

CASE CONCEPTUALIZATION FROM A CO-OCCURRING DISORDERS PERSPECTIVE

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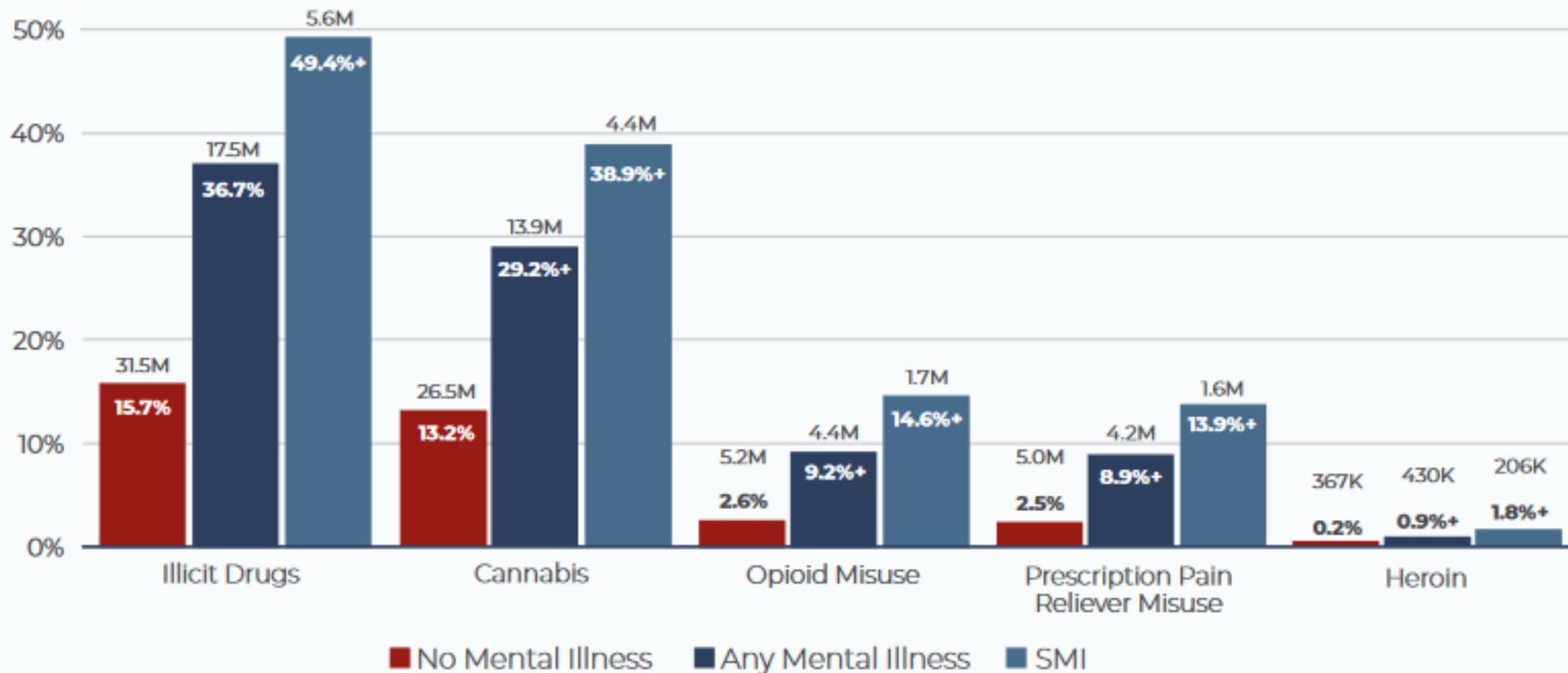
OVERVIEW

- Background:
 - Data
- Case conceptualization
- The process
- Q&A

1.

Background

EXHIBIT 1.2. Co-Occurring Substance Misuse in Adults Ages 18 and Older With and Without Any Mental Illness and SMI (in 2018)



Source: McCance-Katz (2019). Adapted from material in the public domain.

BACKGROUND

- Co-occurring concerns linked to hospitalization
- Co-occurring concerns linked to rehospitalization
- Admissions doubled from 17 to 32 percent
- Six percent of all inpatient hospitalizations
- Hospitalization and early readmissions are costly

BACKGROUND

- Co-occurring concerns can complicate case conceptualization
- Strongly associated with socioeconomic and health factors that can challenge recovery
- Mental health concerns that commonly co-occur with substance use concerns

2.

What is Case Conceptualization?

CASE CONCEPTUALIZATION

- ▷ A process that serves as the foundation
- ▷ Most important skills for effective practice
- ▷ Case conceptualization is the link
- ▷ Continues beyond the intake session

CASE CONCEPTUALIZATION

- Implement a process of recovery:
 - Long-term process
 - Proceed through various stages
- Adopt a multi-concern viewpoint:
 - Array of concerns
 - Comprehensive approach
- Consider a phase approach:
 - Optimize comprehensive, appropriate, and effective care

3.

The Process to Case Conceptualization

PROCESS: SCREENING

- Obtain as much information as possible
- The use of screening tools are a great first step
- Screening involves a combination of:
 - Detection of presenting concerns
 - Standardized measures
 - Form preliminary impressions
 - Basic engagement skills
 - De-escalation skills
 - Crisis management procedures

PROCESS: ASSESSMENT

- Evaluate background factors
- Ask about periods of time and/or situations
- Approach is person-centered and sensitive
- Determine nature and severity
- Sensitive to diagnosing

PROCESS: ASSESSMENT

- Diagnoses and severity can change
- Appraise existing supports
- Consider the interactive nature of co-occurring concerns
- Consider contextual factors
- History of trauma
- Continuous evaluation

PROCESS: LEVEL OF CARE

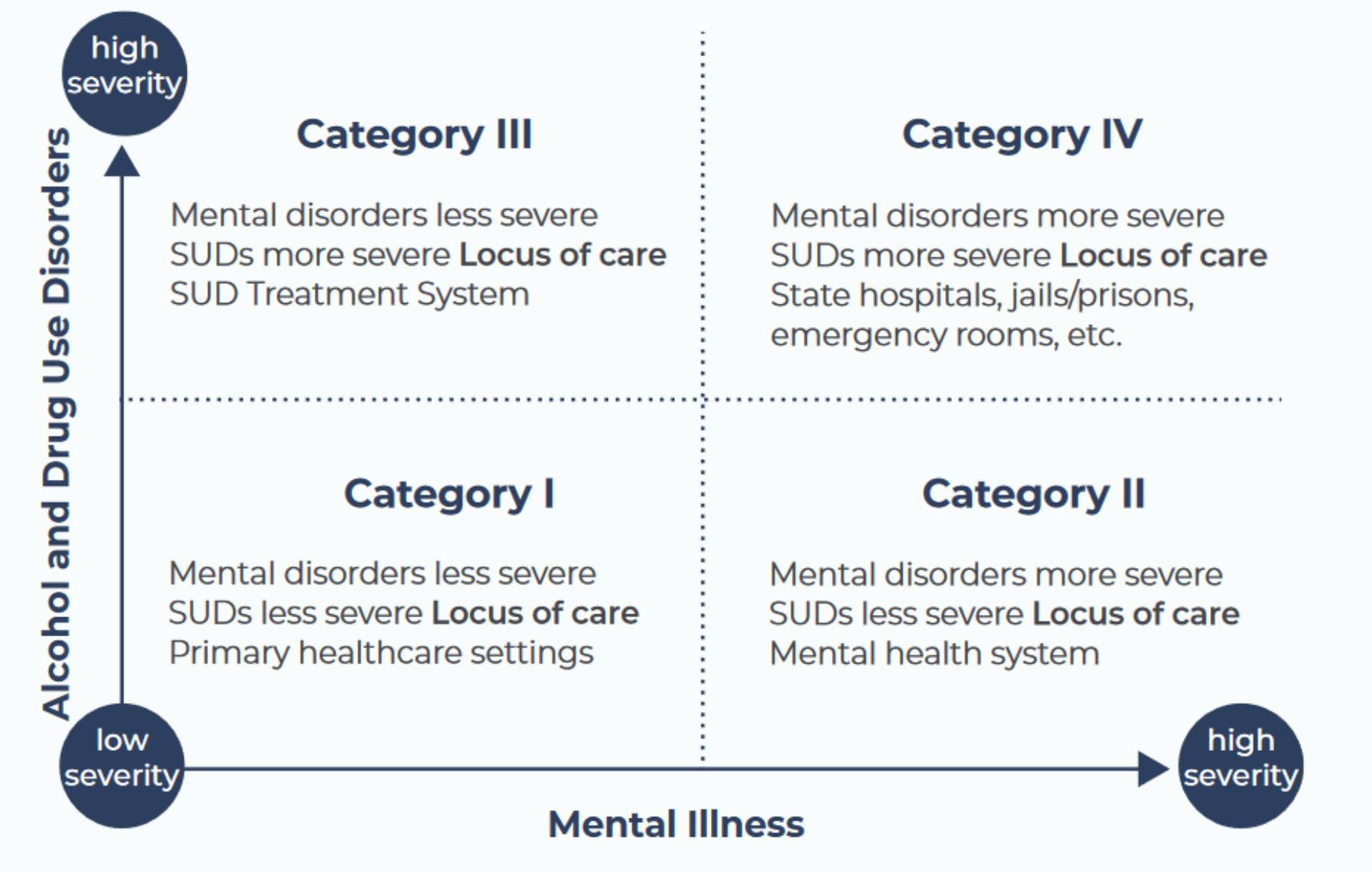
- The ASAM criteria:
 - Accounts for needs, obstacles and liabilities, strengths, personal resources, and supports
 - Eight levels of care

- ASAM dimensions:
 - Acute intoxication and/or withdrawal potential
 - Biomedical conditions and complications
 - Emotional, behavioral or cognitive conditions
 - Readiness to change
 - Relapse, continued use or continued problem potential
 - Recovery and living environment

PROCESS: LEVEL OF CARE

- LOCUS:
 - Recovery maintenance and health management
 - Low intensity community-based services
 - High intensity community-based services
 - Medically monitored non-residential services
 - Medically monitored residential services
 - Medically managed residential services

PROCESS: SEVERITY



PROCESS: DETERMINE DIAGNOSIS AND STRENGTHS

- Determining diagnosis can be a clinical challenge:
 - Conduct thorough interview
 - Document all past history
 - Determine timing
- Identify strengths:
 - Talents and interest
 - Educational and vocational
 - Motivation
 - Supportive relationships
 - Past successes

PROCESS: CULTURAL AND LINGUISTIC NEEDS

- Cultural considerations:
 - Literacy
 - Treatment culture
 - Service barriers

- Exploration questions:
 - How are substance use and mental health concerns defined in your culture?
 - What does recovery look like in your culture?
 - What is important for the provider to know about your culture?

PROCESS: PLAN TREATMENT

- Individualized treatment plan:
 - Presenting concerns
 - Goals (collaborative)
 - Intervention

KEY POINTS: CONSIDERATIONS IN TREATMENT MATCHING

- Considerations in treatment matching:
 - Acute safety needs
 - Quadrant assignment
 - Level of care
 - Diagnosis
 - Ability status
 - Strengths and skills
 - Availability and continuity of recovery support
 - Cultural context
 - Concern domains
 - Phase of recovery

REFERENCES

Abuse, S. (2020). Substance use disorder treatment for people with co-occurring disorders. In *Treatment Improvement Protocol (TIP) Series, No. 42*. Substance Abuse and Mental Health Services Administration Rockville, MD.

American Association of Community Psychiatrists. (2009). LOCUS: Level of care utilization system for psychiatric and addiction services.

Connecticut Department of Mental Health and Addiction Services. Co-occurring disorders (COD) assessment guidelines. <https://portal.ct.gov/-/media/DMHAS/COSIG/CODAssessmentGuidelinespdf.pdf>

John, S., & Segal, D. L. (2015). Case conceptualization. *The encyclopedia of clinical psychology*, 1-4.

¡Gracias!

Questions?

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