

Co-Occurring Disorders Treatment Challenges: Provider Perspective

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In 15 Minutes: Sharing Research, Program Design and Treatment Considerations

- Prevalence
 - Administrative issues
 - Substance abuse treatment
 - Physical health/pain
 - Nicotine
 - Funding
 - Cultures
 - Sacred cows
 - What's needed
- 

Where am I from?

- La Frontera Center is a large community behavioral health organization (\$40M)
- Serving 10,000 clients/families annually
- Most clients served are indigent
- This is the real world of co-occurring disorders!
- CTP in CA/AZ Node of Clinical Trials Network





Co-occurring Disorders: Navigating the Roadway



Characteristics of Persons with Co-Occurring Substance Abuse and Mental Illness



“Who are we talking about?”

- Dually diagnosed
- MICA, MISA
- Co-morbid, co-existing, concurrent, co-occurring disorders
- AXIS I or II psychiatric diagnosis and substance abuse or dependence
- Many with physical disabilities/ chronic illnesses/pain



- Approximately one-half of persons with MI abuse substances
- (if you don't count nicotine as a real drug, but really >80%)
- Have higher risk for hospitalization, violence, incarceration, suicide, homelessness, depression, HIV infection, and family problems



- Primarily low income, have higher treatment drop-out rates, lower functional status, higher treatment costs
- Tend to receive fragmented, inconsistent, even conflicting treatment
- Perceived as difficult to treat



“Who are we talking about,... cont’d?”

- Many with personality disorders
- Majority poly-diagnosed
- A RISKY POPULATION
- Don’t forget physical complaints on the Z axis



The Scope of the Challenge

- As most know, single best intervention is providing integrated care (more later)
- Yet, still, not universally practiced
- A brief “training tape” better not ring true...



NIDA Clinical Trials Network COD Special Interest Group

- Promoting need for research for treatment interventions for persons with COD
- Developed an unscientific short survey in 2003 to assess agency needs/deficits



NIDA CTN COD SIG Snapshot

- Are there as many acronyms in private sector or the real world?
- Requested participation of a convenience sample of all community treatment providers in the CTN
- All substance abuse agencies, some integrated, many model treatment programs



What Did We Learn?

- Many programs/clients lack access to medications/providers
- Treatments for persons with anxiety and/or mood disorders and SA is a top priority
- Insufficient staff trained in integrated tx
- Desire for more evidence based, group tx models



And....

- Few agencies screen/treat for nicotine dependence
- Most do not adequately address chronic health problems
- A cultural shift towards truly understanding that COD is the norm, not a “specialized track”



Evidence Based Care Meets Common Sense in an Ideal Future

- * Funding streams must not be separate
- * Treatment under one roof
- * Cross trained staff
- * Sobriety is not required for effective mental health treatment



Arizona Consensus Panel Guidelines for Treatment


- Dual diagnosis is an expectation, not an exception
- Individuals with COD can be classified into 4 subgroups....
- Tx success related to empathic, hopeful tx relationships
- Success is enhanced by maintaining integrated tx relationships for both disorders continuously across multiple tx episodes
- Level of Care, tx matching, etc





"This really is an innovative approach, but I'm afraid we can't consider it. It's never been done before."

Characteristics of an Effective Provider/Treatment Program

- Is the philosophy/model really client centered?
 - Are principles of motivational interviewing used?
 - Are substance use, health issues and psychiatric symptoms concurrently treated?
 - Is there meaningful focus on social skills, problem solving and recreation/leisure skills?
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Two Future Fantasies

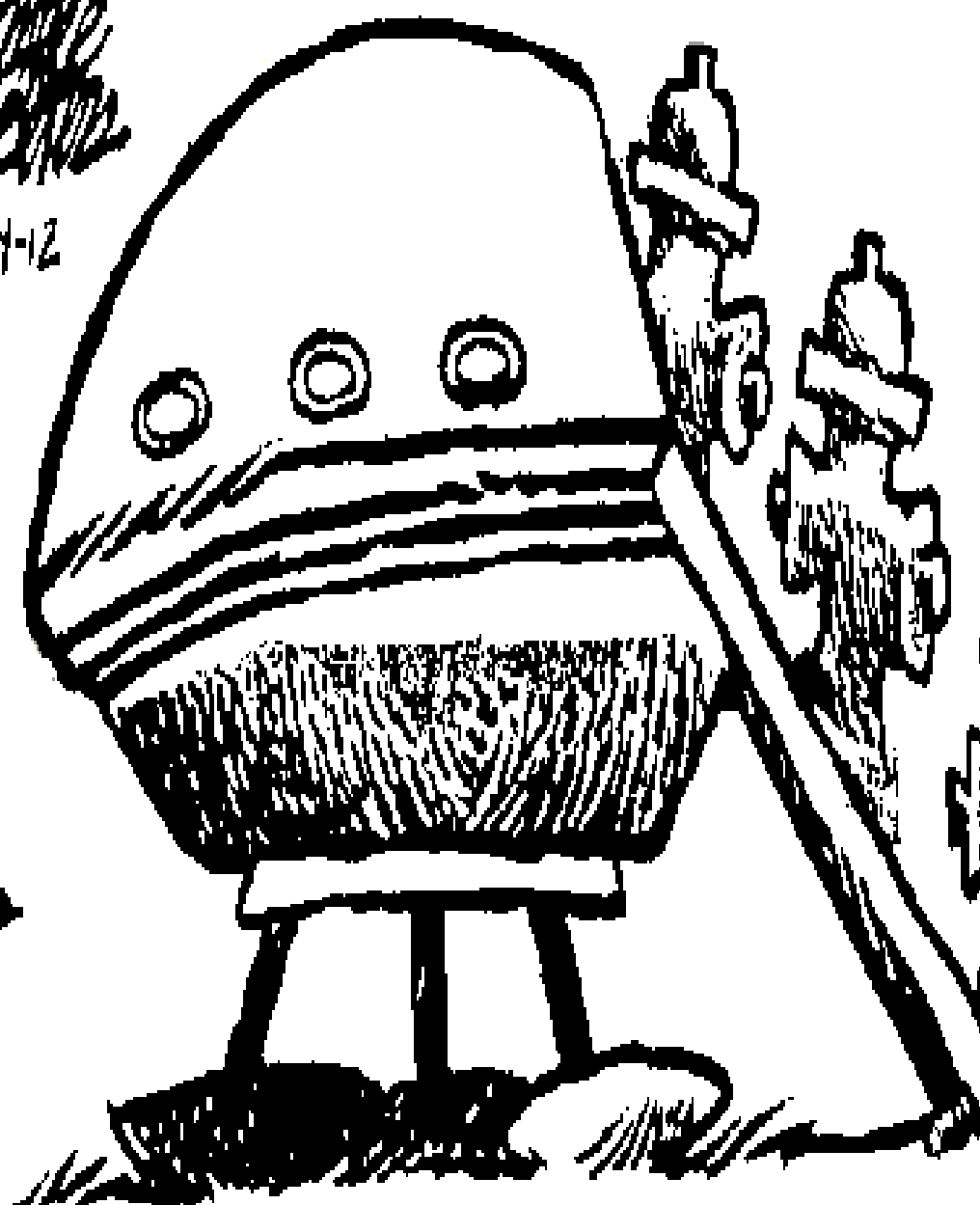
- Individualized Behavioral Health treatment is provided to *ADULTS* (vs. drug treatment and/or mental health services)
- Medications are an accepted, accessible intervention/option
- Methadone and Opioid Replacement therapies are integrated into outpatient adult treatment centers. (No more “drug free” clinics or methadone clinics, and less stigma!)



Summary: We Need To
Understand Our Client's
Experiences and World View!



4-12



GREETINGS
EARTHLING, WE
COME IN PEACE.

