Fundamentals of Inpatient Integrated Dual Diagnosis Treatment (IDDT)

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Learning Objectives

At the end of the session, the attendee will be able to:

• Describe the rates of mental disorders in individuals with addiction
• Describe the rates of addiction in individuals with mental disorders
• Provide three possible reasons for the co-occurrence of addiction and mental illness
• Improve diagnostic skills in assessing individuals with addiction and mental illness
• Describe the fundamental aspects of providing integrated dual diagnosis treatment on an inpatient basis
What Are Dual Disorders?

Mental illness and substance abuse occurring together in the same person
Leading Causes of Disability

In Men and Women Aged 15-44
(World Health Organization)

- Unipolar depressive disorders
- Iron-deficiency anemia
- Falls
- Alcohol use disorders
- Chronic Obstructive Pulmonary disease

- Bipolar Disorder
- Congenital Anomalies
- Osteoarthritis
- Schizophrenia
- Obsessive-Compulsive Disorder
Addiction
(American Medical Association)

Addiction is a chronic disorder characterized by compulsive use of a substance resulting in physical, psychological or social harm to the user and continued use despite that harm.
Features of Addiction

- Loss of control over use of substance
- Inability to cut down or quit
- Preoccupation with the drug
- Continued use despite harm
- Giving up important life activities due to use
- Tolerance
- Withdrawal
Mental illness

Mental illnesses are biologically based brain disorders that can profoundly disrupt a person’s thinking, feeling, moods, ability to relate to others and capacity for coping with the demands of life.

-NAMI
Mental Illness and Addiction: Examples

Mental Illnesses:
- Schizophrenia
- Bipolar Disorder
- Schizoaffective Disorder
- Major Depression
- OCD
- Panic Disorder
- Personality Disorders

Addictions
- Alcoholism
- Cocaine Dependence
- Opioid Dependence
- Sedative Dependence
- Cannabis Dependence
- Inhalant Dependence
- ? Problem Gambling
- ? Sex Addiction
- ? Food Addiction
Past Year Substance Dependence or Abuse and Mental Illness among Adults Aged 18 or Older: 2010

- SUD and Mental Illness: 9.2 Million
- SUD, No Mental Illness: 11.2 Million
- Mental Illness, No SUD: 36.7 Million
- 20.3 Million Adults Had SUD
- 45.9 Million Adults Had Mental Illness

1. Source: Data from the National Survey on Drug Use and Health (NSDUH)
Past Year Substance Dependence or Abuse and Serious Mental Illness among Adults Aged 18 or Older: 2010

- 20.3 Million Adults Had SUD
- 11.4 Million Adults Had SMI
- 17.5 Million
- 8.6 Million
- 2.9 Million

SUD and SMI
SUD, No SMI
SMI, No SUD
Past Year Substance Dependence or Abuse among Adults Aged 18 or Older, by Level of Mental Illness: 2010

- **Serious Mental Illness (SMI)**: 25.2%
- **Moderate Mental Illness**: 22.4%
- **Low (Mild) Mental Illness**: 16.8%
- **No Mental Illness**: 6.1%
Past Year Alcohol Dependence or Abuse among Adults Aged 18 or Older, by Level of Mental Illness: 2010

- Serious Mental Illness (SMI): 18.9%
- Moderate Mental Illness: 17.1%
- Low (Mild) Mental Illness: 13.8%
- No Mental Illness: 5.2%
Past month reported illicit drug use
National survey on drug use and health
(NSDUH 2010)

- Illicit Drugs: 22.6 million
- Marijuana: 17.4 million
- Psychotherapeutics: 7.0 million
- Cocaine: 1.5 million
- Hallucinogens: 1.2 million
- Inhalants: 0.7 million
- Heroin: 0.2 million

Numbers in Millions
First Specific Drug Associated with Initiation of Illicit Drug or Older: 2009

3.0 Million Initiates of Illicit Drugs

- Marijuana (61.8%)
- Pain Relievers (17.3%)
- Inhalants (9.0%)
- Tranquilizers (4.6%)
- Hallucinogens (3.0%)
- Stimulants (2.5%)
- Sedatives (1.9%)
- Cocaine (0.1%)
- Heroin (0.1%)
Past Month Illicit Drug Use among Persons Aged 12 or Older, by Age: 2002-2009
Past Month Illicit Drug Use among Adults Aged 50 to 59: 2002-2009

- 50 to 59
- 50 to 54
- 55 to 59

Percent Using in Past Month

2002: 1.9^+ 3.4^+ 2.7^+
2003: 2.0^+ 3.1^+ 2.6^+
2004: 3.8^+ 4.8^+ 3.4^+
2005: 4.4^+ 5.2^+ 2.4^+
2006: 6.0 6.0 5.0
2007: 5.7 5.0 4.1
2008: 5.0 4.3^+ 4.6^+
2009: 6.2 6.9 5.4
Prevalence of Substance Use Disorders in Individuals with Mental Illness

Regier et al, JAMA 1990
Dual Diagnosis: Why Does It Happen?

- Mental illness may lead to substance use
  - Self-medicating symptoms
  - Self-medicating side effects

- Substance use can create symptoms of mental illness or make symptoms of a pre-existing mental illness worse
  - Intoxication can cause mental illness symptoms
  - Use can unmask an underlying mental illness
  - Can substance use cause mental illness itself? *(Probably.......)*
Cannabis and Mental Illness

Genetic variation in COMT influences the harmful effects of abused drugs

Percent with schizophreniform disorder at age 26

- No adolescent cannabis use
- Adolescent cannabis use

COMT genotype

<table>
<thead>
<tr>
<th>COMT genotype</th>
<th>No adolescent cannabis use</th>
<th>Adolescent cannabis use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met/Met</td>
<td>(151)</td>
<td>(48)</td>
</tr>
<tr>
<td>Val/Val</td>
<td>(148)</td>
<td>(54)</td>
</tr>
<tr>
<td>Val/Met</td>
<td>(311)</td>
<td>(91)</td>
</tr>
</tbody>
</table>
Dual Diagnosis: Why Does It Happen?

- The symptoms of mental illness could make substance use more likely:
  - Manic patients are impulsive
  - People with Antisocial Personality Disorder have little regard for the rules of society

- Being given an addictive drug to treat a psychiatric (or medical) condition can trigger an addiction (Rare)

- There may be a common inherited risk

- In any individual several of these reasons, none of these reasons, or different reasons could apply
In general, individuals with mental illness use substances for the same reasons as individuals without mental illness.
Interaction Between Addiction and Mental Illness

- Regardless of the reason for dual diagnoses, it is very clear that the presence of one disorder modifies the course of the other in a negative way. BOTH disorders are in need of treatment in order to have the best outcomes.
Psychiatric Disorder or Substance Induced?

- It is difficult to know whether the symptoms a person is experiencing are due to mental illness, substance use, or an interaction between them.

- Some of the ways to tell:
  - Past history, if you know it
  - Recent history, if you can find out
  - Evidence of drug use (paraphernalia, track marks, burned lips, etc.)
  - Appearance/clothing
  - Any physical problems (shallow breathing, pinpoint pupils, staggering, slurred speech, etc.)
  - Course of symptoms
Role of Urine Drug Screens

Hooray
I passed the test

Idiot tests
Psychiatric Symptoms: Drug-induced or Not?

- Even if there IS evidence of recent drug use, that doesn’t mean that the person’s symptoms are due to it!
- Even if there is NO evidence of recent drug use, that doesn’t mean the symptoms AREN’T due to it!
Dual Disorders Lead to Worse Outcomes Than Single Disorders

- Relapse of Mental Illness
- Relapse of Substance Use Disorder
- Treatment non-response or inadequate response
- Hospitalization
- Increased mortality rates
- Increased risk of violence as perpetrator and victim
- Suicidal behavior
Dual Disorders Lead to Worse Outcomes Than Single Disorders

- Homelessness
- Incarceration
- Medical problems
  - HIV & Hepatitis
  - Higher likelihood of neurological problems
- Family problems
- Increased service use and cost
- Employment problems
Characteristics Associated with Medication Non-Adherence

- Two biggest factors leading to increased psychiatric symptom burden in dually diagnosed individual:
  - Not taking medications
  - Substance use

- Substance use is a very strong predictor of medication non-adherence, which may be why people’s symptoms get worse when they use substances.

- Self-medicating?
  - Not usually
SURVIVAL CURVES OF TIME UNTIL PSYCHOTIC RELAPSE BY NO ABUSE AND ABUSE OF CANNABIS

Mortality Rates

- 1.33 times more likely to die from natural causes

- 3.5 times more likely to die due to “unnatural” causes
  - Accidents 2x’s more likely
  - Homicide 5x’s more likely
  - Suicide 15x’s more likely

- Much of the increased mortality is due to substance abuse
Rates of Violence

(Steadman, 1998)
Risk of Violence in Dually Diagnosed Individuals

(Steadman, 1998)

- Non-substance abusing discharged mental patients have **NO** increased risk of violence compared to others in their community

- Substance abuse increases the risk of violence in patients **and** controls

- Substance abuse is three times more common in patients

- Violence is most common in the first 20 weeks after discharge, and is more likely to be directed at family or friends
Treatment Outcomes in Dually Diagnosed Individuals

- Many can achieve stable remission
- Reduced psychiatric symptoms/suicide
- Less time in hospital
- Decreased utilization of resources
- Improved vocational functioning
Treatment Outcomes in Dually Diagnosed Individuals

- Fewer arrests
- Less violence and victimization
- Improved physical health
- Improved relationships with family and others
- Improved overall life satisfaction
What Helps People Achieve Remission from Dual Disorders?

- Stable housing
- Sober support network/family
- Regular meaningful activity
- Trusting clinical relationship

• Alverson et al, CommHJ, 2000
Traditional Treatment Approaches

- **Sequential**
  - Psychiatric treatment followed by substance abuse treatment (or vice versa)

- **Parallel**
  - Simultaneous provision of psychiatric and substance abuse treatment, but by different providers
Integrated Treatment

Focuses on similarities between severe mental illness and substance use disorders to achieve the best outcome for the patient and for society.
Integrated Treatment

Similarities between severe mental illness and substance use disorders:

• Biological basis of illnesses
• Chronicity
• Propensity for relapse
• Denial
• Destructive capacity of illnesses
Integrated Dual Disorders
Treatment: What Is It?

- Treatment of substance use disorder and mental illness together:
  - Same team
  - Same location
  - Same time
Why Integrated Treatment of Dual Disorders?

- More effective than separate treatment
- At least ten studies show integrated treatment is more effective than traditional separate treatment

(Drake et al, Schiz Bulletin 1998; Drake et al, Psych Services 2001 for summaries)
Treatment Approaches: Outcomes

- **Sequential Treatment**
  - 5% become sober in their first year of treatment

- **Parallel Treatment**
  - 5% become sober in their first year of treatment

- **Integrated Treatment**
  - 15-20% become sober in the first year of treatment
  - Higher fidelity to model yields better outcomes
IDDT Improves Abstinence Outcomes!

Abstinence after Integrated Dual Disorder Treatment

![Graph showing abstinence rates over time with IDDT and parallel treatments. The graph indicates that IDDT improves abstinence outcomes compared to parallel treatment.]
Course of Dual Disorders

- Any change in behavior, including recovery from mental illness and substance abuse occurs in stages over time
  - Precontemplation
  - Contemplation
  - Preparation
  - Action
  - Relapse prevention
Basic Principles of IT

- Not highly confrontational
- Meet the person where they are
- Assertive outreach
- Treatments (medication and therapies) are tailored to individual level of insight and motivation
- Treatment is long-term and low intensity
Basic Principles of IT

- Abstinence is goal, not requirement
- Flexible use of 12-step groups
- Staged treatment approach:
  - ENGAGEMENT
  - PERSUASION
  - ACTIVE TREATMENT
  - RELAPSE PREVENTION
Basic Principles of IT
Four Stages of Treatment

- ENGAGEMENT
  - I don’t have any problems

- PERSUASION
  - I might have a problem

- ACTIVE TREATMENT
  - I do have problems, and I need to do something about it

- RELAPSE PREVENTION
  - I’ve had problems, and I need to be sure they don’t come back
Predominant Stages of Change in 800 SAMI Admissions

- Engagement: 50%
- Persuasion: 40%
- Action: 9%
- Maintenance: 1%
# Stages of Treatment

<table>
<thead>
<tr>
<th>Stage of Treatment</th>
<th>Major Task</th>
<th>Patient Attitude</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Engagement</strong></td>
<td>Relationship building</td>
<td>“I don’t have a problem”</td>
</tr>
<tr>
<td><strong>Persuasion</strong></td>
<td>Insight development</td>
<td>“Maybe I do have a problem”</td>
</tr>
<tr>
<td><strong>Active Treatment</strong></td>
<td>Skill acquisition</td>
<td>“I have a problem and need to learn how to deal with it”</td>
</tr>
<tr>
<td><strong>Relapse Prevention</strong></td>
<td>Maintenance</td>
<td>“I need to be sure it doesn’t come back”</td>
</tr>
</tbody>
</table>
Engagement Stage

- Is unaware there is any problem related to their using.
- If confronted will become more resistive and defensive.
Engage by working together

- Meet basic needs
- Develop trust
- Don’t argue
- Roll with resistance
- Try to project some hope
- Be patient!
Persuasion Stage

- Go Slow

- Provide information and develop discrepancies
  - Point out inconsistencies

- Don’t argue

- Ask permission to provide feedback
Active Treatment Stage

- Education
- Skills Training
- Opportunities to practice skills
Relapse Prevention Stage

- Development of relapse prevention plan
- Emergency card
- Social support network
- Use of AA/NA
- Sponsorship and/or Peer Support
TRUE or FALSE

The stages of integrated dual diagnosis treatment are denial, resistance, submission and gratitude.

ANSWER: FALSE

The stages are:
1. Engagement
2. Persuasion
3. Active Treatment
4. Relapse Prevention
Challenges of Inpatient Dual Diagnosis Treatment

- High volume of admissions
- Varying levels of insight and motivation
- Differing lengths of stay
- All things to all people
- What are reasonable expectations for outcomes?
Inpatient Dual Diagnosis Treatment: Why Do “IT”?

Although lifelong sobriety is not likely to be a frequent outcome of a brief, acute inpatient psychiatric hospitalization, it does represent an important point in the change process when patients are more receptive to changes than when residing in the community.
Inpatient Dual Diagnosis Treatment: Opportunities

- Reasons for hospitalization may represent a significant “change motivator”
- Psychiatric stability
- No access to substances of abuse
Inpatient Dual Diagnosis Treatment: Opportunities

- Improved health
- Improved cognitive functioning
- Improved decision making abilities
- May speed-up the change process and have lasting results
Fidelity to IDDT Principles Improves Abstinence

Figure 1. Percent of Participants in Stable Remission for High-Fidelity ACT Programs (E; n=61) vs. Low-Fidelity ACT Programs (G; n=26).
Strategies for Families/Supports

- Information
- Support
- Collaboration
- Skills and reinforcement
- Advocacy and involvement
### Clinical case example

#### Scenario:

A newly admitted patient has been smoking marijuana on a daily basis, not keeping appointments at his agency and refusing medications. He doesn’t feel he is mentally ill and doesn’t want to talk to you about anything, especially the marijuana he smokes because “It’s none of your business and it’s my right to do whatever I please!”

#### Your best response:

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<thead>
<tr>
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<tbody>
<tr>
<td>A.</td>
<td>Explain how marijuana use interacts with his mental illness</td>
</tr>
<tr>
<td>B.</td>
<td>Explain the medical problems of marijuana use</td>
</tr>
<tr>
<td>C.</td>
<td>Refer him to AA meetings</td>
</tr>
<tr>
<td>D.</td>
<td>Schedule an intake at a local drug treatment program</td>
</tr>
<tr>
<td>E.</td>
<td>Ask him if he would like to play cards</td>
</tr>
</tbody>
</table>
Best Answer:

Answer: E

This patient is in the engagement stage of treatment. The most important interventions at this point focus on developing a relationship with treatment providers. Directly confronting dual diagnosis issues at this stage will increase resistance. Any number of other interventions that help build the relationship would also be of value, and should be tailored to the individual.
INSTILL A SENSE OF HOPE

- Dually diagnosed people DO recover if they are given the opportunity, the information, hope, patience and understanding.
Thanks for Participating!

- If have further questions about IDDT and its implementation:
  - Contact your local providers
  - Obtain and read some of the references cited in this presentation
  - Attend some of the many trainings offered by the SAMI CCOE
    (Go to www.ohiosamiccoe.case.edu for a listing of topics, times and locations)
References


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