Co-Occurring Disorders
MH/SUD: including
Screening as a Method to Identify Need

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Disclosure

- George Brenner MS, LCSW, LMFT, LCAC and Member of the Motivational Interviewing Network of Trainers has no financial interest to disclose for this presentation.

Welcome/Introduction

- It is about learning not about teaching
- This is a guided CONVERSATION and participation is welcomed
- Safety for all
- Discussion of Screening, Placement, Treatment, and Supervision
- For the purpose of this presentation we will define Co-Occurring Disorder as one or more Substance Use Disorders in combination with one or more Mental Health Disorders
Critical Thinking Exercise

- Symptoms of Substance Intoxication, Withdrawal, and the Related Disorders
- Symptoms of Mental Illness

Scope Of Problem

- 800,000 with SMI admitted annually to US jails (72% with COD)
- Study of Drug Courts: 40% with any SMI Problem/Disorder (Depression as most common at 16.39%)
- Estimated 20% of persons in jail or prison have a Serious Mental Illness
- Hospitalized SMI patients: 20% arrest/picked up by police for crime 4 months prior to admission
- 50% of persons with MI have SUD, lifetime
- 50% of persons with SUD have MI, lifetime
- >70% of women in addiction treatment have been victims of trauma
- 100% of persons in correctional facilities have witnessed or experienced trauma
- 90% of persons with Bi-Polar Disorder in correctional facilities have a SUD
- Persons with a mental illness are 3 times more likely to have a SUD
- Estimated 10-30% with a SUD may have Gambling Problem

Why care/ what do we value?

- We care about improved lives for the persons we serve
- We care about satisfactory completion of court requirements
- Co-Occurring disorders norm among certain populations: homeless, psychiatric hospitalizations, criminal justice involved individuals, etc.
- We desire to provide quality care
- We want improved outcomes for our clients

AND MUCH, MUCH MORE

- Why do you care....?
How Do You Know Who Would Benefit From COD Services?

- Intuition
- Clinical interview
- Only when the client tells me
- Formal Screening
- Formal Assessment by a qualified or Licensed individual
- Share processes

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Screening

- Ask in non-judgmental fashion
- Offer as a way to be helpful
- Use of Motivational Interviewing skills helpful in obtaining accurate information and promoting follow-up
Mental Health Screening Form-III
(MHSF-III) Screening Instrument

Screen within the context that answers are independent of substance intoxication or withdrawal

Why I like this document?

- Has been validated for persons involved in the CJS
- Public Domain
- Brief
- Covers many symptoms and not diagnosis specific
- Requires little training
- Does not require a licensed professional to administer and score
- Easy to score
- Has both symptom and history elements
- Can be self-administered or used as part of an interview

I am going to ask you some questions and please note that each item refers to your entire life history, not just your current situation, this is why each question begins—"Have you ever…"

1. Have you ever talked to a psychiatrist, psychologist, therapist, social worker, or counselor about an emotional problem? YES _____ NO _____

2. Have you ever felt you needed help with your emotional problems, or have you had people tell you that you should get help for your emotional problems? YES _____ NO _____

3. Have you ever been advised to take medication for anxiety, depression, hearing voices, or for any other emotional problem? YES _____ NO _____

4. Have you ever been seen in a psychiatric emergency room or been hospitalized for psychiatric reasons? YES _____ NO _____

5. Have you ever heard voices no one else could hear or seen objects or things which others could not see? YES _____ NO _____
6. a) Have you ever been depressed for weeks at a time, lost interest or pleasure in most activities, had trouble concentrating and making decisions, or thought about killing yourself? YES ____ NO ____

b) Did you ever attempt to kill yourself? YES ____ NO ____ (*Columbia Suicide Screen may be indicated)

7. Have you ever had nightmares or flashbacks as a result of being involved in some traumatic/terrible event? For example, murder, gang fights, fire, domestic violence, rape, incest, car accident, being shot or stabbed? YES ____ NO ____

8. Have you ever experienced any strong fear? For example, of heights, insects, animals, dirt, attending social events, being in a crowd, being alone, being in places where it may be hard to escape or get help? YES ____ NO ____

9. Have you ever given in to an aggressive urge or impulse, on more than one occasion that resulted in serious harm to others or led to the destruction of property? YES ____ NO ____

10. Have you ever felt that people had something against you, without them necessarily saying so, or that someone or some group may be trying to influence your thoughts or behavior? YES ____ NO ____

11. Have you ever experienced any emotional problems associated with your sexual interests, your sexual activities, or your choice of sexual partners? YES ____ NO ____

12. Were there ever a period in your life when you spent a lot of time thinking and worrying about gaining weight, becoming fat, or controlling your eating? For example, by repeatedly dieting or fasting, engaging in push-ups or control your eating? YES ____ NO ____

13. Have you ever had a period of time where you were so full of energy and your ideas came very rapidly, when you talked nearly non-stop, when you moved quickly from one activity to another, when you needed little sleep, and believed you could do almost anything? YES ____ NO ____

14. Have you ever had spells or attacks when you suddenly felt anxious, frightened, and uneasy to the extent that you began sweating, your heart began to beat rapidly, you were shaking or trembling, your stomach was upset, you felt dizzy or unsteady, as if you would faint? YES ____ NO ____

15. Have you ever had a persistent, lasting thought or impulse to do something over and over that caused you considerable distress and interfered with your normal routines, work, or your social relations? Examples would include repeatedly counting things, checking and rechecking on things you had done, washing and re-washing your hands, pruning, or maintaining a highly rigid schedule of daily activities from which you could not deviate. YES ____ NO ____

16. Have you ever lost considerable sums of money through gambling or had problems at work, in school, with your family and friends as a result of your gambling? YES ____ NO ____

17. Have you ever been told by teachers, guidance counselors, or others that you have a special learning problem? YES ____ NO ____

SCORING

SCORE: (Questions 1 and 2 are not scored) Number of “Yes” Answers _____

Screened positive = a score of 1 or greater.
What is a Standard Drink?

<table>
<thead>
<tr>
<th>12 oz. of beer or lager</th>
<th>8 oz. of malt liquor</th>
<th>5 oz. of wine</th>
<th>1.5 oz. of 80-proof spirits</th>
<th>1 oz. of 90-proof spirits</th>
<th>1 oz. of 100-proof spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 oz.</td>
<td>6.5 oz.</td>
<td>5 oz.</td>
<td>1.5 oz.</td>
<td>1 oz.</td>
<td>1 oz.</td>
</tr>
</tbody>
</table>

**Note:** Detail by many alcohol drinks is contained that hold multiple standard drinks. For example, malt liquor is often sold in 12 oz (355 ml) containers that hold between two and the standard drinks, and malt is typically sold in 12 oz (355 ml) bottles that hold the standard drinks.

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**CAGE AID**

- Have you felt you ought to CUT DOWN on your drinking or drug use?
- Have people ANNOYED you by criticizing your drinking or drug use?
- Have you felt bad or GUILTY about your drinking or drug use?
- Have you ever had a drink or used drugs the first thing in the morning to steady your nerves or to get rid of a hangover (EYE-OPENER)?
Relationships Among Screening, Assessment, and Treatment Planning

The Four Quadrants: Not all Co-Occurring Disorders are Created Equally

Four Quadrant: Locus of Care
Mental Health Continuum

- Inpatient psychiatric hospitalization
- Partial Hospitalization
- Routine Outpatient including Psychiatric Evaluation and Medication Management
- Case Management
- Skills Instruction

Seriously Mentally Ill: LEVELS OF CARE: COMPONENTS

- Low intensity case management (community based)
- High intensity case management (community based)
- Outpatient
- Club House
- Medically Monitored Non-residential
- Medically Monitored Residential
- Medically Managed Inpatient

ASAM Criteria: Continuum of Care

* There are provisions for persons with criminal justice involvement and Co-Occurring Disorders

- Early Intervention
- Outpatient Services
- Intensive Outpatient Services
- Partial Hospitalization
- Low Intensity Residential Services
- Medium Intensity Residential Services
- Medically Monitored High Intensity Inpatient Services
- Medically Managed Intensive Inpatient
- Opioid Treatment Programs
* 5 Levels of Withdrawal Management from OP to Medically Managed IP
If All You Have Is a Hammer-Everything Looks Like a Nail

Ways Systems Manage COD

► Single Dx systems
► Single systems with informal and formal referral
► Systems with SUD and MH departments in silos
► Sequential service systems
► Parallel systems with formal and informal collaboration
► Fully integrated systems

STANDARDS FOR INTEGRATED CARE

► ASAM Criteria: Co-Occurring Disorders Capable & Enhanced Programs
► Integrated Dual Diagnosis Treatment
► NIDA Principles of Effective Drug Treatment
► TIP 42: Substance Abuse Treatment for Persons with Co-Occurring Disorders
► Illness Management and Recovery (IMR)
► Assertive Community Treatment (ACT)
► And many more…
Medication Management: an essential service for COD

- Stage Wise Intervention
- I. Counseling without medication
- II. Counseling with non-psychogenic medications
- III. Counseling with psychogenic medications

* When reviewing medications with your participants, always ask what the medication is prescribed for. REMEMBER: many medications for mental health conditions may have use for other physical health disorders or side effects of physical health medications (examples: seizure disorders, neuropathy, HIV/AIDS, Heart disease, etc.)

NIDA 13 Principles of Effective Drug Treatment: Principle 10

- Treatment does not need to be voluntary to be effective. Sanctions or incentives in the family, employment setting, or criminal justice system can significantly increase treatment entry, retention, and success.
Altered Brain Functioning
Prefrontal Cortex / Frontal Lobe is responsible for:

- Decision making
- Judgment
- Consequence Analysis
- Problem-Solving
- Planning
- Concentration
- Cognition & Memory

- Approximate age of maturity for this part of the brain?

Challenges
Overlap
Complications

COD
Mental Health
Addiction

Mental Health
Trauma

Standard VI: Complementary Treatment and Social Services
Drug courts are most effective at reducing crime and encouraging long-term recovery when they assess participants for mental health disorders and other needs that may interfere with positive progress. Drug courts deliver additional mental health treatment, trauma-informed services, criminal-thinking interventions, counseling, and medical, vocational, housing, and educational services as needed. Drug courts educate participants on ways to prevent and manage overdose, including by administering the overdose reversal medication naloxone.
Some Recommendations: Sample

- Use validated instrument to screen for mental health
- Medications are to be available and maintained
- Trauma Informed Care by court services and treatment provider
- Available gender specific programs
- Case Management available (implications for Recovery Oriented Systems of Care)
- Toxicology screening and account for medications
- Available treatment for Co-Occurring Disorders with Integrated Services for best outcomes

Trauma Informed Care

- Acknowledges high prevalence and vulnerability to traumatic experiences by the persons we serve
- Acknowledges the need to screen for, assess, treat, and monitor for trauma including ongoing risk
- Treat trauma in an integrated fashion with other CODs

Strength And Resilience

Recovery Oriented Systems of Care

- Self Directed
- Community Based
- Health And Wellness
- Services And Supports
Some Final Thoughts

- What works best may not be available.
- Be an advocate for services and expect your providers to work collaboratively.
- Treatment works.
- HIP 2.0 pays for clinical services and your clients may qualify for presumptive eligibility.
- Recovery Works pays for clinical and supportive services.
- Medicaid Rehab Option pays for supportive services.
- Problem Gambling funds pay for clinical and supportive services.
- What are your thoughts?

Thanks/Questions

- Thank you for all you do.
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