Best Practices for Treating Co-Occurring Disorders in a Chemical Dependency Treatment Setting

**Purpose**

The purpose of this capstone project was to identify best practices for treating co-occurring disorders that could be utilized with adult males being treated for chemical dependency at the House of Hope, Inc. Identification of these practices will more effectively meet the needs of the clients served at House of Hope, Inc. and allow the agency to increase their capacity to better serve clients with co-occurring disorders.

**Literature Review**

The term co-occurring disorder refers to individuals who have both a substance use disorder and a coexisting psychiatric disorder, such as depression, mania, bipolar, schizophrenia, antisocial personality disorder, and other psychiatric illnesses (Brunette & Muser, 2006; Daley & Moss 2002; Kessler et al., 1997). See table 1 for most common mental health diagnoses among those dually diagnosed. Since the 1980’s, increasing recognition has been given to the issue of co-occurring psychiatric and substance use disorders. Community and clinical studies have shown that dual disorders are prevalent (e.g., Kessler et al., 1996; Regier et al., 1990). The literature further sites that the treatment and course outcomes are considerably diminished for clients with dual disorders than those with single disorders. Additionally these clients are indicated to experience reduced treatment retention rates, reduced symptom management, and functional outcomes (Smith & Morris, 2010; Mancini, Hardman & Eversman, 2008). When two disorders coexist, each disorder should be considered as primary and integrated dual primary treatment should be provided (Minkoff, 2001).

Litterature obtained for this review often cited the historical separation of mental health and chemical dependency treatment (Smith & Morris, 2010; Dirks, Webe, & Rubin, 2002). Although, Evans and Sullivan (2001) assert that in order to bring these two systems closer we must first look at the similarities versus the differences (see table 2).

The Substance Abuse and Mental Health Services Administration (SAMHSA) Protocol for Improving Strategies for working with clients with co-occurring disorders defines “recovery” as having different meanings in different contexts. Substance abuse treatment indicators of being “in recovery” generally mean that the individual maintains abstinence from drugs or alcohol. Conversely, mental health recovery is viewed as a function of whether the individual maintains specific behavioral goals through a series of stages and that relapse is expected (SAMHSA, 2005). The recovery process means that the individual with co-occurring disorders learns to manage both illnesses so that he or she can pursue meaningful life goals (Mead & Copeland, 2000).

Various sources on co-occurring disorders agree that although there is no one “correct” approach to the treatment of persons who experience both substance abuse and mental illness, there are a number of promising programs and some general principles/practice that should be utilized (SAMHSA, 1993; Minkoff, 2001; Mancini, Hardman & Eversman, 2008). SAMHSA suggests that treatment plans and interventions need to be specific to the challenges faced at each stage of the co-occurring disorder recovery process. Collaborated interventions, one that links the mental health and chemical dependency systems closely, are essential to positive treatment outcomes. Intervention strategies can be part of a single program or one that brings together multiple agencies to address client needs (SAMHSA, 2005).

Research indicated that The National Association of State Alcohol and Drug Abuse Directors (NASADAD) and State Mental Health Program Directors (NASMHPD) developed a quadrant of care model that provides a conceptual framework for providing service coordination that fosters consultation, collaboration, and integration among systems and providers to deliver appropriate care to clients with co-occurring disorders (Rokutani, 2008). Table 3 gives a more detailed understanding of the service coordination framework.

**Methodology**

A limited systematic review was conducted to identify evidence-based best practices for treating co-occurring disorders in a chemical dependency setting. Literature was further narrowed by those that focused on-patient adult chemical dependency treatment. Key research terms included: dual diagnosis”, “treating dual diagnosis/co-occurring disorders”, “mental illness and addiction”, “best practices in addiction and mental health treatment”. The primary databases utilized for this review were: Academic Search Premier, ERIC, SAGE Premier, Social Services Abstract, Science Direct, and Google Scholar. Additionally, this researcher distinguished what best practices the House of Hope, Inc. is already doing and what elements (i.e. rural setting, limited access to resources, limited social support) impact service delivery to help narrow the scope of this research project.

The final phase of the research focused on determining what recommendations would best fit the specific needs of the agency.

**References**

References are available from the author upon request.

**NASADA & NASMHPD’s Service Coordination Framework**

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<thead>
<tr>
<th>Level</th>
<th>Consultation</th>
<th>Collaboration</th>
<th>Integrated Services</th>
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</thead>
<tbody>
<tr>
<td>Level I</td>
<td>Consultation</td>
<td>Those informal relationships among providers that ensure both mental illness and substance abuse problems are addressed, especially with regard to identification, engagement, prevention, and early intervention.</td>
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<tr>
<td>Level III</td>
<td>Collaboration</td>
<td>Those more formal relationships among providers that ensure both mental illness and substance abuse problems are included in the treatment regimen. Representatives of both substance abuse and mental health agencies should specifically contribute to the design of treatment plans for individuals with co-occurring disorders and coordinate to meet service delivery needs.</td>
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<tr>
<td>Level IV</td>
<td>Integrated Services</td>
<td>Those relationships among mental health and substance abuse providers in which the contributions of professionals in both fields are merged into a single treatment setting and treatment regimen.</td>
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**Strengths and Limitations**

Strengths: Much of the literature indicated the need to provide better services to clients with co-occurring disorders. With the prevalence rate of co-occurring disorders, literature further supported the need for better coordinated care between the chemical dependency and mental health system. There are promising practice guidelines that can help assist agencies, such as House of Hope, to best serve clients with co-occurring disorders.

Limitations: A large amount of the literature focused solely on developing and implementing fully integrated chemical dependency and mental health services within a single program. There appeared to be a gap in the literature regarding how agencies who are not able to fully integrate services can accomplish similar outcomes. Since House of Hope, Inc. is a private non-profit organization in a rural setting this creates barriers to access resources to support expensive and time-consuming integrated treatment models specific to treating co-occurring disorders (Clearly, M. et al., 2008).

**Conclusions and Key Findings**

Best practice strategies for treating co-occurring disorders in a chemical dependency treatment setting:

A common theme that emerged from the research literature noted the importance of developing treatment interventions that are specific to the challenges faced at each stage of the co-occurring disorder recovery process. Research indicated that identifying methods to provide parallel service delivery that concurrently treats psychiatric and substance abuse disorders will support the streamlining of the collaboration between the two systems (Brids, MacMaster, Web-Rohn, 2006) (SAMHSA, 2005).

Key findings indicate that collaboration between chemical dependency treatment and mental health treatment to better address client needs can be accomplished through:

One of the key findings was the importance of identifying mental health related issues as soon as possible. This can be accomplished through the utilization of formal mental health screening tool upon a clients initial interaction with the program. Chemical dependency treatment facilities should also work to develop treatment plans that provide for continuity of care for both issues by 2006. In the context of treating co-occurring disorders, “recovery” means that the individual with co-occurring disorders learns to manage both illnesses so that he or she can pursue meaningful life goals. (Mead & Copeland, 2000).

**Recommmandations**

Research findings discussed above assisted this researcher in making recommendations to the agency that are feasible for House of Hope, Inc. to accomplish.

- It would be beneficial to the agency to utilize a formal mental health screening tool that could be administered upon admission to assist in identifying mental health needs of each client. Once a screening results indicate the presence of a co-occurring disorder, and the client is referred to a mental health agency, it is recommended that House of Hope consult with the mental health provider to gain further insight into the mental health issues. This consultation can be used to obtain specific mental health recommendations and goals that House of Hope can incorporate into their treatment plans, thus assisting to bridge any gaps between the two systems. This will allow the mental health recommendations to not only be included in treatment plans but also be used to modify clients current relapse prevention plan to include mental health related issues.

- To assist staff in better serving clients with co-occurring disorders, it would be beneficial for House of Hope to seek out low cost opportunities for staff development, continuing education, and training on mental health related topics.

**Implications for Practice**

Identifying, developing, and applying best practice modalities within chemical dependency and mental health treatment requires social workers to develop the critical skills necessary to be knowledgeable and effective in both areas. Critical resources such as the National Alliance of Mental Illness and Minnesota State Medical Association for Mental Health are limited in Mankato and surrounding area thus contributing to surmounting problems facing this population. It is imperative that advanced generalist social workers advocate for more collaborative, accessible services to best treat co-occurring disorders effectively within a rural setting.