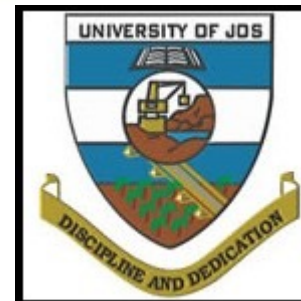


Recovery Oriented Services in Co-occurring Disorders



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LEARNING OUTCOMES

- Understand that co-occurring substance use disorders and mental illnesses are common among people in treatment.
- Understand that people with co-occurring disorders are more likely to relapse and with worse psychosocial outcomes.
- Understand what integrated care for co-occurring disorders entails.

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LEARNING OUTCOMES

- Understand and articulate the positive outcomes associated with integrated care for people with co-occurring disorders.
- Understand recovery and the fundamental components of recovery for people with co-occurring disorders.
- Understand the roles of providers and services in recovery for people with co-occurring disorders.

Introduction

- People with substance use disorders (SUDs) are at higher risk of having a mental illness than the general population and vice versa.
- The coexistence of substance use disorder(s) and mental illness(es) is termed CO-OCCURRING DISORDER(s).
- Co-occurring disorders are very common among people in treatment.

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Introduction

- While people with SUDs may have coexisting physical health conditions that may qualify as co-occurring, the term co-occurring disorder here is used to refer to coexisting SUDs and Mental Illness(es).
- “Comorbidity is important because it is the rule rather than the exception with mental health disorders.” *Lai, Cleary, Sitharthan, & Hunt, 2015; p. 8*

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Integrated Treatment for Co-Occurring Disorders

- Up to 56 percent of people with the most serious mental illnesses have a co-occurring substance use disorder within their lifetime (Regier et al., 1990).
- It is the norm rather than the exception to see consumers with cooccurring disorders.
- Lack of recognition of the high prevalence of co-occurring disorders, may leave many consumers undiagnosed and untreated.

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Integrated Treatment for Co-Occurring Disorders

- Studies showed that compared to patients without co-occurring disorders, patients with co-occurring disorders relapsed more frequently and were more likely to be:
 - Hospitalized;
 - Violent;
 - Incarcerated;
 - Homeless; and
 - Infected with HIV, hepatitis, and other diseases (Drake et al., 2001).

Integrated Treatment for Co-Occurring Disorders

- Studies also showed that receiving care in systems in which mental health and substance abuse treatment were separate often leads to exclusion from services in one system and patients are told to return when the other problem was under control.
- Such patients also had difficulty making sense of disparate messages about treatment and recovery.

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Consequently, the evidence demonstrated that patients with co-occurring disorders in nonintegrated systems of care have poor outcomes (Drake et al., 2001).

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Integrated Treatment for Co-Occurring Disorders

- Integrated Treatment program integrates treatment plans and involves the treatment of both serious mental illnesses and substance use disorders so that consumers do not get lost, excluded, or confused going back and forth between different mental health and substance abuse programs.
- Patients receive one consistent, integrated message about substance use and mental health treatment.
- Second, clinical treatment is integrated.
- Integrated treatment specialists have knowledge of both substance use disorders and serious mental illnesses and understand the complexity of interactions between disorders.



The goal of this evidence-based practice is to support patients in their recovery process.

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Practice Principles

- 1. Mental health and substance abuse treatment are integrated to meet the needs of people with co-occurring disorders
- 2. Integrated treatment specialists are trained to treat both substance use disorders and serious mental illnesses
- 3. Co-occurring disorders are treated in a stage-wise fashion with different services provided at different stages
- 4. Motivational interventions are used to treat consumers in all stages, but especially in the persuasion stage
- 5. Substance abuse counseling, using a cognitive-behavioral approach, is used to treat consumers in the active treatment and relapse prevention stages
- 6. Multiple formats for services are available, including individual, group, self-help, and family.
- 7. Medication services are integrated and coordinated with psychosocial services.

In contrast with nonintegrated treatment, integrated treatment is associated with the following positive outcomes:

Reduced substance use;
Improvement in psychiatric symptoms and functioning;
Decreased hospitalization;
Increased housing stability;
Fewer arrests; and
Improved quality of life
(Drake et al., 2001).

Mental Health

- Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.

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Psychiatric Rehabilitation

- “...Promotes recovery, full community integration and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives.

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Psychiatric Rehabilitation

- Psychiatric rehabilitation services are collaborative, person-directed and individualized. These services are an essential element of the health care and human services spectrum and should be evidence-based.

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Psychiatric Rehabilitation

- They focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning and social environments of their choice.” (PRA, 2011)

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What is Recovery?

- A process of change through which individuals improve their health and wellness, live a self directed life and strive to reach their full potential

Working Definition. SAMHSA 2011

- “Recovery is rediscovering meaning and purpose after a series of catastrophic events which mental illness is.
- It is a process, a way of life, an attitude and a way of approaching the day’s challenges.”

Patricia Deegan

What is Recovery?

- “....a deeply personal unique process of changing one’s attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful and contributing life even with the limitations caused by illness.
- Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.” (Anthony, 1993, p.21)

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What is Recovery?

- Recovery from mental illness involves much more than recovery from the illness itself. People with mental illness(es) may have to recover;
 - from the stigma that they incorporated into their very being;
 - from the iatrogenic effects of treatment settings;
 - from the lack of recent opportunities for self-determination;
 - from the negative side effects of unemployment; and crushed dreams.
- “Recovery is a complex, time-consuming process” (Anthony, 1993, p.21)

Fundamental Recovery Concepts

- Recovery is not recovery from the disease(s) or condition(s).
- Recovery is recovery of the person who has the disease or condition
- Recovery is person centred, not illness centred.
 - not the same as cure.
 - Hopeful and goal directed
 - Strength based, building resiliency.

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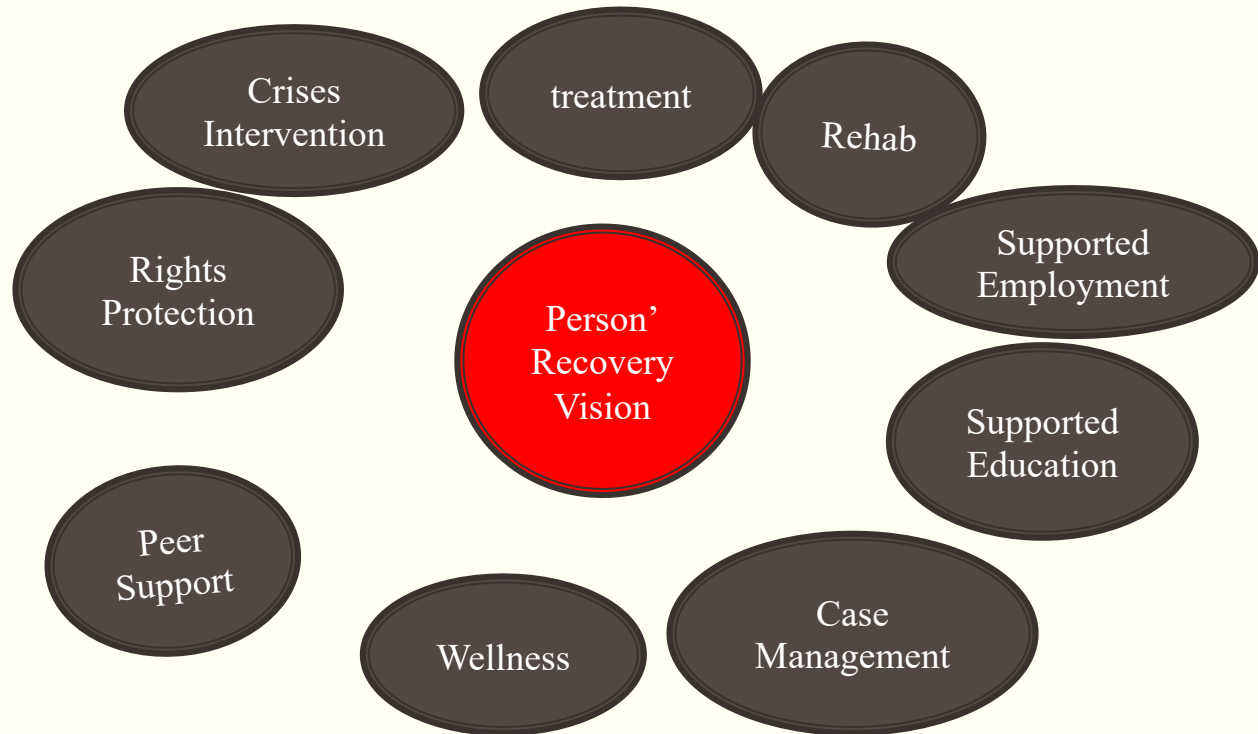
Fundamental Recovery Concepts

- Each person's recovery is unique
- Recovery is built on the individual's choices and goals
- Recovery can occur without professional intervention.
- Recovery is facilitated by the presence of people (including professionals) who believe in and support the person in recovery

Role of Services and Providers

- All focus on Recovery vision or goal.
- Believe in person no matter what.
- Services promote the recovery journey (that is reclaiming a meaningful life),
 - by basing services on a set of **values** expressed in the **mission, policies, procedures, record keeping and daily practice of services**
 - through a set of competencies within a partnership that alter the way in which any intervention is delivered

Services and Providers



Essential Client Services in a Caring System

Service Category	Description	Consumer Outcome
Treatment	Alleviating Symptoms and distress	Symptom relieve
Crisis Intervention	Controlling and resolving critical or dangerous problems	Personal safety assured
Case Management	Obtaining the services client needs and wants	Services accepted
Rehabilitation	Developing clients' skills and supports related to clients goals	Role Functioning
Enrichment	Engaging clients in fulfilling and satisfying activities	Self Development
Rights Protection	Advocating to Uphold one's right	Equal opportunity
Basic Support	Providing the People , places and things client needs to survive (e'g shelter, meals health care)	Personal Survival assured
Self Help	Exercising a voice and a choice in one's life	Empowerment

Recovery Values for the Provision of any support

- Person Not Diagnosis
- Choice Not Coercion
- Partnership Not Compliance
- Hope Not Hopelessness

Programme Component That May reflect Recovery

- Mission, policies
- Procedures, activities
- Record keeping
- Physical setting, network of settings

What Changes?

Provider Centered

- Power over people
- Control oriented
- Risk and fear based
- Individual adapts
- Increases disabilities

Recovery Centered

- Awaken people's power
- Oriented to choice
- Based on hopes & dreams
- Provider adapts
- Increases abilities and meaningful life

Examples of Program component reflecting person orientation

■ Physical Setting

- Programme treats individuals as whole human beings
 - Evidence:
 - Bathrooms are not locked or segregated

■ Activities

- Clients who can and want to teach program classes are encouraged and supported in doing so.
 - Evidence: A sign up sheet entitled “Things I know well and want to teach others” is prominently displayed in common area

Examples of Program Components Reflecting Choice

- Program networks of settings/options
- People with a range of aspirations are easily served
- Evidence; Program activities reflect goals at all levels e.g. going to university, having a family, opening a business, as well as e.g attending skill classes; living with a roommate, doing part time volunteer manual labor)

Examples of Program Components Reflecting Partnership

- Procedures
 - “Nothing About Us without Us”
 - Evidence: People with lived experience participate in decision making for the service; in identifying program evaluation measures; in hiring staff; in delivering services

Example of Program Partnership Reflecting Hope

- Staff Training
 - Rather than focusing mostly on issues of relapse, non-compliance and risk assessment, focus is on possibilities, future options
 - Evidence; Staff training includes interaction and interviews with individuals who are living beyond their disability/ have recovered.

What is now the focus of care?

- Provider becomes more of a coach than the person who is in charge of the action.
- Outcomes are identified in terms of the person's own vision of a meaningful life.

Summary/Conclusion

- All services/programs are centered around the person's long term recovery vision
- All natural supports are centered around the person's long term recovery vision
- People with lived experience help in design, implementation, delivery, evaluation of services
- Services include the basic recovery values throughout the infrastructure (mission, policies, procedures, record keeping, activities, physical setting) in concrete measurable ways





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