



Treating Co-Occurring Disorders with Behavioral Treatments: Our Community Agency Experience

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Acknowledgements:

- Our co-occurring treatment studies:
 - NIDA RO1 DA08637
 - CSAT KD1TI12539
- Colleagues
- Clients



“For every complex problem there is a simple solution

– and it is usually wrong”

- H. L. Menken



Talk Outline

- Evidenced-Based Practices (EBPs) – the situation
- What we have done about this



La Frontera Center, Inc.



- Opened in 1968. One of the original community mental health centers
- Largest CBHC in S. AZ; top 15% in USA
- Served 10,000 at 20+ sites in 2004
- Full continuum of care for adults, children, substance use, SMI, COD
- Capitated at-risk funding; managed care
- Conducts research, evaluation, training







Evidence-Based Practices: The Situation

The Good EBPs



- EBP for depression & anxiety exist
- Many are cognitive, behavioral (CBT)
- Manuals & books available
- CBT efficacy equal to medications
- Similar treatments have been used for substance abuse

The Bad EBPs



- Most EBPs developed for a single diagnosis
- Most designed for individual treatment
- Group treatments designed for sequential sessions
- Masters level+ therapists used
- Middle class clients used



The Ugly:

Community treatment realities



- Medication: resources scarce
- Treatment: group, open enrollment
- Clients: fewer resources
- Staff: high caseloads, lower experience
- Staff: either/or, not integrated training



More Ugly

- Books, manuals, journals sit on shelves
- Training has no follow-up
- Fidelity might be low
- Funders increasingly want EBPs used



More Good:

Addressing the research/practice gap

- NIDA Clinical Trials Network
- SAMHSA, Addiction Technology Transfer Centers (ATTCs)
- Group treatment research funding ↑
- Agencies more interested in data, outcomes

A New, Innovative, Integrated Approach



- Barlow, Allen & Choate, 2004
- Unified Treatment for Emotional Disorders: 3 fundamental components
 - alter cognitive appraisals
 - prevent emotional avoidance
 - facilitate new action tendencies

Now What?





Principles of COD Treatment

Drake et al., 2004: 26 Controlled Studies



- Integrated treatment
- Stage-wise treatment
- Engagement interventions
- Motivational counseling
- Active treatment
- Relapse prevention interventions
- Longer term treatment available
- Comprehensive services

What We Are Doing: System



- Senior administration support
- Funding:
 - Internal: blend streams
 - External: support for trials
- Staff for research, evaluation, training, supervision
- Promoting evidence based principles

What We Are Doing: Treatment

- Person-centered treatment
- SMART Recovery®
- Other Treatments





Person-Centered Treatment



- Helpful for all treatment
- Uses principles of MI
- Agency core training/culture
- Data: literature, focus groups, interviews
- Caveats



SMART Recovery®

Self Management & Recovery Training

- Non-profit self-help program, 1994
- Branched from Rational Recovery
- Derived from Albert Ellis' REBT
- Alternative/addition to 12-Step

- www.smartrecovery.org



Why SMART Recovery®?



- Uses common elements of CBT
- Is a versatile, integrated approach
- Designed for groups, open enrollment
- Is easy to learn and use
- Can work at all change stages





Why SMART (cont,)



- Clients like it:
Positive to negative comment ratio:
 - 12-Step – 0.3:1
 - SMART – 16:1
- Is person-centered
- Led by a trained facilitator
- Is fun
- Data: our studies, inference





SMART Tools Include:



- Cognitive Restructuring – “ABCs”
- Building Motivation – “CBAs”
- “Exchange Vocabulary”
- Imagery/mental rehearsal
- Brainstorming, role playing
- Homework, personal incentives





SMART Also Offers



- User-friendly support materials
- Annual trainings
- Community self help groups
- Online meetings, information, support
- Professional advisors







Stress Management, Mindfulness

- Open enrollment groups offer a variety of basic techniques:
Relaxation, meditation, breathing, visualization
- Mindful process group
- Data: literature, our pilot
- Easy to use, under utilized



Seeking Safety



- Group treatment for PTSD
- Developed by Lisa Najavits, PhD
- We adapted to open enrollment
- Clients like, use it
- Staff find it easy to use
- Data: www.seekingsafety.org



Other Approaches We Use








- 12-Step Education for people w/ COD
- “Mind Over Mood”: C. Padesky, PhD
- Acudetox
- Contingent reinforcement
- Relapse prevention applied to COD





Our Lessons Learned

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- Have administration buy-in
 - Explore resources: web, colleagues, local trainings
 - Ask developers of EBPs to work with you
 - **Try something**
 - Collect data, use published benchmarks
 - Make refinements
 - Teach others

Conclusion: Why Incorporate EBPs?

- Behavioral Txs appropriate for COD
- Behavioral Txs are versatile, adaptable
- Increase client outcomes & satisfaction
- Could enhance agency reputation
- Clinicians find using them rewarding
- Enjoy being a creative innovator!

