

## Implementation Guide #1: Serious Mental Illness (SMI) and Co-Occurring Disorders (COD)

### INTRODUCTION

This implementation guide is the first in a series of four such guides designed to provide helpful tips for service providers working in mental health settings serving people with serious mental illness who may also have co-occurring substance use challenges. Service providers who may benefit from these guides include any type of mental health (MH) or Substance Use Disorder (SUD)

professionals, including everyone from prescribers to certified peer support specialists, as well as people who work in front line service roles such as clinicians, case managers or care coordinators. Each of the four guides illustrates simple strategies for applying evidence-based integrated interventions in day to day practice.

### WELCOMING PEOPLE USING SUBSTANCES

#### Let's start with some simple scenarios:

A new client is being admitted to your service team at your clinic. You are asked to meet the client and get to know them. You are told that the client has both a serious mental illness with persistent symptoms and impaired functioning in many domains and has a history of past and current substance use.

#### Here are two common stories:

Manuel is a 25-year-old unmarried Hispanic American who lives with his extended family. He is on disability. He has been diagnosed with paranoid schizophrenia and reportedly uses stimulants, marijuana and alcohol. He has had recurrent hospitalizations as a result of discontinuation of his medication, along with increased substance use.

Cheryl is a 47-year-old divorced Caucasian woman who used to work as a licensed practical nurse (LPN), and is now diagnosed with major depression and post-traumatic stress disorder (PTSD), as well as having intermittent alcohol binges and suspected misuse of the opioids she is prescribed for chronic back pain. She has a long history of both childhood and adult trauma in her significant relationships.

You do not consider yourself an expert in working with people who have substance use disorders. What do you do first?

***People with co-occurring MH/SU (COD) need to be welcomed by everyone on the service team as a priority for care whenever, wherever and however they present.***



## What does the evidence say about addressing co-occurring substance use in people with SMI receiving MH services?

In an SMI setting, co-occurring substance use challenges of all types are an “expectation,” not an exception, associated with poorer outcomes and higher costs in multiple domains.

The first line treatment of choice for such individuals is to receive “integrated interventions” for both MI and SUD as a part of their routine MH services. Research on best practice integrated treatment indicates that success involves helping the person make progress in slow steps for all of their issues (MH, SUD, housing, etc) over an extended period of time; it may take 3-4 years for half the people to recover. <sup>1,2</sup>

***Therefore: It is important to lay the foundation for a successful relationship over time by welcoming the person EXACTLY AS THEY ARE. Trying to confront or change them at the “front door” makes it less likely they will engage successfully and will result in poorer outcomes.***

## WE WILL NOW DISCUSS 1) WELCOMING, 2) ENGAGEMENT AND 3) ESTABLISHING HOPE

### Welcoming Requires Practice<sup>3</sup>

Welcoming doesn’t happen automatically, particularly when the person you are about to meet feels challenging and “difficult.” Many service providers have negative attitudes about patients that use substances or “substance users” being responsible for their own difficulties and may not feel naturally sympathetic to their circumstance.

For these reasons, do not assume that you will have an easy time welcoming people with active substance use. Because of this challenge, it is recommended to think about “welcoming” as a form of “customer service” in which you practice a welcoming script to help you communicate what you want to say in a positive manner to “challenging customers.”



**1. Important to welcome the patient with their name and make eye contact to let them know you are there to help them and support their care.**

**2. Welcoming must be stated positively.** Being a “blank screen” is not sufficient to communicate welcoming. Not only is the client more likely to assume that you (like many others) have negative attitudes about their substance use, but your own concerns are more likely to slip out as well. The best way to get started on the “right foot” is to communicate welcoming in a positive and direct manner, by specifically welcoming the person AS THEY ARE. Consider your body language, facial expression and tone of voice in your delivery.

### Here is an example:

**For Manuel:** “Hi, Manuel, I’m happy to meet you and welcome you to our program. I’ve been reading some of your history, and I can see that you have had a lot of challenges with both mental health issues and substance use over the past several months. Thank you for coming! After what you’ve been through, it could not have been easy to come here. But I want you to know that you have come to the right place. You’re the kind of person who it is most important for us to serve. In fact, working with people who have mental health issues and who use substances is our top priority. I—and our whole team—really look forward to working with someone like you who has had lots of challenges, so we can help you get connected with us and anyone else we find along the way who might help you so you can address all your challenges over time to have a happy, hopeful, meaningful and successful life.”

There is nothing in this speech that is rocket science, and of course, you would not say exactly the same thing in the same way to every single client, but learning how to deliver a welcoming message, speaking from the heart and looking the person right in the eye, is the best way to get started.

## ENGAGING A COLLABORATIVE PARTNERSHIP WITH PEOPLE USING SUBSTANCES

As noted above, the goal of welcoming is NOT to immediately send the person somewhere else. You (and your whole team) are welcoming the person into an ongoing relationship in which there will be integrated attention to ALL of the person's issues, helping them make small steps of progress toward their recovery goals. For this reason, it is important to welcome the person into that collaborative partnership right from the beginning.

### A Guide to Engagement

**1. Engagement is about partnership.** When meeting people with SMI who are using substances, it is natural for us to have concerns about all the ways in which substance use can be harmful to the person and create risks and challenges for us. It is tempting therefore to begin by starting the relationship with an effort to educate the person, in hopes that just telling them that substance use is bad will cause them to stop using OR starting the relationship by telling them the ways in which substance use is against the rules. Neither of these is the recommended best practice strategy.

While education can be helpful, it is more important to build a partnership first; otherwise education sounds judgmental and may lead the person to simply pretend to go along with what we clearly want. Starting with rules is even more problematic. The message conveyed is this: If you want to be in a therapeutic relationship with us, you have to behave (or pretend to behave and hope you don't get caught) the way we seem to want you to behave. We will not accept you as you actually are.

While some people will go along with our rules and recommendations for a period of time, most people with co-occurring substance use will not do so consistently. The best way for us to be helpful is to engage in a partnership with a person where we are working WITH the person (not doing things TO the person) to help them make progress.

**2. Engagement means working collaboratively to help the person figure out the best way to achieve their goals.**

It is important to be explicit about our partnership. This helps us to be more honest with the client about our inability to force them to do things just because we want to. (In fact, even if the person is involuntarily committed, we still want to maximize the partnership to achieve success.) Over time, recovery in general—and certainly recovery from SUD—will require the person making a commitment to not use substances in a harmful way for themselves, not because WE want them to, but because THEY realize they have to find the right way to use—or not use—substances to achieve their goals.

**For Cheryl:** After you welcome Cheryl, she asks you whether you think her substance use is bad and she should stop. We might say: Cheryl, that's a great question. You've probably been told many times that for someone with your history and symptoms, any continuing substance use is likely to be harmful to your recovery. (*She nods.*) In our program, we know that is likely to be true for any of our clients, and we encourage everyone to avoid using substances, but in fact, the most important thing is not what WE TELL YOU, it's what YOU DECIDE.

Our most important goal here is not to "tell you what to do." Our most important goal here is to work with you as an empowered partner, so that we help you think about your needs, goals, and recommendations, and help you decide what is best for you in order to achieve your goal of a happy, hopeful life, what we call recovery. So, you have to decide



for yourself what the right amount of substance use is for you, and how to achieve that goal; we will work with you to help you figure out what's right for you, and how to help you get there over time, however long it takes. Does that work for you?

*Once again, it is helpful to practice talking with clients this way, even if at first all you want to do is tell them to stop using. Engagement is an evidence-based intervention and with practice you will get better and better over time at engaging clients in this manner.*

## ESTABLISHING HOPEFUL CONNECTION WITH PEOPLE USING SUBSTANCES

There are many reasons why people with serious mental illness may initiate and continue substance use, and there are many variations in the extent of people's use and the degree to which they are able to control their use by choice alone. Nonetheless, the most basic reason for people with SMI using substances is the same as for anyone: the substance use makes them "feel better." Further, for people with SMI, particularly those who are most embedded in the MH service system, substance use often provides some escape from lives which may feel hopeless and stuck and may be experienced as a normative activity in which people can engage with peers who similarly like to get high. Simply telling people that if they stop using substances they will "feel better" and "do better" is often inconsistent with their experience.



Many people with SMI have continuing symptoms and side effects of medication and disabilities, whether they use substances or not. Many people have what they consider to be "terrible lives" as a "chronic mental patient" whether they are using substances or not. Further, not using substances is often really hard work, and it's hard for people to convince themselves it's worth the effort if they feel like their life will never be fundamentally any better. "If my life is going to suck anyway, I might as well get high to take some of the pain away, even for a short while."

***That is why research on successful programs shows that establishing the hope and promise of recovery is such an important tool for helping people with SMI find the energy and motivation to make changes in harmful substance use.***

### A Guide to Establishing Hope

- 1. Always harness hope as a tool for progress.** Building hope at the beginning of treatment, and reinforcing hope regularly along the way, are critical tools for success. Do not minimize how important it is for you to work as a partner with your client to help them increase their hopefulness that if they work with you on their issues, including substance use, they will have a happy life.
- 2. Establishing hope requires explicit attention to helping the person identify THEIR most meaningful and inspiring goals for a happy life.** Do not assume that the client can identify meaningful goals. Symptoms of SMI and the consequences of SUD leave many without the ability to clearly identify short and long-term goals. Most clients you meet will already be demoralized, may have difficulty with establishing hope even when asked, and often lose hope when things go wrong along the way because they are easily discouraged. Consider establishing and increasing the strength of the client's hopeful vision by setting some clear goals that you think can be achieved through concrete steps.

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## Here is an example:

**For Mario:** *After welcoming and engaging Mario, you say:*

Mario, I said earlier that we enjoy working with folks like you. We want to help you make progress with all your challenges to achieve your vision of a happy, meaningful, and successful life. What is your vision of a happy life and what steps would help you make progress towards that?

*Mario shrugs, and indicates that he doesn't know and doesn't like being sick and taking medicine. You look him in the eye and say this:* Mario, I know it really sucks to be in your situation, but we believe—in fact we know because we've seen it many times—that people like you can go on to have happy, hopeful, meaningful lives. One thing that a lot of our clients in your circumstance want are things like this: I want to feel like a man, who can take care of himself and a family; I want my family to be proud of me, I want to be proud of myself; I want a job that is meaningful and money in my pocket; I want a girlfriend who loves me, and someday I want a family I can take care of. Do any of those seem like goals that you might want to work towards?

*Mario may say yes to some of these goals and may indicate that he doesn't know how to achieve them. In response, you harness hope by helping him consider more specific details about what his vision looks like (What kind of job would he want?) and tell him he's done a great job putting his hope out there.*

*You might help him write his goals down, so that the team can help remind him of what's possible for him when he gets discouraged. Once you've done this, and it may take some time, you can begin having conversations like this:* For you to make progress toward your goal of “being a great father,” “having your family be proud of you,” “having X kind of job,” what is the right amount of substance use (or medication for mental illness) for you? Let's figure it out together.

**Great work getting started! Now move on to Implementation Guide 2, which covers Integrated Screening, Assessment and Treatment Planning.**

## TIPS FOR AGENCY LEADERS AND PROGRAM MANAGERS

It will be easier for your staff to follow the suggestions in this implementation guide if you build these steps into your policies, procedures, practices and paperwork. This is the best way to train both old and new staff to be welcoming, engaging and hopeful for not only individuals with co-occurring substance use, but for people with all types of complex needs.

### Examples of simple steps may include:

- Create a customer service oriented welcoming policy and procedure, including scripts.
- Review and eliminate rules that suggest that people can't be served if they are using substances.
- Identify people with active substance use and priorities for engagement. Establish policies recognizing that successful engagement is a marker of a good outcome even though the person may still be using substances.
- Include adequate space and prompts for documenting meaningful hopeful goals during the assessment and at every step of treatment. Create policies and procedures for adequate documentation of hopeful goals and for reporting on hopeful goals during case presentations.

## REFERENCES

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