Treating Co-occurring Disorders (COD): Patience and Persistence

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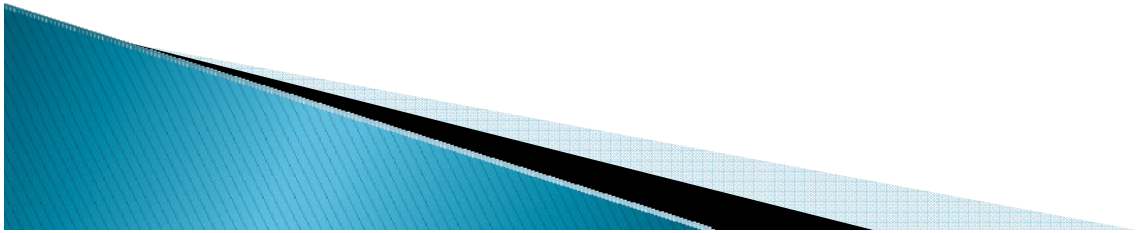
Introductions

Goals/Expectations Breaks

Small Group Exercises

What unique difficulties results in working with offenders who have mental health and substance abuse issues?



Statistics on Population

COD at High Risk!

HIV, hospitalization, depression, suicide/homicide, financial collapse, homeless, family rejection, <u>all</u> addictions

Key Clinical Issues

Establish Relationship Early-On

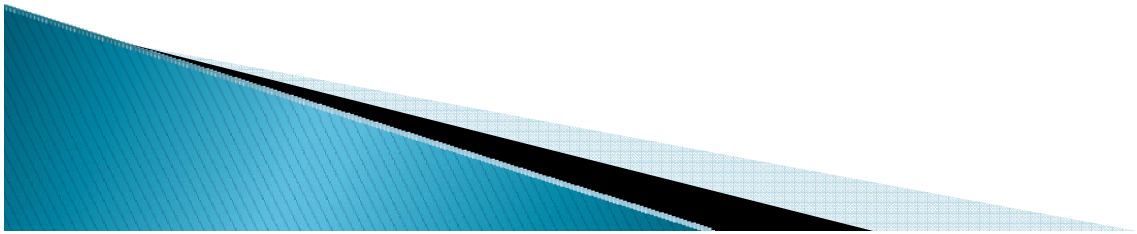
- Engage Client
- Meaningful Interaction

Repetition Staff Training
(Jack of all Trades)

- De-personalize clients
- No Power Struggles
- Motivational Interviewing

Respond Effectively to Crisis

- Tragedy
- Suicide /Homicide



Staffing of Program Vital (Data-CPAI)

- Staff Patterns
- Leadership/Management
- Consistency

Empower Clients

Positive Peer Culture (PPC)

Video – Client Interview I

Integrated Treatment Model

Mueser, et, al. 2003

Characteristics of Model

- MH/SA Both Primary
- Same Team / Same Setting
- Training Integrated

Characteristics of Model cont'd

- Grew out of Linehan work (DBT)
- Employs "Stages of Change" model

Strategies in Working with COD

- Be non-judgmental
- Be non-confrontational
- Be Less Rigid in Expectations/Rules
- Remove Environmental Barriers

Strategies in Working with COD cont'd

- Stress Safety/Security
- Build Therapeutic Relationship Early
- Develop a Long-Term Perspective

The COD Client is Frequently in Crisis Have a Plan!

Suicide Policy and Procedure – Train Staff

Suicide Vignettes

Small groups

Medication Availability is a Complex Puzzle

Medication Compliance Needs to be Closely Monitored!

Video – Client Interview II

Case Study I & II

Small Groups

What Have We Learned?

1) Must attempt to bond with clients early <u>or</u> lose them.

2) Use Behavioral Incentives/Rewards Often

3) Social Skills Training Needed for Clients and Staff (Goldstein & Glick).

What Have We Learned?

4) "Stabilization" Needs to be Early Focus

5) Train Clients Where to Find Community Resources

6) Negotiate Meaning of "Relapse" to Treatment

What Have We Learned?

7) Positive Peer Culture (PPC) Empowers COD Clients

8) Invest in Staff / Longevity

9) Analyze Failures / Outcome Data (CPAI)

What Have We Learned?

10) Patience & Persistence with many Clients Pays Dividends

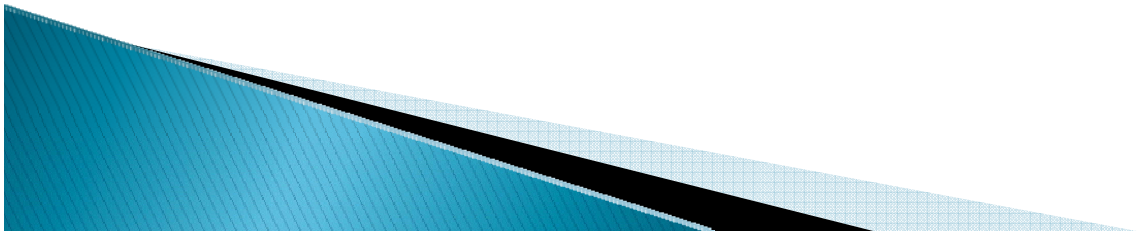
11) Engage the COD Client's Family Whenever Possible

12) Grief Group was well Received

13) Frequent Staffing of Clients Necessary

Spend Much Time Trying to Motivate Clients!

- Motivational Interviewing
- Behavioral Incentives
- Public Recognition
- Relapse Prevention Plan

"It was hard to see what good would come of this, but after a few days you can see and understand what you are working towards. You have to want recovery. That is the big thing that got me through."

Alvis House Successful Client