
Concurrent Disorders Integrated Care: Strategies & Challenges

Chondrena Vieira-Martin, M.A., R.S.W.,
Concurrent Disorders Team Leader, ADAPT

Concurrent Disorders – Integrated Care

- Best Practices and substantive research agree on the approach of integrated care.
- The four-quadrant model, particularly emphasizes the need for integrated care particularly for those clients with more severe substance abuse and mental illness.
- Practices that integrate addictions and mental health treatment benefit clients regardless of whom or which system is providing the care.

Four Quadrant Model - Minkoff

Psych High Substance High <i>Quadrant 4</i>	Psych Low Substance High <i>Quadrant 3</i>
Psych High Substance Low <i>Quadrant 2</i>	Psych Low Substance Low <i>Quadrant 1</i>

INTEGRATED TREATMENT

- Integrated treatment refers to any of a number of mechanisms by which established diagnosis-specific and stage –specific treatments for each disorder are combined into a ***person-centred coherent whole at the level of the consumer*** and can be modified as needed to accommodate issues related to the other disorder - Minkoff

Integration across the continuum of care

- Integration most effective when implemented across the continuum of care.
- Each stage of care provides both opportunities and challenges for delivering truly integrated services

Integrated Screening

- Screening must include questions about addictions and other mental health issues.
- Numerous, differing screening tools available in both systems.
- Screening may be to detect the presence of concurrent concerns or be on the continuum towards assessment and diagnosis.
- Screening itself may have different meanings in the mental health and addictions system.
- Addictions tend to be less diagnostically focused than the mental health system and screening more likely to be concerned with identification versus diagnosis.

Integrated Screening

- Concurrent Disorder programs benefit from screening approaches geared to screening in versus screening out. “No wrong door” - Attempts to modify program to fit client versus requesting clients to fit numerous criteria.
- Identification of addiction and another mental health issue may be a sufficient screen
- Intake staff need to be comfortable in adding additional questions into the regular process and need to have a reasonable understanding of the program
- Basic cage type questions best at this level
- Screening for CD should be encouraged throughout the treatment process in mental health and addictions programs

Screening, Assessment, Diagnosis

- Screening can easily move into assessment or diagnosis and many screening tools start to move into this category which may have treatment consequences.
- Assessment is also utilized to develop engagement and relationship, a primary treatment element. If the individual has the experience of multiple assessments, the treatments are likely to be experienced as separated, versus integrated and the clinician may have a diminished repertoire of engagement activities.
- In mental health, diagnosis is a primary activity likely to have a very direct impact on the course of treatment.
- In addictions, assessment determines the presence and severity of a substance abuse condition. While there are established guidelines for treatment based on these assessments, a primary determinant of the treatment form is what the patient is willing to engage in which may differ significantly from treatment guidelines.

Addictions

- Standardized Ministry of Health assessment tools, numerous additional tools
- Assess for related and additional concerns
- Individual's preferences for treatment and the availability of treatment significantly impact treatment plan

Mental Health

- Utilize DSM IV to deliver diagnosis.
- Delineate area of concerns around Axis criteria
- Diagnosis provides clear direction for treatment.

Integration Challenges-Screening, Assessment and Diagnosis

- Agreement necessary on purpose and level of screening required.
- Changes or additions to usual organizational intake or screening need to be formalized, understood and accepted by screening staff
- Addictions assess – Mental health diagnoses
- Diagnosis leads to prescribed treatment
- Assessment results in recommendations and treatment plan negotiation.
- The difference in the degree of prescriptive outcomes following assessment and diagnosis lays a potential for integrative tension.

Case Example

- Client A is seen on an integrated mental health team. She is diagnosed with a schizophrenia and alcohol abuse. Care team agree that treatment recommendations support an abstinence goal and client has been unable to achieve this in the community as per the original treatment plan. Psychiatrist requests an inpatient addiction referral. Addictions worker in disagreement as client highly ambivalent around change and strongly negative regarding this option.

Integration Dilemma #1

- Addictions philosophy/treatment is less directive as directive approaches have been found to be less effective with substance abusing clients.
- Mental health treatment has traditionally been more directive. Movement to a recovery-philosophy approach is still in progress.
- One dilemma is that the client may have a clinical experience in which they are receiving different messages around their role and responsibilities in treatment. This weakens the integrative experience and potentially the adherence to either role.
- The clinical care team may query a lack of compliance or directive approaches or who may feel that their collaborative approach is being overruled.
- A poor treatment response in mental health is likely to lead more directly to increased treatment (dosage, intensity). This relationship is not as proportionate in addictions care.

Integrated Treatment

- Requires treating both problems as primary.
- Widespread acceptance around treating issues concurrently.
- Treating both issues as primary requires a knowledge and understanding of primary care in both fields in order to be able to consider the impact of care decisions in each area.
- Differences in the prioritizing of treatment elements may exist.
- While there is considerable overlap in treatment strategies from both systems direct contradictions also exist.

Common elements in Integrated Treatment

- Both mental health and addictions frequently promote the benefits of
- Cognitive behavioural therapy
- Self-help programs
- Leisure recreational activities
- Exercise and healthy lifestyles sleep/nutrition
- Developing structure in daily life
- Supportive professional and non-professional contacts

Integrated Treatment –Areas of Challenge

- While the common elements strengthen the ability to provide truly integrated care, other issues can override even these powerful similarities

Integration Treatment Challenge #1 – Drug use

- Psychiatric care frequently advocates for drug (medication) use to deal with problematic feelings and emotions
- Addictions care advocates against drug use to deal with problematic feelings and emotions
- This basic contradiction poses significant difficulty for individuals with concurrent disorders.

Integrated treatment Challenge #2

Self Medicating

- The self-medication hypothesis implies that if the person is properly medicated than this will serve to treat the addiction. Substance abuse and dependence have their own treatment course, related to, but not dependent on the course of the mental illness and recovery
- Research indicates that people with mental illness use substance for the same reason as other substance users
- 1) To alleviate general feelings of isolation, loneliness, boredom and despair
- 2) To facilitate social interaction
- 3) To create a sense of well-being, & escape from bleak life experience
- Applying the self-medication hypothesis often reduces the addiction concern to being secondary.

Case Example

- Client B is a young adult with history of psychotic disorder, suicide attempts and polysubstance abuse referred to addictions service because of Ritalin abuse. Client works, attends school part-time and has significant difficulty with impulsive, socially inappropriate behaviour as well as fragmented and tangential thinking. Currently also using marijuana and alcohol. Client off Ritalin and reduces other substance use while in addictions treatment and then Ritalin re-introduced for ADHD type symptoms.

Integrated Treatment Challenge #3

Spirituality

- Spirituality often a typical area of work and discussion in addiction treatment.
- Spirituality significant element of 12 step programs.
- Psychotic disorders often include religious delusions and beliefs which are included as symptoms of the disorder
- Psychiatric care encourages discretion around exploring areas in depth that may relate to delusions.
- Medical model and these clinical considerations may lead to a reluctance to engage in including spirituality as part of the treatment plan.

Integrated Treatment Challenge # 4- Personality Disorders

Addictions & mental health workers may conceptualize differently, which has the potential to promote different priorities in treatment'

Exhibiting of symptoms associated with some personality disorders(i.e. manipulation, projecting, lying) may be perceived as normal related symptoms to addictive behavior by some workers versus an independent disorder or personal trait by others.

Addictions may have expectations of these behaviours and identify them as an area of treatment versus mental health workers specializing in AXIS 1 disorders with an expectation that these behaviours are treated elsewhere .

Effective integration Strategies

- Normalize an expectation of concurrent disorder. This expectation should underlie screening procedures. Identification is the foundation of successful treatment.
- Treat both conditions as primary. Every intervention for care needs to take into account how it may impact the other primary condition.
- Standardize where possible. Standardization does not equal integration. Look at standardizing approaches, not just forms.
- Adopt complementary treatment philosophies if possible. Recovery philosophy is an excellent example.
- Where philosophies differ, acknowledge and work to mediate the differences with the individual and other care providers
- Communicate. Communicate. Communicate.

Reference/Reading list

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