

Effective strategies, tips and considerations to use when providing employment services for people with co-existing ID/DD and mental health challenges

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- Please take a sheet of paper and make three boxes on it
- Label one box "mental illness"
- Label one box "intellectual / developmental disorder"
- Label one box "substance use disorder"
- For each of the following items put the word in parentheses only in those boxes where it applies

### Questions

- This illness is caused by a person's own choices (CHOICE)
- This illness has a biological foundation (BIOLOGY)
- Relapses are a natural part of this illness (RELAPSES)

### Questions

- People with this illness want to, and do, recover (RECOVER)
- People with this illness benefit from learning & using coping skills (COPING SKILLS)
- This illness has a genetic component (GENETIC)

### COD Questions

- People with this illness can and do work in competitive jobs (EMPLOYMENT)
- People with this illness benefit from some medications (MEDICATIONS)
- This illness impacts the person's family (FAMILY)

### Questions

- People with this illness respond to evidence-based treatments (TREATMENT WORKS)
- People with this illness are motivated to change (MOTIVATED)

# Recovery

## Recovery

- Many definitions
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- Recovery from...
- Recovery in...

## Components of Recovery

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## Recovery: Addiction & Mental Illness Similarities

- Addiction
  - substance use and for life
- Mental Illness
  - Person gains control over symptoms and reclaims responsibility for life

## Recovery: Addiction & Mental Illness Differences

- Addiction
  - Recovery = abstinence
  - Recovery is the same for all
- Mental Illness
  - Recovery possible even if still experiencing symptoms
  - Recovery is unique to individual

## Recovery

“As clinicians our job is not to judge who will and who will not recover. Our job is to establish strong, supportive relationships in order to maximize chance of recovery.”

People need to have the “dignity of risk” and the “right to fail”.

Patricia Deegan

**“I want to live my life not my disability”**

- Pat Deegan

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### **Co-Occurring Disorders (Mental Illness)**

- 50% of people with a severe mental illness have a co-occurring substance use disorder at some point in their lifetime
- People are often in different stages of change regarding their substance use

### **Co-Occurring Disorders (Mental Illness)**

- Some people with mental illness, especially schizophrenia, have significant limitations in cognitive functioning and adaptive behaviors that relate to everyday social and practical skills

### **Co-Occurring Disorders (Intellectual Disorders)**

- People with ID have significant limitations in cognitive functioning and adaptive behaviors that relate to everyday social and practical skills

### **Co-Occurring Disorders (Intellectual Disorders)**

- While findings suggest a lower prevalence of alcohol and drug use among people with ID, results indicate a potentially elevated risk for experiencing a substance use disorder among those who do use substances

### **Co-Occurring Disorders (Mental Illness)**

- People with mental disorders suffer disproportionately from substance use problems.
- All people with a mental illness are at greater risk for developing a Substance Use Disorder

### **Co-Occurring Disorders (Intellectual Disorders)**

- People with intellectual disabilities (ID) suffer disproportionately from substance use problems, due largely to a lack of empirical evidence to inform prevention and treatment efforts for them.

### **Co-Occurring Disorders (Intellectual Disorders)**

- People who experience a mental illness are at much higher risk of developing Substance Use Disorders
- Prevalance of Substance Use Disorders is much higher with this group

### **Co-Occurring Disorders (Intellectual Disorders)**

- Past research suggests that prevalence of alcohol and illicit drug use is low in this population but risk of abuse is relatively high among ID substance users.

### **Co-Occurring Disorders (Intellectual Disorders)**

- Review findings suggest that past-month prevalence of illicit drug use is lower among people with ID, but rates of legal substance use are more similar to rates in the general population.

### **Co-Occurring Disorders (Intellectual Disorders)**

- Individuals with mental illness who had better pre-onset functioning are at a greater risk for having or developing a Substance Use Disorder

### **Co-Occurring Disorders (Intellectual Disorders)**

- Some individuals with ID may have greater exposure to substance use when compared to others with ID, specifically those with borderline and mild ID, a co-occurring mental health disorder, and those who are incarcerated

### Integrated Treatment for Co-Occurring Disorders (Mental Illness)

Integrated Treatment is a research-proven model of treatment for people with serious mental illnesses and co-occurring substance use disorders

### Integrated Treatment for Co-Occurring Disorders (Mental Illness)

People receive combined treatment for mental illnesses and substance use disorders from the same practitioner or treatment team. They receive one consistent message about treatment and recovery

### Integrated Treatment for Co-Occurring Disorders (Mental Illness)

- Mental health and substance abuse treatment are integrated to meet the needs of people with co-occurring disorders
- Integrated treatment specialists are trained to treat both substance use and serious mental illnesses

### Integrated Treatment for Co-Occurring Disorders (Mental Illness)

- **Co-occurring disorders are treated in a stage-wise fashion with different services provided at different stages**

### Integrated Treatment for Co-Occurring Disorders (Mental Illness)

- **Motivational interventions are used to in all stages of substance abuse treatment, especially persuasion**

### “Motivational Skills” are Essential



**Integrated Treatment for Co-Occurring Disorders (Mental Illness)**

- Substance abuse counseling, using a cognitive-behavioral approach, is used in the active treatment and relapse prevention stages

**Integrated Treatment for Co-Occurring Disorders (Mental Illness)**

- **Multiple formats for services are available, including individual, group, self-help, and family**
- **Medication services are integrated and coordinated with psychosocial services**

**Integrated ITCOD Services**



**Integrated Treatment for Co-Occurring Disorders (Mental Illness)**

Precontemplation (SOC)  
 Engagement (SATS)  
 Assertive outreach, practical assistance, and developing a working relationship

**Integrated Treatment for Co-Occurring Disorders (Mental Illness)**

Contemplation and Preparation (SOC)  
 Persuasion (SATS)  
 Education, developing recovery goals, continue developing relationship, provide information, motivational strategies

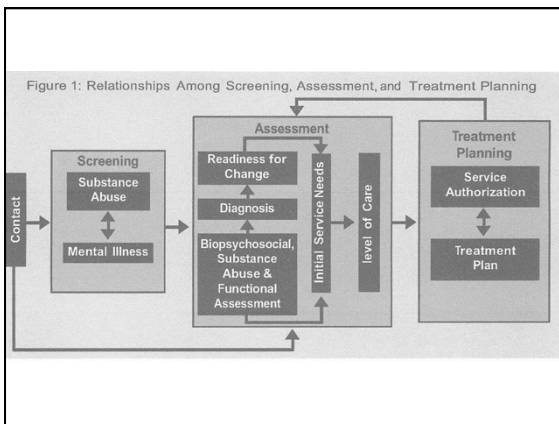
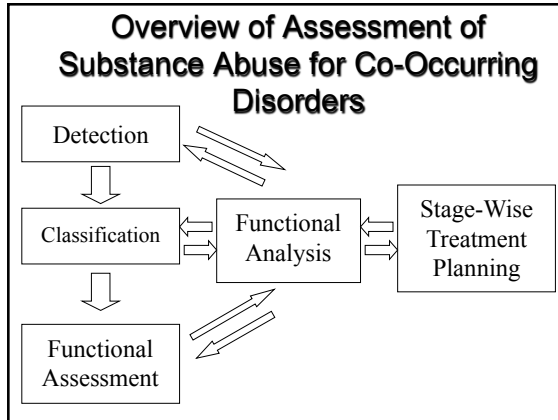
**Integrated Treatment for Co-Occurring Disorders (Mental Illness)**

**Action (SOC)**  
**Active treatment (SATS)**  
**Cognitive Behavioral Therapy (CBT) including skills training, substance refusal skills, motivational strategies, relapse prevention planning**

**Integrated Treatment for  
Co-Occurring Disorders  
(Mental Illness)**

**Maintenance (SOC)**  
**Relapse Prevention (SATS)**

**Cognitive Behavioral Therapy (CBT)**  
including skills training, copying  
strategies, motivational strategies,  
relapse prevention



**High Rates of Mental Illness  
and Substance Abuse**

- Self-medication
- Super-sensitivity to effects of alcohol and drugs
- Socialization motives
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**NOT Supporting  
Self-Medication Theory**

- abuse more substances
- Substance selection unrelated to type of symptoms experienced
- Types of substances abused unrelated to psychiatric diagnosis
- Self-medication may contribute to maintaining substance abuse, but probably doesn't explain high rates

**Super-Sensitivity Model**

- vulnerability to effects of substances
- Smaller amounts of substances result in problems
- "Normal" substance use is problematic for clients with severe mental illness but not in general population

### Super-Sensitivity Model

- Sensitivity to substances, rather than high amounts of use, makes many clients with mental illness different from general population

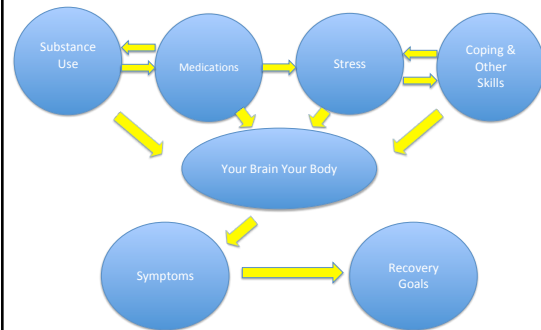
### Support for Super-Sensitivity Model

- Clients with co-occurring disorders are less likely to develop physical dependence on substances
- Standard measures of substance abuse are less sensitive in clients with severe mental illness
- Clients with co-occurring disorders are more sensitive to effects of small amounts of substances

### Support for Super-Sensitivity Model

- Few clients with co-occurring disorders are able to sustain “moderate” use without impairment
- Super-sensitivity accounts for some increased comorbidity

Stress Vulnerability Model



### How Do People Obtain Remission Make Progress Towards Recovery

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

- Alverson et al, Com MHJ, 2000

### Screening for Co-Occurring Disorders

- Use of structured assessment tool (usually brief) to detect presence of Co-Occurring Disorders (COD)
- Important to assure that you are using a validated screening tool for CODs



### **Detection of Co-Occurring Disorders**

- Biggest challenge in MH programs is not taking a comprehensive history that includes specific substance use information
- Detection requires specific skill sets and values from clinicians

### **Detection Skills and Values**

- Expect that everyone with a mental illness has used or does use substances
- Provide time for responses in interviews
- Do not focus on primary versus secondary problem of mental illness versus substance use

### **Detection Skills and Values**

- Normalizing your response to information about substance use and consequences
- Looking for collaborating and clarifying sources when the person is open to that and being able to explain why important

### **Interviewing People about Substance Use**

Normalize substance use challenges for the general population and for people with a mental illness

Reinforce why this information is important in your work with the person: helping them achieve their goals

### **Interviewing People about Substance Use**

Ask all questions with the expectation that the person has used substances.

Do not ask: "You don't use cocaine do you"

Ask: "Tell me about the first time you used cocaine"

### **Interviewing People about Substance Use**

Start with legal substances and then move to more sanctioned substances

Start with the first time you used for each substance and then move to the present time

### **Interviewing People about Substance Use**

You might start with: "Tell me about the first time you smoked cigarettes"

The person will correct you quickly if they did not ever smoke cigarettes

### **Interviewing People about Substance Use**

You might then move to: "Tell me about the first time you drank any kind of alcohol"

Listen carefully to assess for different use for different types of alcohol, use the person's terms and explore each type

### **Interviewing People about Substance Use**

You might then move to: "Okay, please tell me about the first time you drank "beer"

And then: "What about the first time you drank "hard liquor" or "vodka"

### **Interviewing People about Substance Use**

Remember to include:

"Non-prescribed use of pain medications"

"Non-prescribed use of any medication"

### **Interviewing People about Substance Use**

Move up to current time with each substance before moving on to the next substance

Be prepared to explain why this information is useful

### **Interviewing People about Substance Use**

Consider drawing a time line for the person that might include a few historical events that might trigger their memories/thoughts about use

Some examples: moving, graduation, jobs, arrests, hospitalizations, marriage

## Skills Training

- Modeling, role play rehearsal, positive & corrective feedback, home practice
- Breaking complex behaviors into smaller component steps
- Shaping to build competence in the complex behavior
- Group or individual skills training

## Improving Coping Skills

- Can be applied to symptoms (depression, hallucinations, anxiety, etc.) or cravings
- Understanding person's current coping skills
- Increasing use of effective but under-utilized strategies
- Improving ineffective coping skills
- Introducing new coping skills
- In-session role plays
- Out-of-session homework

## Coping Skills Examples

- Hallucinations
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## Coping Skills Examples

- Depression
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- thoughts
  - (e.g., catastrophizing, all-or-nothing thinking)

## Coping Skills Examples

- Anxiety
  - Gradual exposure
  - Relaxation strategies
  - Mindfulness
  - Identifying and changing anxiety provoking thoughts

## Coping Skills Examples

- Cravings
  - Related to substance use situations
  - Related to other cravings
  - Acceptance/mindfulness of urges to use while maintaining commitment to sobriety
  - Coping self-talk
  - Distraction
  - Prayer

### Reducing Cravings

- Minimizing exposure to stimuli that trigger undesirable behavior (e.g., substance abuse)
  - Not having alcohol/drug paraphernalia around
  - Avoiding situations where substances likely to be used
  - Avoiding cues likely to trigger urges to use (e.g., money in pocket)

### Relaxation Training

- Stress common contributor to substance abuse & psychiatric relapses
- Identify stressful situations
- Identify personal signs of stress

### Relaxation Training

- Teach relaxation skills
  - Relaxed breathing
  - Pleasant imagery
  - Muscular tension/relaxation
- Practice skills in non-stressful situations to develop competence



### Problem Solving Skills

1. Define the problem
2. Brainstorm possible solutions
3. Evaluate each solution
4. Select best solution (or combination of solutions)
5. Plan on how to implement the solution
6. Follow-up success and problem solving more if needed

### Reducing Relapses

- substance abuse relapses or both
- Understand the relapse process

## Reducing Relapses

- Developing a relapse prevention plan:
  - Identify stressful situations that have led to relapses
  - Identify early warning signs of relapse
  - Establish plan for monitoring signs
  - Develop plan for responding to early warning signs

## Reducing Relapses

- Developing a relapse prevention plan:
  - Develop plan for responding to early warning signs
  - Write plan down
  - Practice plan
  - Make copies & give to involved parties
  - Review how it works & modify plan as needed