Addiction and Co-occurring Mental Health Disorders: Engaging Young Adults in Treatment

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Columbia Psychiatry’s College Student Program

- Comprehensive, integrated treatment exclusively for young adults (18-30) with addiction and mental health disorders
- Designed as model clinical program based on research
- Opened in 2004 and served 424 patients in 2010
- Hazelden partnership fall 2011
• Importance of co-occurring disorders (COD) in treating young adults
  – Rates of COD
  – How COD impacts treatment considerations
• Evidence on what works to treat COD
• Best practice guidelines to treat young adults with COD in outpatient care
• Program model and description
• Patient profile
Rates of Co-Occurring Disorders in Young Adults

• National surveys find 25% with diagnosable disorder in last year and ¾ of those with another mental health problem.

• Rates of co-occurring mental health problems in young adults presenting for SUD treatment:
  - 70%-90% for women
  - 50%-70% for men

• Among young adults in treatment the co-occurrence of three disorders is common:
  - ADD, marijuana dep., Bi-Polar Spectrum Disorder (male)
  - Eating disorder, alcohol abuse, social anxiety disorder (female)
Traditional perspectives
- Mental health problems are secondary to acute and chronic substance use (Addiction Treatment Community)
- Substance abuse represents self-medication of an underlying mental health problem (Mental Health Treatment Community)

Emerging perspectives
- Independent and require distinct treatments
- Common features: impulsivity, poor judgment, mood instability, disruptions in development, and social identity formation
Treatment Models

- Sequential
- Parallel
- Integrated
Clinical Trial/Gold Standard Behavioral Intervention Studies

- CBT for MD and AD (Brown et al., 1997)
- DBT for BPD and SUD (Linehan et al., 1999)
- MI as prelude SMI and AUD (Swanson et al., 1999)
- SDPT for PTSD and SUD (Triffelman et al., 2000)
- MI+CBT+FT for SCH and SUD (Barrowclough et al., 2001)
- DBT for BPD and OD (Linehan et al., 2002)
- CBT for PTSD and SUD (Hein et al., 2004)
Best Practices Severe Mental Illness and Substance Use Disorders (Drake et al., 2001)

- Integrated services
- Cross-trained professionals
- Stagewise model
- Motivational approaches (harm reduction)
- Active prolonged engagement efforts
- Chronic disease management approach
- Use inpatient care only for stabilization
Critical Ingredients of Longer-Term Recovery

(Drake, 2003)

- Safe and decent housing
- Meaningful activities (e.g., employment)
- Non-using social networks
- Enduring treatment relationships
• Specialized assessments
• Simultaneous treatments (not sequential)
• Longitudinal evaluation and monitoring
• Integrated treatment (??)
  – Cross training
  – Co-location
  – Systems level integration

• Use evidence base for single disorders
Insufficient Information (Hawkins et al., 2005)

- Workforce competency
- What constitutes an integrated treatment program
- Appropriate guidelines for medications
- Research on treatment packages and multiple disorders
  - Specific psychosocial components
  - Multiple (>2) disorders
Best Practice Guidelines for Treating Young Adults with COD

• Integrated treatment
  – High core workforce competency
  – Co-location of mental health and addiction services

• Specialist assessments and long-term re-evaluation

• Evidence-based SUD protocols
  – Motivational Interviewing and Cognitive Behavioral Treatment for SUD
  – Staged model
  – Focus on protocol fidelity
  – Affiliation with self-help and informal supports
  – Treatment contracts, monitoring, high structure

• Use evidence-base for medication and behavioral treatment for MH disorders
  – Systems level integration (intensive collaboration across disciplines)

• Continuum of care
CU College Student Program: General Description

- Rapid intake and assignment
- General groups by age and level of function
- Flexible schedules six days a week, evenings
- Aim to return to work or school
- Specialized programs, expert supervision
• Young adults (ages 17-30)
• Clinical presentation
  – In crisis at admission
  – Moderate to severe substance use problems
  – Co-occurring Axis I bipolar, depression, anxiety, eating disorders
  – Many with Axis II features (affective instability, fluctuation in sense of self, self-destructive behavior)
• Academic success despite clinical problems
  – Admission to competitive college
  – Many able to excel episodically even in Ivy League context
• High social capital
  – Bright, verbal, well educated, well traveled
  – Parents typically successful and invested in children’s academic and professional success
PROGRAM PHILOSOPHY AND STRUCTURE

• Fully integrated mental health and addiction treatment model
  – All program staff are dually trained
  – Treatment curriculum designed specifically for dual disorder young adults

• Time limited program with return to school, if possible, as goal
  – 3-9 months duration
  – Flexible schedule (day hospital to evening groups)

• Evidence based treatments in group modality program
  – Motivational interviewing
  – CBT for substance abuse
  – DBT and other skills based groups
  – Process groups
  – Urine and other drug monitoring
  – Coordination with primary therapist, family, and school

• All patients treated by board certified addiction psychiatrist

• Balancing engagement and limit setting
  – Policy on abstinence
TREATMENT TRAJECTORY

• Treatment entry (after medical leave from college)
  – Assessment, stabilization, medication readjustment
  – Cease substance use and impulsive, self-harm behaviors
  – Engagement in treatment
  – Engage families to help structure and monitor behaviors

• Early treatment
  – Resolve ambivalence about use and make firm commitment to abstain
  – Restore hope for full recovery
  – Understand connection between symptoms and use
  – Teach coping skills for relapse and mood management

• Mid-treatment
  – Master coping skills and improve decision making
  – Explore identity development issues
  – Build family and sober social supports

• Late-treatment
  – Incremental transition to school or work
Hazelden Tribeca Twelve