

# Diagnostic and Treatment Considerations for People with Substance Use Disorders and Severe Mental Illness

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# Overview

- Introductions
- Person-first language
- Definitions
- Prevalence
- Assessment
- Treatment
- Cases

# Serious Mental Illness

- SMI- serious mental illness
  - SMI (serious) vs SPMI (severe and persistent)
  - Definitions vary depending on the context
  - Federal definition:
    - From 1992 Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (Public Law No. 102-321)
    - A condition that affects “persons aged 18 or older who currently or at any time in the past year have had diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified within DSM-IV that has resulted in **serious functional impairment**, which substantially interferes with or limits one or more major life activities”.
  - All mental illnesses have the potential of being SMI

# Substance Use Disorder

- Problematic pattern of substance use (SU) leading to **clinically significant** impairment or distress, as manifested by at least 2 of the following, occurring within 12 mos.:
  - S is often taken in larger amounts or over a longer period than was intended
  - There is a persistent desire or unsuccessful efforts to cut down or control SU
  - A great deal of time spent in activities to obtain, use, or recover from SU
  - Craving, or a strong desire or urge to use substance
  - Recurrent SU resulting in a failure to fulfill role obligations
  - Continued SU despite persistent problems
  - Social, occupational, or recreational activities given up or reduced due to SU
  - Recurrent SU in situations in which it is physically hazardous
  - SU is continued despite knowledge of having a persistent health issue
  - Tolerance
  - Withdrawal

2014 SAMHSA surveys estimate

approximately **7.9 million**

people suffer from co-occurring disorders  
in the US.

# Epidemiology

## In MH settings

- 20-50% of patients have co-occurring substance use disorders (Sacks et al., 1997)
- Common dxs: MDD, PTSD

## In Substance Use settings

- 73% had a co-occurring mental illness (Compton et al., 2000)
- MH dx tend to be of lesser severity

# Prevalence Rates

## Community

- 4-6% SMI
- 1.3% COD

## Corrections

- 17-34% SMI
- 24-34% COD in females
- 12-15% COD in males

# Issues Encountered in Assessment

- Symptom overlap
  - Cannabis/K2 and psychosis
  - Crack/cocaine and bipolar disorder
  - Alcohol and MDD
- Onset of symptoms
  - Time length sober- substance induced?
  - Cannabis use increases risk of FEP
- Substance use and personality disorder
  - Suicide attempts in the context of depression/BPD/substance use



# Things to Assess

- Recent and historical use of substances
  - Did substance use exacerbate SMI sx's?
  - Did the person engage in substance use to alleviate SMI sx's?
- Is there a more prominent dx?
- Which dx is causing the most severe impairment?
- Were there MH sx's during times of abstinence?
- Suicide risk (and reasons for living)
- Hx of trauma

# Issues Encountered in Treatment

- Poor prognosis
- Elevated rates of
  - Treatment dropout
  - Relapse
  - Homelessness
  - Chronic medical problems
  - Recidivism
- Elevated risk for violence

# Interventions

- Motivational Interviewing
- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavioral Therapy (DBT)
- Dual Recovery Anonymous
- Seeking Safety
- ACT teams
  - FACT
- Residential programs

# Intervention Delivery

- Sequential
- Parallel
- Integrated

# Case 1: Background

- 20 y/o AA M
  - Single
  - Unemployed (prev. an actor)
  - Living with mother
- Charge: Arson in the 3<sup>rd</sup> Degree
  - Client was reading verses from the bible, grabbed a pair of shoes from his mother's closet and threatened to set the house on fire
  - Threw bible and shoes in the bath tub and set them on fire
  - NYPD was activated by his brother
- Clt referred for MH Diversion Eligibility Evaluation

# Case 1: Initial Questions

- What do you initially want to know about this client?
- What concerns you about this case?

# Case 1: Psychiatric History

- Onset 14 y/o
  - CAH with suicidal content
  - Psychomotor retardation
  - Grandiose delusions (special powers, invincibility)
- Treatment
  - 6 hospitalizations
  - On and off outpatient treatment
  - Family opposed medication
- Suicide attempts
  - 5x (bleach, aspirin/ibuprofen OD)

# Case 1: Substance Use History

- Alcohol
  - Since age 14
  - Monthly use
  - SMAST= 5
- Cannabis
  - Since age 14
  - Regular daily use since
- K2
  - Since age 18
  - Occasional/daily use
  - DAST=13



# Case 1: More Questions

- Now that you know a bit about the case, what else comes to mind?
- What treatment would you recommend?
  - What setting?
  - Frequency?
  - Components?
  - Do we need more information before we recommend?

# Case 1: Recommended Treatment

- Injectable antipsychotic medication
- Intensive Out Patient Treatment
  - CBT based
  - Groups 3x a week
  - Individual Therapy 1x wk
  - Medication Management 1 a month
- Weekly check-ins with TASC

# Case 2: Background

- 23 y/o Hispanic F
  - Shelter homeless, IP upon referral
  - Hx of physical and sexual abuse
  - Bx issues as child- various school placements and 5 different foster homes due to running away, physical aggression
- Charge: Assault in the 3<sup>rd</sup> Degree
  - IO: Argument with neighbor leading her to break neighbor's television with chair. In response, the neighbor attempted to hit leading her to punch neighbor
  - Previous assault charge- struck male in the face with a baseball bat
  - Multiple incidences of aggression with hospital staff inc. kicking, threatening, punching
- Clt referred for MH Diversion Eligibility Evaluation

## Case 2: Initial Questions

- What do you initially want to know about this client?
- What concerns you about this case?

# Case 2: Psychiatric History

- Onset 15 y/o
  - Self-injurious bx
  - Suicidal ideation
  - Aggressive tendencies
  - Previous Dx: Conduct d/o, Bipolar d/o, SUD
- Treatment
  - Multiple CPEP, IP admissions
  - Some improvement with psychotropic intervention but continued to exhibit instability and aggression
  - Poor treatment compliance and follow up with treatment referrals and recommendations
  - Recent RTC but left after finding out her friend overdosed, activating SUI → IP

# Case 2: Substance Use History

- Cannabis
  - Since age 15
  - Daily use since age 21
- Alcohol
  - Since age 15
  - Increased use during stressful life events
- Cocaine
  - Since age 22
  - Last use 5 mos prior to entering drug program
- Has tried ecstasy, molly, sedatives, stimulants

## Case 2: More Questions

- How may we understand this clt diagnostically?
  - What is driving her fx impairment
  - Primary diagnosis
- What treatment would you recommend?
  - What setting?
  - Components?

# Case 2: Recommended Treatment

- Original/ideal tx plan:
  - Intensive OP- Center of Intensive Tx for personality disorders (5x/wk group and individual, DBT)
  - Not accept mandated clts
- Current tx plan:
  - Residential MICA treatment program
  - Secure, supervised setting
  - Trauma focused therapy
  - Medication mgmt to target impulsivity, aggression
- Monitoring
  - Weekly phone and monthly in-person check ins with CRAN



# Case 3: Background

- 24 y/o Caucasian transgender F
  - Living with parents
  - Raised in strict catholic private school (1-12<sup>th</sup> gr)
  - Stopped attending college after 2.5 yrs
- Charge: Assault in the 2<sup>nd</sup> Degree
  - Punched significant other and broke jaw
  - No other arrests, convictions, violent bx
- Clt referred for MH Diversion Eligibility Evaluation

## Case 3: Initial Questions

- What do you initially want to know about this client?
- What concerns you about this case?

# Case 3: Psychiatric History

- Onset of MH sx's- puberty, emotional difficulties, isolation, as per mother self-image difficulties
- 20 y/o began weekly ind therapy to address sx's of depression and trauma hx (child sexual abuse)
- Hospitalized for suicide attempt (self-asphyxiation with plastic bag and ingesting benzos)

# Case 3: Substance Use History

- Alcohol
  - 14 yo, infrequent, social setting
- Marijuana
  - 15 yo, daily until..
- Methamphetamines
  - 20 yo
  - Increased use, significant other sells drugs
  - Multiple relapses

# Case 3: More Questions

- Diagnostic considerations
  - Rule-outs?
- What treatment would you recommend?
  - Sequential, parallel, integrated?

# Case 3: Recommended Treatment

- Detox
- 28 day drug rehabilitation services
- PHP
- IOP
  - Group
  - Individual therapy targeting trauma, transgender issues, depression

# Case 4: Background

- 40 y/o Hispanic F
  - Single, 7 children (living w clt's mother)
  - SSD
  - Living in supportive housing
- Charge: Assault in the 3<sup>rd</sup> Degree (misdemeanor)
  - Clt reports altercation with neighbor who was under the influence of substances and “pushed” her. In reaction, she pushed her back and neighbor called police.
  - Criminal complaint indicates clt was observed striking neighbor about the face with a closed fist
  - In direct violation of OOP
- Clt referred for MH Diversion Eligibility Evaluation

## Case 4: Initial Questions

- What do you initially want to know about this client?
- What concerns you about this case?



# Case 4: Violence History

- 0 violent felony convictions
- 16 misdemeanor convictions
  - Robbery 2<sup>nd</sup>
  - Assault 3<sup>rd</sup>
  - Harassment 2<sup>nd</sup>
  - Criminal trespass (multiple)
  - Possession of ctrl substance (multiple)

# Case 4: Psychiatric History

- Onset 27 y/o
  - Depressive symptoms
  - Previous dx: bipolar disorder
- Treatment
  - Multiple psychiatric hospitalizations
  - Poor outpatient treatment compliance
  - Active ACT team
  - Injectable antipsychotic medication
- Suicide attempts
  - None reported

# Case 4: Substance Use History

- Crack cocaine
  - Daily use since age 27
- Alcohol
  - Since age 14
  - Last use 7 years ago
- SUD treatment
  - None completed

# Case 4: More Questions

- What treatment would you recommend?
  - What setting?
  - Frequency?
  - Components?
  - Do we need more information before we recommend?

# Case 4: Recommended Treatment

- Residential MICA treatment program
  - Secure, 24-hour supervised setting
  - Group and individual therapy
  - Medication management- continue LAI
- Weekly phone check-ins and monthly in-person check-ins with CRAN

# Take home

- SMI and SUDs co-occur at a great frequency in clinical settings
- Assessments should include screenings for mental illnesses, trauma and substance use
- Treatment can be challenging, remember:
  - Treatment should target both SMI and SUD
  - Parallel and integrated treatments work best
  - CBT, Seeking Safety, MI are some evidence based interventions
- Conferencing cases and reexamining your treatment plan is always a good idea!