



*Co-occurring Disorders and
Leadership Skills from a
Multi-Cultural Perspective*

Arthur J. Cox, Sr., DSW, LCSW
FADAA'S Multi-Cultural Symposium
Grand Hyatt Tampa Bay
Tampa, FL 33607
April 2-3, 2009



Learning Objectives

- ✦ Review the history, modalities, treatment barriers, and strategies used in co-occurring disorders treatment.
- ✦ Become knowledgeable about the multicultural explosion in the US and its significance for mental health counseling.
- ✦ Demonstrate an understanding of key leadership principles from a multi-cultural perspective.
- ✦ Identify strategies to achieve social justice in Mental Health/Substance Abuse Service Delivery Systems

History and Overview of Co-occurring Disorders

- ✦ Mid 1980's researchers begin reporting prevalence rates of 50-75% of substance abusers with a co-occurring mental disorder and 20-50% of persons in mental health settings with co-occurring substance abuse.¹
- ✦ Awareness of prevalence rates leads to further investigation from the mid-80's to mid-90's revealing increased vulnerability to relapse, re-hospitalization, psychotic symptoms, suicide, incarceration, violence, homelessness, non-compliance with medication and increased risk for HIV²
- ✦ About the same time, the population is described as a "heterogeneous group", that is – any mental disorder can be combined with any substance of abuse in the describing an individual as having co-occurring disorders.²
- ✦ By the late 90's, historical treatment interventions described as serial or parallel treatment are abandoned for evidenced-based, integrated treatment.

Treatment Barriers

- ✦ Barriers to integrated treatment and service delivery were identified early on as resulting primarily from fragmentation of the existing service delivery system, and poor linkage across substance abuse and mental health systems.²
- ✦ Other barriers have also been described and include poor or delayed integration of clinical teams resulting from a lack of cross-training, and unlikely administrative integration as a result of separate funding streams, administrative policies and education systems.²
- ✦ Access to treatment is further complicated by cultural and language barriers, and poor understanding of special populations including women, incarcerated groups, and youth.
- ✦ Treatment professionals slowly begin to understand the multiple problem domains associated with co-occurring disorders, including medical, legal, social, familial, and vocational.¹

Integrated Treatment

- ✦ Earliest models of integrated treatment are described as including motivational interventions, assertive outreach, comprehensive case management, individual counseling, long-term treatment, and family interventions.²
- ✦ The basis for integrated treatment is cross-training of treatment teams who have knowledge of all aspects of care for both substance addiction and mental illness.
- ✦ About the same time, the population is described as a “heterogeneous group”, that is – any mental disorder can be combined with any substance of abuse in the describing an individual as having co-occurring disorders.²
- ✦ By the late 90’s, historical treatment interventions described as serial or parallel treatment are abandoned for evidenced-based, integrated treatment.

Components of Cross-Training

What Substance Abuse Professionals Need to Know

- ✦ the nature of mental disorders and their development
- ✦ symptomatology of mental disorders and other functional disorders
- ✦ psychosocial difficulties resulting from mental disorders
- ✦ the necessity of psychotherapeutic medications in the treatment of mental illness
- ✦ effective psychiatric treatment interventions
- ✦ substance abuse treatment interventions that may prove detrimental to persons with mental disorders

Components of Cross-Training

What Mental Health Professionals Need to Know

- ✦ the nature of addictive disorders and their treatment
- ✦ symptoms and hallmarks of addictive disorders
- ✦ psychosocial difficulties that arise from chronic substance use
- ✦ psychotherapeutic agents that may prove detrimental to persons with substance-related disorders
- ✦ effective substance abuse treatment interventions
- ✦ mental health treatment interventions that may prove detrimental to persons with substance-related disorders

Components of Cross-Training (continued)

What Professionals from Both Fields Need to Know

- ✦ the nature of substance abuse and mental illness as they co-occur
- ✦ strategies for meeting the special treatment needs of persons with co-occurring disorders
- ✦ basic competencies for assessing other functional disorders that impact the clinical picture
- ✦ strategies for offering treatment interventions for other functional disorders
- ✦ strategies for assessment and differential diagnosis; assessing for 'multiple disorders'
- ✦ common myths and misconceptions about co-occurring disorders
- ✦ methods for blending treatment interventions and developing competent programming
- ✦ comprehensive understanding of relapse when disorders co-occur
- ✦ how best to assess / treat special populations (women, youth, the elderly, alternative lifestyle, HIV/AIDS, persons of color)

Changing Demographics

- ✦ Our society is more multi-cultural, multi-lingual and multi-ethnic than at any other period in history;
- ✦ Population will grow by 42 million over next 20 years;
- ✦ 37% Hispanic, 22% African-American; 18% Asian, and 13% Caucasian;
- ✦ City of Miami is 2/3 Hispanic, San Francisco is 40% Asian, Central Florida, Southern California, and Texas growth is more than 35% Hispanic;
- ✦ 17% of US population speaks a language other than English at home; 58% speak Spanish.

Changing Demographics

- ✦ More than ½ of state of California consists of racial/ethnic (so-called) minorities.
- ✦ 70% of DC is African-American.
- ✦ 30% of NYC residents were born outside the US.
- ✦ New Mexico 67%, Hawaii 64%, Texas 53%, Maryland & Arizona 44%, New York, Nevada & New Jersey 43% racial/ethnic

More Changing Demographics

- ✦ New Entrants into the Workforce
- ✦ Minorities – 51%
- ✦ Women all racial/ethnic groups – 62%
- ✦ Caucasian – 49%
- ✦ (provide example from recent news article)
- ✦ (new face of central Florida area by 2020)
- ✦ (what about South Florida)?

Race, Culture & Ethnicity

Surgeon General Report

- ✦ People of color have less access to and availability of mental health services.
- ✦ They are less likely to receive needed mental health services.
- ✦ Those in treatment often receive a poorer quality of mental health/substance abuse services
- ✦ People of color are under-represented as clinicians and persons in supervisory positions.
- ✦ People of color are under-represented in mental health research.

Socio-political Implications of Oppression

- ✦ Trust/Mistrust
- ✦ Therapist/Agency Credibility
- ✦ Stigma
- ✦ Coping Styles
- ✦ Family Factors
- ✦ Treatment Seeking
- ✦ Economics
- ✦ Geographic
- ✦ Cultural

Keys to Successful Treatment and Guiding Principles *TIP 42¹*

- ✦ Employ a Recovery Perspective: (a) recovery is long-term and (b) changes in the individual proceed through various stages.
- ✦ Adopt a Multi-Problem Viewpoint: People with COD have an array of problems in many areas of life functioning.
- ✦ Develop a Phase Approach to Treatment: phases generally included engagement, stabilization, treatment and aftercare / continuing care.
- ✦ *Milton Erickson would say it is the failure of the therapy and the therapist if they cannot motivate someone to change. It is not a "bad patient".*

Keys to Successful Treatment and Guiding Principles TIP 42¹ (continued)

- ✦ Address Specific Real-Life Problems Early: Intensive case management helps clients with housing, legal problems, employment or education, finances and money management, and establishes early engagement.
- ✦ Plan for Cognition and Functional Impairments: The manner of treatment presentation must be compatible with client needs and abilities.
- ✦ Use Support Systems to Maintain and Extend Treatment Effectiveness: Include self-help groups, family, the faith community, and other resources in the community.

Core Components of Service Delivery

TIP 42¹

- ✦ Providing Access
- ✦ Completing a Full Assessment
- ✦ Providing and Appropriate Level of Care
- ✦ Achieving Integrated Treatment
- ✦ Providing Comprehensive Services
- ✦ Ensuring Continuity of Care

Essential Attitudes and Values for Clinicians

TIP 42¹

- ✦ Desire and Willingness to Work with Persons with COD
- ✦ Appreciation of the Complexity of COD
- ✦ Openness to New Information
- ✦ Awareness of Personal Reactions and Feelings
- ✦ Recognition of Personal Limitations of Knowledge or Expertise
- ✦ Recognition of the Value of Client Input
- ✦ Patience, Perseverance and Therapeutic Optimism
- ✦ Ability to Employ Diverse Theories, Concepts, Models and Methods
- ✦ Flexibility of Approach
- ✦ Cultural Competence
- ✦ Belief that All Individuals Have Strengths
- ✦ Recognition of the Rights of Persons with COD

Basic Competencies

TIP 42¹

- ✦ Be able to perform a basic screening to identify COD.
- ✦ Form a preliminary impression of presenting disorders.
- ✦ Conduct a preliminary screening of self-harm risk.
- ✦ Engage the client to enhance future interactions.
- ✦ De-escalate agitated, anxious, angry or other vulnerable emotional states.
- ✦ Manage immediate crises.
- ✦ Make referrals to appropriate treatment settings or levels of care.
- ✦ Provide for coordination of care.

Six Areas of Intermediate Competencies

TIP 42¹

- ✦ Competency I: Integrated Diagnosis of Substance Abuse and Mental Disorders
- ✦ Competency II: Integrated Assessment of Treatment Needs
- ✦ Competency III: Integrated Treatment Planning
- ✦ Competency IV: Engagement and Education
- ✦ Competency V: Early Integrated Treatment Methods
- ✦ Competency VI: Long Term Integrated Treatment Methods

Advanced Competencies

TIP 42¹

- ✦ Familiarity with and use of DSM criteria for diagnosing Axis I and Axis II Disorders
- ✦ Comprehend finer points of level of functioning and degree of disability
- ✦ Recognize classes of, uses for, actions of, risks and side effects of psychotropic medication
- ✦ Employ integrated models of assessment, intervention and recovery
- ✦ Apply innovative understanding of the nature of relapse
- ✦ Display patience, persistence, and optimism
- ✦ Collaboratively develop and implement integrated treatment plans
- ✦ Involve the client, family and other supports in delivery of the treatment plans
- ✦ Support quality improvement including evaluation of consumer and family satisfaction, reporting of outcome data, use of monitoring instruments, and use of evidence-based treatment

Racial/Cultural Identity Development in People of color

- ✦ Stage 1 – Conformity
- ✦ Stage 2 – Dissonance and appreciating
- ✦ Stage 3 – Resistance and immersion
- ✦ Stage 4 – Introspection
- ✦ Stage 5 – Integrative awareness

Conformity

- ✦ People of color prefers the dominant groups cultural values over their own. White Americans represent the reference group.
- ✦ Lifestyles, values and cultural/physical characteristics that resemble white are highly valued while those most like their culture may be viewed negatively.
- ✦ Self-depreciating or neutral at best.

Dissonance

- ✦ Experiences lead to questioning and challenging of the attitudes and beliefs held at the conformity stage.
- ✦ Conflict between self-depreciating and group appreciating (Inequities do exist) and not all things in the dominant group are good and not all things in the culture are bad.

Resistance and Immersion

- ✦ Guilt, shame, and anger are present.
- ✦ Guilt and shame that person of color has sold out his/her own group. These feelings were used to perpetuate views of dominant groups.
- ✦ Anger directed at dominant group

Introspection Stage

- ✦ The reversal of the conformity stage, allegiance is to person of color group versus notions of personal independence and autonomy.
- ✦ Conflicts over person of color groups' strategies and tactics to achieving change.
- ✦ A desire to network with other persons of color and whites as well to better identify types of oppression encountered and understand how these were resolved
- ✦ Conflicts exist between attitudes of complete trust versus selective and mistrust based upon demonstrated behaviors and attitudes of dominant group

Integrative Awareness

- ✦ Persons of color have developed an inner sense of security and can own and appreciate unique aspect of their culture as well as others.
- ✦ Persons of color cultures are not necessarily in conflict with white culture

Key Leadership Principles

- ✦ *A supervisor is a skilled master of the work to be done, a leader, and a teacher.*
- ✦ *Supervision has three main functions: administrative, educative, and supportive.*
- ✦ *Administrative function: the supervisor is a link in the chain of administration - the administrator who is in direct contact with the counselor. As such, the supervisor must attend to the management and administrative functions of directing, coordinating, monitoring, planning, delegating and evaluating the performance of his/her supervisees.*

Leadership

- ✦ **Educative function:** the supervisor teaches the counselor what he or she needs to know in order to do the job and helps him or her learn the job. The educational component speaks directly *to the transmission of knowledge, skills, attitudes and values.*
- ✦ **Supportive function:** *this function involves activities such as sustaining a counselor's morale, facilitating personal growth and development, increasing sense of self and competency, promoting a sense of belonging related to the mission of the agency and developing a sense of security in job performance.*

References

1. Burton, D.L., Cox, A.J., & Fleisher-Bond, M. (2001). Cross-training for dual disorders: New York, NY. Vantage Press.
2. Center for Substance Abuse Treatment. *Substance Abuse Treatment for Persons with Co-occurring Disorders*. Treatment Improvement Protocol (TIP) Series 42. DHHS Pub. No. (SMA)05-3992. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2005.
3. Kessler RC, Koretz D, Merikangas KR, Wang PS. (2004). The epidemiology of adult mental disorders. In: Levin BL, Petrila J, Hennessy KD. *Mental Health Services: A Public Health Perspective, Second Edition*. New York: Oxford University Press; 157-176.
4. Mental Health: Culture, Race & Ethnicity –A Supplement to Mental Health: A Report of the Surgeon General, Washington DC, GPO 20001 .
5. Sue, D. W. & Sue, D. (2008). *Counseling the culturally diverse: Theory and Practice* (5th edition). New York: John Wiley and Sons.

Arthur J. Cox, Sr., DSW, LCSW

- ✦ The Mid-Florida Center for Mental health & Substance Abuse Services, Inc.
- ✦ P. O. Box 33
- ✦ Avon Park, FL 33826
- ✦ (863) 452-6818 Avon Park (863) 533-2321 Bartow
- ✦ (904) 378-6883 Jacksonville
- ✦ arthurcox421@hotmail.com