

NATIONAL
COUNCIL
for Mental
Wellbeing



ASAM American Society *of*
Addiction Medicine

Co-Occurring Disorders

National Council & ASAM ECHO Series

CCBHC-E National Training and Technical Assistance Center

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Introduction Poll

- What role/function do you operate in at your CCBHC?

This publication was made possible by Grant No. 1H79SM085856 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views, opinions or policies of SAMHSA, or the U.S. Department of Health and Human Services (HHS).

Education Collaboration

National Council for Mental Wellbeing

The National Council for Mental Wellbeing is a membership organization that drives policy and social change on behalf of more than 3,400 mental health and substance use treatment organizations and the more than 10 million children, adults and families they serve. National Council advocates for policies to ensure equitable access to high-quality services, builds organizational capacity, and promotes mental wellbeing in healthcare.

American Society of Addiction Medicine

ASAM, founded in 1954, is a professional medical society representing over 7,000 physicians, clinicians and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction.



CCBHC ECHO Series

Session #1

Updated CCBHC Criteria

March 26, 2024
3:30 pm – 5:00 pm ET

Session #2

Co-Occurring Disorders

April 23, 2024
3:30 pm – 5:00 pm ET

Session #3

Stimulant Use Disorder

May 28, 2024
3:30 pm – 5:00 pm ET

Session #4

Alcohol Use Disorder

June 25, 2024
3:30 pm – 5:00 pm ET

Session #5

Opioid Use Disorder

July 23, 2024
3:30 pm – 5:00 pm ET

Session #6

Cannabis Use Disorder

August 27, 2024
3:30 pm – 5:00 pm ET



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Agenda

- Welcome & Introductions (15 Min)
- Didactic Presentation (30 Min)
- Didactic Presentation Q&A (15 Min)
- Case Presentation #1 (20 Min)
- Case Presentation #2 (20 Min)
- Closing Announcements (5 Min)



Recording Notice

By joining this TeleECHO Session, you consent to being recorded for educational and quality improvement purposes. Your participation is appreciated.

For questions or concerns, email education@asam.org.



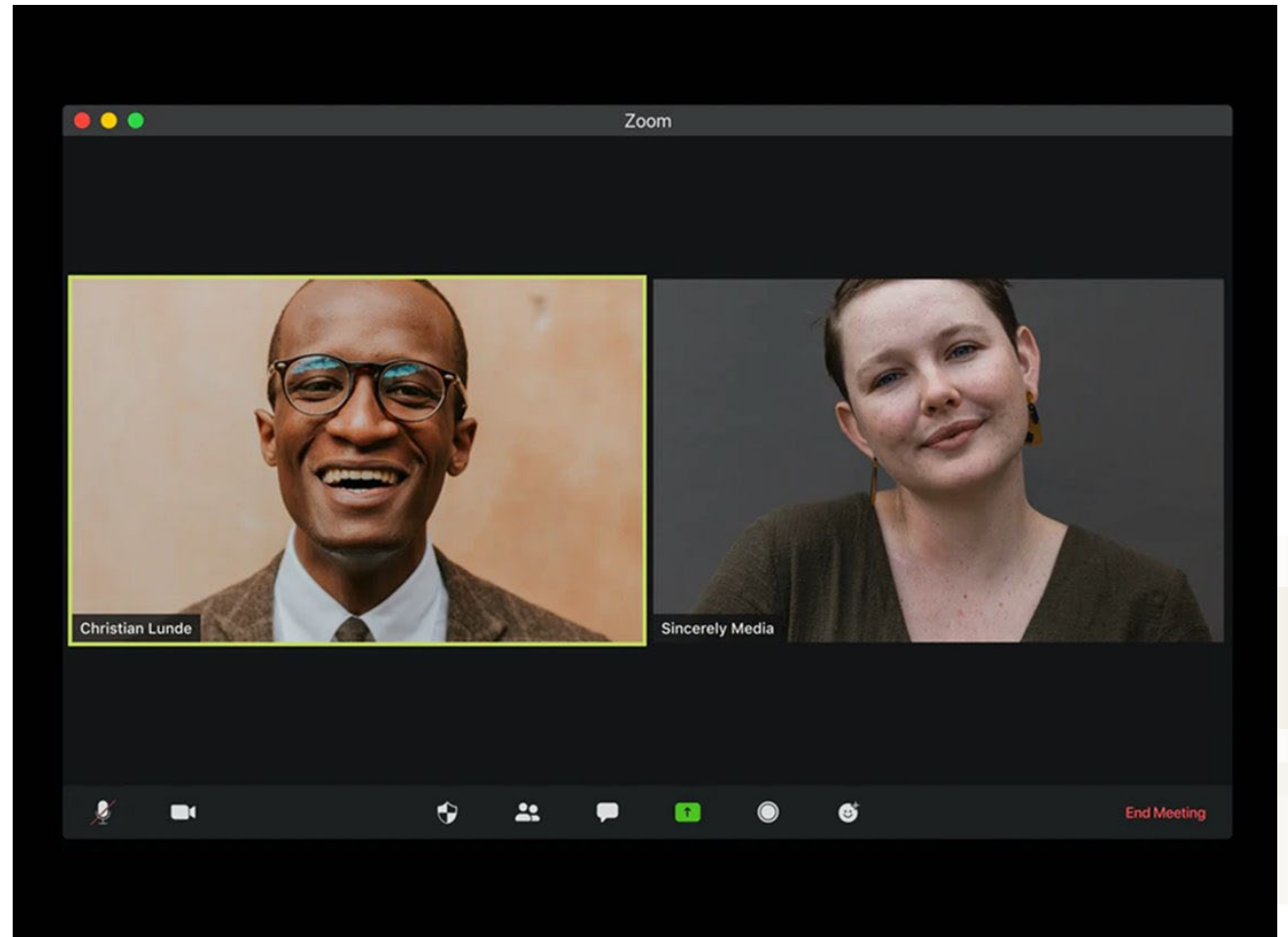
Helpful Tips

- Mute microphone when you are not speaking.
- Position webcam effectively.
- Test both audio and video.
- Communicate clearly during clinic.
 - Speak clearly.
 - During discussion, use chat function only if audio is not working properly.



Please Turn On Your Camera

To promote face-to-face mentorship and the sharing of knowledge, please turn on your device's camera during the ECHO session if possible.



Introductions

In the interest of preserving time for presentations, please briefly state the following when called upon the session facilitator:

1. Full Name
2. Location
3. Role within a CCBHC

If your mic is not functioning, please type your introductions in the Zoom chat box.

Avoid Use of Stigmatizing Language

The language we choose shapes the way we treat our patients...

Instead of:	You can say....
addict, junkie, substance abuser	Person with a substance use disorder
Addicted baby	Baby experiencing substance withdrawal
Alcoholic	Person with alcohol use disorder
Dirty vs clean urine	Positive or negative, detected or not detected
Binge	Heavy drinking episode
Detoxification	Withdrawal management, withdrawal
Relapse	Use, return to use, recurrence of symptoms or disorder
substance abuse	Use (or specify low-risk or unhealthy substance use)
Substitution, replacement, Medication assisted treatment	Opioid agonist treatment, medication treatment

Saitz, R., Miller, S. C., Fiellin, D. A., & Rosenthal, R. N. (2020). Recommended Use of Terminology in Addiction Medicine.



Live Virtual Session: Ground Rules

1. We share cases to give time to process new information. Please participate!
2. Everyone's experiences differ: Assume the best intentions.
3. Monitor your participation: Everyone is accountable.
4. If someone says something that is not your understanding of the evidence, ask questions to clarify.



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Co-Occurring Disorders

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Learning Objectives

- Define and discuss co-occurring care, including an overview of making a diagnosis.
- Analyze evidence and best practices for co-occurring care (pharmacotherapy and therapeutic).
- Understand the unique community barriers and successes when integrating care practices.



What is a co-occurring disorder?

- The presence of one or more substance use disorders and one or more mental disorders.

Co-Occurring Disorder (COD)

- National Survey on Drug Use and Health (2022):
- 59.3M (23.1% of all adults) had any mental illness in the last year and 15.4M with SMI
- 21.5M identified with co-occurring mental illness and SUD in the last year
 - 59.1% received either mental health or substance use treatment and 40.9% received neither
 - 64.1% received mental health only

Among adults 18 and older:

- 52.9% with SMI and 43.9% with AMI used illicit drugs in the last year vs 20.6% with no mental illness

Center for Behavioral Health Statistics and Quality [CBHSQ], 2022.
Jones & McCance-Katz, 2019).

Co-Occurring Disorder (COD)

- Common risk factors can contribute to both mental illness and substance use and addiction
- Mental illness may contribute to substance use and addiction.
- Substance use and addiction can contribute to the development of mental illness.



EXHIBIT 3.3. Recommended Screening Tools To Help Detect CODs

Client safety

- Columbia-Suicide Severity Rating Scale (C-SSRS)
- Suicide Behaviors Questionnaire-Revised (SBQ-R)
- Risk of harm section of the LOCUS
- Humiliation, Afraid, Rape, and Kick

Past or present mental disorders

- ASI
- Mental Health Screening Form-III (MHSF-III)
- Modified Mini Screen
- *Diagnostic and Statistical Manual of Mental Disorders* (5th ed. [DSM-5]; American Psychiatric Association, 2013) Cross-Cutting Symptom Measure

Past or present substance misuse

- 10-item Drug Abuse Screening Test (DAST-10)
- Alcohol Use Disorders Identification Test (AUDIT) and Alcohol Use Disorders Identification Test—Concise (AUDIT-C)
- CAGE Questionnaire Adapted To Include Drugs
- Michigan Alcoholism Screening Test (MAST)
- National Institute on Drug Abuse (NIDA)-Modified Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)
- Simple Screening Instrument for Substance Abuse (SSI-SA)

Trauma

- The Primary Care PTSD Screen for DSM-5
- The PTSD Checklist for DSM-5

Level of care

- LOCUS

Functioning and impairment

- World Health Organization (WHO) Disability Assessment Schedule 2.0



Assessing Co-Occurring Disorders

General Diagnostic Criteria:

DSM V – Criterion C for Substance Induced Disorders

- Symptoms preceded the substance use
- Symptoms persist
- Evidence of an independent disorder in the history

Assessment

In practice:

- When was your first engagement in mental health treatment?
 - If none- were you ever referred or recommended to mental health treatment? If so, what was going on at that time?
- Response to medications during periods of recovery?
- Tell me about your mood during recovery?
- How would others have described your mood before drugs and alcohol? How would you have described it?
- Would you have described yourself as an anxious (depressed etc.) kid?



Pharmacologic Management



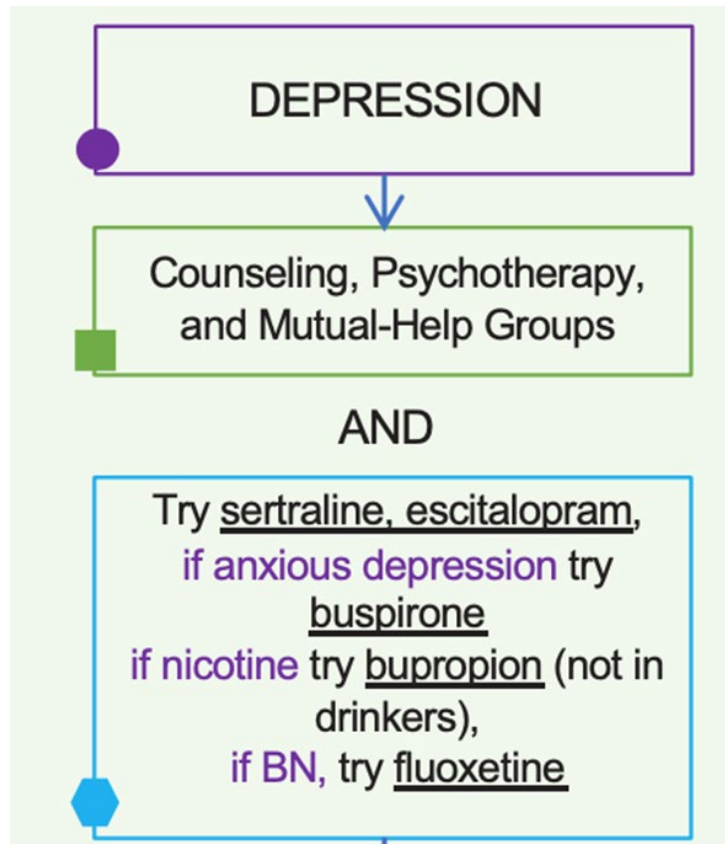
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Depression



With nightmares/PTSD?

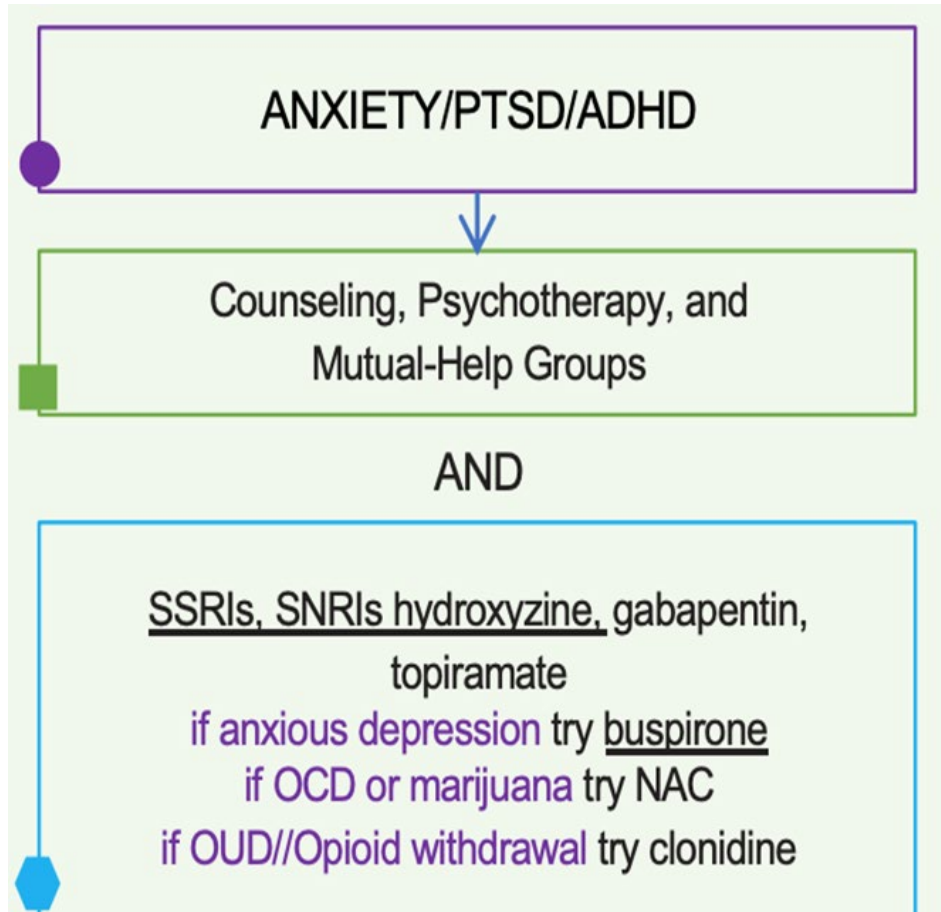
- Prazosin

With insomnia?

- Sleep hygiene!
- Mirtazepine
- Trazodone

Modified with permission from Dr. Gail Basch, Rush University Medical Center

Anxiety



With nightmares/PTSD?

- Prazosin

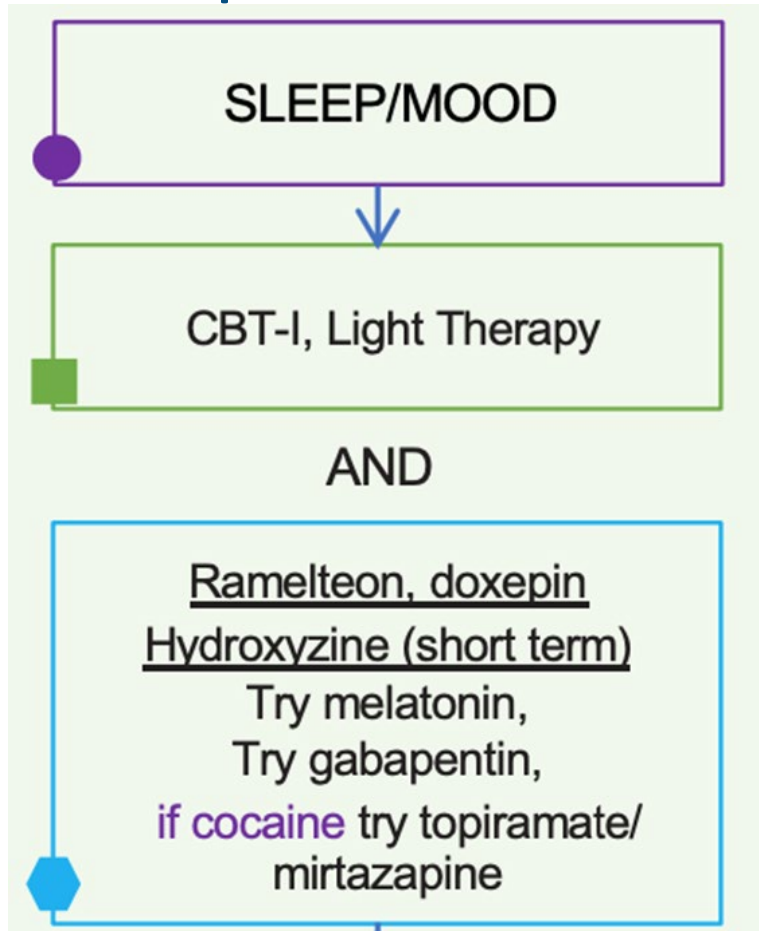
What about benzos?

- Do not initiate
- If dependent:
- Convert to long acting and taper
- Gabapentin, clonidine, propranolol adjunct

Modified with permission from Dr. Gail Basch, Rush University Medical Center



Sleep



With nightmares/PTSD?

- Prazosin

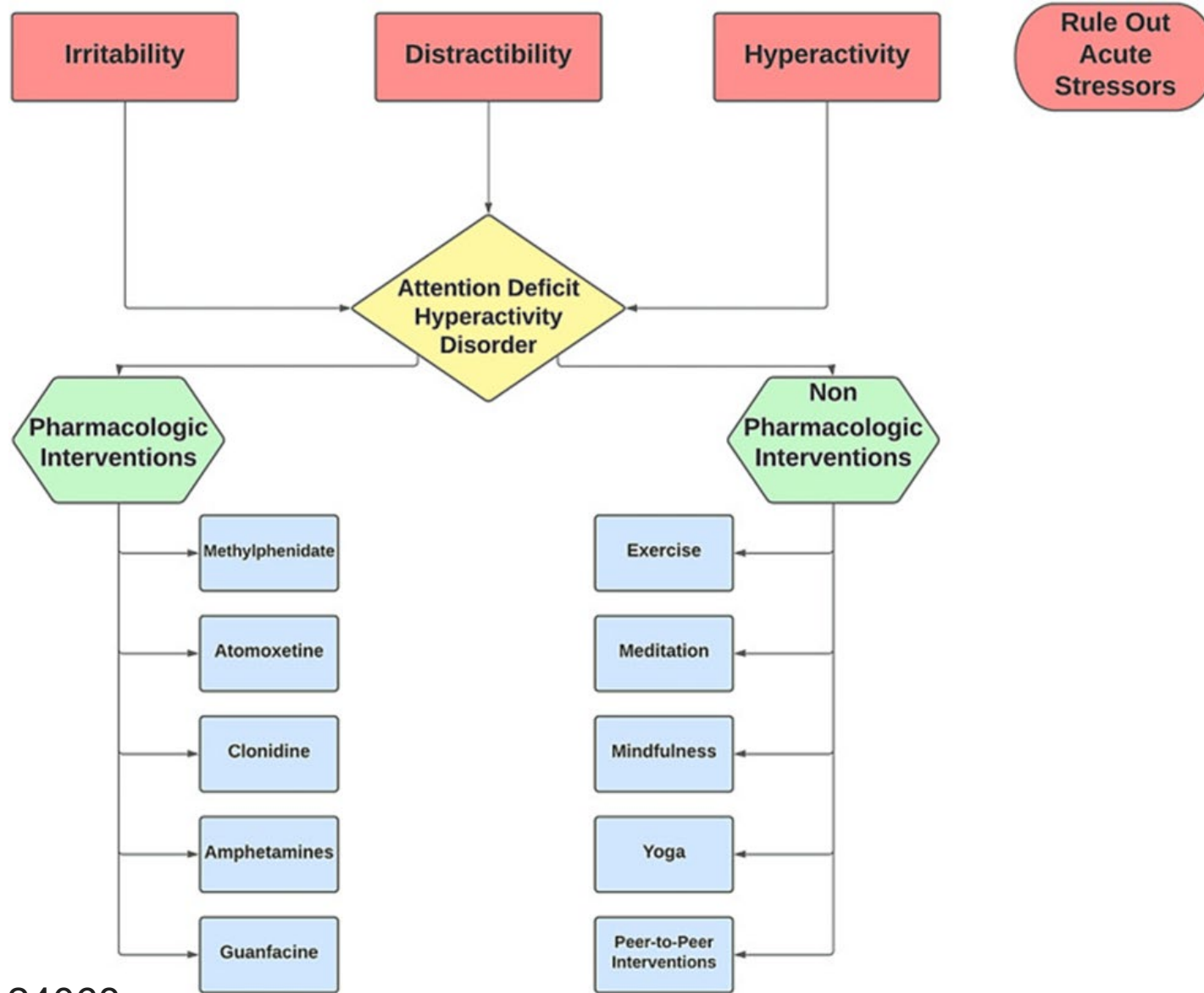
What about benzos?

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ADHD



[Cureus](#). 2022 Apr; 14(4): e24068

Therapeutic Tools



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More Therapy Options for CoDs

<i>Behavioral Interventions and Approaches</i>	<i>Substance Use Disorder(s)</i>	<i>Mental Health Condition(s)</i>	<i>Availability by Profession and Training</i>
<p>Motivational Enhancement Therapy (MET): Is a counseling approach that helps individuals resolve their ambivalence about engaging in treatment and stopping their drug use.</p>	<p>Alcohol, Marijuana, and Nicotine. Mixed results for heroin, cocaine, and nicotine *Effective at engaging all individuals in treatment</p>	<p>Mental health and chronic conditions such as diabetes, cardiovascular conditions, and asthma make positive behavioral changes to support better health.</p>	<p>MINT Training available across multiple professions.</p>
<p>Cognitive Behavioral Therapy (CBT): is designed to modify harmful beliefs and maladaptive behaviors.</p>	<p>Substance Use Disorders (Alcohol, Cocaine, Nicotine, Marijuana, Methamphetamines)</p>	<p>Depression, Anxiety Disorders, Adjustment Disorders, and Mood Disorders</p>	<p>LPC, LCSW, LMFT, Psychologists, some Licensed Alcohol and Drug Abuse Counselors</p>
<p>Dialectical Behavioral Therapy (DBT): is designed specifically to reduce self-harm behaviors including suicidal attempts, thoughts, or urges; cutting; and drug use.</p>	<p>Substance Use Disorders (all)</p>	<p>Borderline personality disorder, depression, bipolar, PTSD, Bulimia, binge eating.</p>	<p>LPC, LCSW, LMFT, and Psychologist. The Linehan Board of Certification has developed certification standards for clinicians.</p>
<p>Seeking Safety (SS): A present-focused therapy where patients learn behavioral skills for coping with trauma/post-traumatic stress disorder and substance use disorder.</p>	<p>Substance Use Disorders (all)</p>	<p>Trauma and PTSD</p>	<p>Anyone can conduct Seeking Safety. It does not require any specific degree, licensure, or certification Manualized Training is available.</p>
<p>Contingency Management Interventions/Motivational Incentives: Involves giving patients tangible rewards to reinforce positive behaviors such as abstinence.</p>	<p>Alcohol, stimulants, marijuana, opiates, and nicotine</p>		<p>Program progress tracked by team. Voucher based reinforcement or prize incentives</p>

More Therapy Options for CoDs

<i>Behavioral Interventions and Approaches</i>	<i>Substance Use Disorder(s)</i>	<i>Mental Health Condition(s)</i>	<i>Availability by Profession and Training</i>
<p>Community Reinforcement and Family Training (CRAFT): An approach for families who have loved struggling with SUDs and are not really interested in getting help. It is menu driven based on the families needs.</p>	<p>Alcohol, cocaine, marijuana, stimulant, and opioid use disorders</p>		<p>Offering supports for families they have events, trainings, and a podcast.</p>
<p>Matrix Model (MM): A framework for engaging people with stimulant use disorders in treatment and helping them achieve abstinence. Patients learn about issues critical to addiction and relapse, receive direction and support.</p>	<p>Methamphetamine and Cocaine</p>		<p>LPC, LSW, LMFT, Psychologist and licensed/certified alcohol and drug counselors, case workers</p>
<p>Assertive Community Treatment (ACT): Integrates behavioral treatments for severe mental illnesses co-occurring substance use disorders. ACT has a smaller caseload size, team management, outreach emphasis, a highly individualized approach, and an assertive approach to maintaining contact with patients.</p>	<p>Substance Use Disorders (co-occurring with other mental illness or problems)</p>	<p>Schizophrenia, Bipolar, Depression, and Anxiety Other: homelessness, criminal justice systems, frequent hospitalizations</p>	<p>Mobile mental health treatment teams often include a team leader, psychiatrist with nurse practitioner or physician assistance, substance abuse specialist, vocational specialists, and peer specialist.</p>
<p>Exposure Therapy: A behavioral treatment that involves repeated exposure to a feared situation, object, traumatic event, or memory. Exposure can be real, visualized, or simulated, and is always contained in a controlled therapeutic environment. This is treatment for Post-Traumatic Stress Disorder (PTSD) that frequently co-occurs with cocaine use disorder.</p>	<p>Cocaine Use Disorder</p>	<p>Anxiety disorders (phobias and PTSD)</p>	<p>LPCs, MSW, LMFT, Psychologist training in exposure therapy needed for required dosage and experience setup.</p>

Integrated Dual Disorder Treatment (IDDT)

- Multidisciplinary Team
- Stage-Wise Interventions (stages of change, stages of treatment)
- Access to Comprehensive Services (e.g., residential, employment, etc.)
- Time-Unlimited Services
- Assertive Outreach
- Motivational Interventions
- Substance Abuse Counseling
- Secondary Interventions for Treatment of Non- Responders
- Group Treatment
- Family Psychoeducation
- Participation in Alcohol and Drug Self-Help Groups
- Pharmacological Treatment
- Interventions to Promote Health



Successes and Barriers to Co-occurring care

Successes

- Mental Health Parity and Addiction Equity Act has increased the number of people with insurance that covers MH and Addiction Tx.
- Having a trauma informed workforce
- Partnering with community agency to close care gaps including your primary care partners.
- Bridging educational silos ensures competence in addressing co-occurring complexities.

Barriers

- Siloed Care, education, and research
- A lingering bias remains in some SUD treatment centers against using any medications
- Many individuals who would benefit from treatment are in the criminal justice system.
- Low reimbursement for providers
- Care coordination across MH/SUD



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Didactic Presentation Discussion



Case Presentations



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Closing Announcements



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Complete Evaluation

Please follow the steps below to claim credits:

1. Go to www.asam.org
2. On the top right part of the screen, click on “Login.”
3. Search for the course [Updated CCBHC Criteria – March 26, 2024, 3:30 PM – 5:00 PM ET](#)
4. Click Complete Post Test to answer multiple choice questions.
5. Click Complete Evaluation to provide valuable activity feedback.
6. Click the button Claim Medical Credits in the box titled Claim Credits & Certificate. Choose the type of credit and click submit. Click the button View/Print Certificate to save or print your certificate. You can view/print your certificate at any time by visiting the ASAM e-Learning Center, clicking Dashboard, and clicking Transcript/Achievements.



Interested in Presenting a Case?

Have a patient or clinical system question you need assistance with?



Contact Kendra Peterson at kpeterson@asam.org or via Zoom chat



Complete the Case Presentation Form and submit one week before the session



Present at an upcoming session



Save the Date! CCBHC ECHO Series

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