

Recovery in Severe Co-occurring Addiction and Mental disorders

Evidence Based Practices

Consumer's Voice

Hope

Richard Ries MD



Videos recorded, produced and edited

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 - Harborview Rehabilitation and Recovery Services
 - Volunteer Patients



Those with Severe Co-occurring Addiction and Psychiatric Disorders more likely to:

- **Decompensate to addiction, mental illness, or both, resulting in:**
 - **More ER and Hospital visits**
 - **More Arrests and Jail/Prison time**
 - **Loss of Housing, Family, and Jobs**
 - **Loss of Life through Suicide, Accidents, Illness**
 - **High Cost**



Stages of Treatment...

- Acute
 - Psychotic and Intoxicated
 - Medical and Safety management
- Subacute
 - Refine Dx, Meds, begin to engage both COD's
- Longer term
 - Further Refine Dx's, meds, addiction recovery plan, groups, relapse prevention
- **Recovery???**.....**Now what?**



**“ I’m mentally stable, taking my meds, not using drugs or alcohol, and participating fully in my treatment
....Now what ?””**

- Boredom: the silent killer
- What are the incentives for getting better?
- What are the incentives for Staying Better
 - What about Better Housing?
 - What about a Better Living?
 - Job finding and support?
 - Peer support? Peer Counselor?
 - Self Efficacy and Self Respect: Who does this stuff?



Paul

- Paul is 53 yo Latino male who spent much of the last 25 yrs of his life on Seattle streets, in detox (>50X), jails and hospitals... a Chronic Public Inebriate
- Severe social phobia, recurrent depression and panic (Undx'd).
- His most usual drug was alcohol, but heroin or street methadone more recently.
- Despite hundreds of COD groups and AA mtgs, continued major relapses,
- 13 months ago Suboxone, Home visits, Job Placement and Support.



Video 1

- What are the themes
- What can we learn about treatment
- What can we learn about recovery



Paul and Evidence Based Programs

1. Antidepressants and Gabapentin for Major Depression and Social Phobia
2. Barlowes Social Phobia CBT
3. 12 step Facilitation (COD adapted-social phobia rx)
4. COD groups
5. Suboxone
6. Job Placement and Support- (1 yr B day)
7. MH/COD case-management



**Integrated Housing and Vocational
Assistance
for Persons Who Have a Co-Occurring
Substance Abuse and Psychiatric Disorder**

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Harborview Rehabilitation and Recovery Program



The Recovery Model

- Encourage hope and engagement in the community
- Clients take an active role in their treatment
- Individualized services with focus on strengths
- Different levels
- Promote highest level of autonomy



CMHS SMI

Evidence-Based Practices

- Standardized Pharmacological Rx's
- Illness Management & Recovery Skills
- ***Supported Employment***
- Family Psychoeducation
- Assertive Community Tx
- ***Integrated Dual Disorders Tx***

12 Step Programs:

- Facilitate Recovery by
 - Advocating Recovery Principles
 - Moving locus out of MHC
 - But start with developing onsite low barrier meetings with your own patients
- Facilitate Socialization with NON- SMI, usually NON Mentally ill persons,
 - Watch, listen, and get norms
 - Meeting selection is key
 - Built for the long term



12 step groups

- Most programs are too passive with advocacy for 12 step programs
- Most MH staff, and many CD staff don't know 12 step Facilitation (there is a myth that they do)
- **12 Step Facilitation** from staff is about
 - WORKING THE PROGRAM, not just showing up.
 - Working through barriers and resistance to 12 step
 - Finding and using the right meetings (COD, women's etc)
 - Evidence based practice (Project Match)
 - MH version in new APA Addictions Text (Ries et al)

Brenda

- 50 yo w female
- Bipolar depressed with manic hx,
- Borderline features, many hosp, self harm
- Alc and Cocaine dep
- High dose seroquel
- COD groups, DBT light
- Case management,
- Job Club, Job Placement and Support
- Sobriety, AA mtgs, Spirituality
 - See Marlatt, earlier presentation
 - Steps 2 and 3, others in 12 step
 - ASAM text chapter Galanter, Ries others



Pharmacological issues in Severe COD Recovery

- Psychiatric
 - Antipsychotic, antidepressant, antimanic etc
- Addictions
 - Anti-alcohol, anti-cocaine,
 - Opiate Agonist/Stabilizer
- Medical
 - Slimming psych meds
 - Linkage to Prim Care
 - Smoking, DM, Lipids, HTN, meds



Mark

- 35 yo w male with 15 yr history of severe Bipolar disorder and Alcohol dep
- Numerous ITA commits- mania, sometimes suicidal
- Several Alc Drg Rx's, AA, never sober >month
- Failed supervised Antabuse
- Oral Naltrexone on the way to Vivitrol
- Hey... maybe this stuff works !!!!





EVIDENCE-BASED PRACTICES
Shaping Mental Health Services Toward Recovery

SUPPORTED EMPLOYMENT

Implementation Resource Kit



Evaluation Edition 2003



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services

HMHS Employment Services Outcomes (FY 06)

- 83% Placement Rate
- Avg time from DVR plan to placement: 65 Days
- Avg wage earned: \$9.00/hr
- 90-day DVR closure rate: 71%
- % remaining employed 6 months: 71%
- % remaining employed 1 year: 50%

Myth of Readiness

- Primary factor is motivation
- Diagnosis and symptoms do not predict employment success
- Patients don't need to be symptom free and very few are
- Market directly to clients
- Communicate with team members



CHOOSE.....

- Choosing Your Next Job
 - Group approach
 - Peer support
 - Building “real world” skills
 - Sense of membership
- Department of Vocational Rehabilitation (DVR)
- Volunteer Support Group



Various Jobs Held by HMHS Clients

- Emissions Tester
- Courtesy Clerk
- Restaurant Prep
- Air Custodian
- Front Desk Attendant
- Maintenance
- Driver
- Administrative Asst
- Parts Puller
- Sales Associate
- Dishwasher
- Recycler
- LPN
- Mailroom Attendant
- Tutor
- Janitor
- Clown
- Cashier
- Library Clerk
- Usher
- Donations Driver
- Wheelchair Attendant
- Home Health Aid
- Receptionist
- Activities Director
- Flagger
- Barista
- Peer Counselors
- Medical Records Clerks
- Floral Assistant
- Customer Service Representatives
- Line Cooks

Job Club

- Job Club is an educational and supportive group for clients who are ready to start working



Job Club

- Job Search Strategies
- Interviewing Skills
- Time Management
- Resumes and Applications
- Managing Stress
- ADA and Accommodations
- Peer Support
- Relapse Prevention



Creating Long-Term Stability

- HMHS staff will meet with new employees to ensure that SSI or SSDI work incentives are set in place.
- Often, this means that HMHS employment will accompany a client to report income from a new job and establish a long-term reporting schedule



Creating Long-Term Stability

- In the first few weeks or months of a new job, a job developer will stay in close contact with the employer and the new employee
- Site visits and time spent with a client on the job may be paired down gradually as the client becomes more comfortable, though long-term support is on-going



Certified Peer Counselor

- Fidelity Component
- Since 1993



Group Topics

Work incentives, SSI and SSDI,
Medicare, Medicaid
Symptom management on the job
Time Management
How to ask for a raise
Highs and Lows of the week
Small talk, socializing with co-workers
Getting along with the supervisor
How to appropriately resign from a job
Money Management
How to recognize relapse triggers



Self-Care Topics

- Exercise
- Vacations and how to ask for time off
- Leisure Activity
- Stress management and how to prevent burn-out
- Relapse Prevention



Individual Services

- Social Security Reviews
- Job Performance Evals
- Site visits at work
- HWD applications
- Transition to private insurance
- Post-employment plan



Keeping The Job

- The client is part of an interdisciplinary support network consisting of psychiatrists, nurses, case managers, employment and housing staff that are all invested in the client's recovery
- All the players are involved and communicate with each other



Some reasons why clients have stayed on the job and why they attend a weekly support group:

- “We get nonjudgmental support from each other”.
- “You (employment team) are committed to our growth and longevity on the job”.
- “We all listen to each other”.
- “You guys (employment team) believe in us”.



Thanks



What do you talk about in COD

- Acute Engagement groups:
 - Why am I here?,
 - Were substances and psych issues involved?
 - What are my symptoms/substances?
 - How do I think about this?
 - What can I do to prevent this from happening again?
 - Is there help/hope for this?



What do you talk about in COD?

- Subacute and Stabilization groups:
 - Check in to help with Denial and Acceptance
 - Psych and Addiction diagnoses
 - Meds being taken and Drugs last used
 - What am I doing to stay stable/sober
 - Relapse symptoms and cues
 - Do I need time in groups to talk about something
- Topics of the day, developed from the group



What do you talk about in COD?

- Longer term:
 - Same check in as above,
 - COD conditions and how am I participating in treatment of these issues
 - Symptoms, cravings, COD Relapse Prevention Plan
 - but added:
 - Community supports
 - Church, School, Friends, **12 step programs**
 - Job, Volunteer, School readiness to change /participation
 - What am I doing to keep busy and improve myself?
 - What about my medical/physical condition?



What do you talk about in COD?

- Recovery phase groups
 - What is like our there,
 - NOT surrounded by other SMI/COD persons
 - NOT surrounded by people who understand
 - What do you talk about out there?
 - **Don't** talk about Drugs, Alcohol, Psychotic Symptoms
 - Do read the paper and watch the news and talk about Obama and the Mariners



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Video 2

- What are the themes
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Video 3

- What are the themes
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