

Keys for Treatment with Individuals with Co-Occurring Disorders

Differences between Addictions Treatment and Mental Health Treatment

Addictions	Mental Health
Peer counselor model	Medical/professional model
Spiritual recovery	Scientific treatment
Self-help	Medication
Confrontation and expectation	Support and flexibility
Detachment/ empowerment	Case management/care
Episodic treatment	Continuous treatment
Recovery ideology	Deinstitutionalization ideology
Psychopathology secondary to addiction	Addiction secondary to psychopathology

New model proposed by Minkoff and Cline: Comprehensive Continuous Integrated System of Care or CCISC Eight Principles of Care

KEY--The principles apply to all individuals with COD and all programs in the system of care:

- Co-morbidity is an expectation, not an exception.
- Individuals with COD can be divided into four quadrants for service planning purposes, according to high and low severity of psychiatric and substance disorder.
- Treatment success derives from the implementation of an empathic, hopeful, continuous treatment relationship, which provides integrated treatment and coordination of care through the course of multiple treatment episodes.
- Within the context of the empathic, hopeful, continuous, integrated relationship, case management/care and empathic detachment/ confrontation are appropriately balanced at each point in time.
- When substance disorder and psychiatric disorder co-exist, each disorder should be considered primary, and integrated dual primary treatment is recommended, where each disorder receives appropriately intensive diagnosis-specific treatment.
- Both major mental illness and substance dependence are examples of primary mental illnesses which can be understood using a disease and recovery model, with parallel phases of recovery, each requiring phase-specific treatment.
- *There is no one type of dual diagnosis program or intervention.* For each person, the correct treatment intervention must be individualized according to diagnosis, phase of recovery/treatment, level of functioning and/or disability associated with each disorder, and level of acuity, dangerousness, motivation, capacity for treatment adherence, and availability of continuing empathic treatment relationships and other recovery supports.
- There is no one correct outcome measurement for individuals with co-occurring disorders; abstinence must not be the only measure of success.

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The Four Quadrant Model

SUB-GROUPS OF PEOPLE WITH COEXISTING DISORDERS

Consumers with “Dual Diagnosis” - combined psychiatric and substance abuse problems - who are eligible for services fall into four major quadrants

<p style="text-align: center;"><u>Quadrant 1</u></p> <p>Less severe mental disorder/ less severe substance disorder</p>	<p style="text-align: center;"><u>Quadrant 2</u></p> <p>More severe mental disorder / less severe substance disorder</p>
<p style="text-align: center;"><u>Quadrant 3</u></p> <p>Less severe mental disorder / more severe substance disorder</p>	<p style="text-align: center;"><u>Quadrant 4</u></p> <p>More severe mental disorder and more severe SA disorder</p>

Stages of Change

Pre-contemplation
Contemplation
Preparation
Action
Maintenance

Stages of Treatment

Engagement
Persuasion

Active Treatment
Relapse Prevention

KEY—EFFECTIVE INTERVENTIONS MUST BE STAGE SPECIFIC (Minkoff)

- **Future –to improve treatment success a trauma assessment of every person with COD needs to be done.**

Parameters for Treatment Matching

Individualized Treatment Matching

- according to diagnosis—*no single diagnosis is primary*
- phase of recovery/treatment *per disorder*
- level of functioning/disability *per disorder*
- level of acuity, dangerousness, motivation, capacity for treatment adherence *per disorder*
- availability of continuing empathic treatment relationships and recovery supports *for all disorders*

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DUAL DIAGNOSIS CAPABLE means:

- Routinely accepts dual diagnosis patient
- Welcoming attitudes to comorbidity
- CD program: mh condition stable and patient can participate in treatment
- MH program: coordinates phase-specific interventions for any substance dx.
- Policies and procedures routinely look at comorbidity in assessment, Tx plan, dx plan, programming
- Care coordination re meds (CD)

Dual Diagnosis Capable: DDC-MH means:

- Welcomes active substance users
- Policies and procedures address dual assessment, rx & d/c planning
- Assessment includes integrated MH/SA hx, substance diagnosis, phase-specific needs
- Tx plan: 2 primary problems/goals
- D/c plan identifies substance specific skills
- Staff competencies: assessment, motiv.enh., Tx planning, continuity of engagement
- Continuous integrated case mgt/ phase-specific groups provided: standard staffing levels

Dual Diagnosis Enhanced DDE-MH means: ADDICTION TREATMENT IN PSYCH MANAGED SETTINGS (DUAL DX INPT UNIT) OR INTENSIVE CASE MGT/OUTREACH TO MOST SERIOUSLY MI AND ADDICTED PEOPLE

- Meets all criteria for DDC-MH, plus:
- Supervisors and staff: advanced competencies
- Standard staffing; specialized programming:
 - a. Intensive addiction programming in psychiatrically managed setting (dual inpt unit; dry dual dx housing, supported sober house)
 - b. Range of phase-specific rx options in ongoing care setting: dual dx day treatment; damp dual dx housing
 - c. Intensive case mgt outreach/motiv. enh.: CTT, wet housing, payeeship management