Co-occurring Disorders: When Two Roads Meet

Marge Hanna & David Loveland
Objectives of Workshop

• Participants will learn how to engage an individual in treatment who has multiple diagnoses,

  – A case study of a client is used to highlight the effective, yet simple strategies that can be used to help people with co-occurring disorders perceive in SUD treatment,

  – The workshop is interactive in that participants will be asked to consider the steps involved in helping a client through several steps and episodes of treatment,

  – Participants will learn how to

    ✓ Inspire individual through their values & strengths,
    ✓ Create realistic relapse prevention plans, and
    ✓ Use solution-focused questions to keep people engaged over time
Engaging Jim

- Jim is in a detoxification unit & is being referred to an Opioid Treatment Program (OTP) for methadone maintenance treatment
  - His medical record revealed multiple incomplete episodes for residential & outpatient tx for both mental health & Substance Use Disorder (SUD) treatment
  - Jim has also had dozens of detoxifications from opioids (recently) & alcohol (in the past) as well as two hospitalizations for depression/suicide
  - Jim needs several types of treatment for his SUD, mental illness (major depression) & chronic health conditions (obese, borderline diabetes, chronic pain)
Co-occurring Disorders in MAT

• Jim’s co-occurring conditions are the norm for patients enrolled in OTP

• Between 24% and 69% of OTP patients have a co-occurring mental illness, with the top three being depression, anxiety and PTSD

  1. Depression – 7% to 33%
  2. Anxiety – 14% to 30%
  3. PTSD – 12% to 27%
Exercise

• You are going onsite to the detoxification unit to help Jim connect with ongoing services

• Jim struggles to complete all episodes of care for his SUDs & mental illness;
  – so how will you help him enroll in OTP after he completes the detoxification episode?
    ❖ Jim has to wait 3 weeks for a OTP slot to open

• What can you do differently from the dozens of prior tx episodes that Jim has initiated, but did not complete;
  – how can you inspire and activate Jim?
Barriers to Change

Motivation may not be a barrier to change, but a person’s life stressors, existing demands, and established habits are likely barriers to change.

- Ego Depletion
- Limited time
- Decision fatigue
- Established habits
- Unrealistic plans
Five Steps to Activating Jim

Jim was engaged with five simple techniques that were used in all interactions to keep him inspired & confident to keep moving forward:

1. **Active listening** to find out what Jim was feeling without guiding his thoughts
2. **Affirmations of recovery capital** to highlight some of Jim’s strengths to boost his sense of control & memory
3. **Identification** of the Jim’s **values** that he can use to guide his decisions & focus his objectives
4. **Solution focused questions** to pull up Jim’s established skills to manage his SUD & depression
5. The **selection of one step** in each contact to enhance the chances of Jim succeeding each week

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Five Steps to Activating Jim

• The five techniques are based on the principles of behavioral activation, which is an evidence-based model used to treat depression or anxiety.

• Behavioral activation assumes people:
  - are hindered by negative reinforcement,
  - are inspired by their values and meaningful goals,
  - have anti-depressant or ant-anxiety skills that have been used in the past and could be used in the future, and
  - can begin moving toward valued goals without having to eliminate symptoms.
Jim’s Past Plans

- Jim revealed that he would leave detoxification or other residential settings with the intention to enter tx, but would quickly become depressed & overwhelmed once he returned to his mother’s house.

  - Once depressed, he would likely get high on opioid medications/heroin or alcohol & not follow through or give up on outpatient tx.

    ✓ Jim noted that he could “white knuckle-it” for about 3 days after detox before drinking first, then taking opioid pills.

  - Jim’s home environment triggered feelings of loneliness, being overwhelmed, & valueless time (e.g., watching TV) that lead to drinking or drug usage.
Ego Depletion and Decision Fatigue

• Decision fatigue or ego depletion is a likely barrier to people making changes that they want to make.

• Everyone has the same amount of mental fuel to think; however, people can drain their mental fuel faster when they are stressed, overwhelmed, or dealing with a chronic physical or behavioral health condition.

• Decision fatigue is the inability to make even simple decisions.
Ego Depletion and Decision Fatigue

As stress, depression, anxiety, substance abuse, shame, guilt, frustration, feeling overwhelmed or anger increases, the ability to learn or use new information or make rational decisions decreases & glucose levels in the brain drop.

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Exercise

• How does the behavioral health system overwhelm clients, like Jim?

• How can we redesign OPT services to help people like Jim stay engaged while addressing multiple co-occurring conditions?
Jim’s Past Plans

- Jim would receive a range of instructions after each detoxification, hospitalization (2 suicide attempts in his past), or SUD tx (residential & outpatient) programs
  - Jim is passive and soft spoken; so he tends to be quiet when doctors or counselors provide a laundry list of instructions
  - Jim revealed that he agrees with all the recommendations, even though he does not really think through the steps
  - He also noted that he rarely considers the challenges associated with the plans
Exercise

• You review Jim’s chart and receive recommendations from the medical team at the detoxification program:
  – What are some of the questions you will ask Jim during your first meeting?

• You realize that Jim is easily overwhelmed by the large treatment plans that he has received in the past;
  – how can you help Jim move forward without overwhelming him?
First Technique: Active Listening

Active or reflective listening can stimulate individuals’ thinking, identify their needs, and reveal effective skills that they can use to achieve the next step.

Lecturing, prescribing or dictating can suppress individuals’ thinking, reduce their memory, and sustain assumptions that don’t reflect their true feelings or intentions.
Exercise

• You suspect Jim may not be ready for more treatment, even though he is verbally indicating that he is:
  – Consider the stages of change, including:
    ✓ Pre-contemplation,
    ✓ Contemplation,
    ✓ Preparation,
    ✓ Action, and
    ✓ Maintenance
  – what questions could you ask him to assess his actual stage of change to continue toward the next level of care?
# Jim’s ambivalence for tx

<table>
<thead>
<tr>
<th>Pros of entering tx</th>
<th>Cons of entering tx</th>
</tr>
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<tbody>
<tr>
<td>Wants to live without opiates, keep a good paying job in computers, health insurance, independence (still lives with mother), loves computer programming, could be free of the pills, would likely find a partner and not be lonely</td>
<td>Physical &amp; mental pain involved in tx, takes up time, ashamed of being in tx, not sure he can live without alcohol, nervous about managing depression &amp; chronic pain without opiates &amp; alcohol, not sure Methadone is helpful</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pros of not entering tx</th>
<th>Cons of not entering tx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduces immediate stress associated with thinking about change</td>
<td>Anxiety tends to build along with worry, can’t sleep so he begins to drink alcohol, sleep in, overeat, and spend too much time on the couch, life is stuck in holding pattern</td>
</tr>
</tbody>
</table>
Principles of Behavioral Change

**Rule 1: The solution is the problem**

- most behavioral health disorders, such as depression, substance use or anxiety, evolve through patterns of *behavioral avoidance*, which usually pulls people away from their values or life goals.

**Step 1: Assist individuals to focus on achieving valued goals, instead of avoiding negative emotions or thoughts**

- Use a functional view of all behaviors and assume that all the person’s behaviors are functional in the short-term, to avoid something.
Jim’s Avoidance Patterns

- Jim would become depressed when he returned home after a treatment or detoxification episode & would begin to drink or use drugs and forget his plans

Use alcohol & drugs to suppress thoughts & feelings

Behavior

Antecedent - Trigger

Negative reinforcement – reduce thoughts of distress

Consequence - outcome

Feeling overwhelmed, boredom & sitting on the couch, & lonely

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Jim’s Ambivalence

• The medical team at the detoxification program is recommending OTP-methadone
  – Jim reveals that he is not sure he wants to go to any more treatment and, even if he does, he will need to wait 3 weeks before enrolling in the OTP program
  – Jim notes all the barriers to OTP, including:
    ✓ It may not work,
    ✓ Attending every day for the first 90 days (off Sundays),
    ✓ Having to use the bus to go back and fourth,
    ✓ **Staying on methadone for months or years,**
    ✓ Getting out of bed early every day to receive the dosage,
    ✓ Shame of attending the OTP
Exercise

• Jim’s habits are likely to undermine his long-term goals, so it is likely he will disengage after the detoxification episode

• What can you do to help Jim overcome his powerful habits of avoidance while also keeping his brain activated to approach OTP?
Second Technique: Affirmations

Affirmations are used to increase a client’s sense of confidence by identifying the person’s specific functional behaviors & skills.

A person’s sense of confidence can be reduced by using only praise (kind words not attached to specific effective behaviors), criticism or by highlighting all of his or her mistakes & dysfunction in the past.
Jim’s strengths & skills

Jim revealed many skills that he could use to follow through with tx:

– Skilled with smart phones, apps that track feelings or reminders, and using google calendar

– Still capable of computer programming and will do under the table jobs (programming also fills up his time),

– Tends to be active when thinking about getting a job

– Capable of helping his mother attend her appointments,

– Does most of the shopping, home cleaning, & house repairs for his mother (very productive in the mornings)
Assessing people’s values first is an effective way of inspiring them toward challenging goals. An assessment of a values can increase mental energy & memory as well as create a “hook” that staff can use to keep people activated over time.

Focusing people on their disease labels will undermine motivation & create a negative emotional state. People in general are not motivated to address their physical or mental health issues.
Living the Life I Choose

What are your values?

What are your current strategies, and are they working?

What skills will you need to make the journey?

From Strosahl et al., 2012, Brief Interventions for Radical Change: NewHarbinger Books
Jim’s Values

Jim’s value-assessment revealed multiple drivers that we could use to keep him activated, such as:

– helpful to his mother [being a good son],

– Loves computer programming and wants to be back in the workforce (highly educated) [values a career]

– Has a substantial social network, via the web, and enjoys challenging computer games with friends on the internet

– Desires a relationship with a woman

– Loves classical, jazz, & ambient music, &

– Enjoys science fiction in books & movies
Exercise

• What would be needed to move toward a more strength-based treatment planning process that emphasizes Jim’s values and recovery capital
Fourth Technique: Solution Focused Questions

Solution focused questions are useful in the early stages of engagement because they can help people identify existing skills/behaviors that they can use to achieve early objectives.

Disease or deficit-based questioning tends to increase negative emotional states, which in turn lowers confidence & memory. Focusing on the person’s deficits will increase ego depletion & trigger avoidance behaviors.
Solution Focused Questions

Deficit Based Questions

- How many days were you depressed in the past 30
- How many drinks do you consume on an average day
- How many appointments have you missed in the past year

Solution Focused Questions

- Tell me about the days you were able to achieve your goals even when feeling sad
- What techniques did you use to avoid drinking
- What helps when you are able to attend your appointments in the past
Jim’s solutions in the past

- Jim revealed a variety of strategies that he has used to avoid alcohol & opioid medications:
  - Applying for computer jobs helps to overcome boredom,
  - Computer programming keeps him busy,
  - He will add appt reminders in his phone when reminded
  - Tends to be effective on days when he has to get out of bed before 8 in the morning, such as helping his mother,
  - Feels better after he talks to his cousins and a couple of friends but won’t call them when he is feeling depressed, &
  - Responds to text messages, but may not answer the phone
Exercise

• You have the list of Jim’s values, strengths, & skills and you want to help him avoid alcohol or opioids for next 21 days

• Consider that you work at a OTP and you have two or more peers on staff that are integrated in the team;
  – how could the peers on your team help Jim navigate 3 weeks at home and arrive at his first day of OTP?
Fifth Technique: Select One Objective

Decision fatigue & ego depletion can be minimized by identifying one small step that the person has already performed in the past and can perform within the next 7 days. People are likely to recall one easy step if it is associated with existing skills or habits.

Requiring clients to perform multiple steps at once or master new skills that are beyond their existing abilities will increase decision fatigue and ego depletion, which in turn will lower memory and confidence to attempt the activity.
Recall Jim’s Avoidance Habit (Slide 19)

- Jim would become depressed when he returned home after a detoxification episode & would begin to drink or use drugs, which led to forgetting his appointments.

Use alcohol & drugs to suppress thoughts & feelings

Behavior

Antecedent - Trigger

Feeling overwhelmed, seeing unpaid bills, boredom, physical pain

Consequence - outcome

Negative reinforcement – reduce thoughts of distress

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Jim’s plan step 1

• Jim had a tendency to see his plans as “all or nothing”, which usually meant nothing, so we helped him to break down steps, such as:

  – planned phone calls or texting sessions that occurred in the morning to get him out of his bed around 8:00am,

  – coached Jim to see that he did not need to commit to OTP for more than 30 days,

  – focus on one activity every three days to minimize Jim’s use of alcohol or opiates,

  – identify one friend/cousin who could help him in addition to our calls/text sessions, which occurred every 3 days
Jim’s IF-Then Plans

• Jim received multiple reminders during his 3 week waiting period to stay focused on the present or near future, recall his values, & remain busy
  – Each contact began with a text asking him permission to talk,
  – Each session involved a 15 minute phone call to plan out simple if-then steps or address any potential barriers,
  – Jim was contacted every 3 to 5 days, on average,
  – Every phone or text session began & ended with one of Jim’s values that he was addressing during the week (e.g., looking for a job in computer programing)
Exercise

• Jim is not sure he wants methadone treatment:
  
  – How can you describe the pros & cons of methadone treatment for Jim?
  
  – What information could you use to engage Jim in a conversation about methadone or MAT in general?
Overlapping Levels of Care

- Treatment orientation meetings are an effective way of transitioning clients between levels of care & have been shown to increase show rates
  - Jim received an orientation meeting to engage him in OTP
  - Jim met with one of the OTP counselors & nurses for 30 minutes to talk about methadone treatment
  - Jim also received detailed information on the effectiveness of OTP and other strategies
    - The information noted on slide 40 was included in Jim’s commitment contract to enroll in OTP
The graphs on the next pages show the effectiveness of MAT compared to non-MAT tx for an OUD, including evidence-based outpatient tx

A meta analysis of 11 randomized clinical trials including 1969 subjects found that Methadone was significantly more effective at lowering relapse rates and improving treatment retention compared to a variety of outpatient programs that did not use MAT, but did use evidence-based techniques; e.g., CBT (Mattick et al., 2009)

An extensive literature review of buprenorphine/Suboxone, including 17 randomized clinical trials found Suboxone to be similar in impact to Methadone (Thomas et al., 2014)
MAT vs non-MAT Tx

- The graphs on the next pages show the effectiveness of MAT for OUD compared to non-MAT tx, including evidence-based outpatient tx

- An analysis of 56,278 people with an OUD in the Massachusetts Medicaid system found that those who had received Suboxone or Methadone tx had lower relapse rates compared to all other forms of D&A tx (Clark et al., 2014)
MAT vs Non-MAT tx

Odds Ratio of Relapse

0.42

MA - Suboxone

0.43

MA - Methadone

0.66

Methadone - lit review

1

non-MAT tx
MAT vs non-MAT Tx

The analysis of the Massachusetts (MA) Medicaid data set also revealed that individuals with an OUD who remained in treatment for 12 or more months, in any level of care, MAT or non-MAT, showed a nearly 30% reduction in relapse rates.

Individuals in MAT were significantly more likely to remain in treatment at 12 or 24 months, with methadone tx showing the highest retention rates and Suboxone showing the second highest retention rates.
MA Retention in OUD Treatment

Retention at 12 months:
- Methadone: 52%
- Suboxone: 33%
- Non-MAT tx: 12%

Retention at 24 months:
- Methadone: 27%
- Suboxone: 13%
- Non-MAT tx: 1%

Clark et al., 2014
Next Step – Retaining Jim Over Time

• Jim drank alcohol about every 5 days while he waited for the start of OTP; however, he successfully avoided opioid medications during the 3 weeks & kept himself busy every day

  – Jim’s mobile counselor dedicated about 30 total minutes of time on the phone/texting with him each week for a grand total of 1.5 hours between detox and enrollment into the OTP

• Jim successfully enrolled in the OTP program & was cleared to begin methadone on the 1\textsuperscript{st} day
Attrition from Treatment

- **Everything a person does to avoid attending treatment is easy, familiar and learned**
  - Everything a person does to attend treatment is difficult, new and unlearned

- **People will need to learn the habit of attending treatment**
  - New habits require daily reminders and about three to six months of daily learning to establish
  - Existing habits cannot be stopped, but they can be replaced by new habits that can compete with the established behavior
Exercise

• Jim’s symptoms of depression (and occasionally anxiety) can lead him back to using alcohol or opioids, even while actively receiving methadone.

  – How can you monitor Jim’s symptoms over time and what simple techniques could you use to identify a potential relapse before it happens?
Behavioral Principles for Engagement

Rule 2: Early attrition from behavioral health treatment is the norm, not the exception

✓ Most individuals will withdraw from the change process before achieving sustainable gains
✓ Individuals with co-occurring disorders are less likely to complete any episode of care

Step 2: Plan for attrition at the onset of treatment and promote retention and activation as the primary goals of behavioral health treatment

✓ Attrition from treatment is predictable, so it can be altered by focusing on all the person’s habits that continue to undermine their ability to reach their goals
Exercise

• How can you plan for attrition while also planning for retention?

  – How can you engage people in a conversation about how they could leave treatment against medical advice (AMA) before they even feel like leaving AMA
Nudging Jim – step 2

• Jim initiated OTP and followed the treatment recommendations

– Jim’s counselors worked with him to identify simple indicators of distress; e.g.,
  ✓ symptoms of sadness (e.g., dwelling in the past),
  ✓ sitting on the couch, watching mindless television for hours,
  ✓ Feeling anxious about the future,
  ✓ loneliness or not calling his friends or cousins, and
  ✓ Stop working on computer programs or applying for computer jobs

– Jim was also coached to monitor his symptoms of depression or anxiety while he was waiting to enroll in and after he initiated OTP
Jim’s Monitoring Plan

Jim agreed to complete a PHQ-9 & the GAD-7 to monitor his symptoms of depression, distress or anxiety – skills training were wrapped around the scores.

Scores were reviewed every 7 days to identify potential risk factors before & during OTP.

High risk scores led to coaching sessions within 1 day to identify specific risks in the next 1 to 7 days.
Re-engagement for Jim

• Jim remained active in OTP for nine weeks,
  – Jim disengaged during the 10th week after he started taking prescription pain medication that he acquired through his primary care doctor for ongoing chronic pain
  – His clinical team immediately started to reach out to Jim through mail, phone calls, and email within 2 days of learning that he stopped attending the OTP
    ✓ The team also had signed consent to call his friends and cousins for help in locating him
Re-engagement for Jim

- Jim started returning texts/emails & eventually phone calls within 2 weeks of leaving treatment
  - The OTP was prepared for his departure & reentry by providing motivational interviewing (MI) groups that Jim could attend one or more times a week to explore his ambivalence
  - Jim could also meet with his primary counselor one or two times a week for additional MI sessions
  - Research has found that people who attend 2 or more of these MI groups are nearly 3 times more likely to return to OTP
Rewarding Re-entry

• People remember pleasing & comforting events, such as receiving an incredibly warm welcome when returning to treatment after leaving AMA

  – The OTP program welcomed Jim back with excitement, encouragement and affirmations

  – Jim’s disengagement plan was updated to proactively prepare for his next possible withdrawal AMA
Do

- Active listening to identify goals & needs
- Identify Values & strengths
- Provide affirmations
- Solution focused questions to identify existing skills
- Focus on one simple objective using a detailed plan

Don’t

- Provide advice or direct the client without listening
- Focus on failures or diagnoses
- Provide praise or assess past problems/mistakes
- Focus on stopping symptoms or misery
- List multiple steps to address
Thank You

Margaret E. Hanna, MEd, Senior Advisor, Substance Use Disorder Initiatives
Community Care Behavioral Health,
hannname@ccbh.com  |  570.223.3080

David Loveland, PhD
Senior Program Director,
Community Care Behavioral Health
lovelandddl@ccbh.com  |  412.402.7570