

The Central Wisconsin Health Partnership

Presents

*Effective Co-occurring Disorders
Treatment in a Wraparound System of
Care*

Presenter

Mark Sanders, LCSW, CADC

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Definition of Co-occurring Disorders

Two coexisting disorders, independent of each other, but yet interacting with each other. Each is characterized by denial/ambivalence and is treatable. When mental illness and substance use disorders coexist both should be considered primary and treatment for both disorders is needed.

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How the Two Interact Examples

- *Marijuana used to medicate psychotic symptoms (CBD)*
- *Alcohol used to medicate the grief caused by mental illness*
- *Drugs used to avoid the side effects of psychiatric medication*
- *Alcohol minimizing the effectiveness of meds, increasing the risk of overdose and suicide*

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Interact Continued

- *Drug use exacerbating psychiatric symptoms*
- *The medication of feelings of uselessness with illicit drugs*
- *Alcohol and illicit drug use making it difficult to follow treatment regimens*

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The Person Centered Recovery Moment

An approach to mental health treatment in which the client is the director of his or her plan

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Events That Led to the Person-Centered Movement

- *In the 1980's there were many clients who did not respond well to traditional mental health treatment. These clients were chronically homeless and chemically dependent.*
- *Audits by the federal government revealed that mental health treatment was ineffective.*
- *Closing of state hospitals.*
- *Former mental health consumers emerging as leaders in the field.*

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The Tenets of the “Person-Centered Movement”

- *The client has ownership of his/her life and is therefore the director of his/her plan.*
- *Clients have a greater investment in the change process if they choose their own path.*
- *Family and friends who believe in the client can be great sources of support.*
- *Services are geared toward helping the client achieve a desired future and a meaningful life.*

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Tenets Continued

- *The client is approached as a capable human being who is full of strengths.*
- *What the client has learned from previous experiences should be included in the plan.*
- *Helpers work to view the situation from the client’s perspective.*

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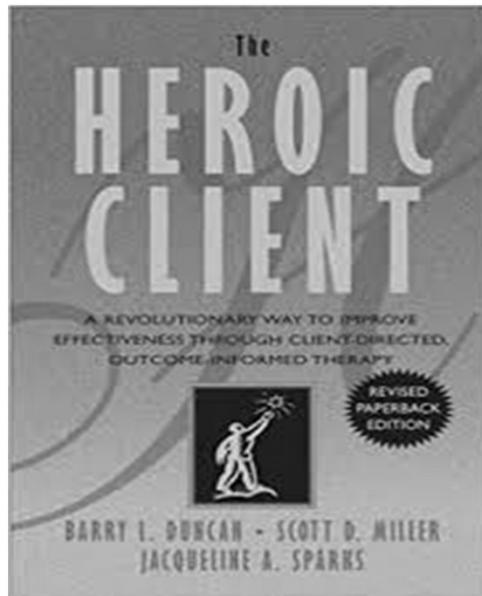
Tenets Continued

- *Wellness strategies chosen by the client are used.*
- *Service planning should include the client's entire life.*
- *The helpers strive to understand the clients' uniqueness, hopes, wishes, dreams, and aspirations.*

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Engagement and Retention

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Research indicates that clients make most of their progress within the first six sessions of therapy.

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The majority of clients do not reach session six. 50% of adults and 60% of adolescents miss their second outpatient session.

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Reasons Clients Resist Mental Health Counseling

- *The stigma of mental illness*
- *Mis-diagnosis, over diagnoses, and treating clients as if they are their diagnosis*
- *Counseling is often not their idea*
- *They may view counseling as strange*
- *They were harmed in previous counseling or it was unhelpful*

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Client Resistance Continued

- *Too many previous counselors*
- *They believe counseling will be a waste of time*
- *They may view the presenting problem as the solution to their problems*

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It is natural for clients to resist any efforts to get them to stop using drugs because drugs work!

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Drugs Work!

- *They numb emotional pain*
- *They simmer rage*
- *They medicate psychiatric symptoms*
- *They provide relief from "moral injury"*
- *They provide constant companionship*
- *They are predictable*
- *They provide relief from trauma and abandonment*

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What to do Prior to the First Session



Make it easy to speak to a live person by phone

- *A warm phone voice tone matters*
- *Learn from doctor's offices – increase first session attendance by 30%*

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Engagement Strategies the First Two Sessions

- *A warm greeting*
- *What do the pictures and magazines say*
- *An inviting waiting room and a snack*
- *A short wait*

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The First Two Sessions Continued

- *Positive service energy and a sincere smile*
- *A tour*

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The First Two Sessions Continued

Utilize naturally therapeutic qualities during the engagement process

- *Empathy*
- *Warmth*
- *Genuineness*

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"Techniques alone have no therapeutic value. They are only valuable if the client finds it credible and you have a good relationship. Psychotherapy is a process driven by beliefs, expectations and suggestions. Charisma and believability is what makes some therapists much more effective than others in engaging clients and facilitating change."

Dr. Stephen Bacon
www.drstephenbacon.com

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The First Two Sessions Continued

Remember the 4 factors that lead to client Engagement.

Mega-study "The Heroic Client"

- *The Clinical Model*
- *Counselor hopefulness*
- *The therapeutic relationship*
- *Client factors*

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Client Extra-Therapeutic Factors

- *Success prior to the presenting problem*
- *Individual and family resilience*
- *Cultural strengths and pride*
- *Love*

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Client Extra-Therapeutic Factors Continued

- *Employability*
- *A good education*
- *Vocational skills*
- *Hope for the future*
- *Leadership*

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Client Extra-Therapeutic Factors Continued

- *Faith*
- *Spirituality*
- *"A praying grandmother"*
- *Extended family orientation*

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Rapport

How to know if you are in rapport

- *More comfortable body language*
- *Relaxed breathing*
- *Unforced laughter*
- *Volunteer information that you did not ask*
- *Give people real names*
- *Slightly more eye contact*
- *Correct your understanding of content*

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The First Two Sessions Continued

- *3 sessions at a time*
- *Minimize confrontation*
- *Connect with peers*
- *Help with needed resources early*

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The First Two Sessions Continued

Discover the client's uniqueness

- *If you had 3 wishes what would they be?*
- *When are you happiest?*
- *What do you do on a Saturday afternoon?*
- *Who are your heroes?*
- *What is your favorite food?*
- *What kinds of things are funny to you? Do you like to hear jokes or tell jokes?*

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Focus on Strengths as Soon as Possible

- *What do you do well?*
- *How have you been able to endure so much?*
- *What do you like to do in your leisure time?*
- *What is the best thing you ever made happen?*
- *What are the best 3 moments you can recall in your life?*
- *What is your previous life suffering preparing you to do with the rest of your life?*

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Focus on Strengths Continued

- *What have you learned from what you have gone through?*
- *What sources of strength did you draw from?*
- *Which of your experiences has taught you the most about your own resilience?*

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Evidence Based Approaches to Co-occurring Disorders Treatment

- *Supportive employment.*
- *Motivational incentives*
 - *Fishbowl Technique*
- *Prison based ACT Teams.*

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Evidence Based Practices Continued

- *Motivational interviewing*
- *Cognitive behavioral therapy*
- *Feedback Informed Treatment*

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Evidence Based Practices Continued

- *Integrated co-occurring disorders treatment*

Components of Integrated Treatment

- *Psycho-education*
- *Family psycho-education*
- *Intensive family case management*
- *Assertive community treatment (ACT)*

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Integrated Treatment Continued

- *Supportive employment*
- *Supportive housing*
- *Integrated treatment for co-occurring disorders*
- *Medication management*
- *Peer-based recovery support*

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Best Practices in Co-occurring Disorders Treatment

The 4 essentials

- *Stable housing*
- *Stable therapeutic relationship*
- *Meaningful daily activity*
- *Significant interpersonal relationship*

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Stage Based Intervention

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Best Practices Continued

- *Pre-contemplation*
- *Ambivalence*
- *Readiness*
- *Action*
- *Maintenance*

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Best Practices Continued

- *Address trauma-seeking safety*
- *Family Therapy*

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Best Practices Continued

Recovery coaching in the natural environment to support recovery and help build recovery capital

Levels of engagement

- *Pre-treatment recovery support*
- *In-treatment recovery support*
- *Post-treatment recovery support*

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Best Practices Continued

Recovery capital-internal and external assets that support recovery

- *Success prior to mental illness and addiction*
- *Education*
- *Employability*
- *Healthy family support*
- *Pro-social group affiliation*

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Best Practices Continued

Treatment of other addictions

- *Sex*
- *Gambling*
- *Cyberspace*

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Best Practices Continued

Specialty courts – drug court, trauma court, prostitution court, veterans court

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Best Practices Continued

Increasing medication compliance

- *Provide supportive employment*
- *Match the patient with a doctor that he/she likes*
- *Provide psycho-education*
- *Discuss side-effects*
- *Make sure the client has a voice*
- *Do a cost-benefit analysis*
- *Do a discontinuation of medication/hospitalization evaluation*

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*Evaluating Your Program's
Effectiveness in Treatment of Co-
occurring Disorders*

Level One

*We primarily specialize in treating addictions
or
We primarily specialize in treating mental
illness*

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*Evaluating Your Program's
Effectiveness Continued*

Level Two

*Dual diagnosis capable. We have had some
trainings in treating co-occurring disorders.
One or two of our staff has worked in both
fields.*

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Evaluating Your Program's Effectiveness Continued

Level Three

Dual diagnosis competent. All of our staff have been trained in integrated co-occurring disorders treatment. We have demonstrated the capacity to treat co-occurring disorders effectively. We effectively utilize peers who are in recovery as a part of our approach. We are utilizing evidence-based co-occurring disorders approaches to treatment.

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Evaluating Your Program's Effectiveness Continued

Level Four

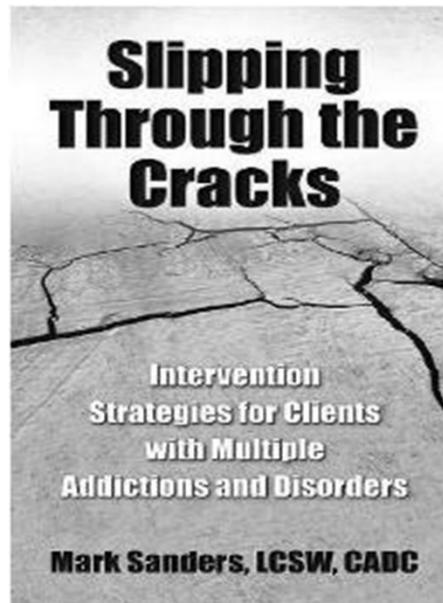
Complexity proficient. In addition to treatment co-occurring disorder, our program also has proficiency in addressing other co-occurring conditions/complexities that clients bring to treatment, including homelessness, HIV, diabetes and other medical complications, nicotine dependence, cognitive impairment, learning disabilities, etc.

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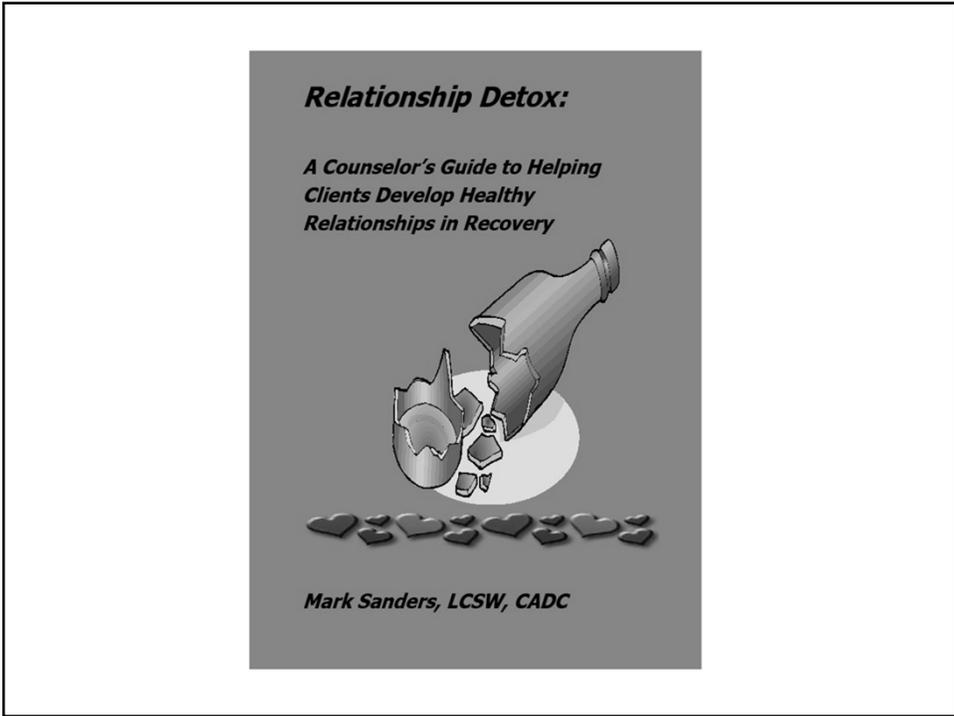
Slipping Through the Tracks

Going back and forth between chemical dependence, mental health, criminal justice and child welfare systems without recovering. This can also include multiple medical hospitalizations and periods of homelessness.

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www.onthemarkconsulting25.com

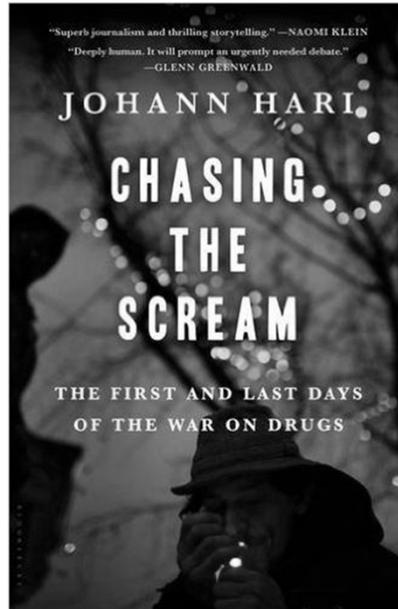
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*Primary reasons clients slip
through the cracks*

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Unresolved Trauma

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In the Realm of the Hungry Ghost
by
Gabor Mate, M.D.

- *Drugs don't cause addiction any more than a deck of cards causes compulsive gambling*
- *There needs to be a pre-existing vulnerability*
- *For some people, the seeds of addiction is planted years before they use*

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Seeds for his Addiction

- *Absence of a childhood*
- *Pressure to be perfect*
- *Low self concept*
- *Father wounds*

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Diagnostic Categories and Treatment

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PTSD

- *The person has been exposed to a traumatic event*
- *Recurrent and intensive distressing recollections of the event*
- *Efforts to avoid conversations, activities, places and people that bring up memories of the event*
- *Difficulty falling or staying asleep, nightmares, flashbacks*

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Treatment

*Cognitive Behavioral Therapy, Exposure Therapy,
EMDR, Cognitive Processing Therapy*

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PTSD vs. Complex Trauma

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With PTSD exposure to a specific traumatic event is required

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Complex Trauma Includes Multiple Layers and Years of Traumatic Experiences

- *Neglect*
- *Abandonment*
- *Multiple placements*
- *Parental substance abuse*
- *Adult emotional unavailability*
- *Multiple losses*
- *Exposure to domestic violence*
- *Abuse*

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Most Common Symptoms of Complex Trauma

- *Difficulty regulating emotions* 65%
- *Difficulty with impulse control* 63%
- *Negative self-image* 62%
- *Difficulty concentrating (ADD)* 60%
- *Aggression (Conduct Disorder)* 56%
- *PTSD* 12%
- *Substance Abuse* 10%

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Treatment

Cognitive Behavioral Treatment, Anger Management, Mindfulness Meditation, ARC Model etc.,

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The Trauma of Unemployment

- *Crack* *1986*
- *Meth* *1990's*
- *Heroin* *Today*
- *Are we losing a generation?*
- *STEM*

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Unresolved Grief

- *Unspeakable losses*
- *Unacknowledged losses*
- *Ambivalent losses*

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A Hidden Psychiatric Disorder

- A. Phobia*
- B. ADD*
- C. Depression*
- D. Personality Disorders*
- E. Traumatic Stress Disorders*

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An untreated process addiction

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*Emersion into a drug
sub-culture*

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Memory

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Inadequate service dose

*90 days of continuous recovery
support*

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*Loneliness and addictive
relationships*

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Addictive Relationships

- *Lots of drama*
- *Smothering*
- *Extreme jealous*
- *Abuse*

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*Lack of recovery capital which
leads to feelings of inadequacy
and hopelessness*

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Recovery Capital

- *Success prior to addiction*
- *A good education*
- *Reading comprehension*
- *Vocational Skills*
- *Good communication skills*
- *Stable relationships*
- *Leadership*
- *Hope for the future*

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A lack of integrated services

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Strategies to help clients avoid slipping through the cracks

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Initial Contact

- *Create a welcoming environment*
- *Minimize confrontation*
- *Roll with resistance*
- *Have an effective opening statement*

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Opening Statement

I know I can't make you stop getting high. I will honor whatever decision you make concerning your drug use.

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Initial Contact Continued

- *3 sessions at a time*
- *Use incentives*

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Candy

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Dunkin' Donuts

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Fishbowl Technique

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Flat Screen TV

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Does a better quality of life lead to recovery or does recovery lead to a better quality of life?

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- *Housing first*
- *Community*
- *Distance from destructive peer groups*

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Increase Recovery Capital

- *Educational*
- *Vocational*
- *Relational*
- *Occupational*

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*Provide longer term monitoring
similar to how cancer and
diabetes are addressed*

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Effectively Utilize Peers

- *Pre-treatment - 75%*
- *In treatment - 50%*
- *Post-treatment - 80% of relapses*

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Anchor Recovery in the Client's Natural Environment

- *The use of peers*
- *Recovery drop in centers*
- *Churches*
- *Libraries*
- *Colleges*

96

Become

- *Trauma informed*
- *Dual diagnosis capable*
- *Address process addictions*

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Strive to Create Seamless systems of collaboration

- *Treatment and peers*
- *Treatment and child welfare, criminal justice, mental health and medical communities*
- *Provide wraparound services – creation of a healing forest*

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The Healing Forest



Don Coyhis
www.whitebison.org

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“Suppose you have 100 acres full of sick trees who want to get well. If each sick tree leaves the forest to find wellness and then returns to the forest, they get sick again from the infection of the rest of the trees. The Elders taught us that to treat the sick trees, you must treat the whole forest. You must create a healing forest. If not, the trees will just keep getting sick again. The community forest is now filled with alcoholic trees, drug-addicted trees, co-dependency trees, domestic violence trees, and trees with mental illness. The soil in which those trees are growing is missing the ceremonies, the songs, the stories, the language and the wisdom of our Elders.”



***Don Coyhis
White Bison***

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Every community has resources within it that can be a part of a healing forest to support recovery. Think of a healing forest as "Treatment without walls."

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*The Healing Forest
The Community as the Treatment
Center*

- *Families*
- *Treatment centers*
- *Faith based organizations*
- *Other social service organizations*
- *Persons in long term recovery*
- *The formerly incarcerated*
- *Employers*
- *Concerned citizens*

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Examples of Healing Forest

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Scott County Indiana: Where it's Cool to be in Recovery!

In 2015

- *Jobs went away*
- *There were 200 reported cases of HIV diagnosis in a county of 4000 people connected to an increase in injection drug use in the county*
- *This made headlines worldwide*
- *Multiple challenges in the rural county: poverty, high unemployment, limited access to medical care, a shortage of addiction treatment facilities*

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Creation of a Healing Forest in Scott County Indiana

- *Tom Cox a lifelong Indiana resident formed a Recovery Oriented System of Care (ROSC). He mobilized the entire community*
- *The goal of the Scott County ROSC is to see that all of Scott County embraces a culture of recovery through a coordinated network of community based services and supports*

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Results in Scott County

- *Recovery support groups in the county increased from 30 people attending 1 recovery support group per week to 330 people attending 18 weekly meetings at 9 locations. An increase in 1000% of individuals making long term recovery efforts*
- *37 Recovery Coaches trained and hired to help support recovery throughout the county including hospital emergency rooms*
- *The syringe service program referred 75% of the participants to drug treatment*
- *New cases of HIV reduced from 154 in 2015 to 8 in 2017*

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*Alkali Lake Tribal Band
British Columbia, Canada*

From 100% alcoholism to 95% recovery

- *One recovery at a time*
- *Alcoholics Anonymous*
- *Treatment*
- *Community development*

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Alkali Lake Continued

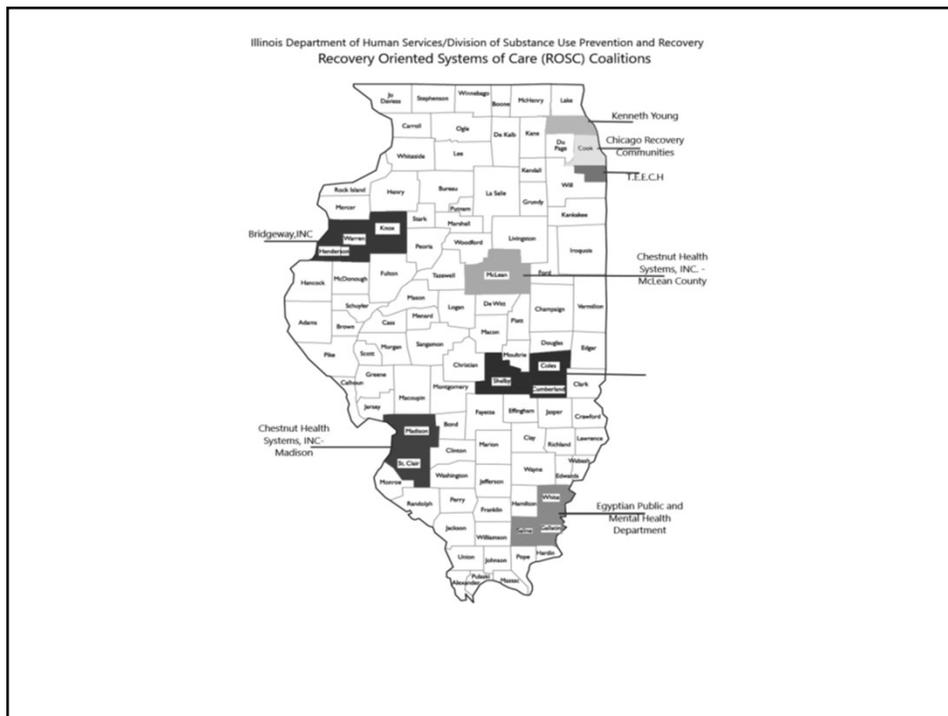
- *Return to tribal religion and cultural practices*
- *Reinstitution of the chief and tribal council*
- *Improvement of schools*
- *Prevention and treatment simultaneously*
- *Personal growth seminars*
- *Spreading the approach to other indigenous communities*

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Illinois ROSC Councils

- *RFP sent to providers*
- *8 providers selected*
- *Partnership with Great Lakes ATTC to provide technical assistance*

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Illinois ROSC Councils Continued

- *The 8 lead agencies recruited key stakeholders of the community to join the council*
 - *Use of social media*
 - *Monthly meetings*
 - *Educating the council about ROSC*
 - *Education about stigmatization and de-stigmatizing language*
- *Creation of a name, mission and vision statement together as a council along with a five year strategic plan*

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Illinois ROSC Councils Continued

- *Each council consisted of 30 to 150 members*
- *One lead agency helped develop ROSC councils in each of the 6 counties served*
- *One council opened a Recovery Drop In-center*
- *Stigma reduction, education and community mobilization*
- *Each council recruited people with lived experience to be involved*
- *Expansion of peer based Mutual Aid options*
- *Lead agencies started partnering with each other*

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The Role of Employers in the Healing Forest

- *Portugal*
- *Vocational schools*
- *Community colleges*

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Leonard Noble, Chicago helped 3000 people seeking recovery start careers in construction industry



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*Southwestern Illinois Correctional Center
Recovery Coaching Program*



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Kentucky Fried Chicken



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FELONY FRANKS® HOT DOGS		
Felony Frank	"Jumbo Hot Dog"	\$3.75
Misdemeanor Weiner	"Regular Hot Dog"	\$2.35
Cell Mate Dog	"Double Dog"	\$3.45
Custody Dog	"Cheese Dog"	\$2.85
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Pardon Polish	"Polish Sausage"	\$3.65
Mustard, grilled onions, sports peppers		
All dogs are served with Fries, and choice of mustard, onions, relish, tomato, sport peppers and celery salt.		
Ketchup upon request		
<hr/>		
<i>All 1/4 lb. Burgers</i>	PROBATION BURGERS	
Hamburger	\$3.25	Double Hamburger \$4.25
Cheeseburger	\$3.75	Bacon Cheeseburger \$4.50
Double Cheeseburger	\$4.75	Double Bacon Cheeseburger \$5.50
The WARDEN Special:	\$5.95	
Chopped Steak, choice of cheese, on garlic bread with grilled onions		
All burgers include ketchup, onions, pickles, mustard		
Choice of Cheese include American, Swiss, or Mozzarella		
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Miracle Village – Gary, Indiana

- *Incentives*
- *Outreach*
- *Removal of barriers*
- *Easy access to treatment*
- *Help with housing and employment*
- *Partnership among treatment, mental health, and child welfare*

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Trainers' Contact Information

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