Connecticut DMHAS Facilities Integrated Co-occurring Disorders Treatment Training

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MORNING AGENDA

- ❑ Getting to Know you
- ❑ Importance/Confidence rulers
- ❑ The core care principles of Integrated COD Treatment
- ❑ Integrated assessment & planning
- ❑ Stage of Change/Stage of Treatment
- ❑ Matching interventions to a person's stage of change/stage of treatment

IMPORTANCE RULER

On a scale of 0 to 10, where 0 is not **important** at all and 10 is extremely **important**, where would you say you are in implementing integrated treatment?

You picked___ why not a ___(lower number)?

What would it take to get you to a___ (higher number)?

CONFIDENCE RULER

On a scale of 0 to 10, where 0 is not **confident** at all and 10 is extremely confident, where would you say you are in implementing integrated treatment ?

You picked___ why not a ___(lower number)?

What would it take to get you to a___ (higher number)?

GETTING TO KNOW YOU

What Do You Already Know About Integrated Treatment?

What would you like to get out of the training?

PRINCIPLES OF INTEGRATED TREATMENT

Welcoming environment/no wrong door

Recovery oriented/Person-centered Care

Cultural humility

Trauma informed care

Engagement, outreach & practical assistance

Each disorder treated as primary

Integrated, Assessment

Stage-based treatment

PRINCIPLES OF INTEGRATED TREATMENT

Motivational Interviewing

Peer Support and Advocacy

Harm reduction

Access to individual **and** group treatment

Access to comprehensive services

Long-term view

WELCOMING, NO WRONG DOOR

Co-occurring mental health and substance use conditions are an expectation not an exception in both mental health and addiction treatment settings

It is important to have easy access and a welcoming environment wherever people seek services

WHAT DO YOU DO TO BE WELCOMING?

PERSON CENTERED, RECOVERY ORIENTED CARE

- Person Centered Care should drive integrated treatment
- How would you define person centered care?
- Small groups

PERSON-CENTERED LANGUAGE

DEFICIT BASED LANGUAGE	PERSON-CENTERED LANGUAGE
A schizophrenic, a borderline	A person diagnosed with…
Clinical case manager	Recovery coach/guide
Front-line staff/in the trenches	Direct support staff
Substance abuser/addict	Person living with…
Suffering from	Living with/recovering from
Treatment teams	Recovery Team
Low-functioning	A person's symptoms/addiction interferes with the following…
Unrealistic	Idealistic, high expectations
Resistant/non-compliant	Disagrees with, chooses alternatives
Weaknesses	Barriers to change; support needs
Maintaining clinical stability/abstinence	Promoting a life worth living

CO-OCCURRING CONDITIONS INTEGRATED TREATMENT

All conditions, including mental health and substance use, are viewed as "primary" and are targeted for concurrent treatment

All conditions, including mental heath and substance use, are seen as interactive

Integrated screening using validated screens for mental health and substance use

Integrated Assessment and Integrated Treatment Plan

Integration and modification of best practices for all conditions, including mental health and substance use treatment interventions

ENGAGEMENT

- Make every effort to actively engage a person who is reluctant to engage in treatment

- Reach out, provide services in natural living environments

- Help person with immediate needs, provide practical assistance

- Be consistent and persistent

WHAT PEOPLE RECEIVING SERVICES SAY WORKS

Relationship is key - warm respect, friendliness, interest, patience, and sincerity

Providers showed acceptance and support

Individualized care

A focus on meaningful life goals

Goals that are identified by the person

INTEGRATED ASSESSMENT

- Should routinely expect that all persons may have multiple complex needs

- Ongoing throughout the helping relationship

- Gather information about all disorders and how they interact

- Invite and validate person's perceptions

- Use open ended questions and reflective listening to explore person's perceptions and identify strengths, and goals

INTEGRATED ASSESSMENT TOOLS

- Longitudinal Assessment

- Stage of Change Scales

- Decisional Balance

LONGITUDINAL ASSESSMENT (TIMELINE)

- Integrated, longitudinal, strength-based history

- Mental health and substance use history is integrated
  - **Describe Major Life Areas (E.G., Work), Symptoms, Treatment, Response To Treatment, And Interactions Of Both Disorders**

- Identify symptoms of each disorder during stability from the other

- Focus on periods of different functioning
  - Detailed description of most recent baseline

- Ongoing assessment as new information is gathered

TIME-LINE LONGITUDINAL ASSESSMENT

| Time	Major Life Areas	Mental Health	MH Treatment	Substance Use	SU Treatment	Interactions
Nov-Dec 2023	Working Living with parents	Depressed mood, mild sleep problems	Taking meds for bipolar disorder, attending group	Not drinking or using drugs	Attending AA	Stable with treatment and when abstinent
May-June 2024	Quit job BF using Fights with parents	Mood excitable Sleep poor Irritable	Stopped meds Stopped group	Started daily drinking and smoking marijuana	Stopped attending AA	Agitated without meds and increased D & A

LONGITUDINAL ASSESSMENT

- Helps determine the chronology of mental health and substance use problem development

- Useful in clarifying diagnosis for persons where the co-occurring diagnosis is uncertain

- Helps to organize historical data

- Shows relationship over time of the mental health and substance use problems to each other and to the person's major life areas
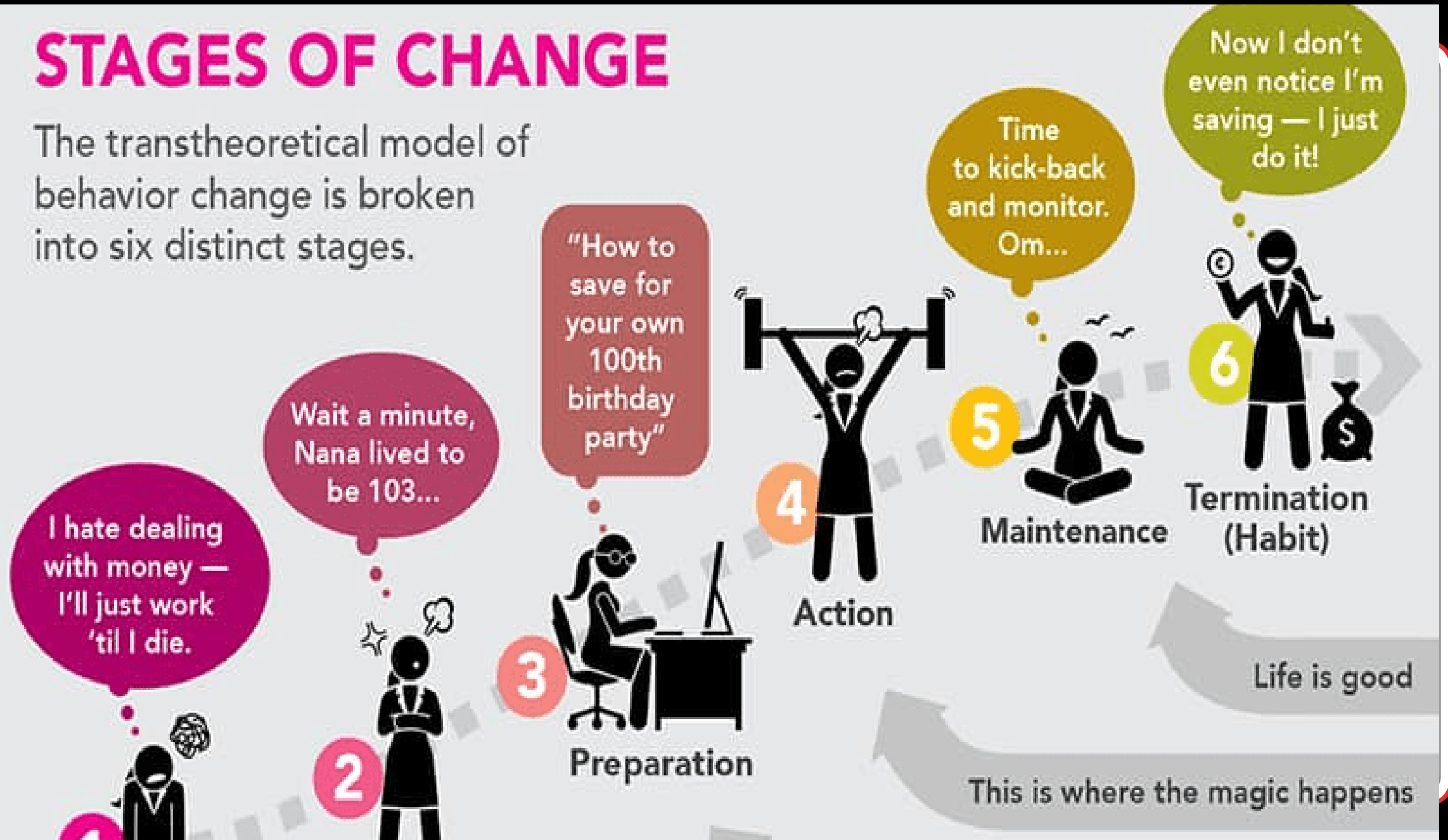
What do you already know about Stage of Change?

Stage of Treatment?
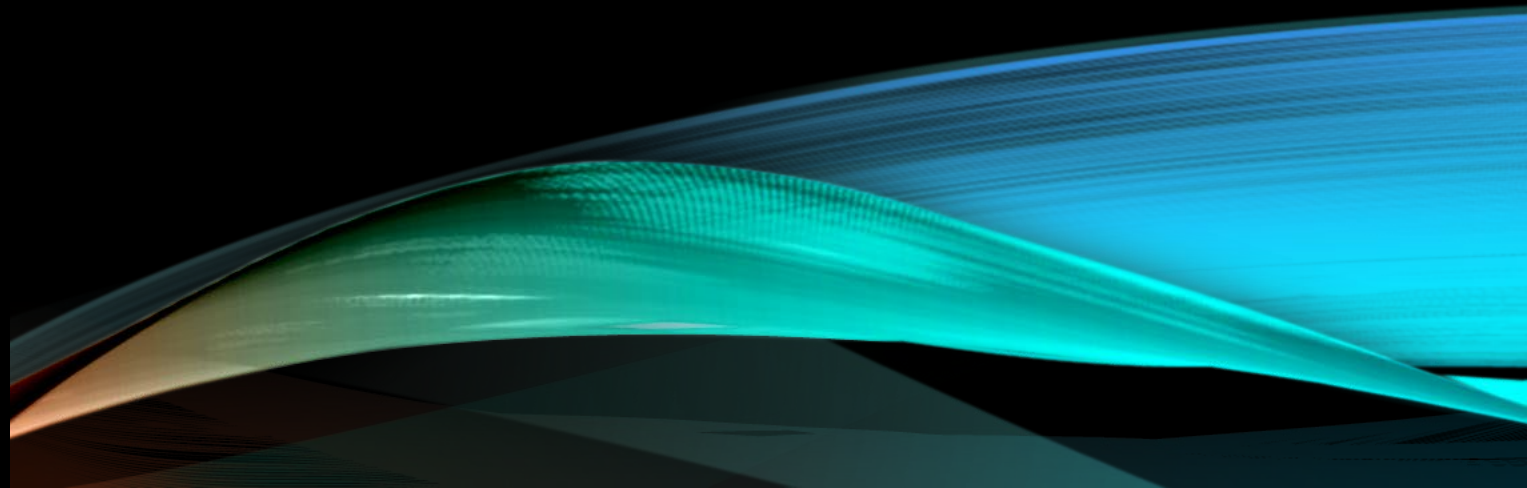
STAGES OF TREATMENT

- **Engagement, motivation, active treatment, and relapse prevention**

- Not linear

- Stage determines goals

- Goals determine interventions

- Multiple options at each stage

STAGES OF CHANGE/TREATMENT

Stage of Change	*Stage of Treatment*
Pre-contemplation	Engagement
Contemplation Preparation	Motivation
Action	Active Treatment
Maintenance	Relapse Prevention

IDENTIFYING STAGE OF CHANGE

- Ask the person if seriously intending to change the problem <u>in the near future</u>, typically within the next 6 months. If not, they are in the precontemplation stage

- Participants who state that they are <u>seriously considering changing the problem behavior in the next 6 months</u> are in the contemplation stage

- Those intending to <u>take action in the next month</u> are in the preparation stage

- Participants who state that they are <u>currently taking steps to change</u> the problem behavior are in the action stage

- Participants who state they have <u>made the change for 6 months or longer</u> are in the maintenance stage

CONTEMPLATION LADDER

- I AM TAKING ACTION TO CHANGE

- I AM STARTING TO THINKING ABOUT TO CHANGE

- I AM THINKING ABOUT CHANGING BUT……..

- MAYBE I SHOULD CONSIDER CHANGING

- NO WAY I AM GOING TO CHANGE
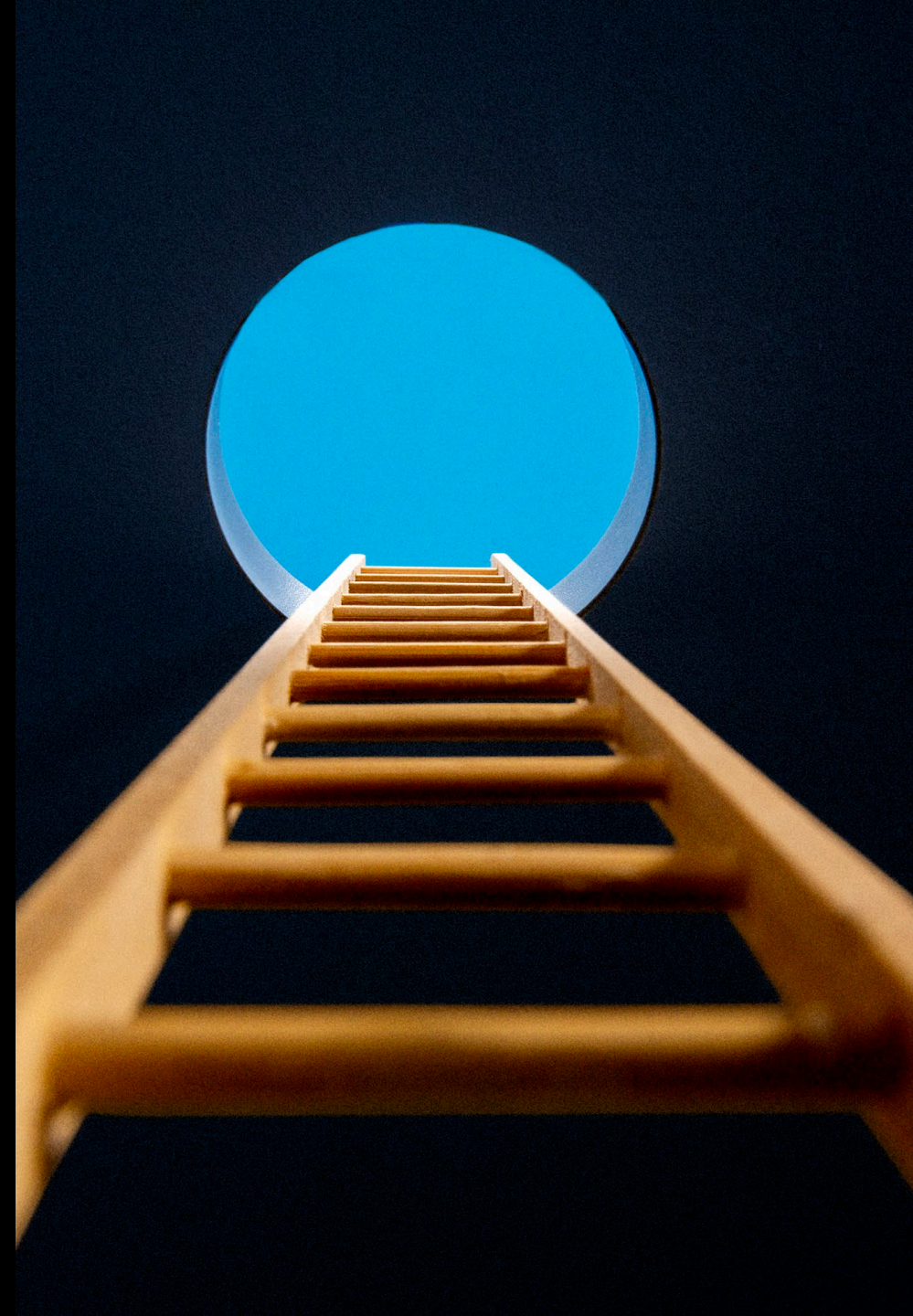
01

On a scale of 0 to 10, where 0 is not **important/confident** at all and 10 is extremely **important/confident**, where would you say you are?

02

You picked___ why not a ___(lower number)?

03

What would it take to get you to a___ (higher number)?

SUBSTANCE USE TREATMENT SCALE (SATS)

Pre-engagement	**No contact**; meets criteria for mild, moderate, or severe substance use disorder
Engagement	**Irregular contact**; meets criteria for mild, moderate, or severe substance use disorder
Early motivation	Regular contact; **using same/less for less than 2 weeks**; meets criteria for mild, moderate, or severe substance use disorder
Late motivation	Regular contact; **using less for 2-4 weeks**; meets criteria for mild, moderate, or severe substance use disorder
Early active treatment	Regular contact; **using less for month or more**; meets criteria for mild, moderate, or severe substance use disorder
Late active treatment	Regular contact; does not meet criteria for past **1-5 months**
Relapse prevention	Regular contact; does not meet criteria for past **6-12 months**
Remission/recovery	Regular contact; does not meet criteria for more than **one year**

SUBSTANCE USE TREATMENT SCALE (SATS)

- The SATS is a validated, reliable instrument used to assess and monitor the progress that persons with a SMI make toward recovery from a substance use disorder

- Strategies:
  - Use multiple sources of information
  - Base rating on discussion involving whole treatment team

LUNCH

WHAT STAGE OF TREATMENT ARE THEY IN?

- John is 24, single, with a diagnosis of schizophrenia. He occasionally comes to the mental health clinic usually looking for help with practical needs. He smokes weed daily and has no interest in stopping

- Gina is a single woman with bipolar disorder who is active in Narcotics Anonymous for her cocaine addiction. She has been abstinent for two months. She knows that her cocaine use has had a terrible impact on her life and uses this as a focus of her weekly meetings with her counselor

- Fred has been a client of the mental health clinic for many years. He continues to drink at least a quart of wine daily and does not take his medication consistently. He does meet weekly with his clinician and sometimes calls when in crisis. Fred states he would like to stop drinking but feels he can't.

STAGE-BASED TASK AREAS

Different stages have different task areas

Precontemplation/Engagement: focus on engagement and treatment relationship, **do not focus** on behavior (unless barrier to **person's** goal achievement)

Contemplation/Motivation: focus on helping person resolve ambivalence **about change**

Preparation/Motivation: **Resolve ambivalence**, help person develop a change plan

Action and Maintenance/Active Treatment/Relapse Prevention: **focus on skills for making and sustaining changes**

What treatment interventions do you think will be helpful for: small groups

The Precontemplation/Engagement Stage?
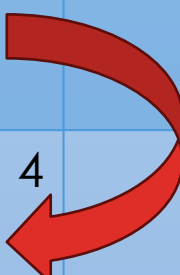
The Contemplation/Motivation Stage?

The Action Stage?

The Relapse Prevention/Recovery?

Stage of Change	Stage of Treatment	Provider's Goal (based on stage) and interventions	Tools & Methods	Things You Might Want To Avoid
Pre-contemplation Doesn't think their substance use is a problem Not interested in reducing or stopping substance use Feels hopeless about quitting Doesn't like being told what to do	Engagement Not sure treatment offered would be helpful Has mixed feelings about being involved in the treatment being offered Not sure the practitioner would be helpful Feels being hassled about substance use Doesn't have a trusting relationship with the provider	To establish a working alliance with the client Relationship building is key Communicate in the spirit of motivational interviewing Outreach Provide assistance with practical needs e.g., food, housing, finances Harm reduction	Communicate warm respect, friendliness, interest, MI Spirit & OARS Person sets the agenda Show acceptance Involve Peers Give advice and information with permission Complete validated screens give feedback Focus on meaningful life goals	Pushing your agenda Offering ideas too early (the Righting Reflex) Giving advice without permission deciding that substance use is the problem before the person does

DECISIONAL BALANCE

	PROS	CONS
STAYING THE SAME	1	2
MAKING THE CHANGE	4	3

THE INTEGRATED TREATMENT PLAN

- Maximizes self-determination and choice, builds on strengths and remove barriers

- Incorporates Evidence Based Practices for each disorder – modified if necessary

- Informed by Integrated Assessment, Stages of Change, Stages of Treatment, Timeline, and the Decisional Balance

- Practitioner and person collaborate on treatment decisions

- Practitioner brings educational information related to goal or problem area, treatment options, risks/benefits, evidence base

- The person brings information based on personal experience, perspective on problems, preferences, values, and potential solutions