

Recovery and Rehabilitation of the Client with Psychosis: Evidence-based Practices

Integrating Dual Recovery Therapy and Medications: Recovery and Rehabilitation for Co-occurring SMI and Addiction

Douglas Ziedonis, MD, MPH
Professor & Director, Division of Addiction Psychiatry

Department of Psychiatry
UMDNJ - Robert Wood Johnson Medical School

ziedondm@umdnj.edu

Co-occurring Disorders (COD) is common & has a big impact

- High rates in treatment and the community
- Cravings, withdrawal symptoms, cognitive impairment, depression, and other psychiatric symptoms may cause and maintain substance use & dependence
- Poor response to traditional treatments
- Integrated Systems, Programs, and Treatment is key

2

Evidence-based Principles of Co-Occurring Mental Illness & Addiction Treatment

- Integrate and modify traditional mental health and addiction treatment approaches
- Integrate medications and psychosocial
- Match treatment to recovery stage and motivation
- Interventions AND Programs at all levels of care
- Consider a long-term treatment perspective
– **Recovery and Rehabilitation**

3

Recovery and Rehabilitation of the Client with Psychosis: Evidence-based Practices

Dual Recovery Therapy

- Integrate and modify traditional Addiction Psychosocial Treatments
 - Motivational Enhancement Therapy
 - Relapse Prevention
 - 12-Step Facilitation
- Several NIH funded Behavioral Therapy Development Studies
 - Bellack
 - Carey
 - Shaner
 - Ziedonis

4

Time Limited Case Management (TLC) for Severe Mental Illness and Substance Abuse Disorders

David A. Smelson, Psy.D.
Miklos F. Losonczy, M.D., Ph.D.
Kathy Castles-Fonseca, Psy.D.
Bradley Sussner, Ph.D.
Maureen Kaune, M.D.
Chris Kilker, B.S.
Relisa Tillery, M.S.W
Doug Ziedonis, M.D., M.P.H

Treatment non-compliance

- Difficulty Transitioning to Lower Levels of Care
 - 9% Successfully transitioned from Acute to Day Treatment (Bennet et al, 2001)
- VA-New Jersey
 - 50% fail to attend initial DTC appointment
 - 70% poor treatment engagement

6

Recovery and Rehabilitation of the Client with Psychosis: Evidence-based Practices

TLC Program

- 8 week treatment program
- Transition from Acute Psychiatry to Outpatient Care
- Treatment begins within 72 hours of Acute Admission

7

Treatment Goal

- Engagement in Outpatient Treatment

8

TLC Interventions

- Dual Recovery Therapy
(Ziedonis, 1997)
- Case Management
(Susser et al, 1997)
- Peer Counseling
(Yanos et al, 2001)

9

Recovery and Rehabilitation of the Client with Psychosis: Evidence-based Practices

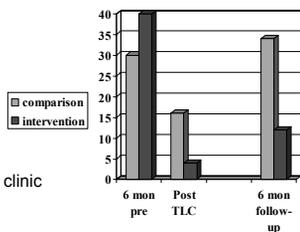
Hospitalization Information

hospital days 6 months prior to the clinic

Comparison Mean 30

TLC Group Mean 40

P = NS



hospital days 6 month post clinic

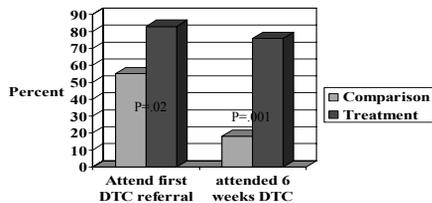
Comparison Mean 34

TLC Group Mean 12

P = .05

10

Outpatient Treatment Engagement



11

Functional Outcome

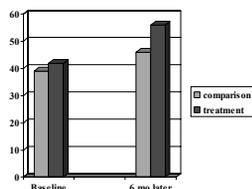
Global Assessment in Functioning 6-Month Outcomes

GAF Baseline

Comparison Mean 39

TLC Group Mean 42

P = .45



GAF 6 Month-Post

Comparison Mean 42

TLC Group Mean 55.7

P = .02

12

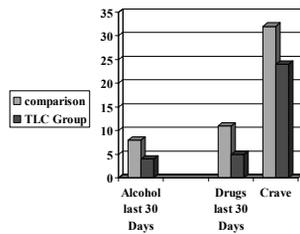
Recovery and Rehabilitation of the Client with Psychosis: Evidence-based Practices

Mental Health Outcomes

- Basis 32 Scores 6-month outcomes
 - Relation to Self/Others P=.006
 - Depression/Anxiety P=.006
 - Daily Living/Role Functioning P= .001
 - Impulsivity/Addictive Behavior P=.02
 - Psychosis P= NS

13

Substance Use 6-Month Outcomes



14

Recovery

- How do we define recovery ?
- Different views of recovery
- Sobriety versus Abstinence
- Can there be different roads of recovery?

15

Recovery and Rehabilitation of the Client with Psychosis: Evidence-based Practices

Recovery

- is a process of readjusting our attitudes, feelings, perceptions, and beliefs about ourselves, others, and life in general.
- is a process of self-discovery, self-renewal, and transformation.
- is not linear - it is complex
- takes time.

16

Stages of Recovery

- An abstract concept - convenient fiction.
- Attempt to impose simplicity and order upon a turbulent and complex process.
- Many models - similar progression.
- Treatment must be appropriate at each stage and be comprehensive
(Bio -Psycho - Social - Spiritual)

17

Recovery from Mental Illness

- Shock
- Denial
- Depression / Despair / Grieving
- Anger
- Acceptance / Hope / Helpfulness
- Coping
- Advocacy / Empowerment

18

Recovery and Rehabilitation of the Client with Psychosis: Evidence-based Practices

Stages of Addiction Recovery

- * Developmental Model
- * Neurobehavioral Model
- * Recovery Model
 - * Stage I, II (Larsen)
- * Motivation Based Model
 - * Stages of Change

19

Stages of Dual Recovery

- * Blending Mental Health and Addiction Perspectives
- * Motivation Based Treatment:
 - Prochaska & DiClemente Stages of Change: Precontemplation, Contemplation, Preparation, Action, and Maintenance
- MICA model: Acute Stabilization, Engagement, Active Treatment, Relapse Prevention, & Recovery
- REALITY: ONE RECOVERY

20

What is "Integrated Treatment"?

– the literature includes . . .

- Integrated Systems
- Integrated Co-Occurring Disorder Programs
- Integrated Mental Health and Addiction Psychosocial Treatments
- Integrating Medications and Psychosocial treatments
- Integrated Tobacco Dependence Treatment in MH / SA settings
- Integrating Individual, Group, Outreach, Couple, and Family Treatments

21

Recovery and Rehabilitation of the Client with Psychosis: Evidence-based Practices

Integrated Treatment includes the development of also ...

- Integrated Complementary Approaches with Evidence-based Interventions
- Integrating cultural competence and spiritual approaches
- **Integrating Recovery, Medical, and Rehabilitation Models**
- Integrating medical treatment (HIV, Hep C, nutrition, exercise, pain management, etc)
- Integrating prevention of a secondary disorder into treatment

22

2003/4 was BIG Year for COD

- SAMHSA's Report To Congress
- President's New Freedom Commission on MH
- SAMHSA's TIPS on COD (new version)
- CO-MAP: Medication Algorithm for COD
- RWJF Addressing Tobacco in MH & Addictions (and VA)
- ASAM PPC II – DD Capable & DD Enhanced
- APA SA Treatment Guidelines Update (psych.org)
- COCE: COD Center of Excellence
 - National Training / Consultation Center on COD

23

Get Publication: Strategies for Developing Treatment Programs for People with COD

- Collection of COD Training Materials
- Strategies and tools that public purchasers use to build integrated care systems
- Core competencies
- SAMHSA.gov (with NCCBH & SAAS)
- 2003 publication
- www.health.org NCADI

24

Recovery and Rehabilitation of the Client with Psychosis: Evidence-based Practices

Clinical Issue Discussion

- What are the best practices for this population?
- What are the key do's and don'ts and why aren't we doing these things?
- What are the barriers to implementation?
- What are the key Assessment, Medical Co-morbidity, Medication, and Therapy issues?
- What don't we know? What are the key unanswered questions?

25

Medication Management Issues

- Which antipsychotic / mood stabilizers work best for this population?
- What substance abuse treatment medications should be used in this population?
- What are the abuse liability, safety, efficacy issues?
- What about the new atypical antipsychotics?

26

Prevalence of Substance Abuse in Patients With Schizophrenia

- High rates of Substance-Use Disorders
 - 47% lifetime vs 16.7% in the general population (ECA)¹
 - Current rates are highest in acute treatment settings and rates range from 35 to 90% in all clinical settings
 - Alcohol (25 – 45%)
 - Cannabis (15 - 35%)
 - Cocaine (15 – 30%)
 - Poly-drug most common
- Nicotine Dependence most common (60 – 90%)
- 23% of first-episode schizophrenia patients had a lifetime history of substance abuse

¹Regier DA et al. *JAMA*. 1990;264:2511-2518.; ²Bühler B et al. *Schizophr Res*. 2002;54:243-251

27

Recovery and Rehabilitation of the Client with Psychosis: Evidence-based Practices

Prevalence of Substance Abuse in Bipolar Disorder

- Highest rate of co-occurring substance use disorders amongst dual diagnosis subtypes
- Lifetime rates high (48.5% alcohol and 59.4% drugs)^{1, 2}
- Current rates also very high and vary by setting high³
- High Rates of Nicotine Dependence (50 – 85%)
- Rates of abuse higher in males than females
- No difference in rates observed between pure and mixed manic subtypes

¹Regier DA et al. *JAMA*. 1990;264:2511-2518. ²Kessler RC et al. *Arch Gen Psychiatry*. 1994;51:8-19. ³Cassidy F et al. *Bipolar Disorders*. 2001;3:181-188.

Tobacco Smoking & Mental Illness

- Most individuals with schizophrenia or bipolar disorder are tobacco dependent (60 – 90%)¹
- 44% of all cigarettes consumed in the US are by smokers with mental illness (\$220 Billion / year)
- About 50% of SMI smokers are heavy smokers (>25 cigs/day)
- Heavy smokers have 4 fold increased risk for other addictions
- Increased health consequences, death, discretionary costs, housing issues, and stigma
- Tobacco metabolism (not nicotine) induces P450 1A2 changes medication metabolism, blood levels, and costs
- Nicotine Dependence treatment more difficult¹, however improved success with NRT, atypicals and behavioral therapy

¹George TP, Ziedonis DM et al. *Am J Psychiatry*. 2000;157:1835-1842.

Worse Patient Outcomes With Substance Abuse in Schizophrenia

- Worse psychiatric symptom fluctuation and severity
- Earlier age of onset of schizophrenia
- More interpersonal and family problems
- More suicide attempts and ideations
- More medical disorders, including HIV & HepC
- Tobacco caused medical illnesses & medication costs
- Poorer medication compliance
- Higher rate of relapse and hospitalization
- Higher service utilization and healthcare costs
- Increased homelessness, violence, illegal activities

Recovery and Rehabilitation of the Client with Psychosis: Evidence-based Practices

COD Assessment Issues

- Symptoms versus Diagnosis
 - anxiety, depression, mania, & psychosis
 - intoxication, withdrawal, & chronic use
 - personality factors
 - symptom scales and diagnostic tools
- Primary versus Secondary ?
- Self-Medication ?

31

Assessment Strategies

- Time-line (prior history)
- Prior mental health, addiction, & dual diagnosis treatment
- Information from Significant Others
- Family History
- Changes while in Treatment

32

Assessing Motivation to Change

- Precontemplation, Contemplation, Preparation, Action, Maintenance
- Formal: SOCRATES & URICA
- Informal:
 - Importance, Readiness, & Confidence
 - DARN-C
 - Decisional Balance
 - Time-line / Quit Date
 - Counter-transference & Non-verbal cues

33

Recovery and Rehabilitation of the Client with Psychosis: Evidence-based Practices

Dual Recovery Status Exam

- Assess Both Psychiatric and Addiction Issues, including motivation
- Cravings / Thoughts
- Last substance use
- 12-Step & Treatment Involvement
- Current Mental status
 - Depression / suicidal ideation
- Medication Compliance

34

Principles of Pharmacology for COD

- Resources: CO-MAP & TIPS & APA & VA guidelines
- Consider specificity of psychiatric & addiction disorders
- All medications are not created equal
 - abuse liability
 - Safety
 - Interaction with substances
- Avoid psychiatric medications with abuse liability, overdose risk, causing seizure, sedation, liver toxicity, sedation
- Simplify dosing strategies (start low – go slow)
- Stress education and compliance
- Minimize refills

35

Meds for Schizophrenia & Addiction

- Primary Antipsychotic Medication
 - Atypicals are best
 - Increased side effects with traditionals (EPS)
 - start low, go slow
 - Consider DEPO (Consta – atypical)
- Issues: seizure risk, cardiac QTC, liver, sedation, weight gain, sexual dysfunction
- Stay the course (prescribe the medication)
- Controversial role of benzodiazepines

36

Recovery and Rehabilitation of the Client with Psychosis: Evidence-based Practices

Research on Atypicals for Schizophrenia and Addiction

- Mostly pilot studies, case reports and larger retrospective studies
- NIDA and most of industry (with an atypical) have targeted dual diagnosis as an important group
- Clozapine, olanzapine, and risperidone all have positive studies supporting their benefits in this population. No direct comparison studies.
- Few studies of atypical antipsychotics in bipolar disorder and addiction

37

Addiction Treatment Medications for COD Treatment

- Detoxification
- Protracted Abstinence
- Harm Reduction / Opioid Agonists
- Co-occurring Psychiatric Disorders
 - AA Brochure: [The AA Member: Medications and Other Drugs](#), 1984

38

Dual Recovery Therapy (DRT)

- Integrate and modify the best of mental health and addiction approaches
- Consider the impact of each disorder on the individual and traditional treatments
- Consider the patient's stage of recovery for both illnesses and their motivation to change: Motivation Based Dual Diagnosis Treatment Model
- Recognizes the need for hope, acceptance, and empowerment
- Encourage Medication Compliance

39

Recovery and Rehabilitation of the Client with Psychosis: Evidence-based Practices

Dual Recovery Therapy Blends and Modifies

- Core addiction therapy approaches
 - Motivational Enhancement Therapy
 - Relapse Prevention
 - 12-step Facilitation
 - NCADI: 1-800-SAY NO TO;
www.health.org
- Core mental health therapy approaches
 - Social skills training
 - More case management & outreach

40

MET = MI + Feedback

- Motivational Interviewing (Style)
 - Empathy, Client-Centered, Respects readiness to change, embraces ambivalence
 - Directive – one problem focused (needs adaptation for poly-drug & COD)
- Personalized Feedback (Content)
 - Assessment, including motivation
 - Personalized Feedback
 - Decisional Balance: Pros & Cons
 - Change Plan & Menu of Options

41

MI: Opening Strategies

1. Ask open ended questions
2. Listen reflectively *** (50% of time)
3. Summarize
4. Affirm
5. Elicit change talk: listen & support self-motivational statements

42

Recovery and Rehabilitation of the Client with Psychosis: Evidence-based Practices

Key Consideration: What do you Feedback?

- What type of feedback is important and will have an impact to do what?
- How does motivational level effect what type of feedback?
- Enhance Desire and / or Self-Efficacy
- How does specificity of substance matter?
 - Alcohol – you are not a social drinker
 - Drugs – you are like drug users in treatment

43

Feedback – Change Mechanisms

- Informational / Educational
- Motivational / Inspirational
- Changing Attitudes and Beliefs
- Providing Support / Helping Relationships
- Offering Social norms and comparisons
- Increasing Active information processing
- Providing information about risks, skills, strengths

44

Personalized feedback – Tobacco and Schizophrenia (Steinberg et al 2003)

- CO monitoring
- Costs per year
- Medical conditions affected by tobacco
- Links with other substances, relapses, etc

45

Recovery and Rehabilitation of the Client with Psychosis: Evidence-based Practices

Modifying MET for COD

- More Problems to Address
 - Longer Engagement Period
 - Lower Self-Efficacy (link with recovery / hope)
- Assess MH, SA, & Meds (can one be consistent?)
- Modify Feedback & Change Plans - dual
- Address Cognitive Limitations
 - Higher therapist activity & behavioral strategies
 - Briefer, More Concrete, Repetitions, Follow Alertness
- Integrate with Mental Health Treatments

46

Motivation Based Recovery Oriented Therapy (MBROT)

- Start with:
 - Usual counselor knowledge and skill
 - No MI just usual counseling style: coach
 - Counselors know RP / TSF
- Add Motivation Level Assessments
 - IRC ruler
 - document
- Add Providing Feedback
 - What increases desire or self-efficacy?
- Add Decisional Balance, Change Plan, Treatment matched to motivation, and “One Recovery” perspective

47

Change Plan: First part – the client describes

- The Changes I want to make are
- The most important reasons why I want to make these changes are
- I will know that my plan is working if
- Some things that could interfere with my plan are
- Things to think about and options to consider are

48

Recovery and Rehabilitation of the Client with Psychosis: Evidence-based Practices

CBT: Relapse Prevention

- Identifying cues / triggers for substance use or cravings / thoughts
- Do an analysis of a “relapse”
- Goal to improve self-efficacy to handle specific people, places, things, moods
- Examples:
 - Drug refusal skills
 - Seemingly irrelevant decisions
 - Managing moods / thoughts
 - Stimulus control

49

Social Skills Training

- Liberman, Bellack, and other models
- Problem Solving and Communication Skills
- Behavioral Learning Principles
- Symptom and Medication Management
- Asking others for help and exploring new interests
- Identifying healthy and unhealthy relationships
- Discussion of family relationships

50

The Use of Role Plays: Behavioral Learning

- Setting up the Role Play (discreetly)
- Problem to Solve
- Non-verbal and Verbal Communication
- “Modeling” by peers
- “Coaching” by therapist
- All provide Positive Feedback Sandwich
- Homework is to try to do learned approach outside of treatment

51

Recovery and Rehabilitation of the Client with Psychosis: Evidence-based Practices

Recovery Concepts and 12-Step Language

- Dual Recovery Anonymous: Modified 12-Step
- Recovery concepts supports increased sense of hope and connection to others
- Shared Experience (experience, strength, and hope)
- 12-Step phrases describe complex concepts in simple and easy way to remember
 - One Day at a Time
 - Stinking thinking
 - HALT (Hungry, Angry, Lonely, Tired)
 - Serenity Prayer

52

12-Step Facilitation

- Accept disease model
- Encourage use of 12-Step social network, including sponsor and home group
- Coach “working their Program”
- Fellowship / Higher Power are the agents of change - spirituality key
- Labeling self as alcoholic is encouraged
- Abstinence model - loss of control with use
- Acceptance, Surrender, and Get Active

53

Working a program?

- daily reading or input
- sponsor / mentor
- group
- evaluation
- prayer / meditation
- health care (recreation, exercise, diet)
- celebration

54

Spirituality and Recovery

- How is spirituality important in the recovery process ?
- How do we assess spirituality ?
- How do we encourage a patient to take a spiritual approach ?

55

Spiritual Assessment Dimensions

- Belief and Meaning
- Vocation and Obligations
- Experience and Emotions
- Courage and Growth
- Ritual and Practice
- Community
- Authority and Guidance

(Fitchett - 7 dimensions)

56

Enhancing Healthy Living

- Individuals with SMI have poor nutritional habits, don't exercise, are often overweight, smoke cigarettes , have multiple medical problems, and poor medical care
- Healthy Living Groups
 - target low motivated to engage into treatment
 - integrated into PH and IOP
- Recent Study: Healthy Living Intervention significantly reduced weight and body mass

57

Recovery and Rehabilitation of the Client with Psychosis: Evidence-based Practices

Housing First Model: Pathways to Housing Program

- NYC – Sam Tsemberis PhD et al
- COD Homeless street dwelling persons get immediate access to independent apartments
- Consumer View: Homelessness is condition of poverty or a shortage of affordable housing
- Housing is the most urgent need
- Treatment or sobriety is NOT a prerequisite
- 2 Program Requirements: Money Management (pay rent) & Two Visits per month with ACT staff
- Pathways Program Goals are to Promote Recovery, Provide Consumer Choice, and Harm Reduction

58

Services for Homeless (NSHAPC)

- Basic Needs – Housing & Food
- Life Skills Services
- Case Management Services
- Housing Services
- Education Services
- Employment Services
- General Health Services
- HIV / AIDS Services
- Substance Abuse Services
- Mental Health Services
- Other Services: Child Care, Legal Assistance, Domestic Violence, and Veteran's Special Services

59

Pathways: Supported Housing

- Housing separate from treatment
- Agency controls access to housing
- Consumers given choice in housing
- Provide housing services and skills training
- Housing is scatter-site and integrated into community
- Housing is permanent/Tenancy rights
- Housing provided without contingencies

60

Recovery and Rehabilitation of the Client with Psychosis: Evidence-based Practices

Pathways: ACT Teams

- Interdisciplinary teams, direct services, no wrong door, services provided in the community
- Consumer sets goals and the sequence, intensity, and duration of services
- Integrated Co-Occurring Disorder Treatment
- Vocational and health services integrated into team
- Teams available 24 hours a day 7 days a week
- Teams continue to support tenant through housing loss, treatment, rehabilitation, or jail.

61

Tobacco Dependence: What needs to be known

- 44% of all cigarettes consumed in the US are by individuals with a current psychiatric disorder
 - \$256 Billion Dollars on Cigarettes
- 75% of patients in addiction and mental health treatment programs smoke cigarettes
 - Most smoke and die due to smoking caused diseases
- Smoking increases Morbidity and Mortality, is financially costly, reduces their QOL, and negatively impacts their recovery
- Second Hand Smoke Impacts Non-smokers

62

Why Underserved and Neglected?

- Population is under the radar
 - 40 years of reducing smoking rates EXCEPT for smokers with mental illness or addiction
 - Not on Tobacco Control / Public Health radar screen
- Misinformation and Separation from General Health
 - Little data on why this group dies
 - What else are they going to do?
 - Other than increased morbidity and mortality why should we suggest they quit?
 - They biologically need tobacco?
 - Although tobacco dependence is a psychiatric disorder most mental health / addiction specialists see this as a primary care health care responsibility
- Stigma

63

Recovery and Rehabilitation of the Client with Psychosis: Evidence-based Practices

VA Health Care System

- High rates of smoking
- June 2004: 53 VA clinicians were trained in Seattle on integrating tobacco dependence into the mental health treatment session
- Next national conference: May 2005

64

4 key areas of recommendations to help Smokers with Psychiatric Disorders at the VA

- **Raise Awareness** of the need to address tobacco amongst this population
 - **Make a commitment** to address this issue and **develop a specific change plan**
 - Include clinical, program, and system change
 - Integrate this into the overall Tobacco Plan
- ASAP – **train staff** and **promote integrating tobacco treatment** into mental health / addiction settings
- ASAP – make **VA policy changes**
- Increase funding for **VA research** on this topic

65

UMDNJ Tobacco Program

- Addressing Tobacco in MH and SA Treatment Settings
 - Training Manuals
 - 8 Day Specialist Training
 - Ongoing consultation and clinical suggestions
 - Tertiary treatment
 - Email listserve
 - Program Consultation: Addressing Tobacco
- N.J. Guidelines for Tobacco Dependence Treatment
- www.tobaccoprogram.org
- Part of NJ State Program: quit net, quit line, quit centers, and Training Center

66

Recovery and Rehabilitation of the Client with Psychosis: Evidence-based Practices

Addressing Tobacco in Addiction and Mental Health Settings

- Treatment can Work: NRT, Bupropion, Nortriptyline, Atypicals, MET, and Behavioral therapy
- Very strong research base to support FDA approval of 5 NRTs and Bupropion for nicotine dependence
- Few Studies of Nicotine Dependence and Mental Illness
- Social support and reduction of tobacco triggers is helpful

67

Evidence Based Studies in Schizophrenia

- Nicotine Replacement Medications
 - Nicotine Patch
 - 5 published studies – no placebo control
 - Numerous unpublished posters and clinical experience
 - All supportive
 - Nicotine Gum, Spray, Lozenge: Clinical Experience
- Bupropion (Zyban)
 - 3 Studies – 2 with placebo
- Behavioral Therapy & Motivational Enhancement Therapy approaches – 5 studies
 - Action stage
 - Precontemplator, Contemplators, and Preparation Stages

68

Antipsychotic Medications & Tobacco Metabolism

Implications for Treatment of Dual Diagnosis Patients

- Tobacco Metabolism induces CYP 450 1A2
 - Not nicotine (2D6 – small effect)
 - Doubles clearance rate & Doubles medication dosage
 - Effects on clinical effectiveness of some medications in transitioning to different levels of smoking (inpatient smoke free units)
- Increases cost for many antipsychotics (haldol, prolixin, thorazine, clozapine, and olanzapine)

69

Recovery and Rehabilitation of the Client with Psychosis: Evidence-based Practices

What Intensity of Treatment and When try to quit smoking?

- Assess motivation and provide Feedback
- Have Motivation Based Interventions
 - Healthy Living Interventions
 - Quitting Smoking Interventions
 - Different medications
 - Different psychosocial treatments
- Timing is less clear
 - not in acute crisis is probably a good choice
 - Stage II Recovery Issue – after symptoms of disorder are stabilized?

70

Resources

<http://www.health.org>

71
