Integrating Recovery-Oriented Practices for Individuals with Co-Occurring Disorders: With Tobacco & Schizophrenia Case Example

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Integrating Recovery-Oriented Practices for Individuals with Co-Occurring Disorders: With Tobacco & Schizophrenia Case Example

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- **Board of Directors:** National Network Depression Centers; UMass Memorial Behavioral Health Services; Community Health Link; Marlborough Hospital; Massachusetts Hospital Association
Learning Objectives:

Learners will be able to:

1) create motivation-based, recovery-oriented treatment plans for co-occurring disorders

2) describe how to integrate recovery-oriented practices into their work, including dual recovery therapy, mindfulness-based interventions, MET, community resources, and 12-Step Facilitation

3) Case Example: Tobacco Use Disorder & Schizophrenia
COD: Common & Complex

- High Rates of COD
- Many Combinations of Psychiatric Diagnoses
- Increased Consequences
Integrated COD Treatment

- COD treatment outcomes improve with integrated treatments, programs, and coordinated systems and services
- Blend Psychosocial Treatments
- Medications for both MI & SA
  - Numerous Resources: SAMHSA Principles, CO-MAP, SAMHSA TIPS, APA & VA practice guidelines
- Recovery Orientation
  - Wellness oriented – tobacco, obesity, & stress
SAMHSA 14 Principles

1. **Engagement**
   - welcome, access, meds & psychosocial treatment, community options and education

2. **Relationship Building**
   - collaborator in recovery process, empathic, hopeful, strength based, process of assessment and reassessment

3. **Shared Decision Making**
   - partnership, prognosis, risks & benefits, understanding of options, document process
What Is Right for Me?
A Step-by-Step Approach to Making Important Decisions in Everyday Life

How to Help Someone Make an Important Decision
A Step-by-Step Approach
Shared Decision Making

Online Tool: Tobacco Cessation and choice to use medicine

- Online Interactive Tool for Consumers
- Are you Ready to quit smoking?
- Guides consumer through options, what matters to them, and helps them to make a decision.
- **Tool to talk with clinician or loved ones about decision**
Psychology of Taking Medications

- “Pills Fix Problems”
- Soothing – Quick
- Switch / Add an addiction in vulnerable individual
- How does it fit in working my program?
- Manage aversion to taking medications once in recovery for addiction
- Substances alter impact of Medications
4. **Screening & Assessment**
   - mental health, substance use, physical
   - adherence monitoring
   - laboratory findings

5. **Assessment of Co-Occurring Disorders**
   → Timeline – input from significant others
   → Substance induced disorders
   → Past History, Family History

6. **Integrated Interventions**
   - both “primary”
   - best practices – psychosocial & meds
### DSM-5 Criteria for Substance Use Disorders: 11 criteria (no abuse or dependence)

<table>
<thead>
<tr>
<th>DSM-IV Abuse</th>
<th>DSM-IV Dependence</th>
<th>DSM-5 Substance Use Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazardous use</td>
<td>X</td>
<td>-</td>
</tr>
<tr>
<td>Social/interpersonal problems related to use</td>
<td>X</td>
<td>-</td>
</tr>
<tr>
<td>Neglected major roles to use</td>
<td>X</td>
<td>-</td>
</tr>
<tr>
<td>Legal problems</td>
<td>X</td>
<td>-</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>-</td>
<td>X</td>
</tr>
<tr>
<td>Tolerance</td>
<td>-</td>
<td>X</td>
</tr>
<tr>
<td>Used larger amounts/longer</td>
<td>-</td>
<td>X</td>
</tr>
<tr>
<td>Repeated attempts to quit/control use</td>
<td>-</td>
<td>X</td>
</tr>
<tr>
<td>Much time spent using</td>
<td>-</td>
<td>X</td>
</tr>
<tr>
<td>Physical/psychological problems related to use</td>
<td>-</td>
<td>X</td>
</tr>
<tr>
<td>Activities given up to use</td>
<td>-</td>
<td>X</td>
</tr>
<tr>
<td>Craving</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

≥1 criterion

≥2 criteria

≥3 criteria

DSM-5 Substance-Related and Addictive Disorders

- Substance Use Disorders (SUD)
  - 11 criteria
  - Severity (3 levels):
    - Mild: 2-3 symptoms
    - Moderate: 4-5
    - Severe: >6
  - No poly-substance category
  - Each substance a unique disorder

Ongoing COD Assessments: Dual Recovery Status Exam

- Assess current mental status
  - Psychiatric symptoms & withdrawal symptoms
- Assess last substance use
  - Cravings/thoughts
- Assess for motivational level/changes
- Assess treatment involvement
  - Medication compliance
  - Therapy
  - 12-step/recovery activities
Integrated Psychosocial: Dual Recovery Therapy

- Integrate and modify 4 traditional addiction psychosocial treatments
  - Motivational Enhancement Therapy
  - Relapse prevention
  - 12-Step facilitation
  - Mindfulness based interventions

- Blend evidence-based mental illness treatments
  - CBT
  - Social Skills Training

- Individual, group, couples, family therapy
- Many subtype examples: Seeking Safety, etc
MISSION-VET Implementation Materials

• DRT in MISSION
• www.missionmodel.org

• The Treatment Manual & The Consumer Workbook
7. Treatment Readiness
   - likely different levels of motivation
   - monitor for relapse

8. Interdisciplinary Communication
   - regular communication, team orientation, consistent message

9. Integrated Treatment
   - individualized treatment plan through person-centered planning process
Case Example #1: Schizophrenia & Tobacco Use Disorder

- 39 year old male patient
  → Doesn’t want to quit now, but willing to listen
  → Stable on Olanzapine 20mg per day
  → Other medical problems: obesity & hypertension

- Medical Examination
  → Expired CO = 43
  → BP 132 / 82

- Social and Family Histories:
  → Single & lives in group home with many smokers
  → No history of alcohol or drug use
  → Drinks 8 cups of coffee per day
Assessment & Treatment Plan

- Mental Health Assessment – MSE, meds, strengths
- Tobacco Use Assessment (Current & Past)
  → What using? how much?
  → Heaviness scale: TTF & Cig/day
  → Assess patterns of use – triggers, associations
  → CO meter or cotinine level
- Past quit attempts
- Current motivational level to quit / to engage in treatment
- Support or lack of support – social network
- Other medications, caffeine, substances & medical problems
Emerging Tobacco Products: Smokeless Tobacco Products

Electronic Cigarettes (E-Cigs)
E-Cigarette

- Not FDA approved
- Not proven as cessation aides – patients may use
- Could be harmful &/or addictive
- Attracting adolescents
  - Thousands of flavors, including candy, chocolate, bubble gum
- Technologically appealing
- Cost
  - $140 one month supply
Emerging Tobacco Products

- Hookahs and water pipes
- Little cigars
Past Quit Attempts

- Create timeline → Dates for each quit attempt
- Reason for quit attempt
- Method used to quit
- Duration using that method
- Withdrawal symptoms
- Understanding of relapse
Case - Tobacco History

- Started smoking at age 14
- Smokes 40 cigarettes per day
- Smokes in middle of night at times
- Smoke first cigarettes in 1 minute of waking
- 3 previous quit attempts
  - Quit for 4 weeks as part of acute hospitalization
  - Gum didn’t work 3 years ago
  - Tried Patch to quit about 9 months ago
    - Smoked with patch
- Currently ambivalent about starting to quit now
Assessing Motivation to Change

- Assessment strategies:
  - Importance, readiness, and confidence rulers
  - DARN-C (Desire, Ability, Reason, Need, and Commitment)
  - Decisional balance
  - Time-line/quit date
  - Counter-transference and non-verbal cues

- What level of motivation? Precontemplation, contemplation, preparation, action, maintenance

- Formal tools: SOCRATES and URICA

Treatment Plan

- Schizophrenia to problem list
- Add Tobacco Use Disorder to problem list
  → Consider motivational level
- Educational materials
  → Resources (Health and other consequences/benefits)
- Psychosocial treatment
  → What can you integrate?
- Medication treatment
  → Monotherapy
  → Combination therapy
- Community resources
Strategies for Lower-Motivated

- Feedback Tools & MET
- Behavioral Disconnects
- Wellness and Recovery Groups
  - Learning About Healthy Living Groups
- Nicotine Anonymous
Personalized Feedback: What Matters

- Carbon monoxide meter score and feedback
  → Big impact on patients
  → Short- & long-term benefits to quit
- Yearly cost of cigarettes
- Medical conditions affected by tobacco
- Links with other substance abuse & relapses

Advise: Relevance of Quitting

● Personalize the message
  → Better health
  → Fresher breath
  → More money
  → Role model
  → Freedom
  → More energy

● Impact on their family and social life
  → Environmental tobacco smoke (pets, friends, family, children, etc)

● Financial
  → Fewer sick days from work
  → Cost of cigarettes
MET = MI + Feedback

- **Motivational Interviewing (Style)**
  - Empathy, respects readiness to change, embraces ambivalence, and directive
  - OARS: Open-ended questions; affirmations; reflective listening; summaries

- **Personalized Feedback (Content)**
  - Assessment, including motivational level
  - Decisional balance: pros and cons
  - Personalized feedback
  - Change plan, shared decision-making, and menu of options

**MET** = Motivational interviewing and personalized feedback
Free Online Resource

For Lower & Higher Motivated
Case Continues:

● Excellent progress in LAHL group & your use of personalized feedback. Now interested to quit and willing to try medications. Modify the Treatment Plan

● What Medication, Psychosocial Treatments, Community Resources would you consider?
10. Pharmacological Strategies & Drug Interaction / Toxicity

11. Medications & Crossover Benefits

12. Risk / Benefit Assessment
13. **Coordinated Treatment Approach**
   - medical comorbidities
   - coordinated treatments

14. **Relapse Prevention**
   - monitor signs of relapse
   - relapse analysis
Updated Treatment Plan

- Schizophrenia & Tobacco Use Disorder on problem list
  → update enhanced motivational level
- Educational materials
  → Resources / Health and other consequences/benefits
- Psychosocial treatment
  → What can you integrate?
- Medication treatment
  → Monotherapy
  → Combination therapy
- Community resources
  → Peer Support Specialists / NicA
Strategies for Higher Motivated

- 7 FDA-approved medications
  - Five nicotine replacement therapies (NRTs)
    - Patch, gum, spray, lozenge, inhaler
    - Bupropion
    - Varenicline

- Psychosocial treatments
  - Cognitive-behavioral therapies
  - Mindfulness-based interventions
  - Social support

- Community resources
CBT: Relapse Prevention

- Identifying cues / triggers for substance use or cravings / thoughts
- Do an analysis of a “relapse”
- Goal to improve self-efficacy to avoid / handle specific people, places, things, moods, other addictive acts, etc
- Examples: Drug refusal skills, seemingly irrelevant decisions, managing moods / thoughts, and stimulus control

CBT = Cognitive Behavior Therapy
Integrating Mindfulness into Clinical Practice

- Enhanced Presence & Listening
  - Brief 5 minute Moments
- Mindfulness Based Stress Reduction (MBSR)
- Acceptance and Commitment Therapy (ACT)
- Mindfulness-Based Cognitive Therapy (MBCT)
- Dual Recovery Therapy (DRT)
- Dialectical Behavior Therapy (DBT)
  - “what” and “how” skills
- Mindfulness Based Relapse Prevention (MBRP)
  - Addiction Treatment & 12-Step Recovery
- Apps & websites & mp3s
Applied Mindfulness: RAIN

- **Recognize**
  → “I’m feeling anxious”

- **Accept/allow**
  → See if you are resisting the experience

- **Investigate**
  → “What’s happening in my body right now?”

- **Note**
  → Label or mentally note the body sensations from moment to moment

http://www.mindful.org/mindful-magazine/craving-to-quit, Judson Brewer, MD, PhD author
Community Resources

- Quit lines (phone)  
  → 1-800-QUIT-NOW

- Online (internet / apps)  
  → www.becomeanex.org  
  → www.quitnet.com  
  → www.ffsonline.org

- Local treatment groups

- Nicotine Anonymous  
  → In person meetings  
  → Telephone meetings  
  → Internet meetings
12-Step Facilitation

- Accepts disease model
- Encourages use of 12-Step social network, including sponsor and home group
- Coach “working their program”
- Fellowship and higher power are the agents of change - spirituality key
- Initial labeling of self as alcoholic is encouraged to address denial, minimization, and rationalization
- Abstinence model - loss of control with use
- Acceptance, Surrender, and Get Active
Is the Patient Working Their 12-Step Program?

- Working the steps
- Sponsor, mentor, or guide
- Group support and involvement
- Self-evaluation
- Spiritual Activity – Connection to Higher Power (prayer, meditation, ..)
- Daily reading or reflections
- Health care (recreation, exercise, diet, tobacco)
- Celebrate successes
- Being of service to others
Several different types of modified 12-step groups

Recovery concepts support increased sense of hope and connection to others

Shared experience:
  → Experience, Strength, & Hope)

12-step phrases describe complex concepts in simple and easy way to remember
  → One day at a time
  → Stinking thinking
  → HALT (Hungry, Angry, Lonely, Tired)
  → Serenity prayer
Peer Support Specialists

- Consumer involvement on leadership committees, treatment, and engagement
- Genesis Club House
- www.NJChoices.org
- www.Rxforchange.org
- Wellness & Health Fairs
Principles of Pharmacology for Mental Illness in COD

● Avoid psychiatric medications with:
  → abuse liability
  → overdose risk
  → causing seizure
  → Sedation
  → liver toxicity

● Simplify dosing strategies (start low – go slow)

● Stress education and compliance

● Minimize refills
Principles of Pharmacology for COD

- Specificity of psychiatric & addiction disorders
- All medications are not created equal
  - **Abuse liability** - Benzos / Sedatives, Stimulants, Pain Medications
  - **Safety** - in general & when using substances
- **Interaction with substances**
  - Ex. MAOI & Stimulants
  - Few studies / lots of natural experiments
Co-Occurring Disorder Pharmacotherapy in Mental Health Settings

- Focus on treating the mental illness(es)
- Shared decision on psychiatric medication(s)
  - Prior treatment, side effect profile, family history
  - Likelihood of adherence
  - Substance Use / Addiction considerations
- Consider adding addiction treatment meds
  - Specific for treating an Alcohol, Tobacco & Other Drugs Use Disorder
  - Detox, Protracted Withdrawal, & Maintenance
Medication Treatments for COD in Addiction Settings

- Substance Detoxification
- Protracted abstinence
- Harm reduction / opioid agonists
- Co-occurring psychiatric disorders

Helpful Alcoholics Anonymous Brochure to give patients going to 12-Step Meetings:

→ *The AA Member: Medications and Other Drugs*, 1984
Medication Algorithm Considerations

- Patient preference
- Past experience
  - Failed monotherapy attempts
  - Incorrect administration of medication
  - Multiple failed attempts
- Medical comorbidities
- Severity of withdrawal & dependence
- Breakthrough cravings
- Oral cravings/hand-to-mouth motion
- Weight gain concerns
Medication Algorithm

- **Monotherapy** (any of 7 FDA med choices)
  - Varenicline
  - Patch
  - Oral NRT
  - Bupropion

- **Combination pharmacotherapy**
  - Multiple NRTS
    - Patch and oral NRT
  - Bupropion & NRT
Rationale NRT Replacement Pharmacology

- Each cigarette contains about 13 mgs nicotine
  → About 1 – 3 mgs of nicotine are absorbed per cigarette

- SMI tend to absorb the 2 – 3 mgs nicotine per cigarette
  → Higher CO and cotinine levels than expected

- Some practitioners and researchers match cotinine level to nicotine replacement dosage

- Example:
  → 3 packs per day = 20 cigarettes times 2 mgs per cigarette times 3 packs per day = 120 mgs nicotine
Tobacco Smoke & Psychiatric Medication Blood Levels

- Smoking induces the P450 1A2 isoenzyme secondary to the polynuclear aromatic hydrocarbons
- Smoking increases metabolism of:
  - Haloperidol, fluphenazine, olanzapine, clozapine, thioridazine, chlorpromazine, etc
  - Caffeine is metabolized through 1A2
- Check for medication side effects
- Nicotine use alone (versus tobacco smoking) does not change medication blood levels (2D6)
  - Nicotine replacement therapy (NRT) does not affect medication blood levels
Reluctance to Prescribe Psychiatric Medications to Substance Abusers

- Worries about Toxic interaction
- Medication effect negated by drugs of abuse
- Manipulation
- Treating substance-induced symptoms
- Enabling
General Principles for the Use of Pharmacological Agents to Treat Individuals with Co-Occurring Mental and Substance Use Disorders

14 Principles for Prescribers

HHS Publication No. SMA-12-4689