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## Best Practices for Treating Co-Occuring Disorders in a Chemical Dependency Treatment Setting

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### Purpose

The purpose of this capstone project was to identify best practices for treating co-occurring disorders that could be utilized with adult males being treated for chemical dependency at the House of Hope, Inc. Identification of these practices will more effectively meet the needs of the clients served at House of Hope, Inc. and allow the agency to increase their capacity to better service clients with co-occurring disorders.

### Literature Review

The term co-occurring disorder refers to individuals who have both a substance use disorder and a coexisting psychiatric disorder, such as depression, mania, bipolar, schizophrenia, antisocial personality disorder, and other psychiatric illnesses (Brunette & Mueser, 2006; Daley & Moss 2002; Kessler et al, 1997). See table 1 for most common mental health diagnosis among those dually diagnosed. Since the 1980's, increasing recognition has been given to the issue of co-occurring psychiatric and substance use disorders. Community and clinical studies have shown that dual disorders are prevalent (e.g., Kessler et al., 1996; Regier et al., 1990). The literature further sites that the treatment and course outcomes are considerably diminished for clients with dual disorders than those with single disorders. Additionally these clients are indicated to experience reduced treatment retention rates, reduced symptom management, and functional outcomes (Smith & Morris, 2010; Mancini, Hardiman & Eversman, 2008 ). When two disorders coexist, each disorder should be considered as primary and integrated dual primary treatment should be provided (Minkoff, 2001).

Literature obtained for this review often cited the historical separation of mental health and chemical dependency treatment (Smith & Morris, 2010; Dinitto, Webb, & Rubin, 2002). Although, Evans and Sullivan (2001) assert that in order to bring these two systems closer we must first look at the similarities versus the differences (see table 2).

The Substance Abuse and Mental Health Services Administration (SAMHSA) Protocol for Improving Strategies for working with clients with co-occurring disorders defines "recovery" as having different meanings in different contexts. Substance abuse treatment indicators of being "in recovery" generally mean that the individual maintains abstinence from drugs or alcohol. Conversely, mental health recovery is viewed as a process in which the client moves toward specific behavioral goals through a series of stages and that relapse is expected (SAMHSA, 2006). In the context of treating co-occurring disorders, "recovery" means that the individual with co-occurring disorders learns to manage both illnesses so that he or she can pursue meaningful life goals (Mead & Copeland, 2000).

Various sources on co-occurring disorders agree that although there is no one "correct" approach to the treatment of persons who experience both substance abuse and mental illness, there are a number of promising programs and some general principles/practice that should be utilized (SAMHSA, 1993; Minkoff, 2001; Mancini, Hardiman & Eversman, 2008). SAMHSA suggests that treatment plans and interventions need to be specific to the challenges faced at each stage of the co-occurring disorder recovery process. Collaborated interventions, one that links the mental health and chemical dependency systems closely, are essential to positive treatment outcomes. Intervention strategies can be part of a single program or one that brings together multiple agencies to address client needs (SAMHSA, 2005).

Research indicated that The National Association of State Alcohol and Drug Abuse Directors (NASADAD) and State Mental Health Program Directors (NASMHPD) developed a quadrant of care model that provides a conceptual framework for providing service coordination that fosters consultation, collaboration, and integration among systems and providers to deliver appropriate care to clients with co-occurring disorders (Rokutani, 2008). Table 3 gives a more detailed understanding of the service coordination framework.

### Methodology

A limited systematic review was conducted to identify evidence-based best practices for treating co-occurring disorders in a chemical dependency setting. Literature was further narrowed by those that focused in-patient adult chemical dependency treatment.. Key research terms included: "dual diagnosis", "treating dual diagnosis/co-occurring disorders", "mental illness and addiction", "best practices in addiction and mental health treatment". The primary databases utilized for this review were: Academic Search Premier, ERIC, SAGE Premier, Social Services Abstract, Science Direct, and Google Scholar.

Additionally, this researcher distinguished what best practices the House of Hope, Inc. is already doing and what elements (i.e. rural setting, limited access to resources, limited social support) impact service delivery to help further narrow the scope of this research project. The final phase of the research focused on determining what recommendations would best fit the specific needs of the agency.

## Best Practices for Treating Co-Occurring Disorders in a Chemical Dependency Treatment Setting



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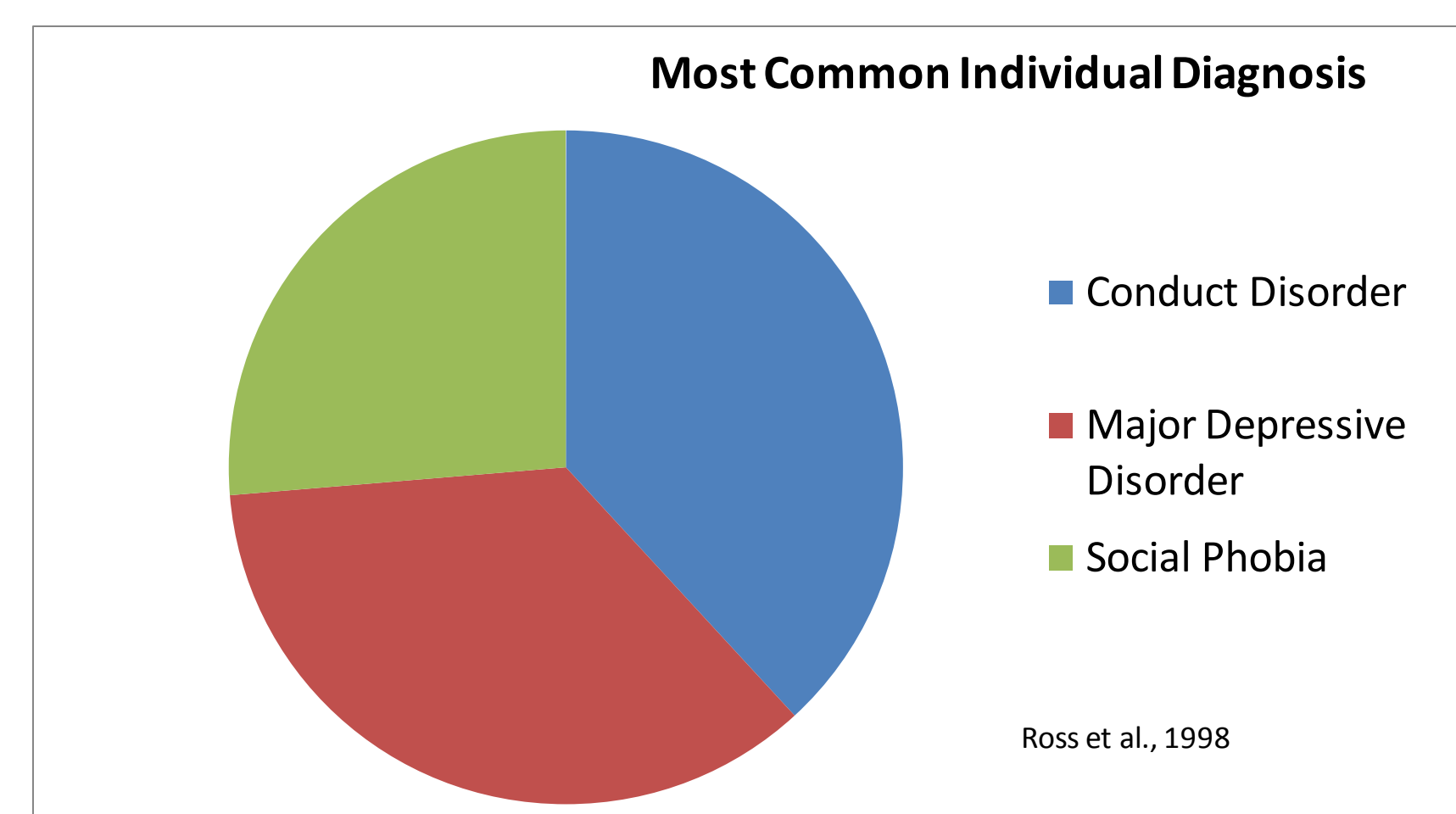


Table 2

### Common Characteristic of the Recovery and Mental Health Model

	Mental Illness	Addiction
<b>Goals</b>	To assist people affected by mental illness Reduce the affects of the impairment and disability Improve quality of life	To assist those affected by addiction disorder Reduce the impairment Improve quality of life
<b>Principles</b>	Focus on person and environment Long-term perspective Recovery is a process and a continuum Not a linear process of recovery Family involvement is important Peer support is significant Multiple pathways to recovery	Focus on person and environment Long-term perspective Recovery is a process and a continuum Not a linear process of recovery Family involvement is important Peer support is significant Multiple pathways to recovery
<b>Values</b>	Person-centered Consumer involvement Growth Empowerment Strengths perspective Focus on wellness and health	Person-centered Partnership toward recovery Growth Empowerment Strengths perspective Focus on wellness and health
<b>Strategies to Facilitate Recovery</b>	Biopsychosocial Treatment: medication therapy, illness management, education Community support Peer support groups Advocacy	Treatment: post-treatment, early re-intervention, therapy Community support Develop sober networks
<b>Social Attitudes</b>	Historically, prognosis was hopeless Debate about nature or cause of the illness Criminalization of illness Prejudice and discrimination	Historically, prognosis was hopeless Debate about nature or cause of the illness Criminalization of illness Prejudice and discrimination

Evans & Sullivan, 2001

### NASADA & NASMHPD's Service Coordination Framework

**Level I. Consultation.** Those informal relationships among providers that ensure both mental illness and substance abuse problems are addressed, especially with regard to identification, engagement, prevention, and early intervention.

**Levels II/III. Collaboration.** Those more formal relationships among providers that ensure both mental illness and substance abuse problems are included in the treatment regimen. Representatives of both substance abuse and mental health agencies should specifically contribute to the design of a treatment plans for individuals with co-occurring disorders and contribute to service delivery.

**Level IV. Integrated Services.** Those relationships among mental health and substance abuse providers in which the contributions of professionals in both fields are merged into a single treatment setting and treatment regimen.

Rokutani, 2008

### References

References are available from the author upon request.

### Strengths and Limitations

**Strengths:** Much of the literature indicated the need to provide better services to clients with co-occurring disorders. With the prevalence rate of co-occurring disorders, literature further supported the need for better coordination of services between the chemical dependency and mental health system. There are promising practice guidelines that can help assist agencies, such as House of Hope, to best serve clients with co-occurring disorders.

**Limitations:** A large amount of the literature focused solely on developing and implementing fully integrated chemical dependency and mental health services within a single program. There appeared to be a gap in the literature regarding how agencies who are not able to fully integrate services can accomplish similar outcomes. Since House of Hope, Inc. is a private non-profit organization in a rural setting this creates barriers to access resources to support expensive and time-consuming integrated treatment models specific to treating co-occurring disorders (Clearly, M. et al, 2008).

### Conclusions and Key Findings

#### Best practice strategies for treating co-occurring disorders in a chemical dependency treatment setting:

A common theme that emerged from the research literature noted the importance of developing treatment interventions that are specific to the challenges faced at each stage of the co-occurring disorder recovery process. Research indicated that identifying methods to provide parallel service delivery that concurrently treats psychiatric and substance abuse disorders will support the streamlining of services and collaboration between the two systems (Bride, MacMaster, Web-Robins, 2006) (SAMHSA, 2005).

#### Key findings indicate that collaboration between chemical dependency treatment and mental health treatment to better address client's needs can be accomplished through:

One of the key findings was the importance of identifying mental health related issues as soon as possible. This can be accomplished through the utilization of formal mental health screening tool upon a clients admission to a chemical dependency treatment program. Chemical dependency treatment facilities should also work to develop treatment plans that provide for continuity of care for both illnesses by integrating relapse prevention plans to include triggers, risk factors, and coping strategies for both illnesses; facilitate client participation in mutual self-help and peer support groups and promote staff education and training for chemical dependency counselor on mental illness & co-occurring disorders (SAMHSA, 2005).

### Recommendations

Research findings discussed above assisted this researcher in making recommendations to the agency that are feasible for House of Hope, Inc. to accomplish.

- It would be beneficial to the agency to utilize a formal mental health screening tool that could be administered upon admission to assist in identifying mental health needs of each client. Once a screening results indicate the presences of a co-occurring disorder, and the client is referred to a mental health agency, it is recommended that House of Hope consult with the mental health provider to gain further insight into the mental health issues. This consultation can be used to obtain specific mental health recommendations and goals that House of Hope can incorporate into their treatment plans, thus assisting to bridge any gaps between the two systems. This will allow the mental health recommendations to not only be included in treatment plans but also be used to modify clients current relapse prevention plan to include mental health related issues.

- To assist staff in better serving clients with co-occurring disorders, it would be beneficial for House of Hope to seek out low cost opportunities for staff development, continuing education, and training on mental health related topics.

### Implications for Practice

Identifying, developing, and applying best practice modalities within chemical dependency and mental health treatment requires social workers to develop the critical skills necessary to be knowledgeable and effective in both areas of practice. Resources for both chemical dependency and mental health are limited in Mankato and surrounding area thus contributing to surmounting problems facing this population. It is imperative that advanced generalist social workers advocate for more collaborative, accessible services to best treat co-occurring disorders effectively within a rural setting.