

Treatment, Assessment and Planning of Co- Occurring Disorders

2024 CACJ TRAINING CONFERENCE

ATHENS GA

Faculty Disclosure

- ▶ Mary Woods, MSHS, BC-RN, LADC, has no financial relationships to disclose relating to the subject matter of this presentation.

OBJECTIVES:

1. 1. Participants will review how three brain illnesses affect the functioning of individuals with co-occurring disorders.
2. 2. Participants will review the factors in the environment such as social determinants of health affect both the clinical presentation and access to treatment.
3. 3. Participants review three evidence-based treatment strategies.

Challenges

What Makes Treatment Challenging?

Funding & Education

BODY

MIND

SUBSTANCE USE



Regulations and Funders Support Siloed Care

DEA
Grants
DOJ
Payors
Medicaid
Medicare
Insurance

- ▶ HRSA
- ▶ Uniform Data Systems - integrated performance reporting system that is managed by Health Resources and Services Administration (HRSA).
- ▶ Patient Centered Medical Home -
model has been associated with effective chronic disease management, increased patient and provider satisfaction, cost savings, improved quality of care, and increased preventive care
- ▶ CARF/JACHO
- ▶ State Licensing

Causes of Challenging Treatment

- ▶ Lack of funding for effective treatment
 - ▶ Advocacy
- ▶ Lack of continuum of care in your community
 - ▶ Advocacy
 - ▶ Creative Case Management
 - ▶ Collaborations
- ▶ Cultural Norms, Stigma and Discrimination
 - ▶ Legalization of Marijuana
 - ▶ Language, Books, Media
- ▶ Lack of motivation for treatment amongst clients
 - ▶ Healthcare system that has created dependency
 - ▶ Side Effects of Medications
 - ▶ Lack of Identity
 - ▶ Staff at a different stage of change
 - ▶ Individualized Treatment
- ▶ *Other (please specify) Multiple competing needs*
 - ▶ *Chronic health issues*
 - ▶ *Lack of community resources*

Co-Occurring Disorders of the Brain

PREVALENCE, DEFINITION, COMPLEXITY

Definition

CHRONIC ILLNESS VS ACUTE

Dual (Multi) Disorders - Comorbidity

When a person has two or more disorders at the same time or one after the other.

This occurs frequently with substance use and mental disorders.

Comorbidity also means that interactions between these two disorders can worsen the course of both.

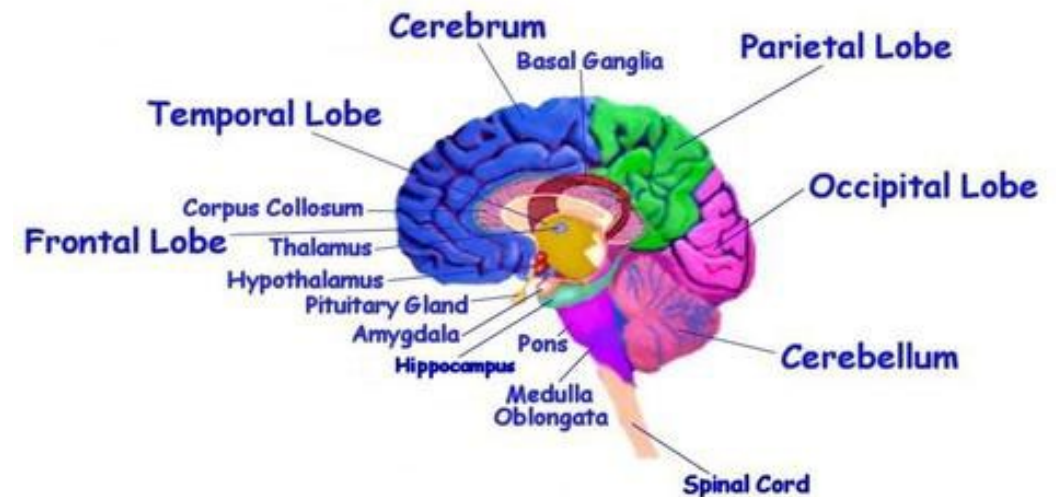
A person will often have medical disorders that add to the challenges of treatment for dual disorders.

Chronic Illness

- ▶ A disease that persists for a long time. A chronic disease is **one lasting 3 months or more**, by the definition of the U.S. National Center for Health Statistics.
- ▶ Chronic diseases generally cannot be prevented by vaccines or cured by medication, nor do they just disappear. Eighty-eight percent of Americans over 65 years of age have at least one chronic health condition.
- ▶ Any disorder that persists over a long period and affects physical, emotional, intellectual, vocational, social, or spiritual functioning.

Co-Occurring Brain Diseases

- ▶ Addiction
 - ▶ Gambling
 - ▶ Eating Disorders
 - ▶ Polysubstance Abuse
 - ▶ Sex addiction
 - ▶ Alcoholism
- ▶ Fetal Alcohol Spectrum Disorders
- ▶ Traumatic Brain Injury
- ▶ Mental Illness



Prevalence



PREVALENC OF CO- OCCURRING DISORDERS in BEHAVIORAL HEALTHCARE

- 50 to 75% of all individuals who are receiving treatment for a substance use disorder also have another diagnosable **mental health disorder**.
- Further, of all individuals being treated for a mental health disorder, 25 to 50% of them also currently have or had a **substance use disorder** at some point in their lives.

Prevalence of Brain Diseases

- ▶ Number of people who experience traumatic brain injuries: 1.4 million annually in the United States.*
- ▶ Number of Americans living with a traumatic brain injury: Approximately 5.3 million.*
- ▶ 18.1% of adults in the U.S. experienced an anxiety disorder such as posttraumatic stress disorder, obsessive-compulsive disorder and specific phobias.⁷
- ▶ Among the 20.2 million adults in the U.S. who experienced a substance use disorder, 50.5%—10.2 million adults—had a co-occurring mental illness.⁸
- ▶ - See more at: <http://www.nami.org/Learn-More/Mental-Health-By-the-Numbers#sthash.BacTVjQ9.dpuf>

*BrainSpinalCord.org



WHO IS AFFECTED?

7.7
MILLION

Adults have co-occurring mental and substance use disorders. This doesn't mean that one caused the other and it can be difficult to determine which came first.

Of the 20.3 million adults with **substance use disorders**,

37.9%

also had **mental illnesses**.



Among the 42.1 million adults with **mental illness**,

18.2%

also had **substance use disorders**.



Source: Han, et al. Prevalence, Treatment, and Unmet Treatment Needs of US Adults with Mental Health and Substance Use Disorders. 2017.

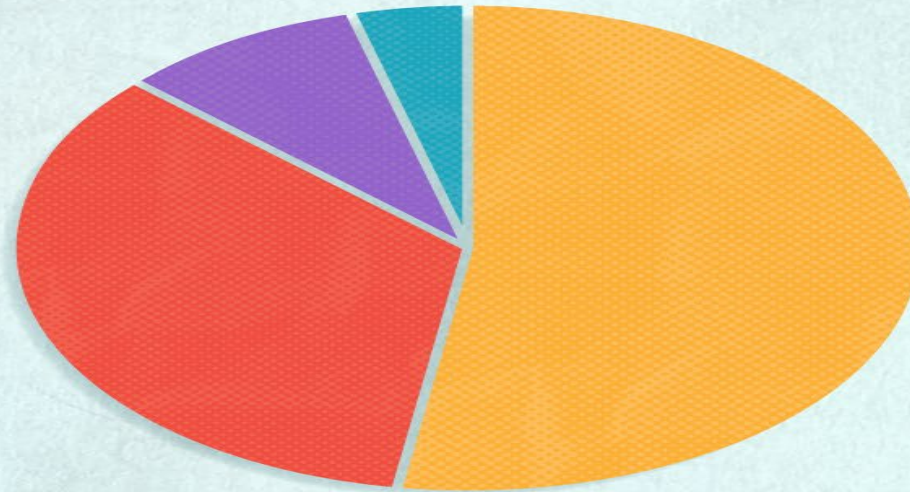


For more information about finding treatment for yourself or a loved one, visit drugabuse.gov/related-topics/treatment.

WHO GETS TREATMENT?

There are many effective treatments for both mental and substance use disorders. A comprehensive treatment approach will address both disorders at the same time.

Not everyone with co-occurring conditions gets the treatment they need.



52.5%
received neither mental
health care nor substance
use treatment

34.5%
received mental
health care only

9.1%
received both mental
health care and substance
use treatment

3.9%
received substance or
use treatment only

Source: Han, et al. Prevalence, Treatment, and Unmet Treatment Needs of US Adults with Mental Health and Substance Use Disorders. 2017.



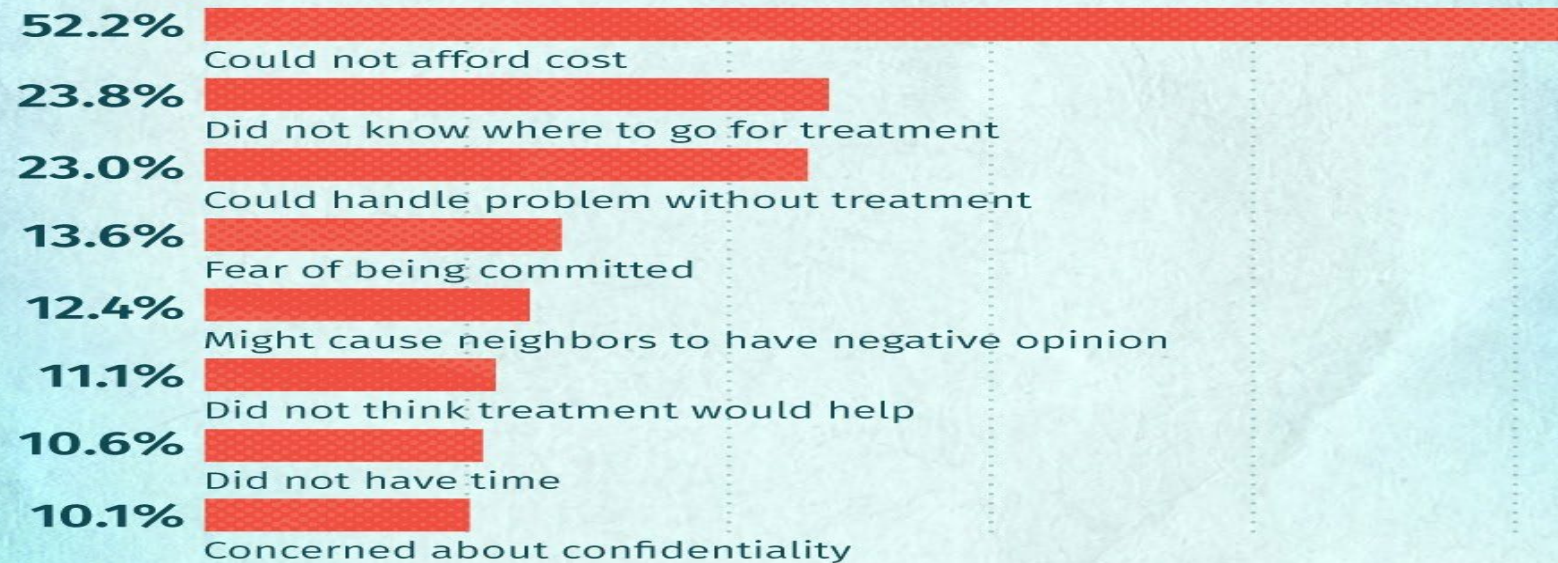
National Institute
on Drug Abuse

For more information about finding treatment for yourself or a loved one, visit drugabuse.gov/related-topics/treatment.

WHAT ARE THE BARRIERS TO GETTING TREATMENT?

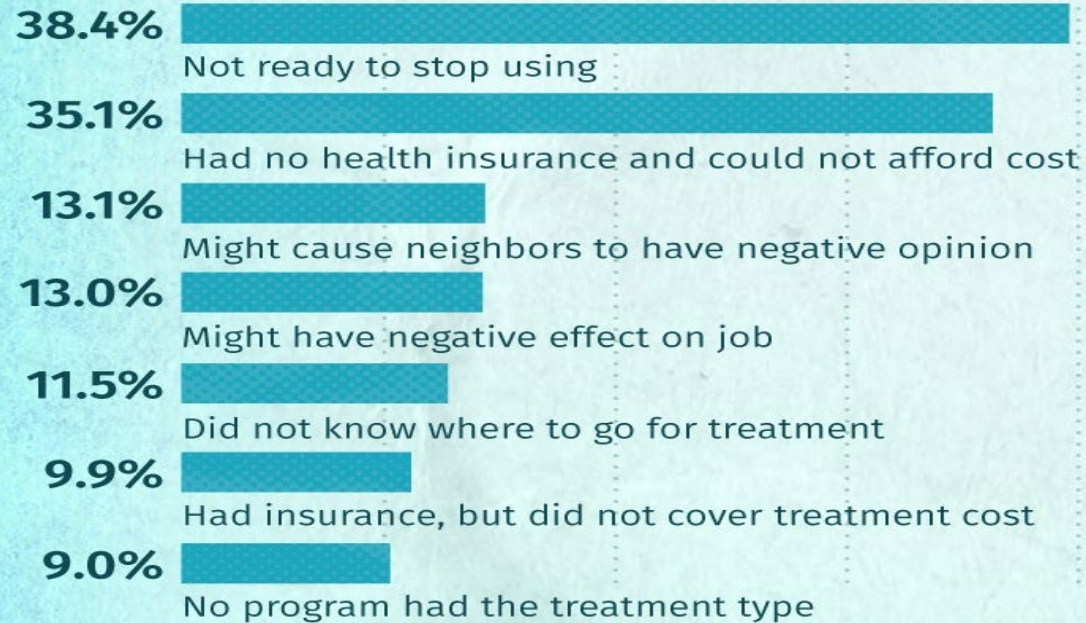
Even among people who want to find help, barriers exist to receive it.

Among adults with co-occurring disorders who did not receive mental health care, their reasons for not receiving it were:



Annual average weighted percentage

Among adults with co-occurring disorders who did not receive substance use care, their reasons for not receiving it were:



Annual average weighted percentage

Please note, respondents could provide more than one response.

Source: Han, et al. Prevalence, Treatment, and Unmet Treatment Needs of US Adults with Mental Health and Substance Use Disorders. 2017.

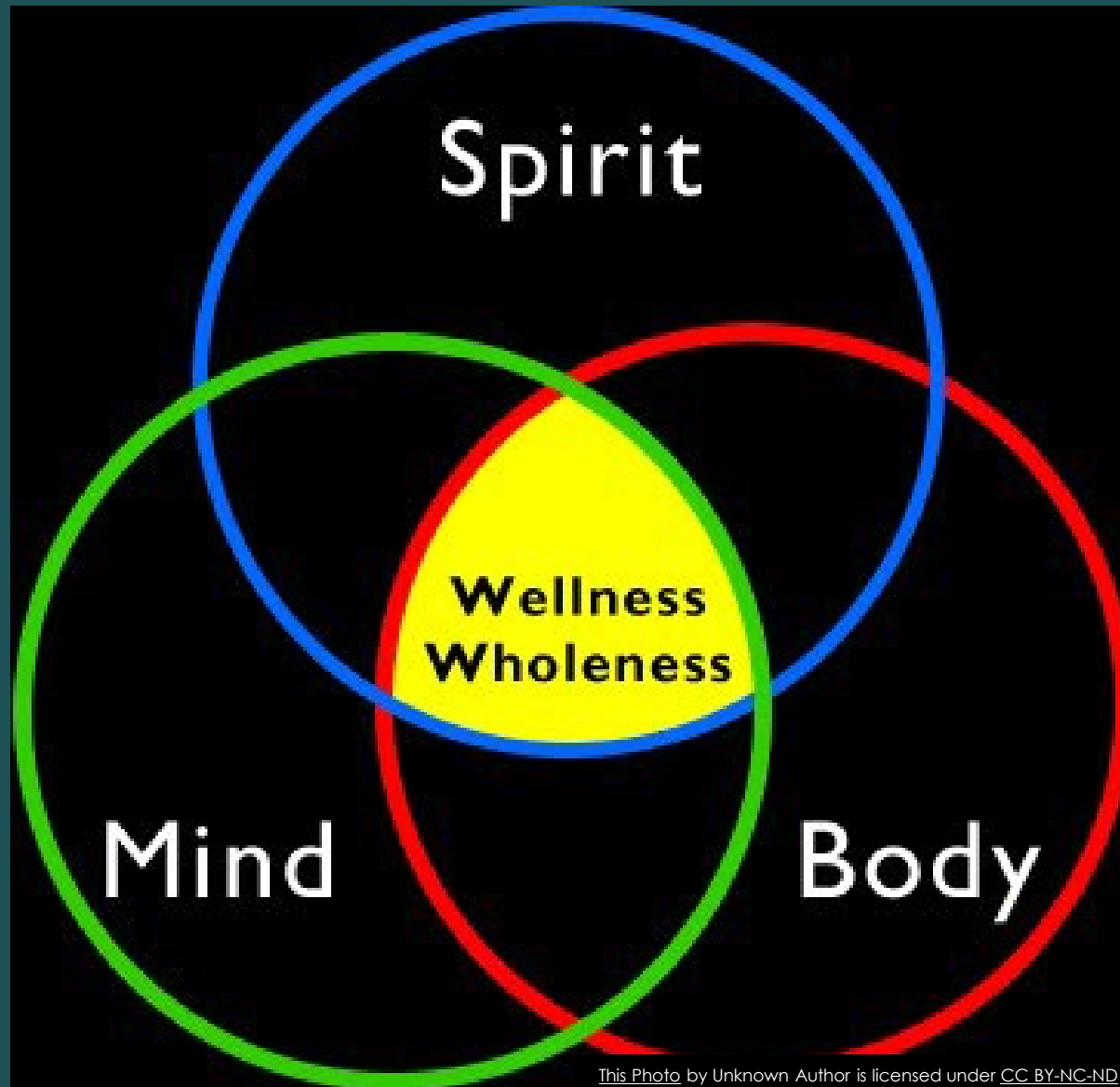


National Institute
on Drug Abuse

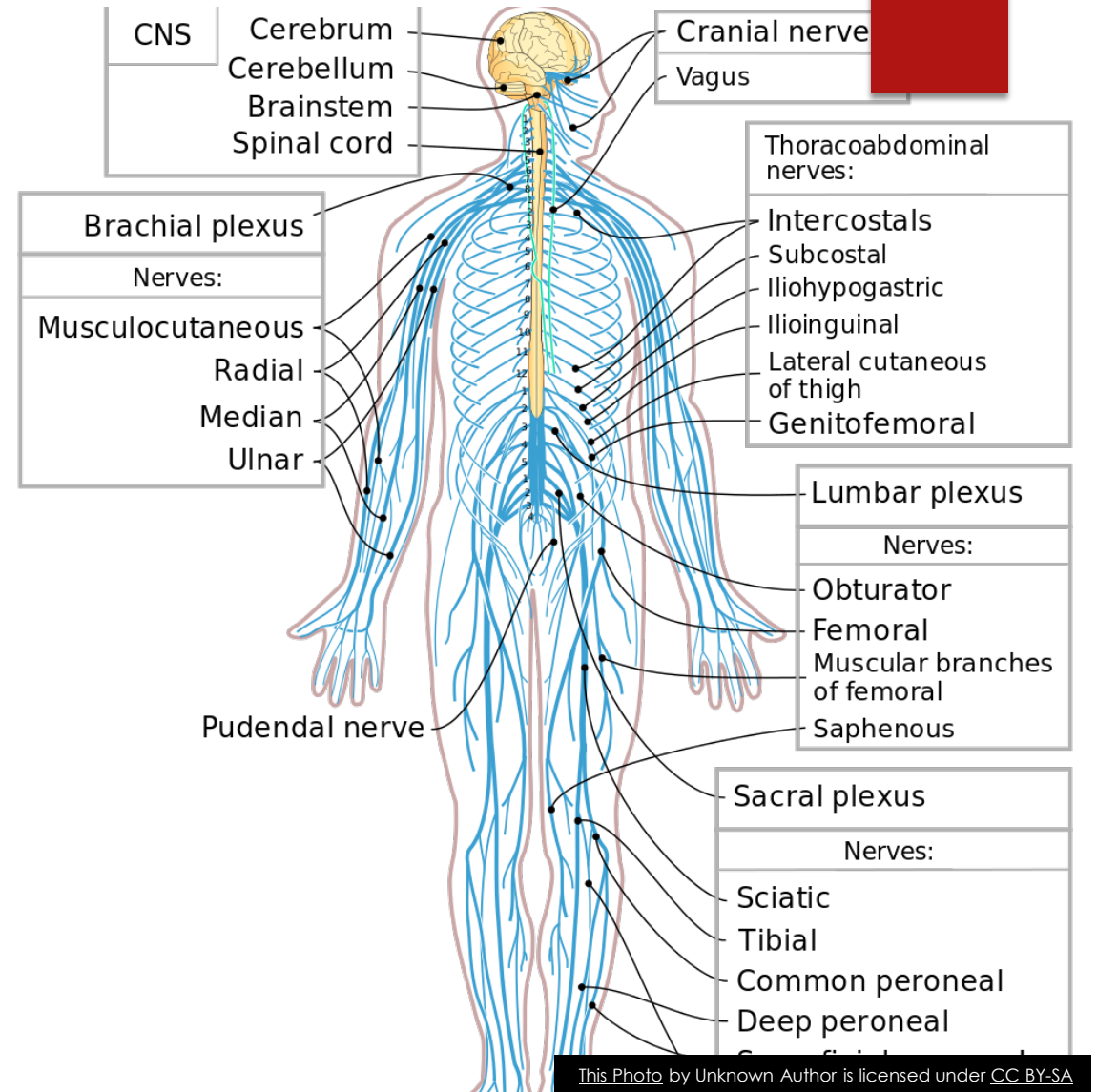
For more information about finding treatment for yourself or a loved one, visit drugabuse.gov/related-topics/treatment.

Complexity

WHOLE PERSON ASSESSMENT AND TREATMENT



- ▶ Brain and Body are one unit.
- ▶ Healthcare divides the body into separate parts with little to thought to integration.
- ▶ Healthcare providers and educators follow this separation.



Co-occurring Disorders can be Confusing! Individuals often experience more than TWO!!

A common term used to describe many conditions.

Cocaine Dependence, Bulimia, Bipolar Disorder, TBI

Asthma, Heart Disease, Nicotine Dependence, PTSD

Diabetes, Hypertension, Alcoholism, FASD

Important to define specifically which illnesses we treat for consumers of our services.

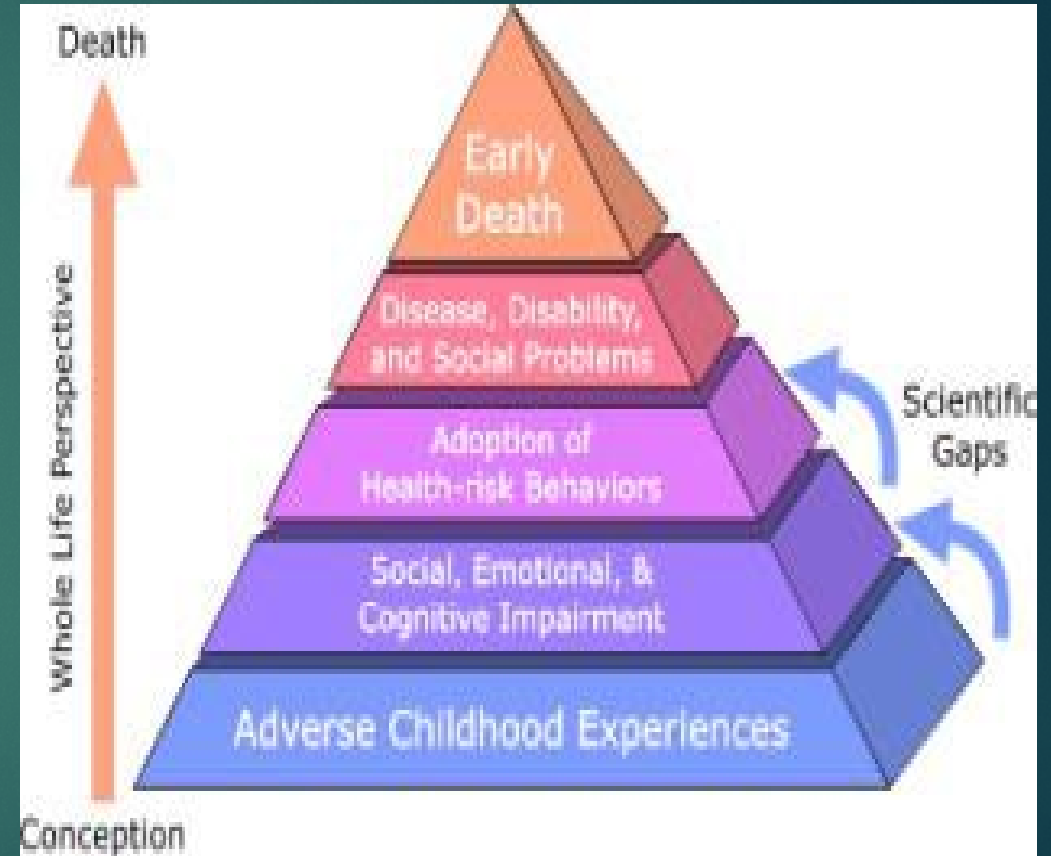
We need to provide a “whole person” assessment.

It is very difficult to “do it all” effectively.

Adverse Childhood Experiences

The Adverse Childhood Experience Study (ACES) Demonstrated the Need for Integrated Care

- ▶ Over 17,000 adults studied from 1995-1997.
- ▶ Almost 2/3 of participants reported at least one ACE, and over 1/5 reported three or more ACEs, including abuse, neglect, and other types of childhood trauma.
- ▶ Major links identified between early childhood trauma and long-term health outcomes, behavioral health concerns, and early death.



Three Categories Of Adverse Experiences

Abuse

Physical
Sexual
Emotional

Neglect

Physical
Emotional

Household Dysfunction

Substance Abuse
Battered Mother
Mental illness
Criminal Behavior
Parents Sep/Divorce

Types of Childhood Trauma Measured in the ACE Study

Personal

physical abuse

verbal abuse

sexual abuse

physical neglect

emotional neglect

Family Members

- ▶ a parent who's an alcoholic
- ▶ a mother who's a victim of domestic violence
- ▶ a family member in jail
- ▶ a family member diagnosed with a mental illness
- ▶ the disappearance of a parent through divorce, death or abandonment.

Scoring ACE's

As the score increases so does the risk of disease, social and emotional problems.

- Gender specific questionnaire.

With an ACE score of 4 or more, things start getting serious.

- The likelihood of chronic pulmonary lung disease increases 390 percent
- hepatitis, 240 percent
- depression 460 percent
- suicide, 1,220 percent.

Types of behaviors, behavioral health concerns and physical illnesses with dose-related effects from Adverse Childhood Effects

BEHAVIORS

SUBSTANCE USE

ALCOHOL CONSUMPTION

SMOKING/NICOTINE

RISKY SEXUAL BEHAVIOR

UNHEALTHY EATING HABITS

LOWER PRODUCTIVITY

DIAGNOSES

ANXIETY

ARTHRITIS

ASTHMA

HEART ATTACK

HEART DISEASE

KIDNEY DISEASE

CANCER

COPD

DEPRESSION

DIABETES

EATING DISORDERS

Court-Involved Individuals

The MacArthur Mental Health Court (MHC) Study explored the histories of trauma in MHC participants. The study was based on interviews with 311 MHC participants in three states. In this study:

- 70% of women & 25% of men – were sexually abused or raped before age 20
- 46% of women & 27% of men – parents hit or threw things at one another
- 61% of women & 68% of men – parents beat or hit them with a belt, whip, or strap
- 43% of women & 36% of men – parents beat or hit them with something hard
- 42% of women & 36% of men – parents beat or really hurt them with their hand
- 22% of women & 8% of men – parents injured them badly enough to need medical attention
- 39% of women & 28% of men – father-figure was arrested
- 25% of women & 20% of men – father-figure used drugs
- 33% of women & 25% of men – lived with biological father to age 15 or longer

Social Determinants of Health

Social Determinants of Health

Economic Stability

Education Access and Quality

Healthcare Access and Quality

Neighborhood and Built Environment

Social and Community Context.

Social Determinants of Health



Social Determinants of Health
Copyright-free

 Healthy People 2030



Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life.

Examples of SDOH include:

- ▶ Safe housing, transportation, and neighborhoods
- ▶ Racism, discrimination, and violence
- ▶ Education, job opportunities, and income
- ▶ Access to nutritious foods and physical activity opportunities
- ▶ Polluted air and water
- ▶ Language and literacy skills
- ▶ Access to treatment



Brain illnesses that affect the functioning of individuals with co-occurring disorders

FETAL ALCOHOL SPECTRUM
DISORDERS

TRAUMATIC BRAIN INJURY

BRAIN INFLAMMATION



Course of Co-Occurring Brain Illnesses

- ▶ Brain Diseases are chronic, waxing and waning – may need episodes of care
- ▶ Require a multidisciplinary approach
- ▶ Recovery occurs in stages over time
 - ▶ Precontemplation
 - ▶ Contemplation
 - ▶ Preparation
 - ▶ Action
 - ▶ Maintenance

Prochaska, DiClemente, and Norcross 1992;

▶ Miller and Rollnick 1991

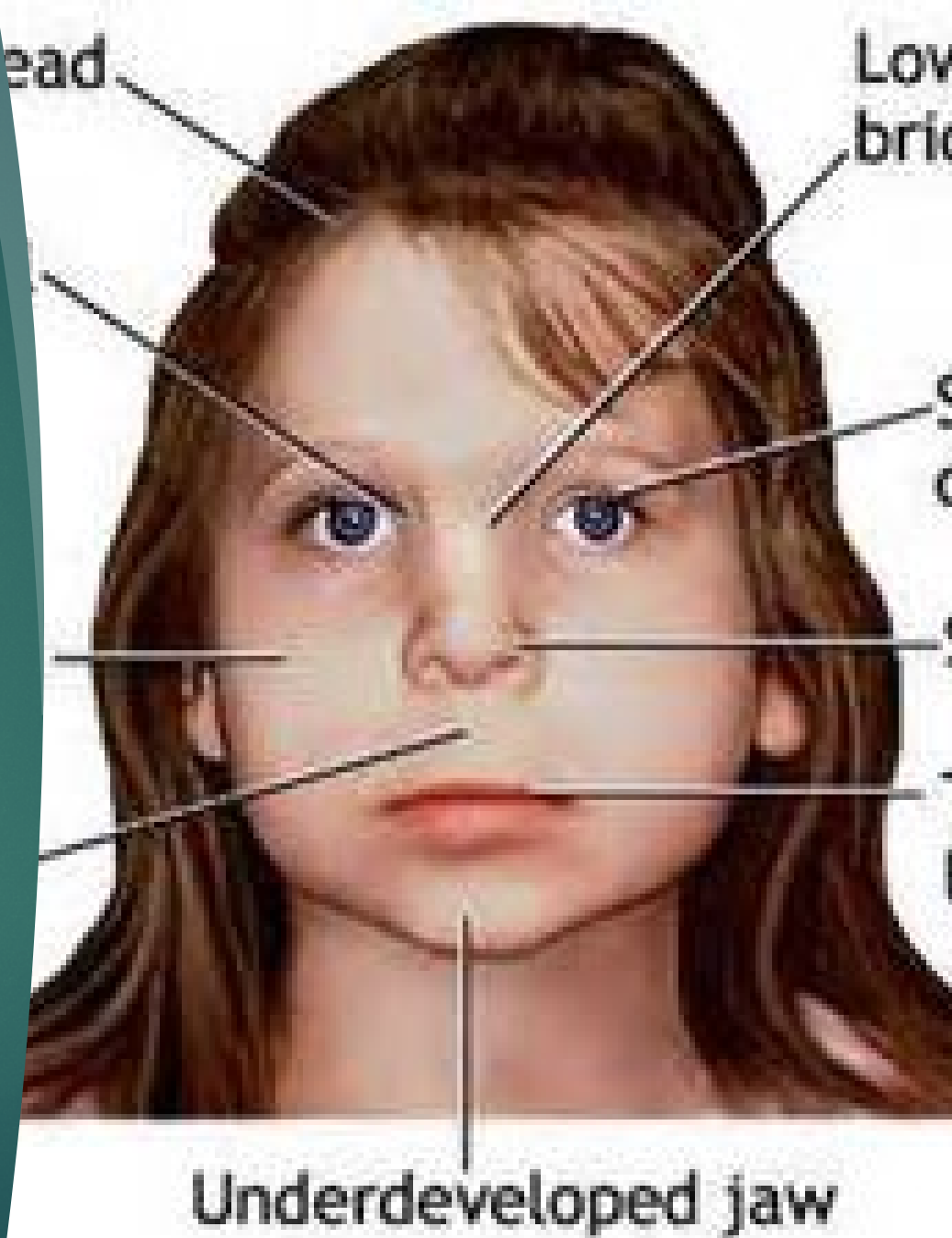
Stage	Goal	Intervention	Focus
Precontemplation (Engagement)	<i>Shift in Focus</i> Assessment Consciousness raising Intake Hope	Assessment tools, Education Groups, Social Alternatives, Typical Day Exercise	Thought Insight
Contemplation (Persuasion)	<i>Shift in Perception</i> Increase Ambivalence Insight Decision Making	Pros & Cons List, Role Playing, Value Clarification, Decision Making, Ambivalence Group, Exercise	Thought Insight
Preparation (Persuasion)	<i>Shift in Behavior</i> Commitment Practice New Behavior Self-Efficacy	Skill development, Image Enhancement, Confidence building, Relapse Group, Social Alternatives, Exercise	Behavior Lifestyle
Action (Active Treatment)	<i>Change in Behavior</i> Modify Lifestyle Abstinence	Rewards, Relaxation Techniques, Assertiveness Training, Hobbies, Social Alternatives, Exercise	Behavior Lifestyle
Maintenance (Relapse Prevention)	<i>Maintain New Behavior</i> Continue Integration and Utilization of New Coping Skills, Abstinence	Rewards, Support, Relapse, Prevention, Hobbies, Skill Development, Social Alternatives, Exercise	Behavior Lifestyle

Stages of Change

Fetal Alcohol Spectrum Disorders

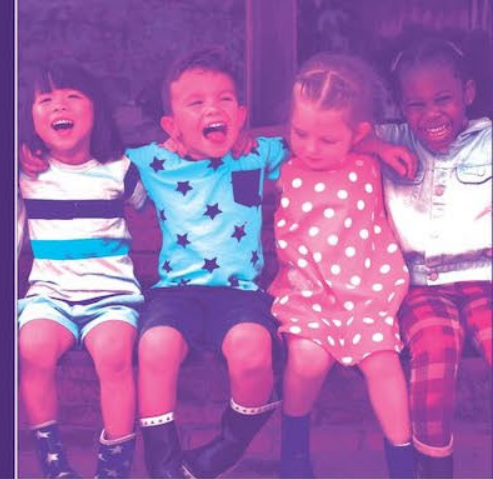
Fetal Alcohol Effects Disorder

- ▶ Some experts estimate that about 1% of North Americans suffer from a fetal alcohol disorder - about four times as many people as those with AIDS/HIV.
- ▶ There are three to five times as many people with ARND (Alcohol-Related Neurodevelopmental Disorder) as FAS.



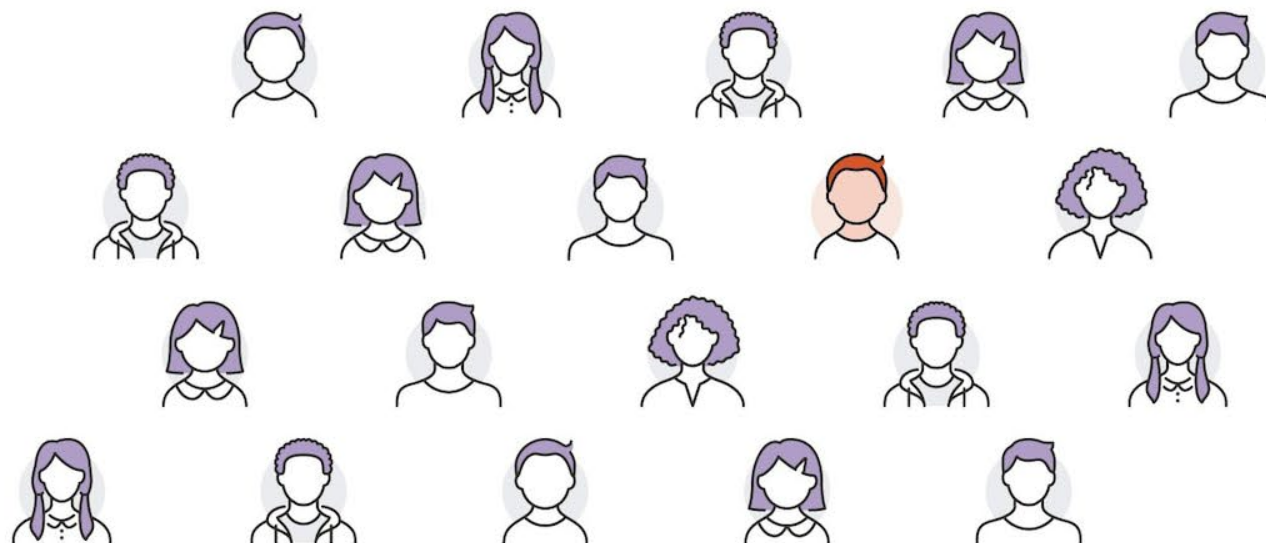
FETAL ALCOHOL SPECTRUM DISORDERS (FASDs)

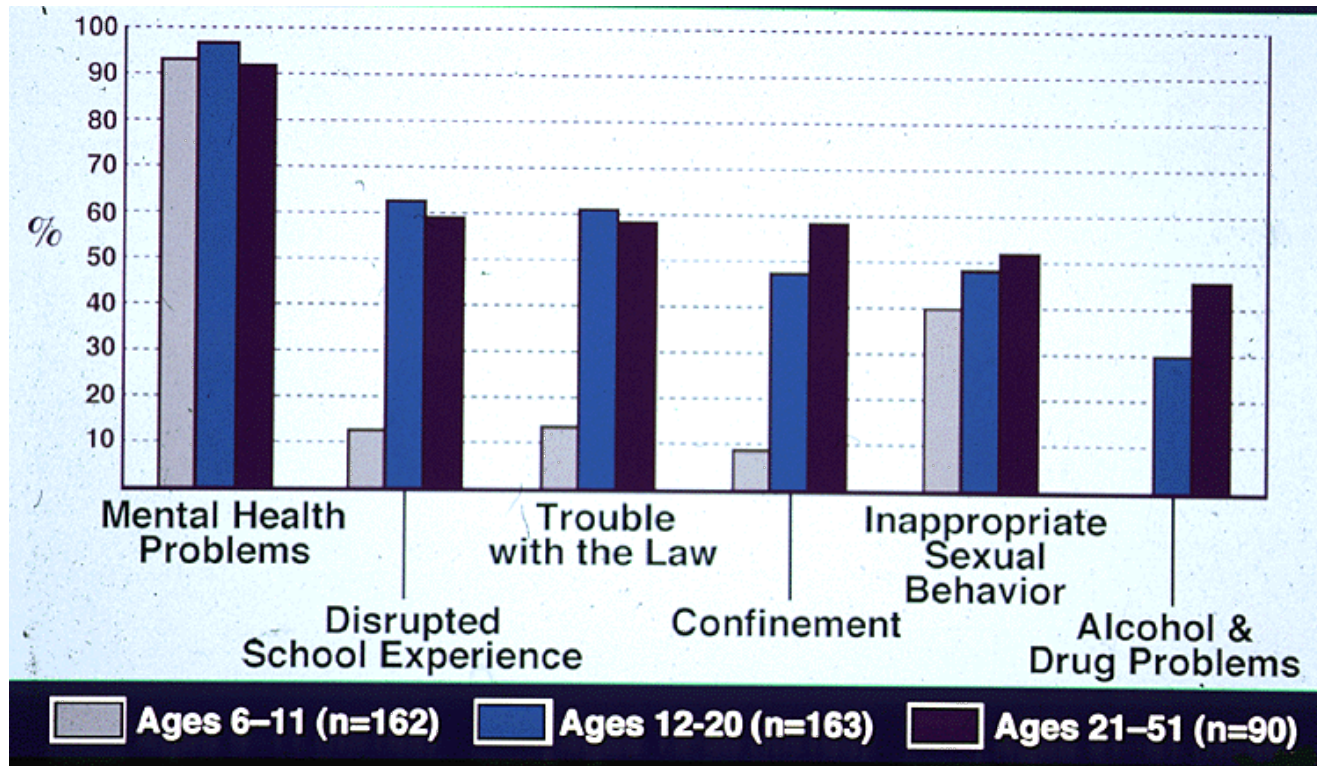
ARE A GROUP OF DIAGNOSES THAT CAN OCCUR IN A PERSON WHO WAS EXPOSED TO ALCOHOL BEFORE BIRTH.



1 IN 20

Up to 1 in 20 U.S. school children may have FASDs.





Complications of Fetal Alcohol Effects Syndrome

NOFAS.ORG



Key Facts on Fetal Alcohol Spectrum Disorder

- ▶ No amount of alcohol and no time in pregnancy have been established as safe for the fetus.

Less obvious and *seemingly* milder fetal alcohol damage is sometimes called:

Fetal Alcohol Effects (FAE).

Alcohol-Related Neurodevelopmental Disorder (ARND)

Partial Fetal Alcohol Syndrome (pFAS) or Static Encephalopathy.

These conditions can be equally damaging to babies but are rarely diagnosed. (To keep this simple, we're going to call it all FASD.)

National Organization on Fetal Alcohol Syndrome

Fetal Alcohol Spectrum Disorders

- ▶ FASD is a lifelong condition that involves a wide spectrum of chemical and structural differences in the brain caused by the exposure to alcohol in utero.
- ▶ These differences can include impaired cognition, profound lack of self control, and great difficulty linking cause to consequences.
- ▶ As many as 5% of all children born in the United States has some degree of FASD.
- ▶ Significantly higher rates have been found in at-risk offender populations.

Fetal Alcohol Spectrum Disorders

Co-Occurring Disorder

- ▶ Fetal Alcohol Spectrum Disorders are the biggest single cause of mental disabilities in most industrialized countries.
- ▶ Individuals with ARND may look normal and have seemingly normal intelligence, but their damaged brains can result in learning disabilities, impulsivity, lying, stealing, tantrums, violence and aggression, inability to predict consequences or learn from experience, lack of conscience, and being highly addictive.

Fetal Alcohol Spectrum Disorders Co- Occurring Disorder

Attention-Deficit/Hyperactivity Disorder

Oppositional Defiant Disorder

Conduct Disorder

Reactive Attachment Disorder

Schizophrenia

Depression

Bipolar Disorder

Substance use disorders

Posttraumatic Stress Disorder

NOFAS.org

Fetal Alcohol Syndrome Disorder

Impairment in Adaptive functioning, Cognitive impairment, and Social Issues.

Individuals are often Unrecognized, Undiagnosed, and Untreated in the criminal justice system.

Individuals with FASD may feel considerable remorse; but have difficulty expressing it due to deficits in communication and social cues.

As a result, individuals with FASD may receive harsher sentences because they appear callous or indifferent about their crime.

This punishment is often ineffective because the cognitive deficits of FASD limit the capacity of individuals to mentally link their actions, consequences, and later punishment.

Jerrold Brown, Amy Jozan, and Megan Carter, "Interview Considerations – Fetal Alcohol Spectrum Disorder: A Beginner's Guide for Criminal Justice Interviewers," Police Chief Online, July 6, 2022

Desire to Please	Predisposed to chattiness, compliance, and gullibility
Decision-making	Impulsive & inconsistent decisions (e.g., waiving of legal rights)
Memory Problems	Short- & long-term memory deficits, suggestibility, & and false confessions
Social Awkwardness	Social inappropriateness (e.g., laughing/smiling at unseemly topics), poor boundaries, immaturity, both verbal /nonverbal communication deficits
Sensory Challenges	Exacerbated negative behaviors in response to sensory input
Affect	Flat affect, no remorse, or lack of understanding the severity of offense
No perceived gain from crime	Illogical, offensive behavior or conduct
Jerrod Brown, Amy Jozan, and Megan Carter, "Interview Considerations – Fetal Alcohol Spectrum Disorder: A Beginner's Guide for Criminal Justice Interviewers," Police Chief Online, July 6, 2022	

Possible Indicators of FASD in Law Enforcement Settings

FASD AND CRIMINAL JUSTICE

► The challenges experienced by individuals with an FASD may lead to increased risk for a range of adverse outcomes when unsupported, including involvement in the criminal justice system.

- 61% of adolescents and 58% of adults with FASD have been in legal trouble.
- 35% of those with FASD over the age of 12 had been incarcerated at some point in their lives

► Washington, DC 2007. FASDUnited.org



- ▶ People diagnosed with or who may have an FASD may encounter problems when dealing with police including:
 - ▶ Being persuaded to take responsibility for crimes committed by others to win the favor of companions or to please the police.
 - ▶ Consenting to searches of themselves or their possessions in circumstances in which non-disabled individuals would not.
 - ▶ Panicking during encounters with the police, running away or resisting arrest.
 - ▶ Saying that they understand their legal rights when they do not. Making potentially incriminating statements.

- ▶ Jerrod Brown, Amy Jozan, and Megan Carter, "Interview Considerations – Fetal Alcohol Spectrum Disorder: A Beginner's Guide for Criminal Justice Interviewers," Police Chief Online, July 6, 2022



- ▶ People with FASD are highly vulnerable to suggestion or manipulation by others, exacerbated by limited capacity to control impulsive actions that characterize FASD.
 - ▶ As a result, children with FASD often become involved in the juvenile justice system as gullible followers when undiagnosed without the appropriate support and treatment.
- ▶ They are particularly prone to long-term entanglement because they have difficulty anticipating the consequences of their actions and learning from their past mistakes.

▶ Jerrod Brown, Amy Jozan, and Megan Carter, "Interview Considerations – Fetal Alcohol Spectrum Disorder: A Beginner's Guide for Criminal Justice Interviewers," Police Chief Online, July 6, 2022



- ▶ Specific deficits related to FASD (e.g., adaptive, cognitive, emotional, and social) often prevent first-time offenders from successfully meeting the conditions of their probation, commonly resulting in incarceration.
- ▶ These same deficits can then decrease the likelihood of successfully completing parole. As such, a single contact with the criminal justice system can lead to an individual with FASD becoming caught in a revolving door of subsequent incarcerations.
- ▶ Jerrod Brown, Amy Jozan, and Megan Carter, "Interview Considerations – Fetal Alcohol Spectrum Disorder: A Beginner's Guide for Criminal Justice Interviewers," Police Chief Online, July 6, 2022



Treatment for FASD

- ▶ Life long
- ▶ Individualized
- ▶ Medical Care
- ▶ Medications
- ▶ Physical and Speech Therapy
- ▶ Behavioral Therapy
- ▶ Educational Therapy and Support
- ▶ Family Training
- ▶ Alternative Approaches (biofeedback, massage, reiki, animal assisted)
- ▶ NOFAS.org



Traumatic Brain Injury

Traumatic Brain Injury

- ▶ TBI is a disruption of normal brain function that occurs when the skull is struck, suddenly thrust out of position, penetrated, or struck by blast pressure waves.
- ▶ An estimated average of 1.7 million TBIs occur annually in the United States.
- ▶ In every age group, TBI rates are higher for males than for females.
 - ▶ Among the age groups that have the highest proportions of TBI are adolescents ages 15–19 and adults ages 75 and older.³
 - ▶ Sports-related TBIs alone are estimated at between 1.6 million and 3.8 million each year.⁴
- ▶ It is estimated that some 320,000 of the 1.64 million service members deployed to Iraq and Afghanistan through October 2007 may have incurred TBI.⁵

▶ *Substance Abuse Treatment Advisory Treating Clients With Traumatic Brain Injury*

Substance Abuse Treatment Advisory Treating Clients With Traumatic Brain Injury. HHS Publication No. (SMA) 10-4591 First Printed 2011. October 2010, Volume 9, Issue 2 Substance Abuse Treatment **ADVISORY**

Traumatic Brain Injury

- ▶ Brain injuries can occur when the head strikes an object such as a windshield or the ground at a fast rate of speed, or when a flying or falling object strikes the head. Injury to the brain also can occur without a direct blow to the head, for example in cases of severe "whiplash."
 - ▶ Mild: Loss of consciousness, if any, lasting for less than 30 minutes
 - ▶ Moderate: A loss of consciousness that lasts for more than 30 minutes but less than 24 hours
 - ▶ Memory loss after the traumatic event, called Post-Traumatic Amnesia or PTA, lasting for 24 hours to 7 days. A Glasgow Coma Score of 9 – 12
 - ▶ Severe: A loss of consciousness that lasts for more than 24 hours, PTA lasting for 7 days or longer. A Glasgow Coma Score of 8 or less, which indicates that the patient is in a coma
- ▶ <http://www.cemm.org>Air Force Center of Excellence for Medical Multimedia



This Photo by Unknown Author is licensed under [CC BY-NC-ND](#)

Links Between TBI and SUD

- ▶ History of substance abuse is a risk factor for TBI.
- ▶ Alcohol use at time of injury is a common occurrence with TBI.
- ▶ Prior TBI is common among individuals in substance abuse treatment
- ▶ Substance abuse is linked to worse outcomes from TBI.
- ▶ Substance abuse is linked to recurrent TBI.

Substance Abuse Treatment Advisory Treating Clients With Traumatic Brain Injury. HHS Publication No. (SMA) 10-4591 First Printed 201. October 2010, Volume 9, Issue 2 Substance Abuse Treatment **ADVISORY**





Factors that Determine Level of Recovery

- ▶ How severe the injury is.
- ▶ How fast and how well the body recovers.
- ▶ The brain functions affected by the injury.
- ▶ The areas of brain function that are not affected by the injury.
- ▶ The age of the patient at the time of injury.
- ▶ Other injuries to the body from the same traumatic event.

▶ Incarcerated Veterans & Trauma

▶ While 60% of incarcerated veterans meet the threshold for a PTSD diagnosis, only 20% of the

▶ trauma they report is military-service related (King County Jail Study). This finding would suggest

▶ that in many individuals, it may be that other traumatic experiences on top of service-related

▶ trauma are what ultimately lead to PTSD.

▶ Further, of the 87 individuals in that study who actually served in combat zone:

- ▶ 82% saw someone get injured/killed
- ▶ 78% saw, smelled, or handled a dead body
- ▶ 78% patrolled areas with landmines/IEDs
- ▶ 75% were shot at or received fire
- ▶ 69% were attacked or ambushed
- ▶ 35% were wounded or injured
- ▶ 31% felt responsible for the death of someone



Incarcerated Veterans

In a study of 552 individuals who participated in 12 trauma and veteran focused jail diversion programs across the country:

94% experienced non-military trauma.

73% experienced trauma before age 18.

68% experienced physical violence by someone they knew.

9% experienced sexual molestation by someone they knew.

SAMHSA's GAINS Center | Policy Research Associates, Inc.

 References & Resources

Woman Veterans and Trauma

- ▶ Women make up more than 7% of the veteran population. The rates of trauma exposure reported by female veterans are higher than the trauma exposure rate of the civilian population.
- ▶ Among Female Veterans:
 - ▶ 81-93% have experienced any type of trauma
 - ▶ 38%-64% have experienced lifetime sexual assault 27%-49% have experienced child sexual abuse
 - ▶ 24%-49% have experienced adult sexual assault
 - ▶ 30%-45% have experienced military sexual trauma
 - ▶ 4%-31% have experienced combat exposure
- ▶ Female veterans are more likely to experience sexual assault when compared to their male counterparts.
- ▶ While females are equally susceptible to combat as males, they are less likely than males to witness or experience traumatic events during combat (Zinzow et al., 2007).



Brain Inflammation and Addiction

Looking Under the Hood: How Brain Science Informs Addiction Treatment

- We now understand that the brain's reward circuitry regulates both the “feel good” effects of a drug as well as the extreme physical and emotional discomfort experienced during withdrawal. The emotional signs of withdrawal can flare up for months or even years after attempts to quit, and these factors play into drug taking, craving, and relapse.
- Each person struggling with a substance use disorder has his or her unique constellation of social, genetic, and psychological factors that make some treatments more effective than others.
- But the better we understand the brain science of addiction, the more likely we will come up with an array of treatments that can help a broader range of those with SUDs.

► Posted By **Elena H. Chartoff, PhD** On November 15, 2017 @ 6:30 am In Addiction, Behavioral Health, Brain and Cognitive Health, Health

Brain Inflammation Factors

- ▶ **The Brain experiences inflammation** from a variety of factors: **stress, unhealthy nutrition**, poor sleep patterns, lack of exercise, **overuse of alcohol, drugs**, chemicals in **tobacco/nicotine**, etc
 - ▶ Tobacco
 - ▶ Emotional and Physical Stress
 - ▶ Alcohol
 - ▶ Food additives
 - ▶ Insulin Resistance
 - ▶ Hormone Imbalance
 - ▶ www.integrativepsychiatry.net/brain_inflammation.html
- | |
|--------------------------|
| Synthetic Fibers |
| Chemicals in environment |
| Lack of Exercise |
| Food Allergies |
| Drugs of Abuse |



REGULAR
CONSUMPTION OF
FOODS SUCH AS THE
FOLLOWING ARE
LARGELY RESPONSIBLE
FOR INFLAMMATION

- ▶ Refined sugars;
- ▶ Processed and refined flours (white bread, cookies, pasta, crackers, and more);
- ▶ Foods high in acids;
- ▶ Dairy products;
- ▶ Animal fats;
- ▶ Caffeine;
- ▶ Alcohol; Stimulants, Depressants, etc.
- ▶ Food Allergens (hidden food allergies cause body and brain inflammation)

[/www.integrativepsychiatry.net/brain_inflammation.html](http://www.integrativepsychiatry.net/brain_inflammation.html)

ENVIRONMENTAL AND LIFESTYLE FACTORS ALSO AFFECT INFLAMMATION

- ▶ Exposure to toxic metals;(mercury, lead, cadmium)
- ▶ History of infections;
- ▶ Environmental toxins (pesticides, herbicides, food additives and preservatives)
- ▶ Chronic stress;
- ▶ Lack of exercise, sedentary habits;
- ▶ Nutritional deficiencies; (B12, vitamin D, essential fatty acids, vitamin C);
- ▶ Overuse of antibiotics and acid blocking medications;
- ▶ Poor sleep habits.
- ▶ www.integrativepsychiatry.net/brain_inflammation.html

How the Brain tells us it is inflamed

- ▶ The Brain sends warning signals through symptoms, just like a temperature change, blood pressure change, pain, etc.
 - ▶ Problems with concentration, memory impairment, mood dysregulation and anxiety impacting wellness skills, social skills, ADL skills, vocational/educational skills, recreation/leisure skills, recovery skills, etc.
- ▶ Exploring Nonpharmacological Anti-inflammatory Strategies in Mental Health: Connecting Science to Clinical Practice *by Rakesh Jain, MD, MPH in PsychU Virtual Form June 2017*

Treatment Strategies & Models of Care

INTEGRATED DUAL DISORDERS TREATMENT
ASAM CRITERIA
PARALLEL

Models of Treatment

- **Single model of care** - It was believed that once the “primary disorder” was treated effectively, the client’s substance use problem would resolve itself because drugs and/or alcohol were no longer needed to cope.
- **Sequential model of treatment** - acknowledges the presence of co-occurring disorders but treats them one at a time.
- **Parallel model of treatment** - mental health disorders are treated at the same time as co-occurring substance use disorders, only by separate treatment professionals and often at separate treatment facilities.

Integrated Dual Disorders Treatment

An integrated model of care assumes that:

- ▶ One disorder does not necessarily present as “primary.”
- ▶ There isn’t necessarily a causal relationship between co-occurring disorders.
- ▶ These are co-occurring brain diseases that need to be treated simultaneously.
- ▶ There are often underlying medical issues that are overlooked but need to be integrated.
- ▶ SAMHSA, IDDT Manual

Everyone is
screened and
assessed for a
co-occurring
disorder.

- ▶ It is the NORM rather than the exception to see clients/patients with dual disorders.
- ▶ Lacking recognition of the high prevalence of co-occurring disorders, agencies that develop specialty teams to treat small groups of consumers with co-occurring disorders, consequently, leave many consumers ***undiagnosed and untreated.***
- ▶ SAMHSA, IDDT Manual

Outcomes for Integrated Dual Disorders Treatment

- Treatment programs were more successful than consumers in non-integrated programs in the following areas:
 - Reduced substance use;
 - Improvement in psychiatric symptoms and functioning;
 - Decreased hospitalization;
 - Increased housing stability;
 - Fewer arrests;
 - Improved quality of life (Drake et al., 2001).
-
- ▶ SAMHSA, IDDT Manual

American Society of Addiction Medicine

PLACEMENT CRITERIA & LEVEL OF CARE

Determining Level of Care

- ▶ American Society of Addiction Medicine Patient Placement Criteria – 2nd Edition Revised (ASAM PPC-2R) dimensions of care
 - ▶ Dimension 1: Acute Intoxication and/or Withdrawal Potential
 - ▶ Dimension 2: Biomedical Conditions and Complications
 - ▶ Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications
 - ▶ Dimension 4: Readiness to Change
 - ▶ Dimension 5: Relapse, Continued Use or Continued Problem Potential
 - ▶ Dimension 6: Recovery/Living Environment

ASAM Level of Care Placement

- ▶ Level 0.5: Early Intervention
- ▶ Level 1: Outpatient Services
- ▶ Level 2: Intensive Outpatient/Partial Hospitalization Services
- ▶ Level 2.1: Intensive Outpatient Services
- ▶ Level 2.5: Partial Hospitalization Services
- ▶ Level 3: Residential/Inpatient Services
- ▶ Level 3.1: Clinically Managed Low-Intensity Residential Services
- ▶ Level 3.3: Clinically Managed Population-Specific High Intensity Residential Services
- ▶ Level 3.5 : Clinically Managed High Intensity Residential Services
- ▶ Level 3.5: Clinically Managed Medium-Intensity Residential Services
- ▶ Level 3.7: Medically Monitored Intensive Inpatient Services
- ▶ Level 4: Medically Managed Intensive Inpatient Services
- ▶ Opioid Treatment Services
- ▶ Continued Care Service and Transfer/Discharge Criteria

Co-Occurring Capable

- ▶ Primary focus on substance use disorders but capable of treating patients with sub-threshold or diagnosable but stable mental disorders. Psychiatric services available on-site or by consultation; at least some staff are competent to understand and identify signs and symptoms of acute psychiatric conditions.

The ASAM Criteria, Third Edition. 2013. Pg.20

Co-Occurring Enhanced

- ▶ “All staff cross-trained in addiction and mental health and are competent to understand and identify signs and symptoms of acute psychiatric and substance use conditions and treat both unstable mental and substance use disorders concurrently. Treatment for both mental health and substance use disorders is integrated.”

The ASAM Criteria, Third Edition. 2013. Pg.20

Complexity Capable

- ▶ Complex individuals and families have multiple co-occurring health problems with few resources/programs that provide a comprehensive, integrated continuum of care.
- ▶ Patient Centered Health Care Homes have been developed to meet the needs of this population.
- ▶ Assertive Community Treatment Teams also can meet the needs of this population.
- ▶ The ASAM Criteria, Third Edition. 2013

Evidence Based Practices

- Motivational Enhancement Therapy (MET)
- Cognitive-Behavioral Therapy (CBT)
- Twelve Step Facilitation (TSF)
- Integrated Treatment for Dual Disorders (IDDT)
- Behavioral Family Therapy (FES)
- Supported Employment
- Illness Management and Recovery
- Contingency Management
- Medication Assisted Treatment
- Consensus based interventions

References & Resources

DiClemente, C.C., Nidecker, M. & Bellack, A.S., (2008) Motivation and Stages of Change among individuals with severe mental illness and substance abuse disorders. *Journal of Substance Abuse Treatment*. 34(1), 25-35.

Drake, R.,E., Mueser,K.T., & Brunette, M.F. (2007). Management of persons with co-occurring severe mental illness and substance use disorder: Program implications. *World Psychiatry*, 6, 131-136.

Miller, William, Rollnick, Stephen. Motivational Interviewing. 2013. Third Edition. Gilford Press. New York, London

Summary of the Center for Substance Abuse Treatment's (CSAT's) Regional Recovery Meetings May 2008

DualDiagnosis.org

NIDA. 2021, April 13. Why is there comorbidity between substance use disorders and mental illnesses? . Retrieved from <https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/why-there-comorbidity-between-substance-use-disorders-mental-illnesses> on 2023, June 10

National Institute] on Drug Abuse: [/nida.nih.gov/research-topics/comorbidity](https://nida.nih.gov/research-topics/comorbidity)

References

- ▶ **VA » Health Care » PTSD: National Center for PTSD » Providers » Assessment » Trauma Screening Questionnaire (TSQ)**
- ▶ Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14, 245–258.
- ▶ Chamberlain, J., and Miller, M. K. (2008). Stress in the courtroom: Call for research. *Psychiatry, Psychology, and Law*, 15, 237-250.
- ▶ <http://www.samhsa.gov/nctic/trauma-interventions>
- ▶ <http://www.ptsd.va.gov/>
- ▶ How Being Trauma-Informed Improves Judicial Decision-Making: SAMHSA's GAINS Center | Policy Research Associates, Inc. ⓘ References & Resources.
- ▶ Fetal Alcohol Spectrum Disorder (FASD) in the Criminal Justice System: More Common Than You Think. Brown, Jerrod; Russell, Anne; Cich, Janina. Forensic Scholars Today. Vol.1, Issue 4 2016
- ▶ Policy Research Associates, Steadman, Henry J., and Redlich, Allison. MacArthur Mental Health Court Study, California, Minnesota, Indiana, 2005-2008. Inter-university Consortium for Political and Social Research [distributor], 2022-03-17. <https://doi.org/10.3886/ICPSR38275.v1>
- ▶ *Substance Abuse Treatment Advisory* Treating Clients With Traumatic Brain Injury. HHS Publication No. (SMA) 10-4591 First Printed 2010
- ▶ TIP 42 SAMHSA Publication No. PEP20-02-01-004 Published 2020
- ▶ Han B, Compton WM, Blanco C, Colpe LJ. Prevalence, Treatment, And Unmet Treatment Needs Of US Adults With Mental Health And Substance Use Disorders. *Health Aff Proj Hope*. 2017;36(10):1739-1747. doi:10.1377/hlthaff.2017.0584



Thank You!!

MARYRYANWOODS@OUTLOOK.COM