

Co-Occurring Substance Use and Mental Disorders: Clinical Issues in Diagnosis, Treatment and Pharmacotherapy

General Session May 27, 2020

4:15 PM – 5:30 PM EDT

NADCP RISE20

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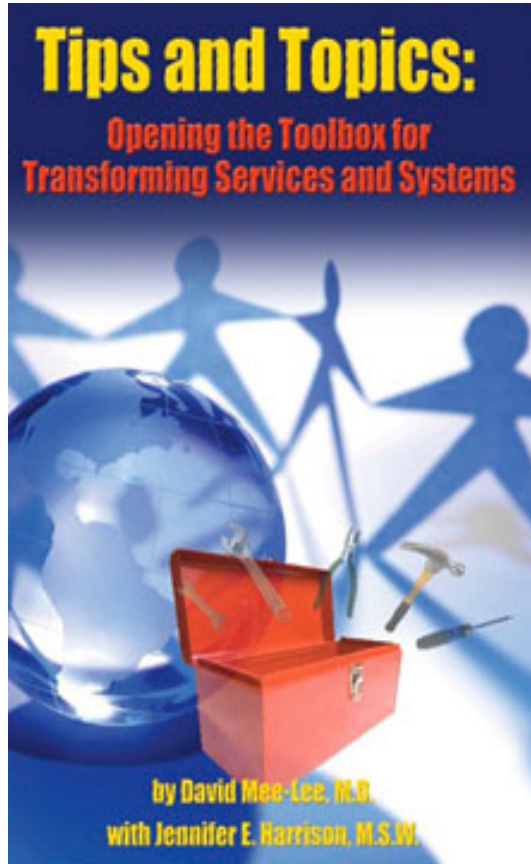
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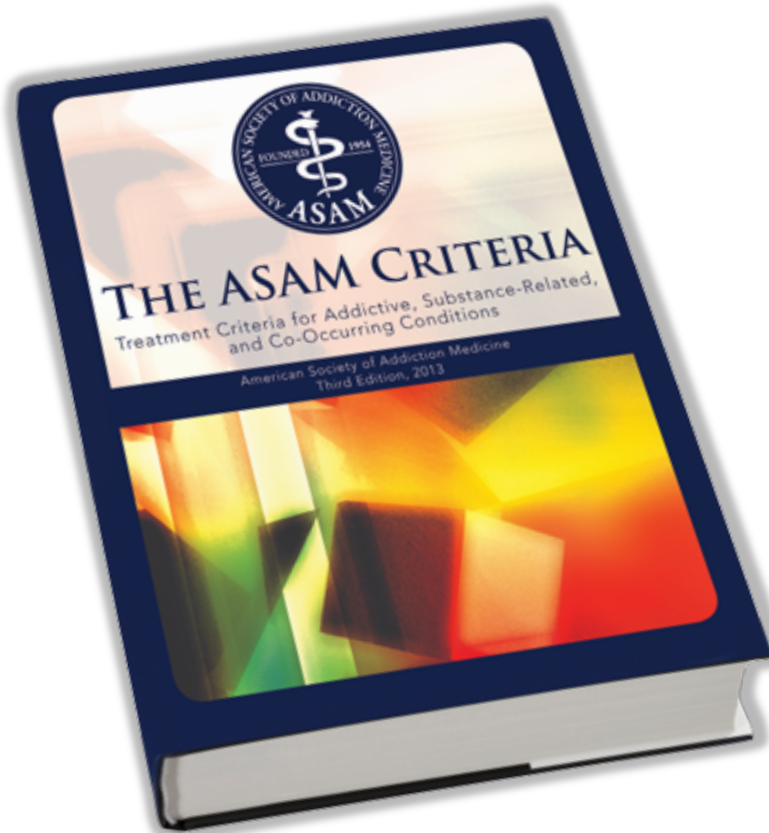
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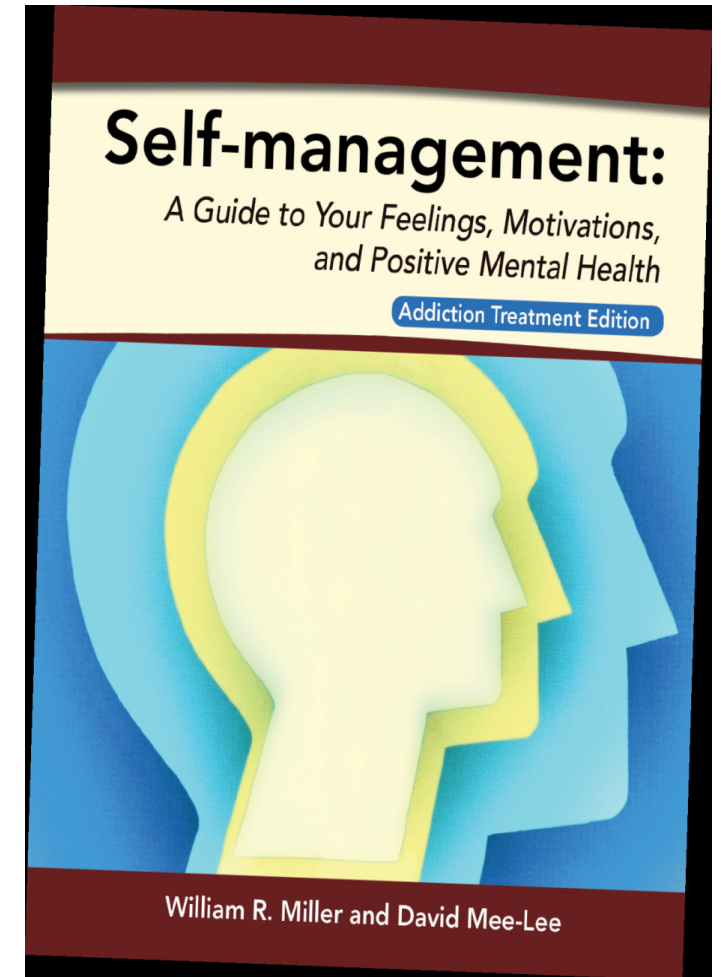
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Terminology

Terminology – Co-Occurring Mental and Substance-Related Disorders

People with co-occurring disorders: “individuals who have at least one mental disorder as well as an alcohol or drug use disorder. While these disorders may interact differently in any one person...at least one disorder of each type can be diagnosed independently of the other”

(In “A Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders”)

Terminology

“Co-occurring disorders may include any combination of two or more substance abuse disorders and mental disorders identified in the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV). There are no specific combinations of....disorders that are defined uniquely as co-occurring disorders.”

Terminology

CSAT TIP No. 42 (2005)

“Co-occurring disorders refers to substance use disorders and mental disorders”

“Integrated interventions are specific treatment strategies or therapeutic techniques in which interventions for both disorders combined in single session or interaction, or in series of interactions or multiple sessions. Integrated interventions can include a wide range of techniques.”

Terminology (cont.)

Integrated Treatment for Dual Disorders

Mueser KT, Noordsy DL; Drake RE; Fox L (2003)

“Key to effective treatment for clients is seamless integration of psychiatric and substance abuse interventions in order to form cohesive, unitary system of care.”

“Integration of services represents organizational dimensions of treatment: Services for both mental illness and substance abuse need be provided simultaneously by same clinicians within same organization, in order to avoid gaps in service deliver and ensure both types of disorders are treated effectively.”

Terminology (cont.)

Integrated Treatment

(In “A Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders”):

“Integrated treatment is the interaction between mental health and/or substance abuse clinician(s) and the individual, which addresses the substance and mental health needs of the individual.”

San Francisco City and County:

One Team, One Plan for One Person

Polarized Perspectives about Presenting Problems

3 D' s

Deadly Disease
Denial
Detachment

3P' s

Psychiatric Disorders
Psychopharmacology
Process

Different Theories, Treatments

1. Addiction vs Mental Health System

3 D' s and 3 P' s - implications for medication, staff credentials, attitudes towards physicians, role of staff and team, data gathering, 12 Step programs

Different Theories, Treatments (cont.)

2. Integrated vs Parallel or Sequential

- Hybrid programs - staffing difficulties; numbers of patients and variability, but one-stop treatment
- Parallel programs - use of existing programs and staff, but more difficult to case manage

Different Theories, Treatments (cont.)

3. Care versus Confrontation

- Mental health - care, support, understanding, passivity
- Addiction - accountability, behavior change

Different Theories, Treatments (cont.)

4. Abstinence-oriented versus Abstinence-mandated

- Treatment as a process, not an event
- Respective roles in both approaches

Different Theories, Treatments (cont.)

5. Deinstitutionalization versus Recovery and Rehabilitation

- Role of “least restrictive” setting
- Role for individualized treatment with continuum of care

Why Diagnostic Confusion?

- Alcohol/drugs can cause psychiatric symptoms in anyone (acute toxicity)
- Prolonged A/D use can cause short or long-term psychiatric illness
- A/D use can escalate in episodes of psychiatric illness
- Psychiatric symptoms and A/D use can occur in other psychiatric disorders
- Independent addiction and psychiatric illness

(Marc A. Schuckit: Am. J Psychiatry, 143:2 p. 141 – modified)

Assessment Dilemmas

- Decision tree for “Addiction versus Psychiatric Disorders: Either or Both?”
- Take a good history
- Observe the client for a sufficient time drug-free

Person-Centered Assessment and Treatment Services

Biopsychosocial Perspective of Addiction and Mental Disorders

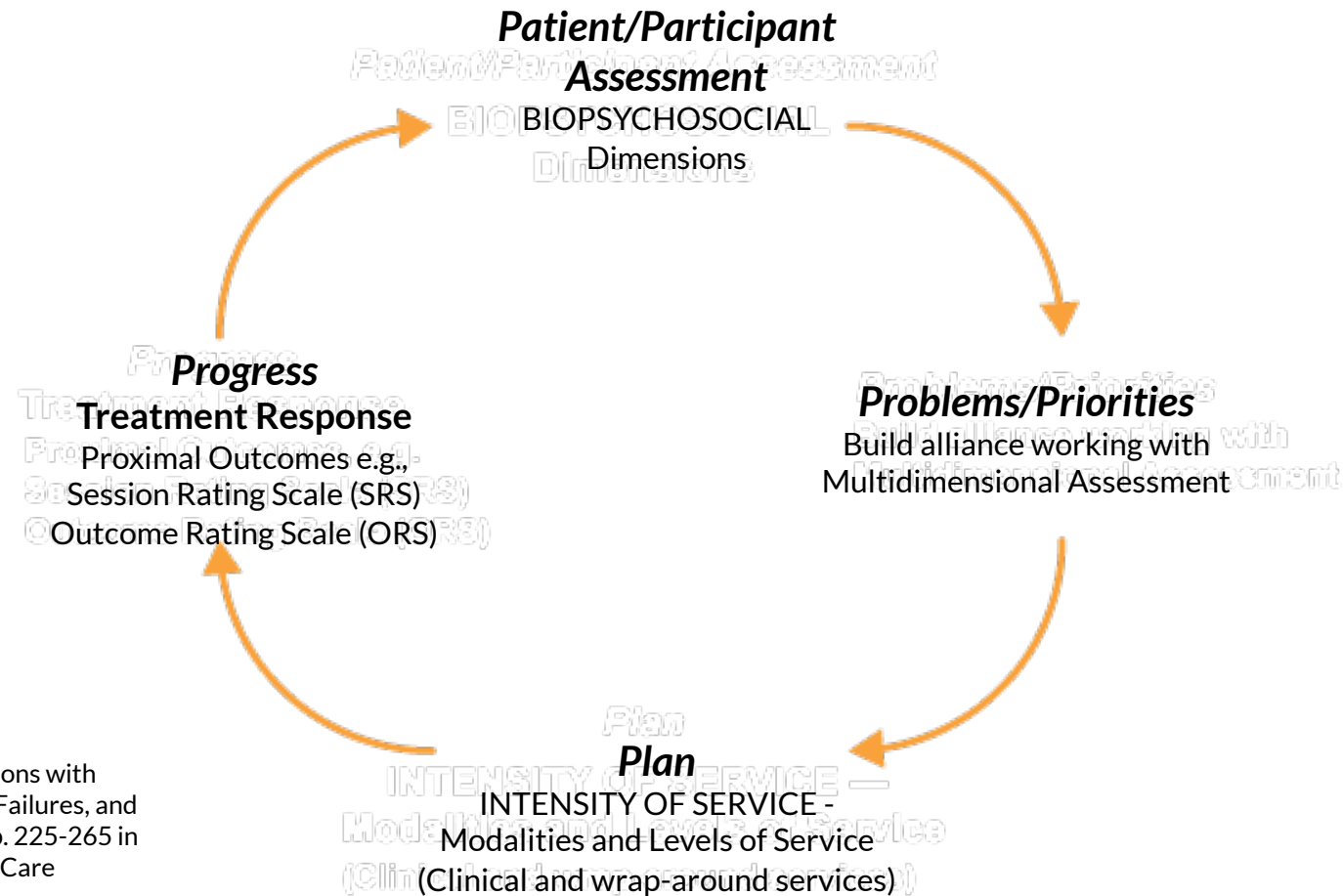
- A common view allows a common language of assessment and treatment
- Chronic, potentially relapsing illnesses needing ongoing treatment, rehabilitation and recovery, with brief episodes of acute care and stabilization



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Feedback-informed Treatment (Miller)

Practice-based Evidence; Measurement-based Practice (Kelly)



Mee-Lee, David (2001): "Persons with Addictive Disorders, System Failures, and Managed Care" Chapter 9, pp. 225-265 in "Managed Behavioral Health Care Handbook"

ASAM Criteria

Multidimensional Assessment

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional, Behavioral or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse/Continued Use, Continued Problem Potential
6. Recovery Environment

The ASAM Criteria (2013) Pages 43-53

Biopsychosocial Treatment

Treatment Matching - Modalities

- **Motivate** - Dimension 4
- **Manage** – All Six Dimensions
- **Medication** – Dimensions 1, 2, 3, 5 - MAT
- **Meetings** – Dimensions 2, 3, 4, 5, 6
- **Monitor**- All Six Dimensions

The ASAM Criteria

Treatment Levels of Service

- 1 Outpatient Treatment
- 2 Intensive Outpatient and Partial Hospitalization
- 3 Residential/Inpatient Treatment
- 4 Medically-Managed Intensive Inpatient Treatment

The ASAM Criteria pp. 112 -117

Medication Adherence

1. Cognitive – (a) Bad side effects; (b) Readiness to Change issues; (c) Wants natural substances
2. Cultural – believes medication is dangerous
3. Unconsciously non-adherent; somatic complaints; sick role; characterological; get attention and care

Medication Treatment Adherence Problems (cont.)

4. Drug addicted – overusing pills due to addiction
5. Psychotic – delusional – maintain relationship and ACT is appropriate
6. Malingering – external incentives e.g., keep getting workers compensation
7. Recovery Environment problems – Insufficient funds to pay for medication and/or transportation and/or childcare to keep appointments for medication monitoring

THANK-YOU

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