

Dual Diagnosis (Co-Occurring Mental and Substance Use Disorders): Treatment Dilemmas

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Ideological Differences that Affect Treatment

1. Addiction versus Mental Health System

- 3 D's and 3 P's - implications for medication, staff credentials, attitudes towards physicians, role of staff and team, data gathering, 12 Step programs

2. Integrated versus Parallel or Sequential

- Hybrid programs - staffing difficulties; numbers of patients and variability, but one-stop treatment
- Parallel programs - use of existing programs and staff, but more difficult to case manage

Ideological Differences that Affect Treatment (cont.)

3. Care versus Confrontation

- Mental health - care, support, understanding, passivity
- Addiction - accountability, behavior change

4. Abstinence-oriented versus Abstinence-mandated

- Treatment as a process, not an event
- Respective roles in both approaches

5. Deinstitutionalization versus Recovery and Rehabilitation

- Role of “least restrictive” setting

Treatment Dilemmas

- Treat *vigorously* every diagnosis you are *reasonably sure of*
- Mental and Substance-Related Disorders are biopsychosocial disorders and the American Society of Addiction Medicine's Patient Placement Criteria, Second Edition Revised (ASAM PPC-2R, 2001) assessment dimensions can focus assessment and treatment

Person-Centered Multidimensional Assessment

Assessment Dimensions: (ASAM PPC-2R, 2001)

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional, Behavioral or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse/Continued Use, Continued Problem Potential
6. Recovery Environment

Matching Services to Multidimensional Needs

Treatment: 5M's

- Motivate (Dimension 4)
- Manage (Dimensions 1 – 6)
- Medication (Dimensions 1, 2, 3, 5)
- Meetings (Dimensions 2, 3, 4, 5, 6)
- Monitor (Dimensions 1 – 6)

Varying Dual Diagnosis Clinical Presentations

- Past Abuse
- Verbally aggressive and challenging
- Intellectualizing, obsessing
- Withdrawn and reluctant to verbalize
- Hypomanic or manic
- Psychotic or paranoid
- Criminal code and criminal thinking

Treatment Compliance versus Adherence

Webster's Dictionary defines:

“comply”: to act in accordance with another’s wishes, or with rules and regulations

- “adhere”: to cling, cleave (to be steadfast, hold fast), stick fast

Compact Oxford English Dictionary defines:

- “comply”: to act in accordance with a wish or command; or to meet specified standards
- “adhere”: to stick fast to; or remain faithful to

Medication Adherence

- Cognitive – (a) Bad side effects; (b) Readiness to Change issues; (c) Wants natural substances
- Cultural – believes medication is dangerous
- Unconsciously non-adherent; somatic complaints; sick role; characterological; get attention and care

Medication Adherence (cont.)

- Drug addict – overusing pills due to addiction
- Psychotic – delusional – maintain relationship and Assertive Community Treatment is appropriate
- Malingering – external incentives e.g., keep getting workers' compensation

Staff Issues

- Collaborative, concurrent interdisciplinary team
- Vulnerabilities inhibiting team cohesiveness
- Team communication
- Staff-program match
- Stress of working with multiple vulnerabilities

Staff Issues (cont.)

- **Tolerance** – To listen to another’s opinion
- **Open-mindedness** – To give up old views
- **Patience** – To explore before jumping to diagnosis
- **Education** – To learn more about SUD and MH
- **Serenity** – To realize we don’t have all the answers

Program Issues

- Mission of the program, department, institution or agency
- Equal emphasis on both mental health and addictions issues
- Admission criteria and patient mix - what can staff/program manage
- Terminology and treatment tools e.g., “disorientated”; “reformed alcoholic”

Program Issues (cont.)

- Non-cognitive, activity groups e.g., time use charts; collages
- Groups – education about dual identity and feelings groups to learn to cope
- Family involvement; systems work and continuing care
- Self/mutual help groups - preparation for AA/NA mainstreaming; Dual Recovery Anonymous
- Staff composition reflects training proportionate to program's clientele

Systems Issues

- Excessive boundaries, exclusion, territoriality
- Inadequate assessment and diagnosis
- Lack of trained staff
- Inadequate array of services
- Rigid funding streams

Systems Issues (cont.)

- Lack of a strong shared constituency
- Limited dissemination of effective program models
- Fragility

(Wayne Thacker, Hospital and Community Psychiatry, October 1989)

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