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

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With Tobacco & Schizophrenia Case Example

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SPARC

Improving Mental and Behavioral Health Services for Better Lives and Stronger Communities

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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

HHS Publication No. SMA-12-4689

1. Engagement

   - welcome, access, meds & psychosocial treatment, community options and education

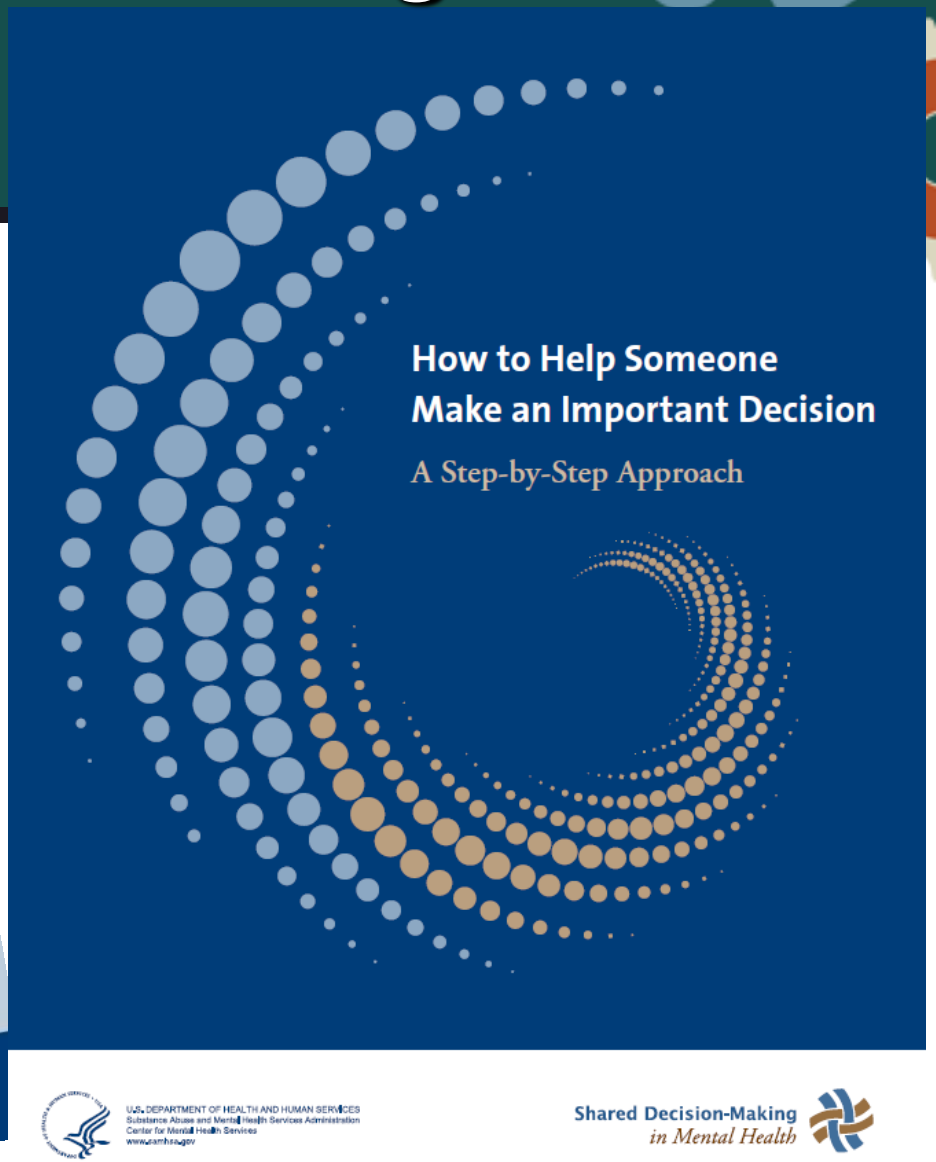
2. Relationship Building

   - 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

Shared Decision Making



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**
- **http://www.healthwise.net/cochranedecisionaid/Content/StdDocument.aspx?DOCHWID=te7959**

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

SAMHSA 14 Principles (continued)

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)

	DSM-IV Abuse[a]		DSM-IV Dependence[b]		DSM-5 Substance Use Disorders[c]	
Hazardous use	X	≥1 criterion	–		X	≥2 criteria
Social/interpersonal problems related to use	X		–		X	
Neglected major roles to use	X		–		X	
Legal problems	X		–		–	
Withdrawal[d]	–		X	≥3 criteria	X	
Tolerance	–		X		X	
Used larger amounts/longer	–		X		X	
Repeated attempts to quit/control use	–		X		X	
Much time spent using	–		X		X	
Physical/psychological problems related to use	–		X		X	
Activities given up to use	–		X		X	
Craving	–		–		X	

Hasin DS, et al. *Am J Psychiatry*. 2013;170(8):834-851. PMID: 23903334

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

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition: DSM-5*. Washington, DC: American Psychiatric Association; 2013.

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

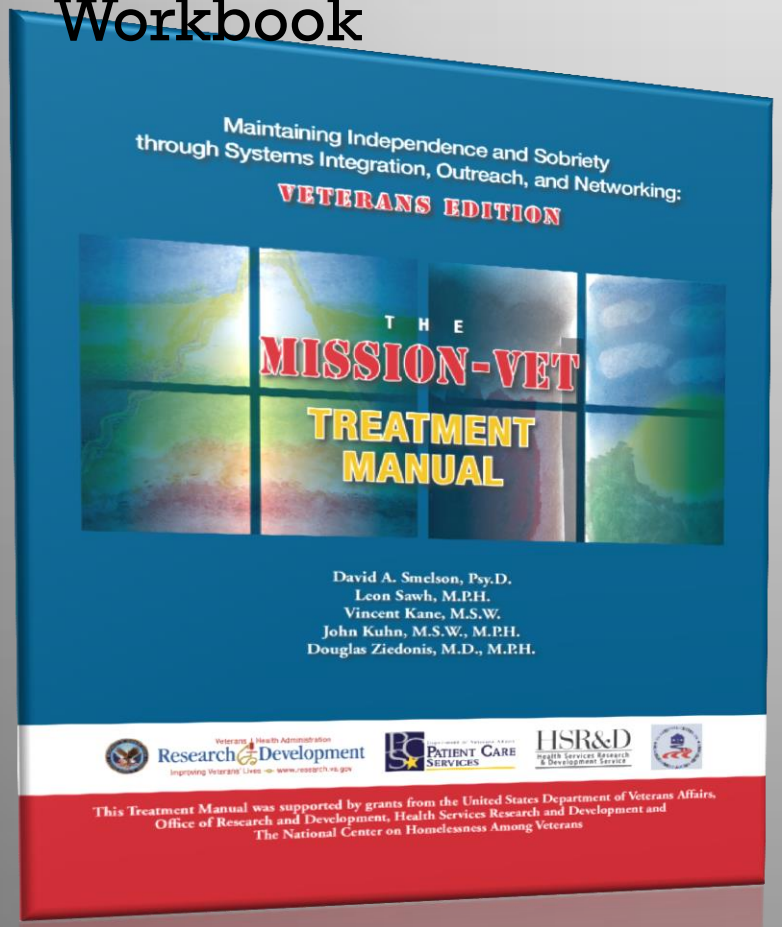
Integrated Psychosocial: Dual Recovery Therapy

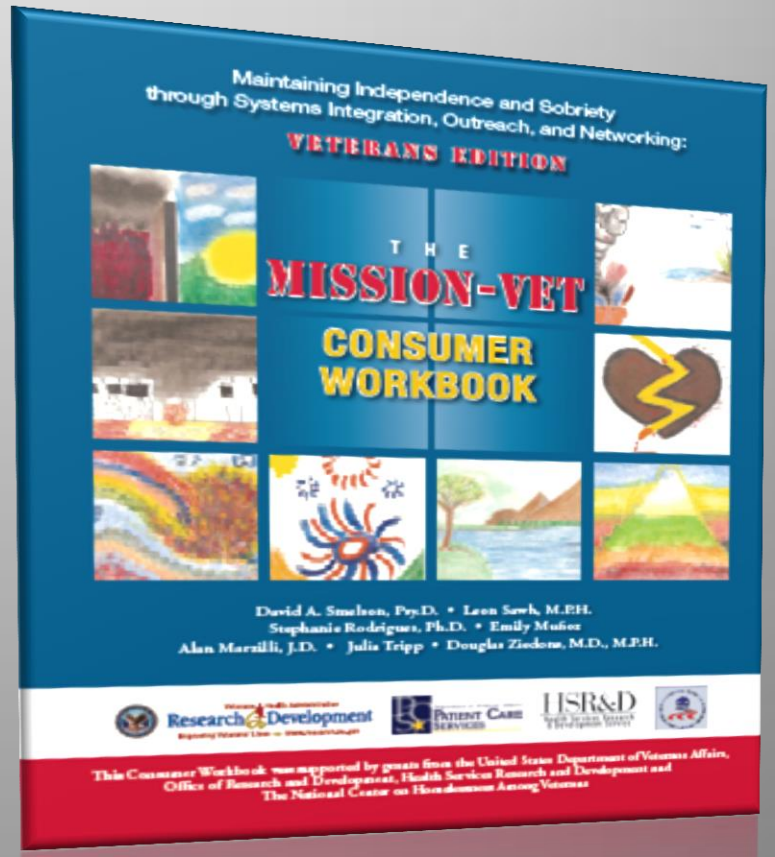
- Integrate and modify 4 traditional addiction psychosocial treatments
  - →Motivational Enhancement Therapy
  - →Relapse prevention
  - →12-Step facilitation
  - →Mindfulness based interventions
- Blend evidence-based mental illness treatments
  - →CBT
  - →Social Skills Training
- Individual, group, 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





SAMHSA 14 Principles (continued)

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

SOCRATES = Stages of Change Readiness and Treatment Eagerness Scale; URICA = University of Rhode Island Change Assessment; Prochaska JO, et al. *Am Psychol*. 1992;47(9):1102-1114.

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

Steinberg ML, Ziedonis DM, et al. *Journal of Consulting and Clinical Psychology*. 2004;72(4):723-728. No PMID.

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

Learning About Healthy Living

TOBACCO AND YOU

Jill Williams, MD
Douglas Ziedonis, MD, MPH
Nancy Speelman, CSW, CADC, CMS
Betty Vreeland, MSN, APRN, NPC, BC
Michelle R. Zechner, LSW
Raquel Rahim, APRN
Erin L. O'Hea, PhD

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?

SAMHSA 14 Principles (continued)

10. Pharmacological Strategies & Drug Interaction / Toxicity

11. Medications & Crossover Benefits

12. Risk / Benefit Assessment

SAMHSA 14 Principles (continued)

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

Guichenez P, et al. *Rev Mal Respir*. 2007;24(2):171-182. PMID: 17347604.

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

- **R**ecognize
  - →"I'm feeling anxious"
- **A**ccept/allow
  - →See if you are resisting the experience
- **I**nvestigate
  - →"What's happening in my body right now?"
- **N**ote
  - →Label or mentally note the body sensations from moment to moment

Brewer JA, et al. *Psychol Addict Behav*. 2013 Jun;27(2):366-379. PMID: 22642859
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

Dual Recovery Anonymous

- Several different types of modified 12-step groups
- Recovery concepts supports increased sense of hope and connection to others
- Shared experience:
  - →Eperience, 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

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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

SAMHSA Pharmacotherapy Principles (2012)

- 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

http://store.samhsa.gov/product/Pharmacologic-Guidelines-for-Treating-Individuals-with-Post-Traumatic-Stress-Disorder-and-Co-Occurring-Opioid-Use-Disorders/SMA12-4688