What are dual disorders?

- Mental illness and substance use disorder occurring together in one person
Why focus on dual disorders?

- Substance use disorders are common in people with severe mental illness
- Mental illness is common in people with substance use disorders
- Dual disorders lead to worse outcomes and higher costs than single disorders
  - Drake and Brunette, 1998
  - Hassin et al, Arch Gen Psych 2002

Hope for recovery

- Recovery is “The development of new meaning & purpose in life as one grows beyond the catastrophe of mental illness” (and substance abuse)
  - William Anthony

- Integrated dual disorder treatment is effective
Integrated dual disorder treatment program implementation

- 60% of programs who try attain successful implementation
- High fidelity to model leads to good outcomes
- Without focus, fidelity erodes over time

Dual Disorders Definitions for Substance Use Disorders (DSM-IV)

**Abuse**
- Maladaptive pattern of use for 12 months causing social, role, or legal problems

**Dependence**
- Maladaptive pattern of use for 12 months with 3 or more:
  - tolerance, withdrawal, more amount or time than intended, desire to cut down, other activities reduced, use despite problems
Epidemiology
(How common are these problems?)

- Mental illness
  - Depression 15%
  - Anxiety Disorders 13%
  - Bipolar 1%
  - Schizophrenia 1%

- Substance use disorders
  - Alcohol 20%
    - Men 30%
    - Women 10%
  - Drugs 12%
    - Men 15%
    - Women 9%

Prevalence of substance use disorders in mental illness
Course of dual disorders

- Both substance use disorders and severe mental illness are chronic, waxing and waning.
- Recovery from mental illness or substance abuse occurs in stages over time:
  - Precontemplation
  - Contemplation
  - Preparation
  - Action
  - Maintenance
  - Prochaska, & DiClemente 1992, Miller & Rollnick 1991

Course of disorders

- Without treatment, people who drink socially:
  - Become abstinent or develop substance use disorder
- People with more severe substance use disorders:
  - Most get worse

- Bartels et al, 1995
Dual disorders lead to worse outcomes than single disorders

- Relapse of mental illness
- Treatment problems and hospitalization
- Violence, victimization, and suicidal behavior
- Homelessness and Incarceration
- Medical problems, HIV & Hepatitis risk behaviors and infection
- Family problems
- Increase service use and cost

Medical Complications of Co-Occurring Substance Use: HIV and Hepatitis B and C

- HIV 3.1% (0.5% in general population)
- Hepatitis B 23.4% (5% in general population)
- Hepatitis C 19.6% - (2% in general population)

Rosenberg et al., AJ Public Health, 2001
Recovery

- Dual disorders are treatable

- Many people attain stable remission of substance use disorders over time

- Recovery encompasses other areas of adjustment

Traditional treatment

- Treat each disorder separately
  - May be parallel or sequential

- Separate treatment is NOT effective
Integrated dual disorders treatment: What is it?

- Treatment of substance use disorder and mental illness together
  - Same team
  - Same location
  - Same time
  - Other characteristics to be described later

- Integrated treatment IS effective

Why integrated treatment of dual disorders?

- More effective than separate treatment

- 10 studies show integrated treatment is more effective than traditional separate treatment
IDDT improves abstinence outcomes

Abstinence after Integrated Dual Disorder Treatment

NH Dual Diagnosis Study (1989-1994)

Proportion of Days in Stable Community Housing
NH Dual Diagnosis Study (1989-1994)

Percentage of Persons Hospitalized

- **All DD Patients (N = 203)**
- **Patients in Recovery (N = 54)**

Number of Arrests and Incarcerations (N=203)

- **Arrests**
- **Incarcerations in Jails or Prisons**
NH Dual Diagnosis Study (1989-1994)

- Median treatment costs decline more for persons in recovery.
- Inpatient costs decrease.
- There is a shift to community based treatment.
- Those who are most successful often begin with higher than average treatment costs.

How do people obtain remission from dual disorders?

- Stable housing
- Sober support network/family
- Regular meaningful activity
- Trusting clinical relationship

- Alverson et al, Com MHJ, 2000
Increasing skills and supports leads to recovery

- Abstinence comes after supports in place
- Relapse comes after loss of supports

- Alverson et al, Com MHJ, 2000

Principles of Integrated Dual Disorder Treatment

- Integration of mental health and substance abuse treatment
  - Same team of dually trained people, same location of services, both disorders treated at the same time

- Stage-wise treatment
  - Different services are effective at different stages of treatment
Skills for clinicians

- Knowledge about substances
- Integrated assessment and treatment planning
- Stagewise treatment
  - Engagement activities - outreach, support, practical help
  - Persuasion - Motivational counseling, skills training, family and group interventions
  - Active treatment - Substance abuse counseling, skills training, family and group interventions
  - Relapse prevention - Relapse prevention counseling, skills training, family and group interventions

More treatment factors for recovery

- Training for rehabilitation of skills
- Social and family support interventions
- Long term perspective
- Cultural Sensitivity and competence
- Program fidelity
Stages of Change vs. Stages of Treatment

- **Stages of Change**: Internal, very fluid
  Measured by how client is feeling/thinking about change

- **Stages of Tx.**: Behavioral,
  Observable Measured by what client is doing in treatment
Stages of Treatment

Engagement

- Irregular or no contact with clinician
- Does not consider substance use or mental illness a problem
- Corresponds to Precontemplation stage of Change

Stages of Treatment

Persuasion

- Regular contact with clinician
- Does not view substance use or mental illness as problem, but will contemplate impact of substance use on life/goals/values
- Corresponds to Contemplation stage of Change.
Stages of Treatment

**Active Treatment**
- Regular contact with clinician
- Recognition that substance use or mental illness interferes with personal goals/values
- Working on acquiring skills and supports to move towards life goals

Corresponds to Preparation/Action Stage of Change

**Relapse Prevention**
- No substance abuse for 6 months
- Furthering recovery to other areas of life

Corresponds to Maintenance stage of Change
Attaining remission occurs in stages

Different services are helpful at different stages of treatment

- **Precontemplation - Engagement**
  - Outreach, practical help, develop alliance

- **Contemplation – Persuasion**
  - Motivational Interventions, exploring important goals/values, assessment

- **Active Treatment**
  - ID cues/triggers, coping and skills training, self help, groups, family

- **Relapse prevention**
  - Update relapse prevention plan, expand recovery to other areas of life