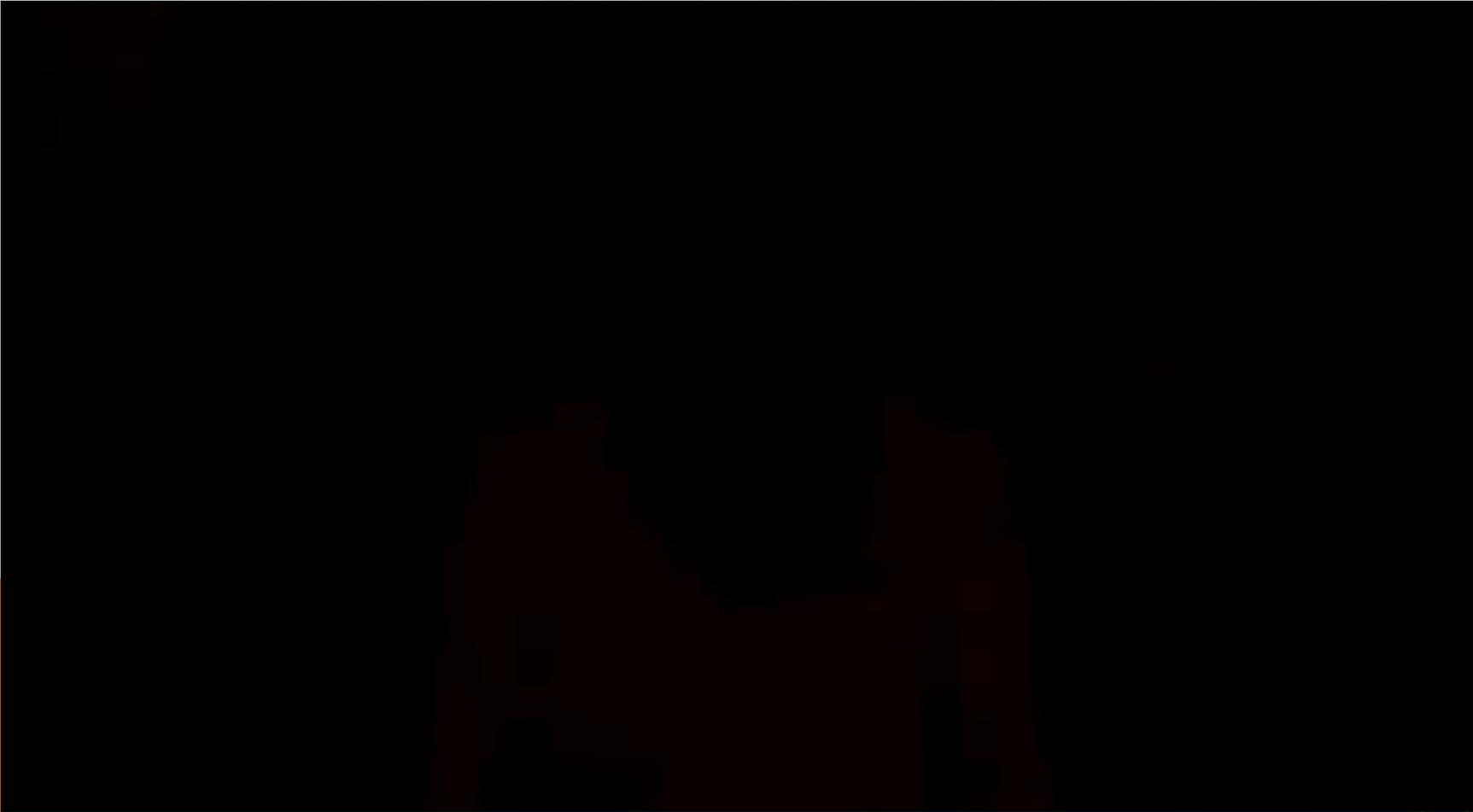
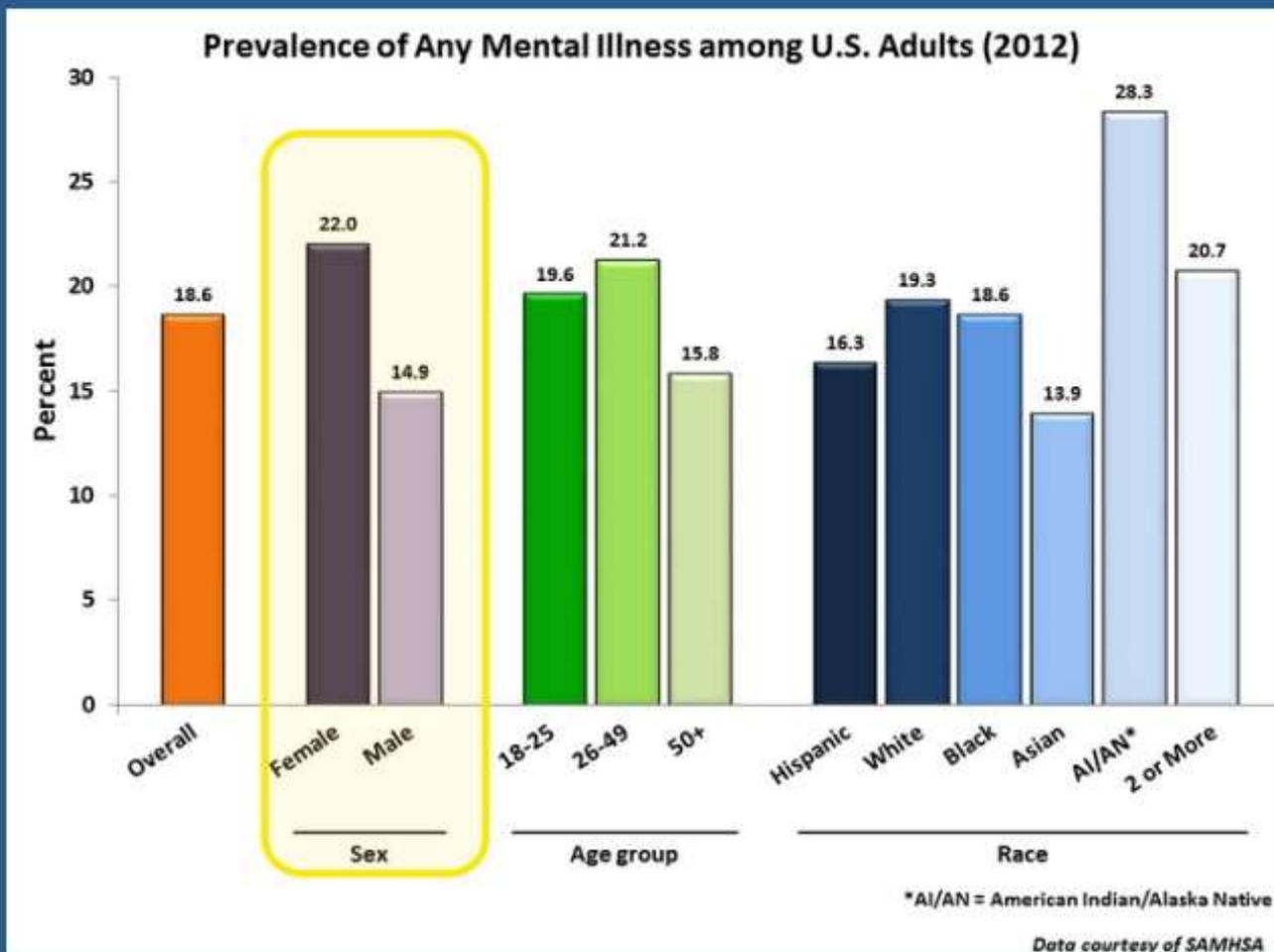


# THE PROBLEM WITH SCOPE OF PRACTICE



# FINDING METHOD IN THE MADNESS

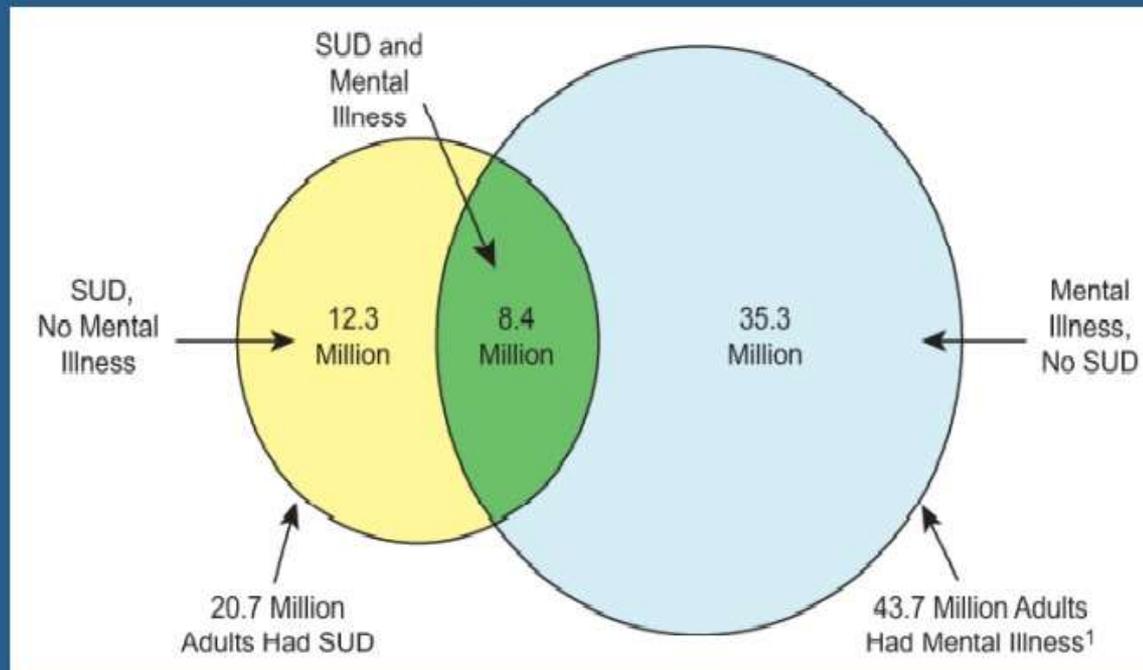
# How common are mental disorders?



Source: NIMH website

# Risk for Substance Use Disorders (SUD) among those w/Mental Illness (MI) Risk for MI among those w/SUD

- Past Year SUD and MI in US Adults 2012



# FINDING METHOD IN THE MADNESS

**Hands on Approach to  
Coping with Mental Health  
Disorders in the CD  
treatment setting.**

Samantha Carroll, CDP The Healing Lodge,  
Spokane WA    October 2015



*"Could we up the dosage? I still have feelings."*



*"Have you considered substance abuse?"*

# THE MADNESS

- **Don't practice outside our scope!**
- **High prevalence of co- occurring disorders**
- **“Co-occurring” client can present greatest challenges in tx- CDP role???**
- **CDP's are often the professionals who have the most and primary contact with co-occurring patients**
- **Referral process can lengthy and cumbersome- lose the patient in the interim**
- **Mental health disorders highly prevalent in CD setting but CDP's are rarely adequately trained to assess, manage or formulate treatment for this population**
- **Patients do not receive adequate treatment**

**No Wrong Door!**

# WHY THE MADNESS??

- **Increasing availability and accessibility of drugs**
- **Deinstitutionalization of people with MH disorders**
- **Expectations that agencies will address both**



# CONSEQUENCES OF THE MADNESS

- **Hospitalization**
- **HIV, Hepatitis**
- **Violence, Incarceration**
- **Homelessness**

HOMELESS  
AND  
HUNGRY  
PLEASE HELP \$  
GOD BLESS



148894193



- Hospitalization
- HIV, Hepatitis
- Violence, Incarceration
- Homelessness

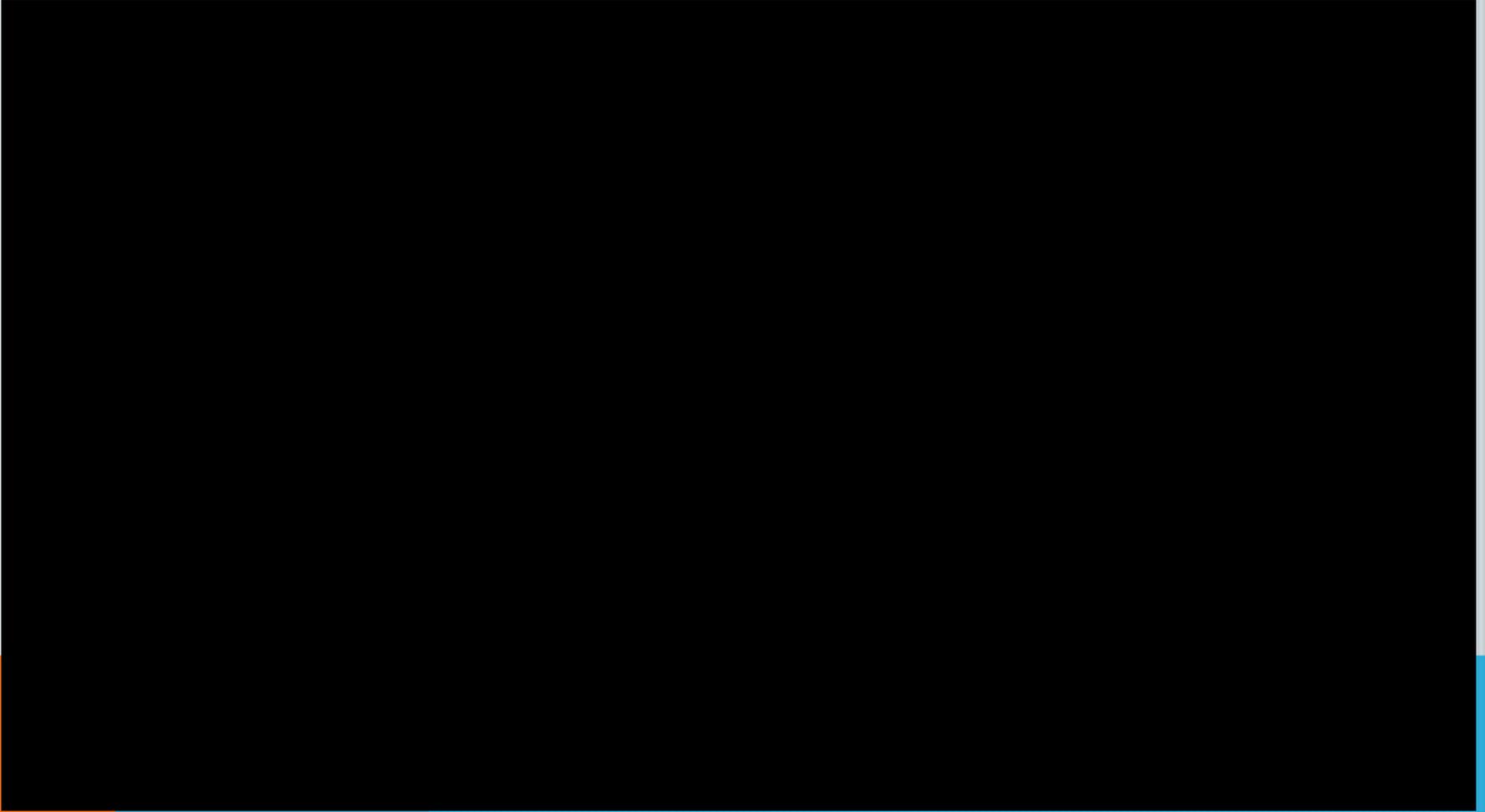


CONSEQUENCES  
OF THE MADNESS

# ASSESSMENT

- **No primary diagnosis**
- **Self-harm? Trauma Sensitivity**
- **Mental illness or drug induced behavior?- symptoms during abstinence?**
- **Stage of Change?**
- **What does the PATIENT believe is the problem?**
- **Meds?**
- **Secondary information from family, other professionals**
- **How immediate are mental health/CD needs?**

# IS IT THE DRUG OR THE MIND?

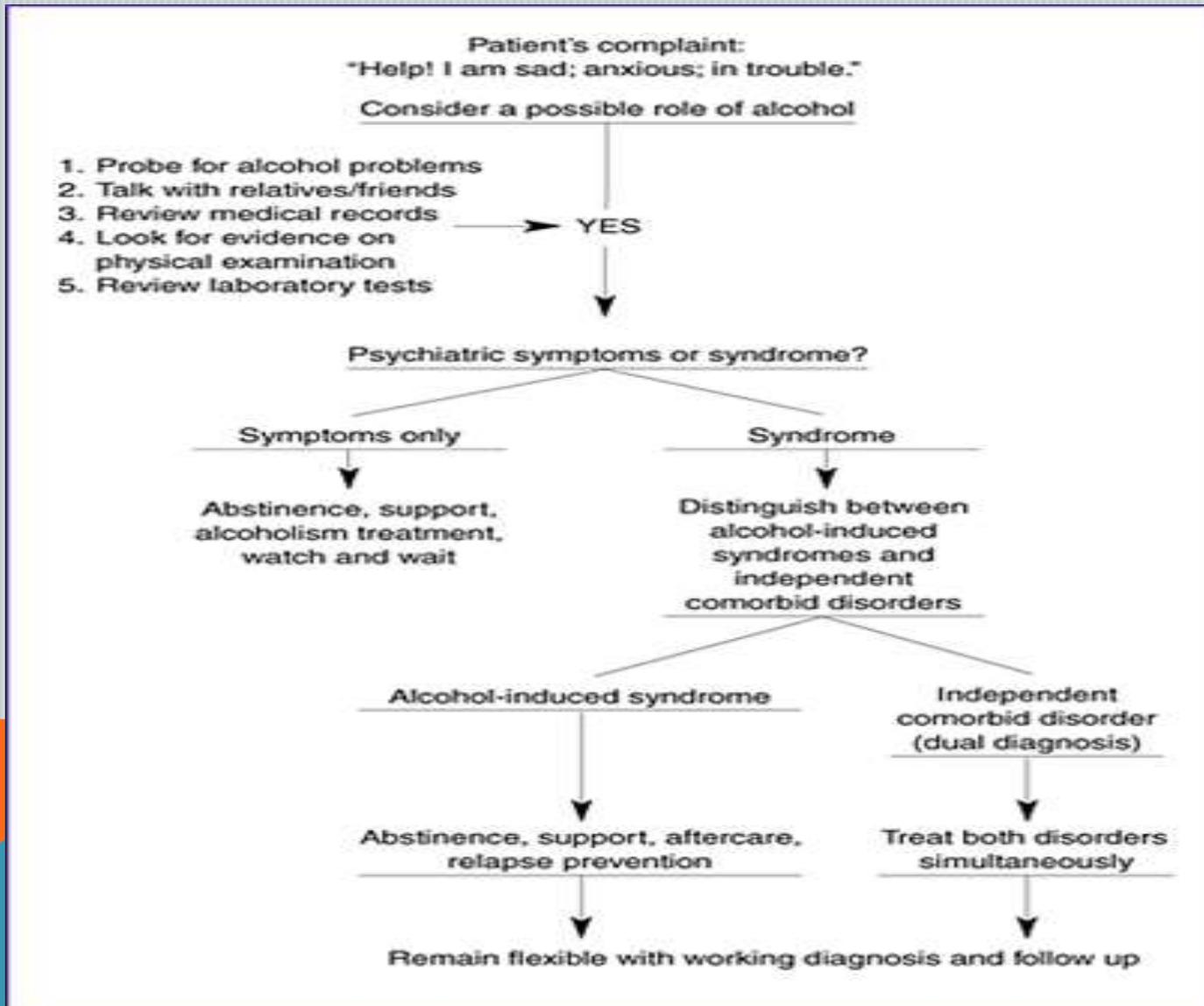


# PRIMARY SCREENING TOOLS

- **Mental Health Screening Form III**
- **SSI-AOD, CES-D Scale (depression)**
- **PCL (PTSD checklist)**
- **HCR-20 (violence risk assessment)**
- **ASI (Addiction Severity Index)**

[http://www.bhevolution.org/public/screening\\_tools.page](http://www.bhevolution.org/public/screening_tools.page)

# SCREENING EXAMPLE





# TREATMENT PLANNING

## ASAM Dimension 3:

- **Problem:** Patient has symptoms of depression which, he states, are causing him to use substances.
- **Goal:** Patient will gain healthy coping skills for symptoms of depression and will examine negative thinking patterns causing these symptoms
- **Objective: 1.** Patient will describe the most recent time he used substances to cope with symptoms of depression

**Objective 2.** Patient will describe, in as much detail as possible, the most recent time he was “happy.”

**Objective 3.** Patient will meet with MH clinician as recommended and follow all medication/therapy recommendations

**Outcome:** Patient will be able to analyze differences in thought patterns between these two times and state why he was able to feel “happy” in one instance and not the other.

# CASE STUDIES

## Case 1: Maria M.

The client is a 38-year-old Hispanic/Latina woman who is the mother of two teenagers. Maria M. presents with an 11-year history of cocaine dependence, a 2-year history of opioid dependence, and a history of trauma related to a longstanding abusive relationship (now over for 6 years). She is not in an intimate relationship at present and there is no current indication that she is at risk for either violence or self-harm. She also has persistent major depression and panic treated with antidepressants. She is very motivated to receive treatment.

**Ideal Integrated Treatment Plan:** The plan for Maria M. might include medication-assisted treatment (e.g., methadone or buprenorphine), continued antidepressant medication, 12-Step program attendance, and other recovery group support for cocaine dependence. She also could be referred to a group for trauma survivors that is designed specifically to help reduce symptoms of trauma and resolve long-term issues.

# CASE STUDIES

## Case 2: George T

The client is a 34-year-old married, employed African-American man with cocaine dependence, alcohol abuse, and bipolar disorder (stabilized on lithium) who is mandated to cocaine treatment by his employer due to a failed drug test. George T. and his family acknowledge that he needs help not to use cocaine but do not agree that alcohol is a significant problem (nor does his employer). He complains that his mood swings intensify when he is using cocaine.

**Ideal Integrated Treatment Plan:** The ideal plan for this man might include participation in outpatient addiction treatment, plus continued provision of mood-stabilizing medication. In addition, he should be encouraged to attend a recovery group such as Cocaine Anonymous or Narcotics Anonymous. The addiction counselor would provide individual, group, and family interventions. The focus might be on gaining the skills and strategies required to handle cocaine cravings and to maintain abstinence from cocaine, as well as the skills needed to manage mood swings without using substances. Motivational counseling regarding alcohol and assistance in maintaining medication (lithium) adherence also could be part of the plan.

# INDIVIDUAL SESSIONS

## Educate about Mental Health warning signs

1. Feeling tense or nervous
2. Eating less or eating more
3. Trouble sleeping too much or too little
4. Decreased need for sleep
5. Feeling depressed or low
6. Feeling like not being around people
7. Feeling irritable
8. Stopping treatment
9. Trouble concentrating
10. Thinking that people are against you
11. Drug or alcohol use or abuse
12. Increased spending or shopping
13. Being overconfident about your abilities

# IF YOU HEAR THINGS LIKE...

**“Before my last two episodes, I cut my hair very, very short.”**

**“My brother noticed that I was whistling all the time.”**

**“I started buying lottery tickets two or three times a day.”**

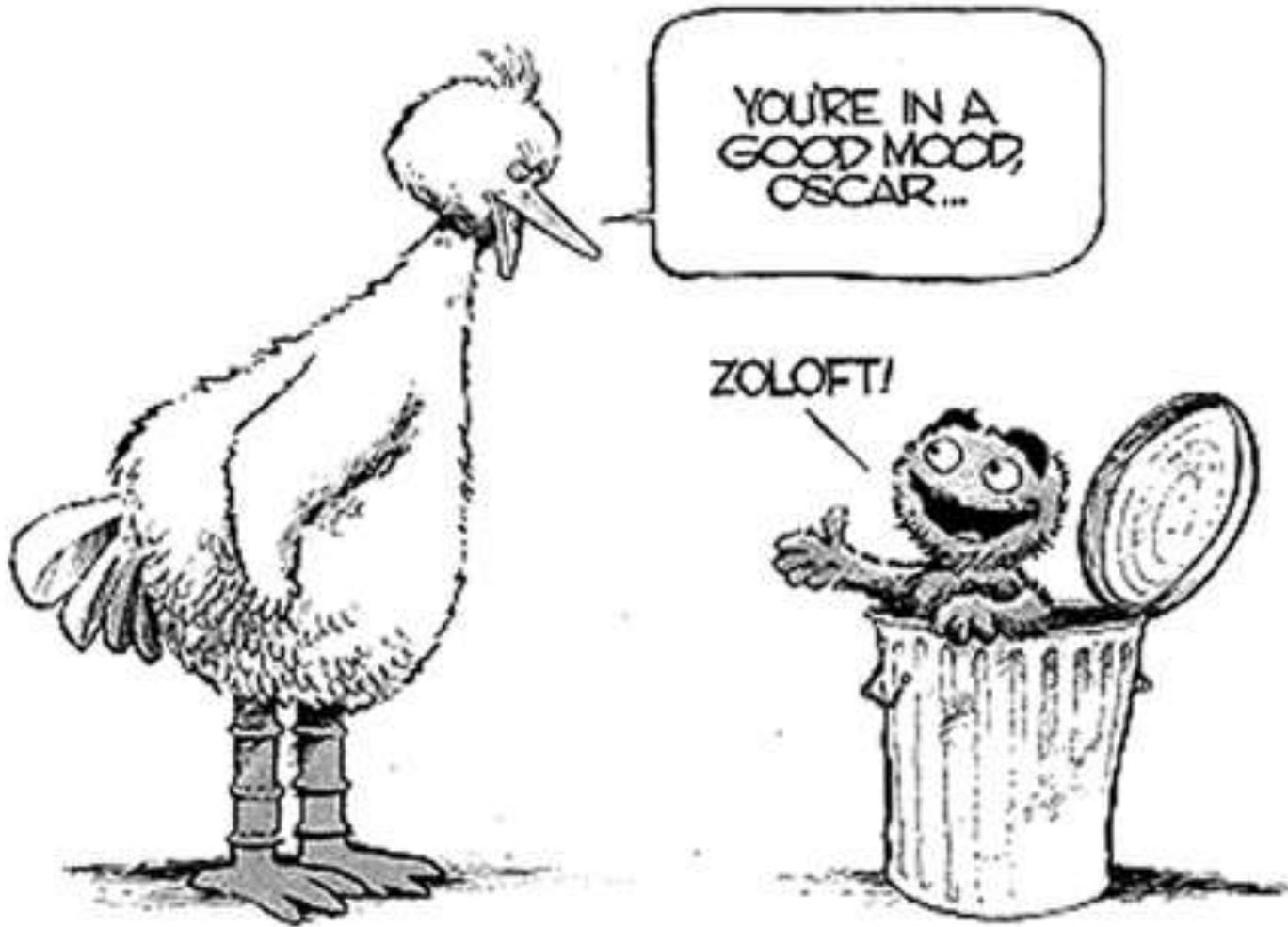
**“I started wearing the same clothes every day. The same khaki pants and blue T-shirt.”**

**“I became preoccupied with martial arts. I practiced martial arts moves for hours.”**

# INDIVIDUAL SESSIONS

- Educate about medication interactions with drugs and alcohol.
- Educate about effects of drugs/alcohol on mental health condition.





# CBT

**Examine distorted thinking for patients with symptoms of anxiety, depression mild bipolar disorder**



# MOTIVATIONAL INTERVIEWING

**What does the patient want?**

## How to Find Out

- **“What would you like to see different about your current situation?”**
- **“What makes you think you need to change?”**
- **“What will happen if you don’t change?”**
- **“What will be different if you complete your probation/referral to this program?”**
- **“What would be the good things about changing your [insert risky/problem behavior]?”**
- **“What would your life be like 3 years from now if you changed?”**

# COUNSELING STYLES

# SAGE ON THE STAGE

©Marty Bucella

[www.martybucella.com](http://www.martybucella.com)



"I'm sure she's a wonderful person, but you just can't run off and marry the first woman who lets you up on the furniture."



# GROUPS



# GROUPS

- **Choose topics to fit the audience**
- **Differentiation Strategies**
- **Scaffolding**
- **Understanding By Design**



[http://www.d.umn.edu/~hrallis/courses/3204fa06/assignments/lessonplanning/ubd\\_template.htm](http://www.d.umn.edu/~hrallis/courses/3204fa06/assignments/lessonplanning/ubd_template.htm)- Plan Backwards



# SCAFFOLDING

# **BUILDING ON WHAT PATIENTS ALREADY KNOW/LEARNED**

## **EXAMPLE**

### **1. Name the strategy step**

- **Not using when I feel sad**

### **2. Describe the step**

- **Making a list of people, places, things which cue you to use/change your mood**
- **Identify any strategies which have worked in the past**
- **Develop a visual representation of things which can positively change your mood rapidly**
- **Write a strategic plan for crisis of sadness to avoid using**

### **3. Model its use**

- **“Becky listed these people in her life who always lift her spirits. Here’s a diagram she made of things that can instantly change her mood.”**

# DIFFERENTIATION STRATEGIES

# DIFFERENTIATION STRATEGIES

- **Choice**
- **Group Work**
- **Utilize Multiple Learning Styles**

# Choice

- **One of the core methods of differentiation, differentiation by task, involves setting different tasks for patients of different abilities/sensitivities.**
- **Exp. :MH patients may not be able to go through complete CBT steps all at once and may need several different steps to choose from to avoid triggering trauma, depressive symptoms, etc.**
- **“Describe what happened when you became very angry- choose to describe the place you were, the people you were with OR what had happened beforehand. “**
- **“Describe the place you were when you became angry in more detail. Did you feel safe? Had you been there before? Etc.**

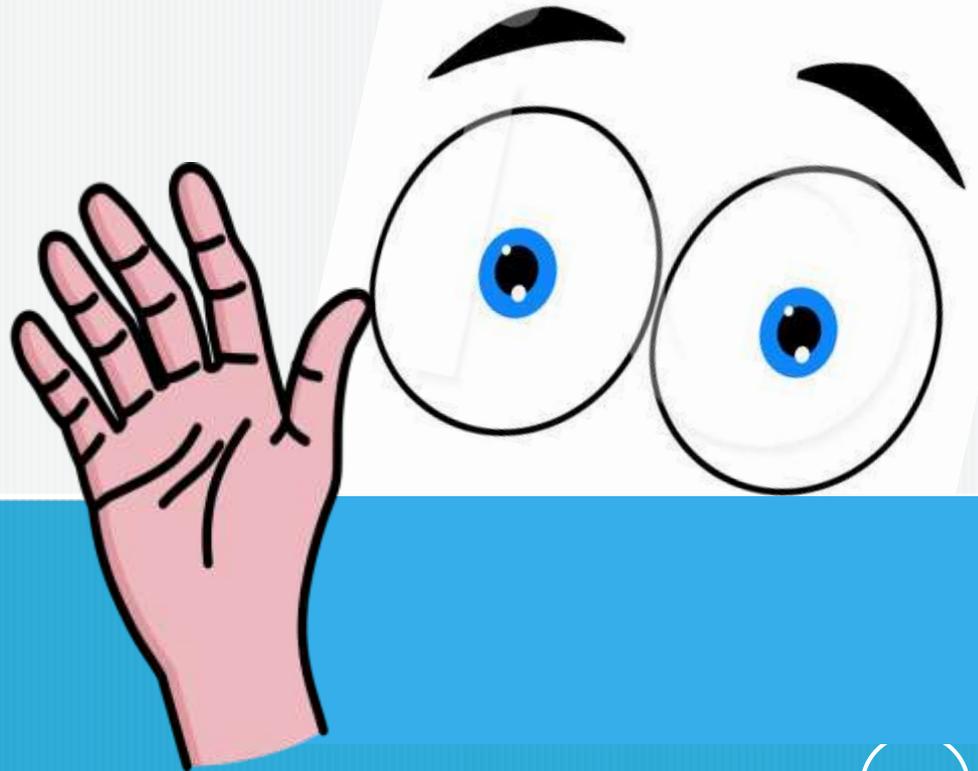
# GROUP WORK

- **Grouping allows roles to be allocated within the team which cater for each member's skill set and learning needs.**
- **Patients uncomfortable within a large setting can participate more confidently**
- **Allows patients to take advantage of peer support in a more intimate way**
- **Ex.: “Each group of three should come up with a definition of addiction and then we will discuss as a group.”**

# Utilize Multiple Learning Styles

## DIFFERENTIATION STRATEGIES

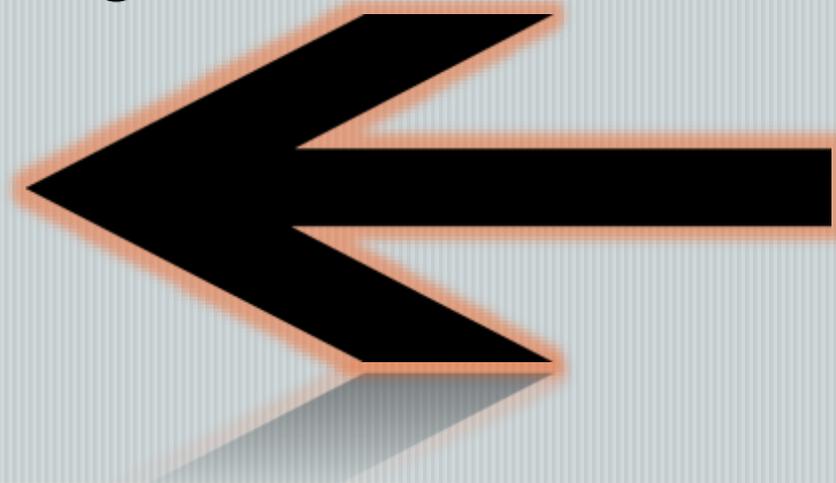
- **Auditory, Kinesthetic, Visual**
- **Provide hands-on projects**
- **Always use visuals**



# UNDERSTANDING BY DESIGN

## Backwards Design Process

- **What is the learning goal? i.e. developing sober support**
- **Plan backwards, i.e. What would ideal sober support look like? What are steps to get there?**



[http://www.d.umn.edu/~hrallis/courses/3204fa06/assignments/lessonplanning/ubd\\_template.htm](http://www.d.umn.edu/~hrallis/courses/3204fa06/assignments/lessonplanning/ubd_template.htm)



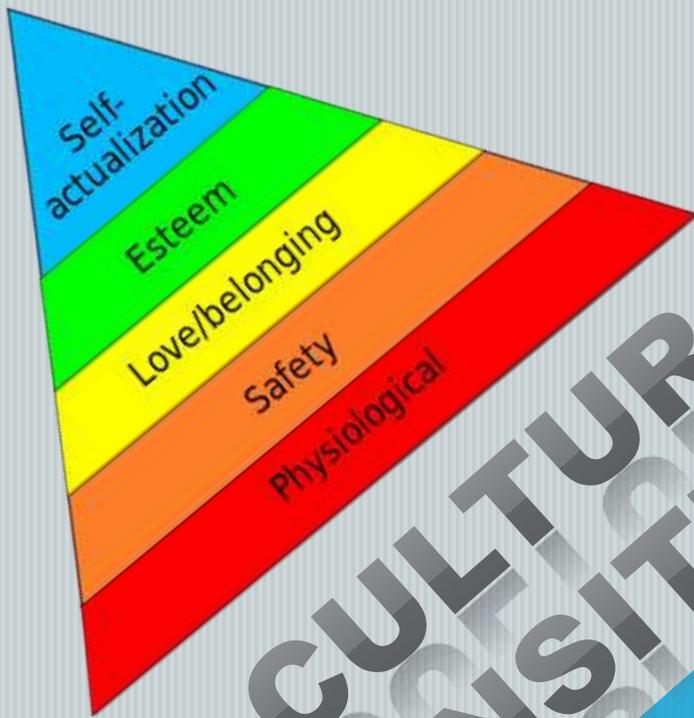
# CULTURAL SENSITIVITY



# Needs of different populations

## Examples

- **English-speaking Mexican Americans are eight times more likely to use marijuana than their Spanish-speaking peers, and among Puerto Ricans the same circumstances effect a fivefold increase.**
- **Many countries of origin have a culture that is more permissive toward substance use.**
- **Asians may be hesitant to admit to having a substance use disorder, believing that to do so is an imposition and risks shaming the family. Family members are disinclined to confront people with substance use disorders preferring to minimize, deny, reject, or even ostracize the offending individual**



# CULTURAL SENSITIVITY

**Don't mistake reticence for tx resistance**

## **Priorities**

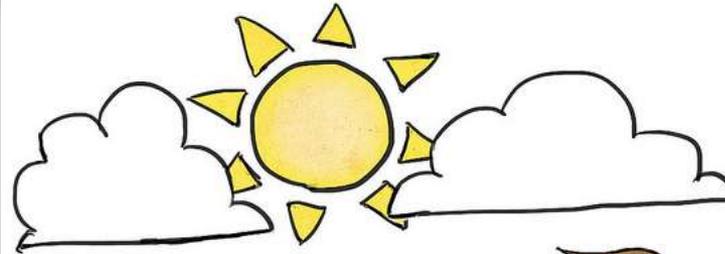
- **Maslow's Hierarchy**
- **What are the immediate needs?**

# CULTURAL SENSITIVITY

## **Cultural attitudes toward tx**

- **Problem recognition or perceptions of problem severity (for example, the belief that one's alcohol use is not a problem, or not a severe one, and that those affected can handle the problem on their own)**
- **Costs associated with seeking treatment**
- **Doubt about the efficacy of treatment**

# AFTERCARE



*Family*



  
community  
CONNECTIONS

# AFTERCARE

**Communication with family members, caretakers regarding patient's immediate needs/risks**

## **Referrals**

- **MH and CD providers with phone introduction to new provider when possible**
- **Provide days, times and transportation options for self-help meetings**
- **CD provider assures that transitions between levels of care for substance use/MH disorders are informed by a biopsychosocial evaluation, patient preferences, and the patient's history of responses to previous attempts at CD/MH treatment.**
- **Assures that proper authorizations for release of information are obtained.**

Have you chosen happiness, Jinki?

What?



You can choose happiness or misery. Your life is up to you.

Okay. I choose happiness then.



Are you happy now?

No. I'm still broke, addicted to drugs, and no one loves me.



That's all your own fault. Choose happiness, loser!



# RESOURCES

- Treatment, Center. *4 Assessment*. U.S. National Library of Medicine. Web. 10 Oct. 2015.- <http://www.ncbi.nlm.nih.gov/books/NBK64196/>
- "Think Like a Shrink." *Psychology Today*. Web. 10 Oct. 2015. - [https://www.psychologytoday.com/articles/199809/think-shrink?utm\\_source=FacebookPost&utm\\_medium=FBPost&utm\\_campaign=FBPost](https://www.psychologytoday.com/articles/199809/think-shrink?utm_source=FacebookPost&utm_medium=FBPost&utm_campaign=FBPost)
- "COCE Overview Paper 8 – Epidemiology of Co-Occurring Disorders." *COCE Overview Paper 8 – Epidemiology of Co-Occurring Disorders*. Web. 10 Oct. 2015. - <http://media.samhsa.gov/co-occurring/topics/data/samhsa-epidemiology.aspx>
- <http://store.samhsa.gov/shin/content//SMA08-4367/TheEvidence-ITC.pdf>
- [http://www.samhsa.gov/sites/default/files/programs\\_campaigns/women\\_children\\_families/women-in-mirror.pdf](http://www.samhsa.gov/sites/default/files/programs_campaigns/women_children_families/women-in-mirror.pdf)
- Mueser, Kim, Piper Meyer, David Penn, Richard Clancy, Donna Clancy, and Michelle Salyers. "The Illness Management and Recovery Program: Rationale, Development, and Preliminary Findings." *Schizophrenia Bulletin*. Oxford University Press. Web. 10 Oct. 2015. - <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2685197/>

# RESOURCES

- "Institute of Behavioral Research." *Institute of Behavioral Research*. Web. 10 Oct. 2015. - <http://ibr.tcu.edu/>
- "Co-existing Mental Health and Drug and Alcohol Problems: Steps towards Better Treatment." *PowerShow*. Web. 10 Oct. 2015. - [http://www.powershow.com/view2b/4661f9-NWUwY/Co-existing\\_Mental\\_Health\\_and\\_Drug\\_and\\_Alcohol\\_Problems\\_Steps\\_towards\\_better\\_treatment\\_powerpoint\\_ppt\\_presentation](http://www.powershow.com/view2b/4661f9-NWUwY/Co-existing_Mental_Health_and_Drug_and_Alcohol_Problems_Steps_towards_better_treatment_powerpoint_ppt_presentation)
- "Screening Tools | Behavioral Health Evolution." *Screening Tools | Behavioral Health Evolution*. Web. 10 Oct. 2015. - [http://www.bhevolution.org/public/screening\\_tools.page](http://www.bhevolution.org/public/screening_tools.page)
- <http://store.samhsa.gov/shin/content/SMA10-4531/SMA10-4531.pdf>
- "What Is CBT?" *YouTube*. YouTube. Web. 10 Oct. 2015. - <https://www.youtube.com/watch?v=bU0aHsxe80Q>

# RESOURCES

- "Cognitive Behaviour Therapy Example." *YouTube*. YouTube. Web. 10 Oct. 2015. - [https://www.youtube.com/watch?v=8mQZzlQXK1Q&index=15&list=PLT73pdAYt62jPrKpxGOCF8fN1BK-8\\_5pg](https://www.youtube.com/watch?v=8mQZzlQXK1Q&index=15&list=PLT73pdAYt62jPrKpxGOCF8fN1BK-8_5pg)
- Treatment, Center. *Chapter 5—Specialized Substance Abuse Treatment Programs*. U.S. National Library of Medicine. Web. 10 Oct. 2015. - <http://www.ncbi.nlm.nih.gov/books/NBK64815/>
- "Understanding By Design – Backwards Design Process." *Understanding by Design Framework*. Web. 10 Oct. 2015. - [http://www.d.umn.edu/~hrallis/courses/3204fa06/assignments/lessonplanning/ubd\\_template.htm](http://www.d.umn.edu/~hrallis/courses/3204fa06/assignments/lessonplanning/ubd_template.htm)
- "Introductory Video - English." *YouTube*. YouTube. Web. 10 Oct. 2015. - <https://www.youtube.com/watch?v=ceYnfQ-AwbM&list=PL85C1E36206E17BB3>

# RESOURCES

- [http://www.nova.edu/gsc/forms/mi\\_rationale\\_techniques.pdf](http://www.nova.edu/gsc/forms/mi_rationale_techniques.pdf)
- "Severe Mental Illness Tied to Higher Rates of Substance Use." *U.S National Library of Medicine*. U.S. National Library of Medicine. Web. 10 Oct. 2015. - <http://www.nih.gov/news/health/jan2014/nida-03.htm>
- "Self Esteem." *YouTube*. YouTube. Web. 10 Oct. 2015. - <https://www.youtube.com/watch?v=T9MXMJF-6Uw>