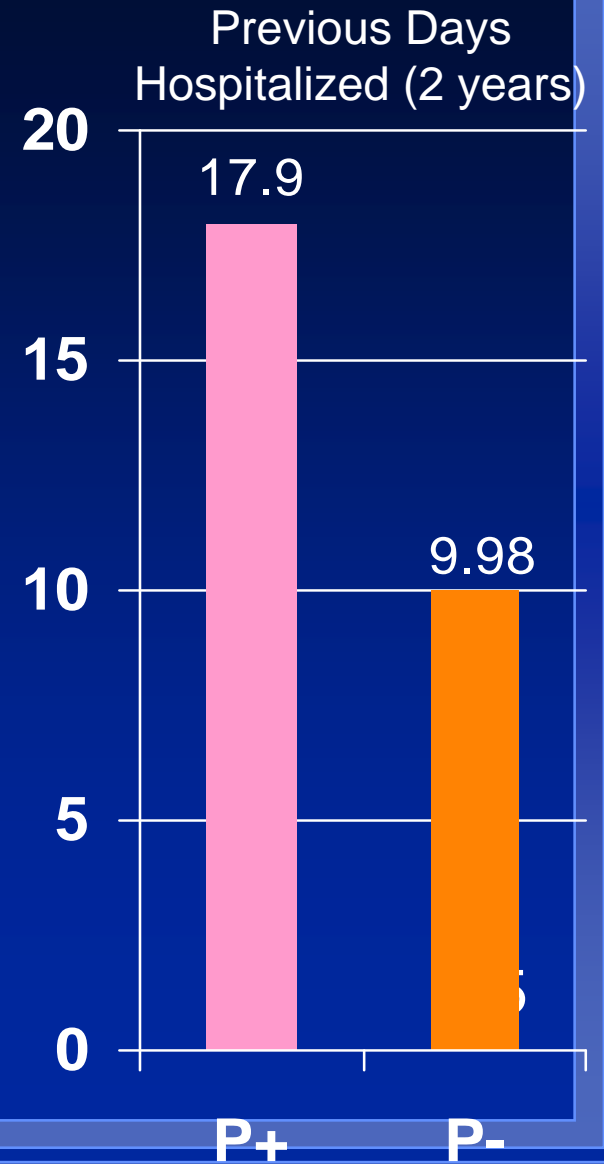
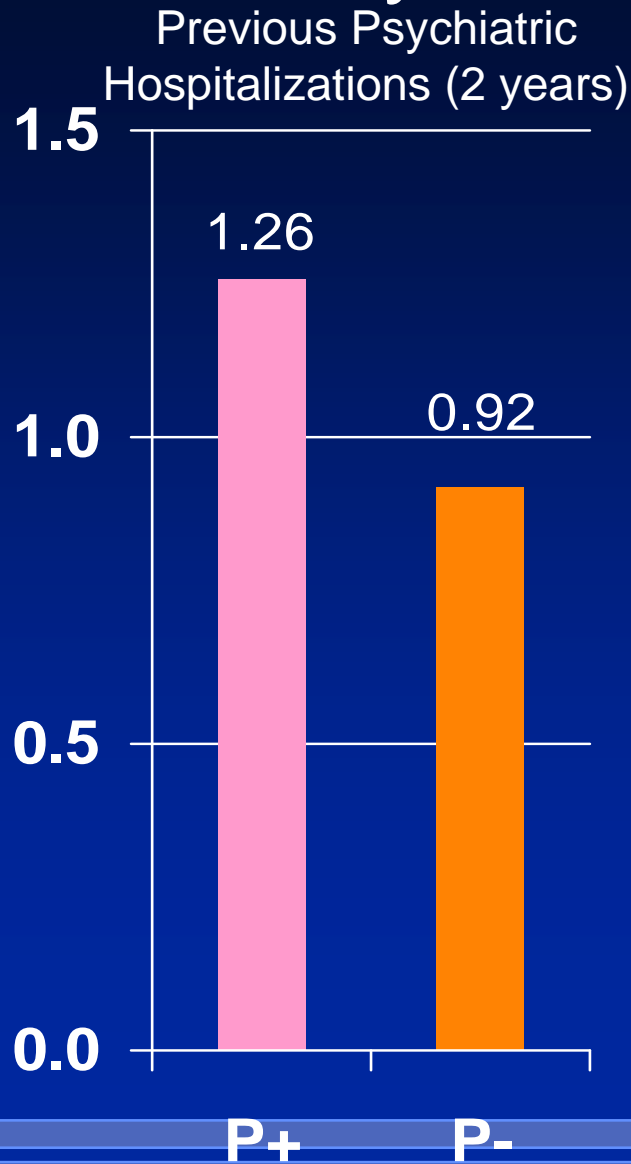
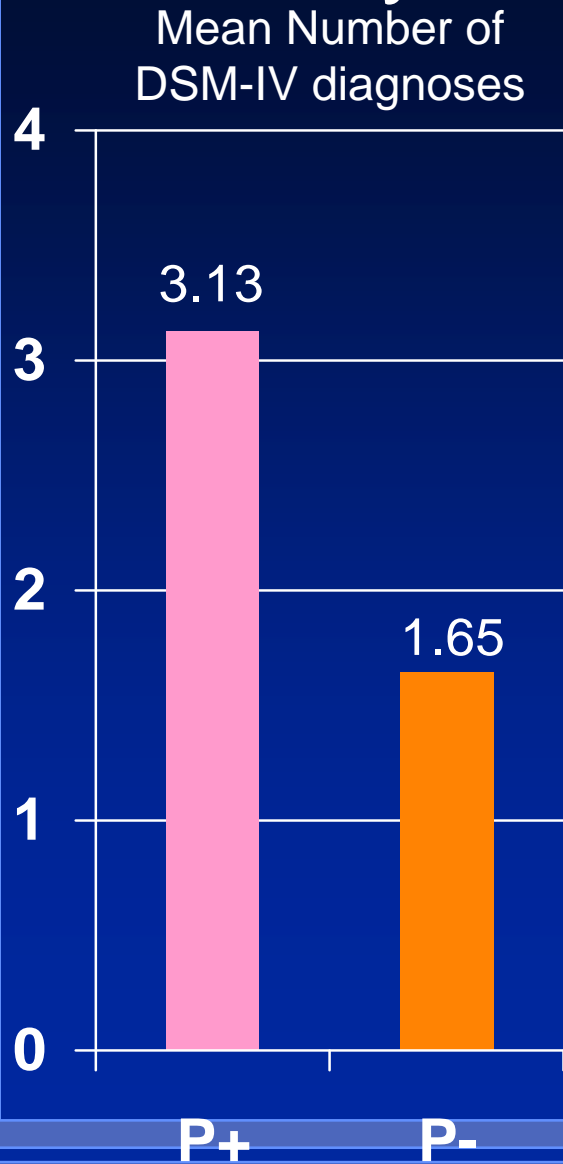
# Use Slogans, Self-Talk or Mottos

- Anxiety is part of life
- My anxiety/panic/fear won't last forever
- I can't live the rest of my life afraid
- Avoiding things I fear feed my anxiety
- People are not as critical as I think
- Live in the here and now
- Being imperfect is humble

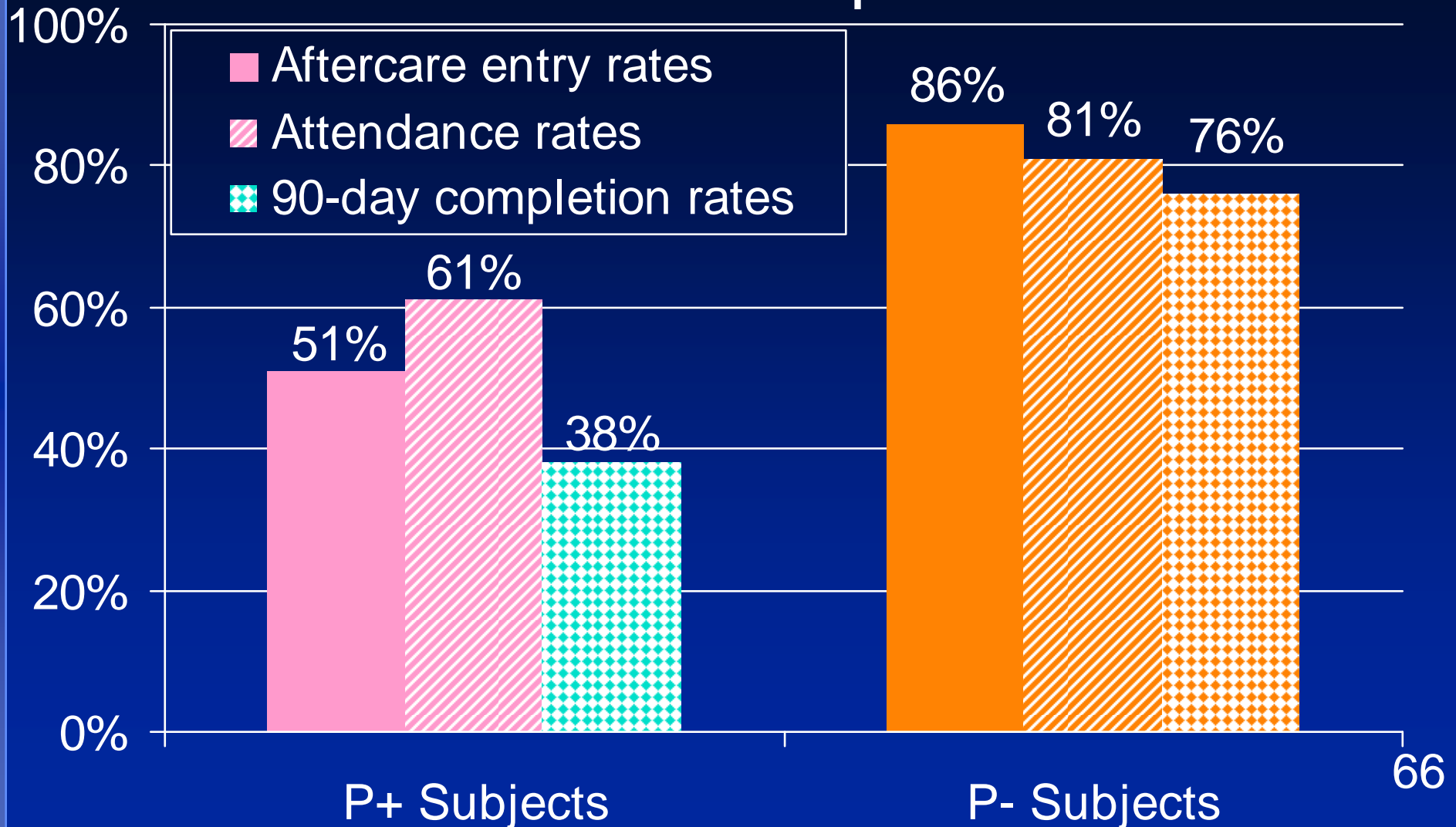
# Dual Disorders Recovery

- Monitor adherence to treatment sessions, support groups, sobriety
- Make adherence problems a focus of clinical or systems interventions
- Facilitate transition from one level of the care to the next – **a critical issue!**
- Review of our study of ipt to opt care

# Psychiatric Severity at Baseline

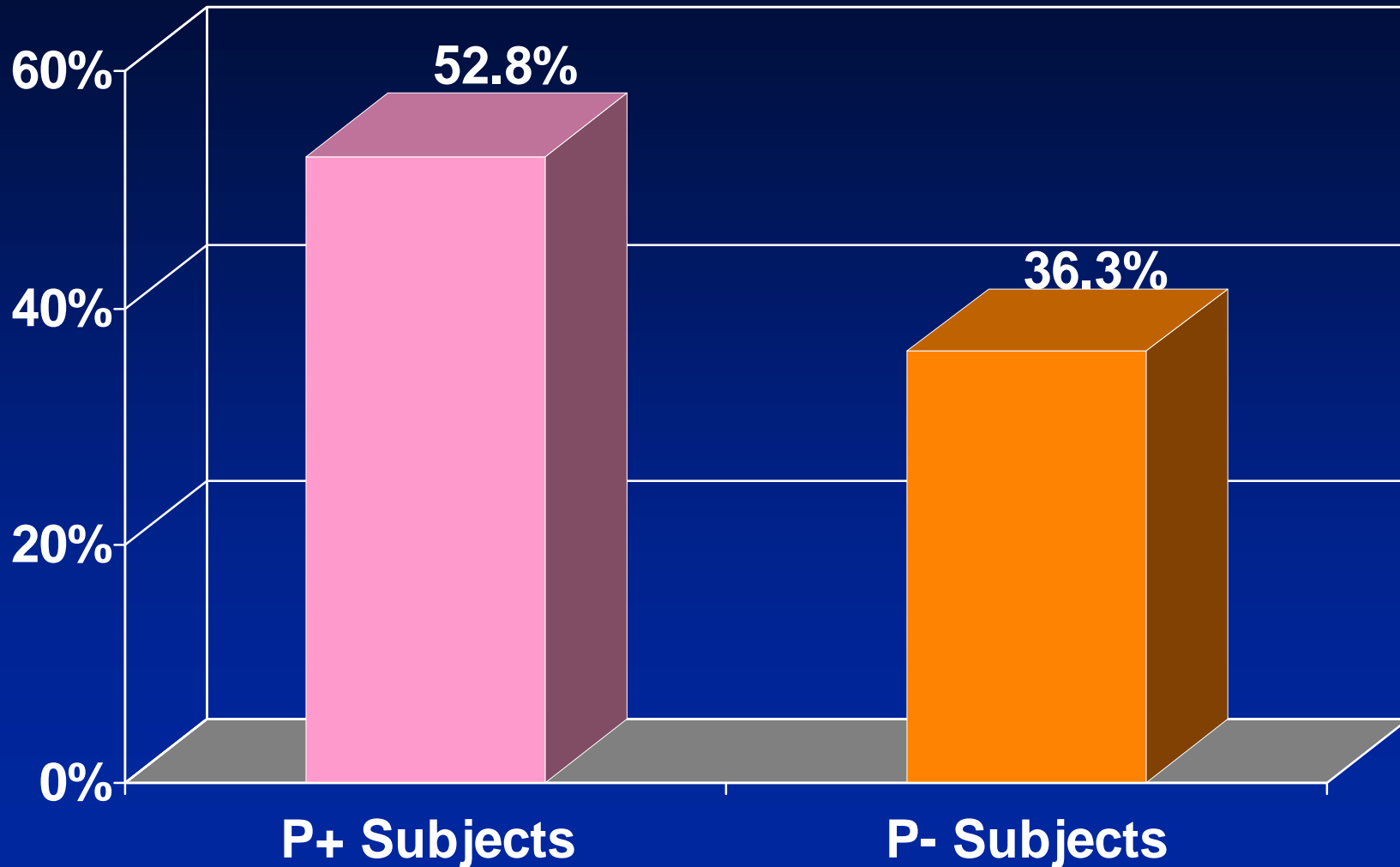


# Aftercare Compliance



Note: all [P+] - [P-] differences were statistically significant

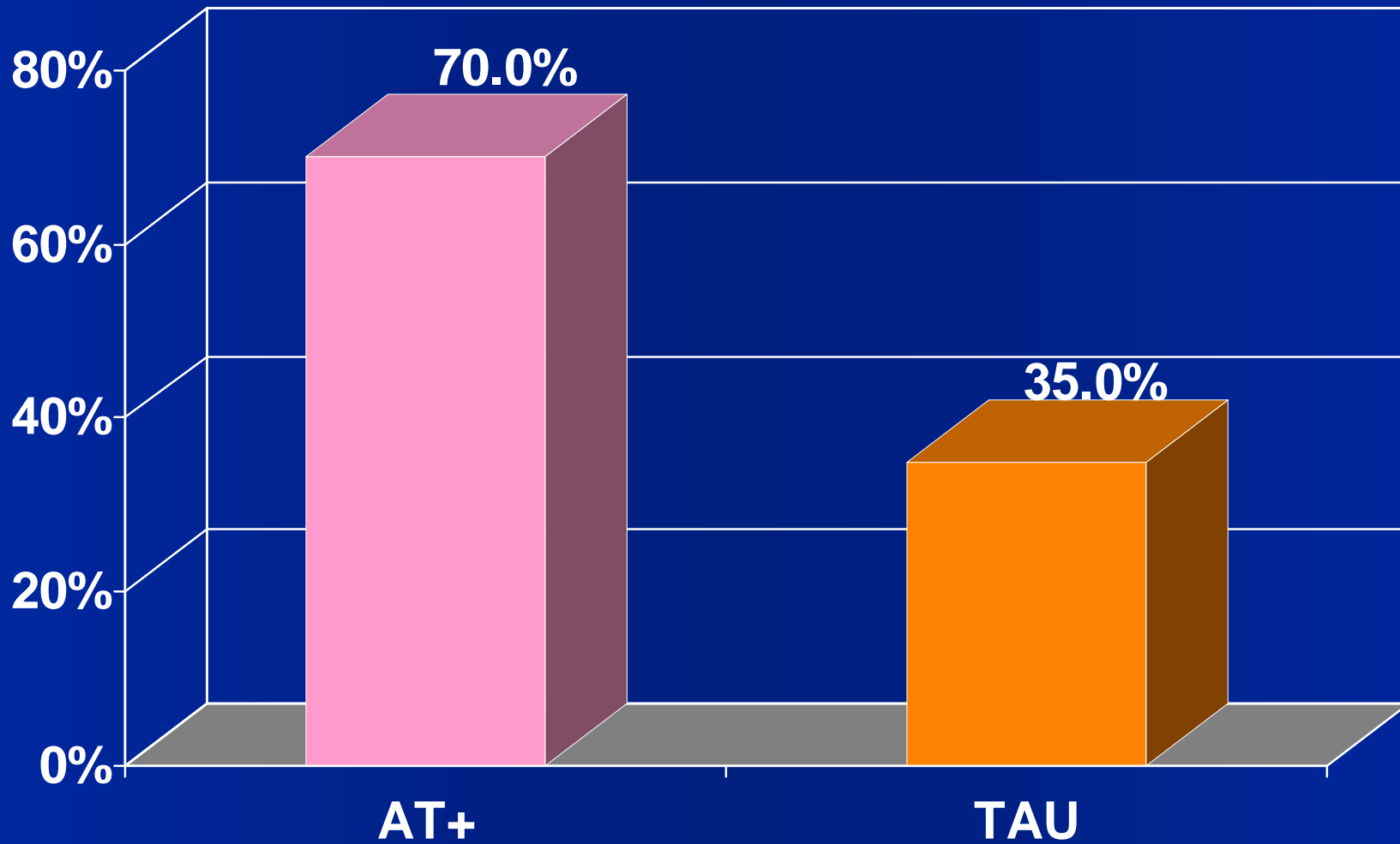
# One Year Re-hospitalization Rates



67

Note: difference is statistically significant ( $p=0.016$ )

# Aftercare Adherence: Patients Receiving AT Session < Hospital Discharge



Note: difference is statistically significant

# Dual Recovery Counseling

- Help understand and manage emotions
- Reduce negative emotions
- Increase positive emotions (gratitude)
- Emotions contribute to the development, course and recovery phase of disease
- Depression or anxiety predict heart disease
- People with high levels of anger have increased risk of heart disease

# Emotions and Psychiatric or Substance Disorders

- **Anxiety:** common with anxiety, mood, psychotic, eating and substance use disorders
- **Anger:** common with many Axis 1 & 2 disorders
- **Boredom and emptiness:** common with Borderline and Antisocial personality disorders
- **Depression:** common with mood, anxiety, personality, substance use, psychotic and eating disorders

# Dual Recovery Counseling

- Help client know how to ask for help
- Help develop social support system
- Address relationship problems
- Help with interpersonal deficits
- Identify & resist social pressures to use
- High risk people, places, things
- Recovery romances

# Dual Recovery Counseling

- Address impact of disorders on family
- Help client address family issues
- Engage family in treatment/recovery
- Encourage client to make amends

# Dual Recovery Counseling

- Explore attitudes, beliefs & experiences with mutual support programs
- Review ways self-help programs can aid recovery
- Facilitate linkage and use of “tools” of programs
- Monitor program participation

# Dual Recovery Counseling

- Provide leisure counseling
- Help structure time
- Identify high-risk times
- Importance of regularity
- Identify and practice new leisure activities
- Address life issues (housing, work, money management)

# Dual Recovery Counseling

- Educate on relapse and recurrence
- Identify warning signs of relapse and how to manage
- Identify high risk factors and how to manage these
- Help prepare for lapses, relapses or recurrences and what actions to take

# Warning Signals Scale for Psychotic Relapse

**New or worsened problems or  
complaints in past two weeks:**

- Sleep has been restless or unsettled
- Feeling tense, afraid or unsettled
- Having difficulty concentrating
- Feeling irritable or quick tempered
- Feeling tired or lacking energy

# Relapse in Schizophrenia

- **Predictors of relapse:**
  - Poor adherence to medications;
  - Alcohol or drug abuse
- **Strategies to reduce risk:**
  - Keep personal relapse symptom list
  - Identify things exacerbating stress
  - Get enough medications

# Dual Recovery Counseling

## Focus on Personal Growth After Stable Period of Recovery

- Deal with emotional wounds (trauma) from the past (after stable recovery)
- Address spirituality issues
- Address personality issues (character), usually in long-term therapy

# Dual Recovery Counseling

## Reduce suicidal risk

- Assess suicidality
- Be aware of risk factors
- Decrease suicidal risk
- Use more aggressive interventions if needed to manage suicidality

# Adherence Scale

Used to Rate 1-1 or Group Sessions to  
Insure Adherence to Protocol

# Adherence Scale: Rate Tapes of Sessions (or Observations)

- Complete on select session (pick randomly)
- Include session date, topic, phase #, counselor, date of tape review, and rater
- Rate each item on a scale of 1-7
  - From poor to excellent quality of interventions

# **12. Dual Disorders and the Family**

Effects of Disorders on the Family,  
and Strategies to Help the Family  
(Including Children)

# Effects on the Family System

- Communication & interactions
- Relationships within family
- Relationship outside of family
- Roles and rules
- Family rituals
- Family emotional functioning
- Family economics

# Symptoms of Family Members with Psychiatrically Ill Member

- Anxiety 58%
- Frustration 58%
- Worry 56%
- Burden 55%
- Depression 48%
- Grief 47%
- Anger 42%
- Shame 21%
- Guilt 18%

-Spaniol

# Family Rituals



*“Holidays and special occasions always ended up a big mess.”*

*“We never took family vacations.”*

*“Dad missed my graduations and my wedding”*

# Role Reversal

*"I had to take care of my little brother and sister just*



# Impact of Parental Substance Abuse on the Family (CSAT)

- Parental substance abuse underlies many family problems:
  1. Divorce
  2. Spouse abuse
  3. Child abuse and neglect
  4. Welfare dependence
  5. Criminal behaviors

# Problems Over-Represented in Kids from Drug Abuse Families

- Externalizing behaviors: delinquency, conduct disturbances, aggression
- Internalizing behaviors (withdrawal, somatic complaints, depression and anxiety)
- Greater impulsivity, inattention, irritability; heightened motor activity
- Temperamental deviations

# Problems Over-Represented in Kids from Drug Abuse Families

- Lower IQ scores (verbal, performance and full-scale)
- Poorer school performance (reading, math, spelling, total test scores)
- Impairments of the executive functions of the brain (capacity to organize, plan, reason, problem solve, anticipate, etc)

-CEDAR Project (Moss, Tarter et al)

# Familial Transmission of Substance Use Disorders

- There is an 8-fold increased risk of drug use disorders among substance dependent relatives (opioids, cocaine, alcohol and cannabis)
- A family history of drug dependence disorder is **one of the most potent risk factors** for the development of a SUD

-Merikangas et al

# Impact of Dual Disorders on the Family

Quality Improvement Study of 140  
Patients in Treatment (Daley)

# Impact of Dual Disorders on the Family (Daley)

- Emotional burden 91%
- Family neglect 84%
- Irresponsibility 74%
- Economic burden 64%
- Family enabling 51%
- Physical abuse 45%
- Loss of children 25%

# Ways to Help the Family & Individual Members

- Facilitate access to treatment (early contact)
- Value the engagement process
- Use outreach
- Avoid labeling the family
- Be patient & flexible in engaging & treating the family
- Be available & accessible to family

# Ways to Help the Family & Individual Members

## Provide education about dual disorders

- Diagnoses
- Etiology
- Interaction between disorders
- Effects of disorders
- Course of illness & treatment (e.g., treatment phases)

# Ways to Help the Family & Individual Members

## Provide education about dual disorders

- Types and purpose of psychosocial txs
- Somatic treatments (medications, ECT)
- Expected outcomes of treatment
- Relapse to substance abuse
- Recurrence of psychiatric illness

# Ways to Help the Family & Individual Members

## **Provide education about dual disorders**

- Recovery for the dual diagnosis member and resources available (e.g., self-help, ICM, housing, vocational, etc)
- Impact of dual disorders on the family
- Recovery for the family member and resources available (e.g., self-help)

# Ways to Help the Family & Individual Members

- Provide support
- Explore experiences, concerns, & questions of family members
- Help identify and reduce enabling behaviors
- Address emotional burden of family (anger, guilt, confusion, anxiety, worry)
- Facilitate individual assessments

# Ways to Help the Family & Individual Members

- Help reduce negative & emotionally charged interactions
- Help family deal with specific behaviors or symptoms of impaired member (depression, poor adherence, relapse, violence, etc)
- Facilitate entry into self-help programs
- Help access other resources

# Ways to Help the Family & Individual Members

- Help prepare for setbacks & relapses
- Help with adherence
- Help parents help their children

# Helping Children

Strategies for Getting Parents to Focus  
on Needs and Issues of Children

# Parents Helping Their Children

- Accept reality that your child may have suffered negative effects from parent's DD
- Encourage child to talk about personal experiences and concerns
- Validate the child's feelings
- Let the child know you are available to talk whenever they need to talk

# Parents Helping Their Children

- Educate the child about dual disorders
- Provide educational materials
- Protect child from violence, intoxicating behaviors, and other high risk behaviors
- Provide the child with a sense of hope that things can improve in the family
- Do things together (share activities)

# Parents Helping Their Children

- Try to keep things as normal as possible at home (i.e., with family rituals)
- Take an interest in the child's outside activities and relationships
- Get your child help for any serious problem (psychiatric, behavioral, substance abuse)

# Parents Helping Their Children

- Focus on the child's strengths and build on resiliencies
- Have child attend some treatment sessions with the family
- Get child involved in support groups if available

# Measuring Outcomes of Treatment

# Clinical Outcomes

- Alcohol or drug use
  - Amount and frequency of use
  - Time to relapse
  - Length of lapse or relapse
- Psychiatric symptoms
  - Primary symptoms
  - Other symptoms

# Other Outcomes

- Life functioning
  - Work, school, financial, family, social
  - Criminal justice
- Treatment/recovery
  - Session attendance
  - Completion of treatment phases
  - Moving from one level of care to next
  - Involvement in support groups

# Outcome of Treatment: Psychiatric & Dual Disorders

- Improved coping (patient and family)
- Improved adherence
- Fewer relapses and rehospitalizations
- More stability in housing
- Strengthened family bonds
- Reduced emotional burden on family

-Drake & Mueser; Mueser et al; Anderson et al; Jacob et al; Miklowitz & Goldstein