Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Core Principles of Recovery-Oriented Treatment for Individuals with Co-occurring Mental Health and Substance Use Disorders

Recovery to Practice
Resources for Behavioral Health Professionals
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Learning Objectives

1. Identify and apply recovery-oriented best practice principles of integrated treatment for individuals with co-occurring disorders to psychopharmacologic practice, as well as to other practice settings.

2. Define and describe specific intervention strategies associated with each of the principles, including application in psychopharmacologic practice.
The Complexity Challenge

Individuals with complex multiple issues have the poorest outcomes in multiple domains.

- Most likely to cost a lot of money; most likely to be homeless; most likely to die
- Often experienced as misfits rather than as priorities to serve

Is your system or organization designed to welcome people with complexity as a priority for care?
The Hope Challenge

In order for our system to inspire people and families with serious challenges and multiple issues, we need to be in the hope business.

Hope:
Every person, including those with the greatest challenges, is inspired when they meet us with hope for achieving a happy, hopeful, productive, and meaningful life.
Complexity is an expectation, not an exception.

ALL services are designed to welcome, engage, and provide integrated services to individuals and families with multiple complex issues (MH, SUD, DD, BI, health, trauma, housing, legal, parenting, etc.).
Is This Your Vision?

Recovery-oriented Integrated System of Care

If so, how do you get there?
How do we get there clinically?

Research-based principles of successful intervention that can be applied to any population in any program by any person delivering care.
Principles made simple
Principle #1

Complexity is an expectation.

• Welcome people with complexity as priority customers.

• Remove access barriers that make it hard to be welcomed.

• See all the complex issues: integrated screening and documentation.
Principle #2

Service partnerships are empathic, hopeful, integrated, and strength-based.

• Hopeful goals for a happy life.
• Work with all your issues step by step over time to achieve success.
• Build on strengths used during periods of success.
Principle #3

All people with complex issues are not the same.

• Different programs have different jobs.
• All programs partner to help each other with their jobs, and their populations.
• **4-Quadrant Model** *(HI/HI, HI/LO, LO/HI, LO/LO)* for MH/SA, MH-SA/PH or MH-SA/DD may help with service mapping and matching.
For people with complexity, all co-occurring conditions are primary.

Integrated, multiple, primary, condition-specific best practice interventions are needed.
Parallel process of hopeful progress for multiple conditions.

- Recovery/resiliency/self-determination of the *person* with one or more conditions

- Progress involves:
  - Addressing each condition over time
  - Moving through stages of change for *each* condition

- Integrated services involve stage-matched interventions for *each* condition.
Issue-specific, not person-specific.

**Pre-contemplation:** You may think this is an issue, but I don’t—and even if I do, I don’t want to deal with it, so don’t bug me.

**Contemplation:** I’m willing to think with you and consider if I want to change, but have no interest in changing, at least not now.

**Preparation:** I’m ready to start changing but I haven’t started, and I need some help to know how to begin.
Stages of Change

**Early Action:** I’ve begun to make some changes, and need some help to continue, but I’m not committed to maintenance or to following all your recommendations.

**Late Action:** I’m working toward maintenance, but I haven’t gotten there, and I need some help to get there.

**Maintenance:** I’m stable and trying to stay that way as life continues to throw challenges in my path.
Collaborating with Natural Supports
Collaboration with Natural Supports

- Service providers explore importance of natural supports with person, and merits of including them in treatment.

- **Broad definition of natural supports:**
  - Family members, partners
  - Boy/girlfriends, friends
  - Anyone with a caring relationship with person

- Outreach to engage supportive persons in treatment.
Collaboration with Natural Supports

• Outreach to **engage supportive persons** in treatment.

• **Multiple roles for family members**, including identifying needs, service planning, adherence to treatment recommendations (e.g., medication), supporting resiliency and progress toward personal goals.

• **Agency and service providers family-friendly**: open to families, accessible, comfortable environment, understanding and empathic clinicians.
Natural Supports

- Collaborative, non-blaming.

- **Psychoeducation**: education and understanding about complex conditions and treatment principles.

- Strategies for reducing stress, improving communication, and problem solving.

- Goals include more effective treatment and **strengthening** of close bonds.
If we shoot for anything less than an outcome of recovery of wellness, of resiliency, then we’re doing a disservice.
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Integrated, Recovery-oriented, Strength-based Assessment with Individuals with Co-occurring Mental Health and Substance Use Disorders
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1. Understand how to perform an integrated, recovery-oriented, and strength-based assessment in psychopharmacologic practice and other settings, in order to identify interventions aligned with person-centered goals.

2. Learn how to use information about periods of success to make diagnostic and treatment recommendations for people with co-occurring mental health and substance use disorders.
Complexity is an expectation, not an exception!

ALL services and interventions are designed to welcome, engage, and provide integrated services to individuals and families with multiple co-occurring complex issues (e.g., mental health conditions, substance use disorders, health problems, housing issues, trauma experiences).
How do we get there clinically?

Research-based, recovery-oriented principles of successful **assessment** and intervention that can be applied to any population in any program by any person delivering care.
Integrated Longitudinal Strength-Based Assessment (ILSA)

- Recovery-oriented assessment process based on best practice principles
- The principles inform both practice and paperwork!
Assessment of Individuals with Co-occurring Disorders (ILSA)

- Welcoming and hope
- Empathy
- Chronologic story
- Screening for problems and risk
- Periods of strength and success
- Diagnosis determination
- Stages of change
- Skills and supports
Principle #1

Complexity is an expectation.

Welcome people with complexity as priority customers.

• Assessment process begins with formal welcoming.

• Welcoming is visually prompted on the assessment format.

Remove access barriers that make it hard to be welcomed.

• The assessment begins as soon as possible.

• There are no requirements re: substance levels or length of sobriety.

See all the complex issues: integrated screening and documentation.
Service partnerships are empathic, hopeful, integrated, and strength-based.

Hopeful goals for a happy life.

• Begin by asking about the person’s happy life goals and what he or she most wants help with to make progress.

• Document happy life vision and most important request.
Hopeful, integrated partnerships

Integrated empathy is based on listening to the client’s story.

- Obtain a longitudinal story, starting with recent period of time and basic functioning during that period.
- Listen empathically to the story, and identify all issues integrated in the story. This is integrated screening!
- Document the story, and list all the issues present.
Build on strengths used during periods of success.

• Identify a period of time of relative and recent success, and document all the strengths the client used to be successful in the face of all of his or her issues and challenges.

• Follow the time sequence forward to understand present challenges. In particular, identify periods of time of 30 days or longer with no substance use (for mental health diagnosis).

• Obtain details of why the period of success ended, with the goal of identifying how the client can build on strengths to learn new skills to be more successful in the future.

Service partnerships are empathic, hopeful, integrated, and strength-based.
Talking with Nick: A Recovery-oriented Approach

- Focus not on symptoms first, but periods of success
- How do symptoms/issues fit in context of his life?
- Identify meaningful strengths and resources
- What caused him to “go backwards”
Principle #3

All people with complex issues are not the same.

Four-Quadrant Model: Distinguish high- and low-severity issues and diagnoses.

• Establish or document diagnoses based on longitudinal history more than on current symptoms.

• Look for periods of time where substance use was stable to evaluate baseline mental illness.

• Distinguish substance use and dependence.

• Distinguish painful feelings, transient disorders, persistent disorders, and persistent disabling disorders.
The Four Quadrant Model

<table>
<thead>
<tr>
<th>Quadrant IV</th>
<th>Quadrant III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric High, Substance High</td>
<td>Psychiatric Low, Substance High</td>
</tr>
<tr>
<td>Serious Mental Illness with Substance Dependence</td>
<td>Psychiatriically Complicated Substance Dependence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quadrant II</th>
<th>Quadrant I</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric High, Substance Low</td>
<td>Psychiatric Low, Substance Low</td>
</tr>
<tr>
<td>Serious Mental Illness with Substance Use</td>
<td>Mild Psychopathology with Substance Use</td>
</tr>
</tbody>
</table>
Diagnosis

• Integrated, longitudinal, strength-based history.
• No period of sobriety needed to establish diagnosis by history.
• For **mental health disorder diagnosis**: Use mental status and medication response data from *past* periods of abstinence or limited use.
• For **substance use disorder diagnosis**: Identify patterns of dependence (vs. use/abuse) by assessing for awareness of lack of control in the face of serious harm; tolerance and withdrawal are not required.
Principle #4

For people with complexity, all co-occurring conditions are primary.

Integrated, multiple, primary, condition-specific best practice interventions are needed.

• For each issue, based on past success and current services being utilized, identify what is likely to be the best intervention to recommend.

• If this is not clear for any issue, identify where you and the client can obtain additional information or assessment to figure it out.
Principle #5

Parallel process of hopeful progress for multiple conditions

• Recovery of the person with one or more conditions

• Progress involves:
  – Addressing each condition over time
  – Moving through stages of change for each condition

• Integrated services involve stage-matched interventions for each condition
  – Identify stage of change for each issue, both currently and during recent periods of success
  – Use sentence prompts to identify stage of change
Principle #5: Stages of Change

Issue-specific, not person-specific.

• **Pre-contemplation:** You may think this is an issue, but I don’t—and even if I do, I don’t want to deal with it, so don’t bug me.

• **Contemplation:** I’m willing to think with you and consider if I want to change, but have no interest in changing, at least not now.

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Principle #6

Adequately supported, adequately rewarded skill-based learning for each condition

• Small steps of practical learning
• Self-management skills and “asking for help” skills: strength-based assessment: identify next-step skills that the person can and will learn to make progress for each issue, based on what they already know and where they are struggling now.
• Rounds of applause for each small step of progress: the assessment also identifies measurable stage-matched objectives (“baby steps”) for each issue and how to provide a “round of applause” for each step of progress.
No one correct intervention or program

Integrated Longitudinal Strength-based Assessment (ILSA)
is organized to obtain information in order to match interventions based on the principles.
Supporting Nick: A Recovery-oriented Approach
Immigrant experience ("... immigrated to U.S. when he was 18 years old to further his education.")

Father ("... he loves his children.")
Strengths, Opportunities, and Supports

**Church community** ("Describes his primary support as the members of his Church.")

**Interest in work** ("...stopped going to appointments because he was looking for work.")

**Previous management with psychotropic medication** ("...stopped them because he did not like the side effects.")

**Follow through on referral** ("Well, here I am – where do we go from here?")
Strengths-based Approach

- Patient-centered v. person-focused (Starfield, 2011)
  
  “. . . relationship continuity is the essence of primary care; accumulated knowledge is critical to the person-focused interventions . . .”

- The work of being person-focused (Berwick, 2009)

- Move away from deficits and toward strengths and resources (Xie, 2013)

- No one size fits all (Dickerson, 2011)

  Key: “normalizing fears, anxieties, frustrations, and joys”
Assessment: Strategies and Steps

• The recovery continuum; it’s a process and not an event (Davidson, 2010)
• Drawing from the literature (AAP, 2002)
  “Tell me about what you’re good at; what you enjoy.”
• Training at all levels and layers (Laird-Frick, 2010)
• Inviting collaboration – shared decision making (Schauer, 2007)
• Goal-directed planning (Wagner, 2001)
Supporting Nick: Strengths-centered Approach

Consider the gestalt
- Immigrant
- History
- Social context
- Cultural variances

“People don’t care how much you know, until they know how much you care”

~credited to T. Roosevelt~

Start with strengths
- Previous treatment
- Follow-up on referral

Assure the relationship
- Integrate peer providers in the holistic care team
Maintaining Recovery *with* Nick: Core Knowledge & Skills

- Strengths-focused
- Culturally humble
- Trauma-informed
- Motivationally-enhanced
- Person-centered
- Recovery-oriented
- Relationship-driven

Health, Home, Purpose, Community
To know that assessment can be done in a way that is life affirming and hopeful and combats the shame and the fear that comes with entering into treatment is really revolutionary.
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Strategies for Psychopharmacology with Individuals with Co-occurring Mental Health and Substance Use Disorders
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1. Identify and apply strategies for recovery-oriented prescribing psychiatric medication for people with co-occurring mental and substance use disorders

2. Identify approaches for using medication-assisted treatment (MAT) for substance use disorders in the context of psychopharmacologic practice that supports recovery for people with co-occurring disorders
Principles of Recovery-oriented Treatment

1. **Co-occurring disorders are an expectation, NOT an exception.**
   
   Welcoming, access, and integrated screening

2. **Empathic, hopeful, integrated, strength-based partnership is the essence of success.**
   
   Integrated longitudinal strength-based assessment (ILSA)

   Integrated, strength-based, community-based learning for each issue in small steps over time
6 Principles of Recovery-oriented Treatment (b)

3. Four Quadrant Model to distinguish
   - Abuse from dependence
   - Serious mental health disorders from other mental health conditions
   - Transient disorders from painful feelings

4. When substance disorder and psychiatric disorder co-exist, each disorder is primary

   Integrated primary disorder-specific treatment
6 Principles of Recovery-oriented Treatment

5. Parallel process of recovery for each condition
   Integrated stage-matched interventions

6. Adequately supported, adequately rewarded, skill-based learning for each condition
   Skill teaching with rounds of applause for small steps of progress, balancing care and contingencies for each condition
Psychopharmacology Practice Guidelines
General Principles

• Not an absolute science
• Ongoing, empathic, integrated relationship
• Continuous re-evaluation of diagnosis and prescription
• Strategies to promote dual recovery
• Stage-matched interventions for each diagnosis
• Strength-based, skill-based learning
• Balance necessary medical care and support with opportunities for reward based contracting and contingent learning
Dual Primary Treatment – Addiction

Addiction Medications

- Disulfiram
- Naltrexone
- Acamprosate
- Bupropion, Varenicline*
- Opiate maintenance
- Mood stabilizers?
- Others? (Baclofen, Vigabatrin, etc.)
Medications for Mental Health Conditions

Psychosis: Atypicals (?) and clozapine

Mood Stabilizers: LiCO3 vs newer generation mood stabilizers

Antidepressants: Any non-tricyclic antidepressant, particularly mirtazapine, SSRIs, SNRIs
Medications for Mental Health Conditions

**Anxiolytics:** clonidine, SSRIs, SNRIs, topiramate, other mood stabilizers, atypicals (short-term), buspirone (usually takes longer)

**ADHD:** Atomoxetine is probably first line. Bupropion, clonidine, SSRIs, tricyclics, then sustained release stimulants
Supporting Nick:
A Recovery-oriented Approach

- Safety
- Person’s goals and preferences
- Symptom reduction and management
- Sobriety
- Identify and stabilize more subtle disorders
Medication-Assisted Treatment (MAT) is a form of pharmacotherapy and refers to any treatment for a substance use disorder that includes a pharmacologic intervention as part of a comprehensive substance abuse treatment plan with an ultimate goal of patient recovery with full social function.*

*Find more information at: http://www.samhsa.gov/medication-assisted-treatment
MAT Medications for Alcohol Dependence

**Disulfiram** (Antabuse®)

**Naltrexone** (ReVia®, Vivitrol®, Depade®)

**Acamprosate Calcium** (Campral®)
Supporting Nick: A Recovery-oriented Approach

- Review chronologic history/time frames.
- Do symptoms persist when substance use stops?
Supporting Nick: A *Recovery-oriented Approach*

- Review previous pharmacologic treatment history (Effectiveness? Side effects?).
Supporting Nick: A Recovery-oriented Approach

• Review family history of mental and substance use disorders.
Feelings are something that we want to keep, even those that are challenging or painful because they are part of our humanness and symptoms can be what we may try to decrease because of the destructiveness in our life.
Understand that we are experts of our lives, though we may benefit from your expertise as exemplary professionals. It makes for a wonderful combination in pursuit of the best outcomes possible.
JOIN RECOVERY TO PRACTICE!

Visit the RTP website at: http://www.samhsa.gov/recovery-to-practice