USING TRANSDIAGNOSTIC MODEL TO TREAT COMPLEX PATIENTS WITH CO-OCCURRING DISORDERS

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In partnership with Eating Recovery Center of Denver

OUTLINE

- What is a trans diagnostic treatment model and why is it important to use when treating co-occurring diagnoses?
- Identify how Dialectical Behavior Therapy is a transdiagnostic treatment approach and is an effective, evidenced based treatment for co-occurring disorders in all levels of care
- Discuss how this DBT treatment model also uses supportive skills from ACT, motivational interviewing, and harm reduction to enhance the treatment effect and outcome for co-occurring diagnoses.
- Case presentation: present on a case of an adult client with co-occurring disorder.

WHERE DO YOU BEGIN?

persistent sadness **anxious** "empty" mood
feelings of hopelessness pessimism substance use
feelings of guilt **worthlessness** helplessness
loss of interest or pleasure in hobbies and activities
decreased energy fatigue being "slowed down"
tearful difficulty concentrating and remembering
difficulty making decisions **hypersomnia** **difficulty sleeping**
early-morning awakening insomnia oversleeping
appetite and/or weight changes hypervigilance
thoughts of death or suicide **cravings** suicide attempts
restlessness **irritability** **interpersonal conflict**
persistent physical symptoms nightmares
racing thoughts **panic** apathy negative self-talk

STATS

- Anxiety Disorders affect 18.1 percent of adults in the United States (approximately 40 million adults between the ages of 18 to 54). - National Institute of Mental Health (NIMH).
- Major Depression 15 million American adults, or about 6.7 percent of the U.S. population age 18 and older in a given year.
- 20.2 million adults (8.4%) had a substance use disorder.

THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) PUBLISHES STUDIES EXPLORING DIFFERENT CAUSES, EFFECTS, AND TREATMENT OPTIONS RELATED TO CO-OCCURING DISORDERS

- 18.1% (or 43.6 million) adults 18 and over in the U.S. have Any Mental Illness (AMI)
- 18.3% (or 7.9 million) of the 43.6 million people have Co-Occurring with AMI and Substance Use Disorder (SUD)

CO-OCCURRING DIAGNOSIS

Co-Occurring patients are very often functional in the workforce.

It is estimated that among those who are employed fulltime:

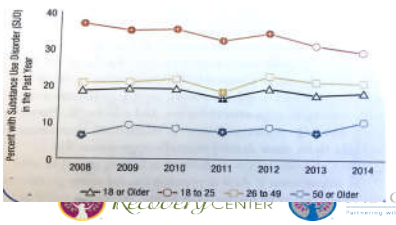
- 10.6 percent dealt with a substance abuse problem
- 10.2 percent struggled with a serious psychological issue
- 2.4 percent were diagnosed with both a mental health issue and a drug abuse problem

CO-OCCURRING DIAGNOSIS

- 50 percent of those living with a Co-Occurring diagnosis did not receive any medical treatment or psychotherapeutic intervention to help them progress in their recovery.
- Of the almost 3 million adults employed and living with a Co-occurring Diagnosis:
  - about 40 percent received any treatment intervention at all for either disorder
  - less than 5 percent received treatment for both issues.

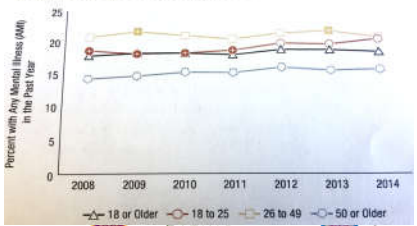
HIGHEST PERCENTAGE OF AMI WITH CO-OCCURRING SUD IS THE 18-25 AGE GROUP

Figure 49. Past Year Substance Use Disorder among Adults Aged 18 or Older with Any Mental Illness in the Past Year, by Age Group: Percentages, 2008-2014



HIGHEST PERCENTAGE OF AMI IS THE 26-49 AGE GROUP

Figure 40. Any Mental Illness in the Past Year among Adults Aged 18 or Older, by Age Group: Percentages, 2008-2014



NIDA www.drugabuse.gov

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NATIONAL INSTITUTE ON DRUG ABUSE STATES: DRUG ADDICTION IS A COMPLEX ILLNESS

- Characterized by compulsive, at times uncontrollable, drug craving, seeking, and use that persists even in the face of extremely negative consequences.
- Over time, a person's ability to choose not to take drugs is compromised. Drug seeking becomes compulsive, in large part as a result of the effects of prolonged drug use on brain functioning and, thus, on behavior. The compulsion to use drugs can take the individual's life.

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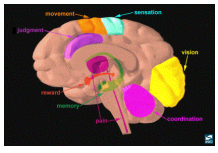
THE BRAIN'S REWARD CENTER

- Reward center is region of brain that responds to sensations of pleasure
- Dopamine naturally stimulates the reward center
- Many drugs simulate this process



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DOPAMINE

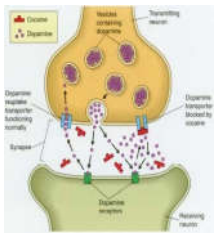
• Dopamine - produces pleasure through the "reward system"; multiple functions including controlling movement, regulates hormonal responses, important to cognition and emotion.

• Serotonin - plays a role in sleep; involved in sensory perception; and involved in controlling emotional states such as anxiety and depression.

NATURAL REWARDS

- Exercise
- Food
- Sex
- Excitement
- Comfort

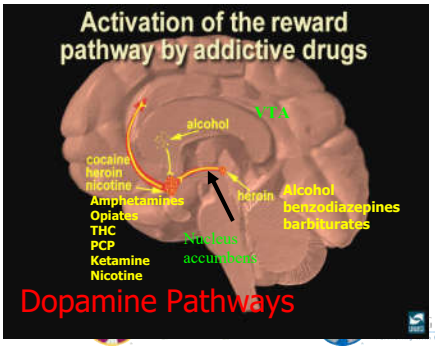
WHEN THINGS ARE GOING WELL…



• Neurotransmitter *Dopamine* is released, carries message, then re-enters original neuron for reuse

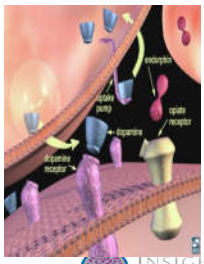
• Responsible for feelings of pleasure

• Designed to reinforce positive behavior *(eating, sex, altruism, learning)*



ADDICTION

- Drugs affect neurotransmitters
  - Cocaine
  - Marijuana
  - Opiates
- Addiction high jacks the Brain



WHAT IS A TRANSDIAGNOSTIC

- **Transdiagnostic Models**
  - Theory and research that integrate biological science with behavioral science
  - New ways of classifying psychopathology
- **Transdiagnostic Treatments**
  - Treatment approaches that account for shared genotypic and phenotypic features rather than focusing on diagnosis

WHAT IS TRANSDIAGNOSTIC TREATMENTS APPROACHES

- Treatments are those that apply the same underlying treatment principles across mental disorders without tailoring the protocol to specific diagnoses.
- The emphasis is on functional links between components of the transdiagnostic formulation (e.g., thoughts, behaviors, physiology, and emotions).

TRANSDIAGNOSTIC TREATMENTS ARE ASSOCIATED WITH THE FOLLOWING POSITIVE OUTCOMES:

- Increases the flexibility for clients
- Reduced substance use
- Improvement in psychiatric symptoms and functioning
- Decreased hospitalization
- Increased coping skill
- Can reduce significant risk factors for relapse more directly and perhaps comprehensively.
- Increased job performance
- Improved quality of life

WHAT IS TRANSDIAGNOSTIC TREATMENTS APPROACHES

- Cognitive behavioral therapy
- Acceptance and commitment therapy
- Radically open DBT
- Emotion efficiency therapy
- Unified protocol for Transdiagnostic treatment of emotional disorders
- Dialectical behavioral therapy

WHEN SUBSTANCE ABUSE BECOMES A COPING MECHANISM THIS CAN HAPPEN:

- Stress, pain, suffering leads to avoidant, relief seeking behavior
- Habits form
- Automatic responses to stress
- Parasympathetic vs sympathetic Nervous System Response
- Negative Reinforcement

The co-occurrence of SUDs and BPD is second only to the cooccurrence of mood disorders and antisocial personality disorder in comorbidity prevalence.

(Trull & Widiger, 1991)

THE CYCLICAL NATURE OF ADDICTION

There is also evidence of a relationship between trait impulsivity and substance abuse (Levenson, Oyama, & Meek, 1987).

As far as the brain is concerned, a reward is a reward.

Where there is a reward, there is the risk of getting trapped in a compulsion.

Once addicted, the pleasure of the addictive behavior may go down—but the urge to engage in the addictive behavior will not only increase, but will intensify.

Even a disease is made up of behaviors.

NEURAL PATHWAYS

- Limbic System: encodes peoples, places, and things into memories
- Like a filing system
- Once the file is pulled, the neurons follow a pathway of communication
- The brain sends the message to our body to respond
- Automatic Response

WHAT DOES MINDFULNESS HAVE TO DO WITH IT?

- Definition: paying attention in a particular way: on purpose, in the present moment, and non-judgmentally
- Nurtures greater awareness, clarity, and acceptance of present-moment reality
- Proven to change our neural pathways = Neuro-plasticity
- To change these pathways, we first must become aware of the triggering event and our response
- Awareness = mindfulness

NEURO-PLASTICITY

- Neuro-plasticity: repeated experience can change the way the brain works
- Mindfulness practice can lead to breaking down the parts of an experience
- Challenge our perceptions
- Become aware of our feelings and thoughts
- Change how we respond to our bodily sensations
- Help us confront our habits and maladaptive coping mechanisms

WHAT IS DBT?

DBT EFFECTIVELY REDUCES HIGH RISK BEHAVIORS

"DBT has shown to be effective in reducing suicidal behavior, hospitalization, and treatment dropout and improving interpersonal functioning and anger management."

(Swenson, 2001)

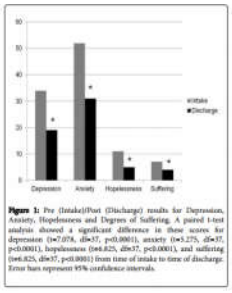


Figure 1: Pre (Intake)/Post (Discharge) results for Depression, Anxiety, Hopelessness and Degrees of Suffering. A paired t-test analysis showed a significant difference in these scores for depression ($t=7.078$, $df=37$, $p<0.0001$), anxiety ($t=5.275$, $df=37$, $p<0.0001$), hopelessness ($t=6.825$, $df=37$, $p<0.0001$), and suffering ($t=6.825$, $df=37$, $p<0.0001$) from time of intake to time of discharge. Error bars represent 95% confidence intervals.

THEORY OF DIALECTICAL BEHAVIOR THERAPY

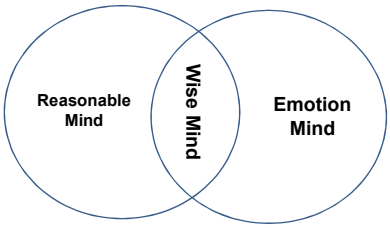
"Based on a **dialectical** and **biosocial** theory of psychological disorder that emphasizes the role of difficulties in regulating emotions and behavior" (Linehan, 2015)

SKILLS TRAINING ASSUMPTIONS

- People are doing the best they can.
- People want to improve.
- People need to do better, try harder, and be more motivated to change.
- People may not have caused all of their own problems, but they have to solve them anyway.
- New behavior has to be learned in all relevant contexts.
- All behaviors (actions, thoughts, emotions) are caused.
- Figuring out and changing the causes of behavior work better than judging and blaming.

DBT: PRINCIPLE DRIVEN

MIND STATES



DBT'S FOUR MODULES

Mindfulness

- Observe - Non-judgmentally
- Describe - One Mindfully
- Participate - Effectively

Distress Tolerance

Accepting that we cannot change, fix, manipulate, avoid, or get rid of our present, so how do we cope with it

DBT'S FOUR MODULES

Emotion Regulation

- Unfamiliar feelings or Intense feelings
- Learning how to identify, acknowledge, accept, and cope with our emotions

Interpersonal Effectiveness

- Improving our relationships
- Letting go of hopeless relationships
- Asking for what we want or saying no to requests we cannot or do not want to fulfill

DISORDERS COMMONLY TREATED

Mood and Anxiety Disorders
- Major Depression
- Anxiety Disorders (OCD, GAD, PTSD, Phobias, Panic)
- Borderline Personality Disorders
- Mood Disorders (Bipolar I and II)
- Trauma (DBT-PE)
- Co-occurring Substance Abuse (DBT-SA)

Eating Disorders
- Anorexia Nervosa (RO-DBT)
- Bulimia Nervosa
- Binge Eating Disorder

EFFICACY OF DBT AS A TREATMENT

RESEARCH SHOWS…

"DBT has shown to be effective in reducing suicidal behavior, hospitalization, and treatment dropout and improving interpersonal functioning and anger management."

(Swenson, 2001)

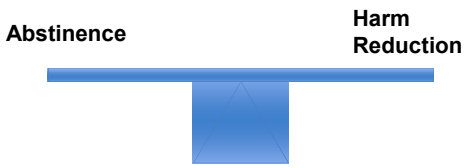
TRANSDIAGNOSTIC TREATMENT

"(Van Den Bosch, 2002) propose that, rather than developing separate treatment programs for dual diagnosis patients, DBT should be 'multitargeted.' "

DBTS TAKE ON SUBSTANCE ABUSE TREATMENT

- Dialectical abstinence
- Clear mind vs addict mind
- Community reinforcement
- Burning bridges
- Building new ones
- Alternate rebellion
- Adaptive denial

DIALECTICAL ABSTINENCE



TREATMENT PLANNING THROUGH THE STAGES

TREATMENT PLANNING

"The most fundamental dialectic is the necessity of accepting patients just as they are within a context of trying to teach them to change."

(Linehan, 2015).

TARGET HIERARCHIES

Pretreatment targets:

- Orientation to treatment and agreement on goals

First-Stage targets:

- Decrease Suicidal behaviors
- Decrease therapy-interfering behaviors
- Decrease quality-of-life-interfering behaviors
- Increasing behavioral skills (4 modules)

Second-stage targets:

- Decreasing post-traumatic stress using Prolonged Exposure Therapy
- Reduce avoidant behaviors and face the things you fear with exposure therapy

Third-stage targets:

- Increasing respect for self
- Achieving individual goals
- Mastery and Willingness

PRETREATMENT TARGETS

Orientation to treatment and agreement on goals:

- Aim of Therapy: Therapy is about learning skills that are likely to increase my ability to have a life that is worth living. Therapy is not about "feeling better" right away.
- Olympic athlete, we are in training

Basic Principles of Therapy Agreement:

- Mutual Trust
- Safety

STAGES OF TREATMENT

Stage I:

- Deciding Target Behavior
- Suicidal behaviors, therapy-interfering behaviors and behaviors that interfere with the quality of life

Stage II:

- Reduction in avoidant behavior
- Residual mental disorders with moderate severity
- Emotion dysregulation/dysfunctional intensity or duration

Stage III:

- Problems in living
- Focuses on self-esteem and individual treatment goals.

DIARY CARD

Dialectical Behavior Therapy (DBT) Diary Card	initials	Date Finished	How often did you fill out this card? 1 2-4 5-6 7 Filled out in Session? Y / N **Target Behavior:**

Target Behavior				Emotions						Skills		
How strong was your urge to use (or avoid) your target behavior? Did you?				Rate how intense your emotion was each day						*Use this scale to rate how you used your skills. Check "R" if you reinforced yourself for using skills.		
(0=least intense and 5=most intense)												
Day	Urge	Action	Rx/ OTC	Sub. Use/ SH	Sad	Guilt/ Shame	Anger	Fear/ Anxiety	Joy	Skills	R ✔	
Mon												*USED SKILLS 0=Not thought about or used 1=Thought about, not used, didn't want to 2=Thought about, not used, wanted to 3=Tried but couldn't use them 4=Tried, could do them but they didn't help 5=Tried, could use them, helped 6=Didn't try, used them, didn't help 7=Didn't try, used them, helped
Tues												
Wed												
Thurs												
Fri												
Sat												
Sun												

HARM REDUCTION

- ✓Syringe Exchange Programs
- ✓Overdose Prevention Education
- ✓Medically supervised injection facilities
- ✓I will not use Heroin but still smoke pot
- ✓I will take relapse prevention meds

MOTIVATION-ENHANCEMENT THERAPY (MET).

- MET works to motivate the client to change her behavior by using her own resources.
- The therapist first makes an assessment to determine the type and severity of the patient's substance use problem and then provides feedback that is designed to motivate change in substance use behavior.
- Over several sessions, the therapist and patient work closely together to maintain or increase the patient's motivation to change.
- MET has been shown to be very effective in overcoming resistance to entering treatment.

WHAT IS MOTIVATIONAL INTERVIEWING?

A directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.

(Miller and Rollnick, 2002)

MOTIVATION AND CHANGE

Four General Principles of MI:

Express empathy
Develop discrepancies
Roll with resistance
Support self-efficacy

WHAT IS SUBSTANCE ABUSE?

- What is substance use disorder?
- Progression of addiction
- Addiction and compulsive behaviors
- Cross tolerance and post-acute withdrawal and other related illnesses
- Impact of substance abuse and mental health in the body
- What is recovery

ACCEPTANCE AND COMMITMENT THERAPY

- Leaning into discomfort by increasing openness and flexibility
- Decrease power of thoughts through cognitive defusion
- Practice acceptance
- Is this thought working for me?
- Values

MODULE THREE: MINDFULNESS-BASED SOBRIETY

- Stages of change
- My values
- Defusion versus fusion
- Grief and substance abuse
- Value-based living
- Recovery skills

COGNITIVE-BEHAVIORAL THERAPY (CBT)

- Help patients change their drinking or drug use behaviors by learning how to identify situations that put them at high risk
- Rehearsing strategies to be used in those specific situations
- Learning to recognize and cope with cravings for alcohol or drugs

RELAPSE PREVENTION

- Relapse prevention one
- What is social support, i.e., 12-step
- Relapse inventory
- Relapse prevention two
- Relapse prevention planning
- Medication assisted treatment

CODEPENDENCY

- What is codependency
- Boundaries
- Healthy communication
- Family roles and rules
- Embracing vulnerability (shame/guilt and anger/resentment)
- Spirituality

CASE CONCEPTUALIZATION

MEET JOE: INTAKE

- Pt is male, in his 20's, separated
- Referred following a depressive episode and relentless suicidal ideation
- Chief complaint:
  - Ongoing depression
  - Marital conflict
  - Panic attacks
  - Feeling of impending doom
  - Anxiety
  - Despondent
  - Erratic sleep
  - History of suicide attempts and ideation
  - History of self-injury
  - Alcohol abuse

JOE'S RECENT HISTORY

- Decline in ability to focus and concentrate at work
- Increased hopelessness
- Inability to regulate emotions
- Inability to cope with stressors
- Marital conflict
- Impulsivity around drinking
- Suicidal ideation and planning

JOE'S DEVELOPMENTAL HISTORY

Protective Factors

- Loyal and caring
- Bright and goal oriented
- Hard working professional

Risk Factors

- Mental Illness in the family
- Marital Conflict
- Unwilling to trust others

PROGRESSION THROUGH THE STAGES

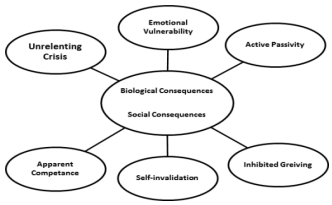
Level Of Care	Stage I Life Threatening	Stage II Therapy Interfering	Stage III Quality of Life Interfering	Skills Used
PHP	• Suicidal ideation	• Withholding of information • Emotionally blunted • Impulsivity	• Social isolation • Emotional avoidance • Alcohol • Marital Conflict	• Mindfulness • Emotion Regulation • Distress Tolerance • Diary Card • Exposure
IOP	• Passive suicidal ideation	• Withholding of information • Avoidance	• Friendships and support • Indecision • Marital Conflict • Intimacy/connection	• Interpersonal Effectiveness • Radical Acceptance • Building a life worth living
OP		• Inability to cope with transition and change • Continued practice in variety of contexts	• Willingness to take social risks • Employment • Management of traumatic stressors • Long term planning	• Diary Card • Long term goal planning • Emotional understanding and validation • Opposite Action

TROUBLESHOOTING THROUGH A DBT LENS

DIALECTICAL DILEMMAS

- Success vs Failure
- Hindrances vs Progression
- Willingness vs Willfulness
- Doing the best one can vs Needs improvement
- Getting better vs Losing familiarity

SECONDARY TARGETS



SECONDARY TARGETS

- Increase emotion modulation Decrease emotional reactivity
- Increase self-validation Decrease self-invalidation
- Increase realistic decisions/judgment Decrease crisis generating behaviors
- Increase emotional experiencing Decrease inhibited grieving
- Increase active problem solving Decrease active-passivity behaviors
- Increase accurate emotional expression Decrease mood dependent behavior.

CONTACTS

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