


HOW TO IMPROVE TREATMENT OUTCOMES FOR CO-OCCURRING DISORDERS IN CULTURALLY DIVERSE POPULATIONS



MULTI-CULTURAL WEBINAR
FLORIDA ALCOHOL AND DRUG ABUSE ASSOCIATION, INC.

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WORKSHOP ABSTRACT

- This training will explore specific techniques and skills that will improve treatment outcomes for culturally diverse patients who have co-occurring disorders. Special emphasis will be placed on assessment and treatment planning.
- The workshop is designed for substance abuse professionals, prevention specialists, mental health counselors, social workers, marriage and family therapists, supervisors, and administrators.

GENERAL OVERVIEW OF CO-OCCURRING DISORDERS

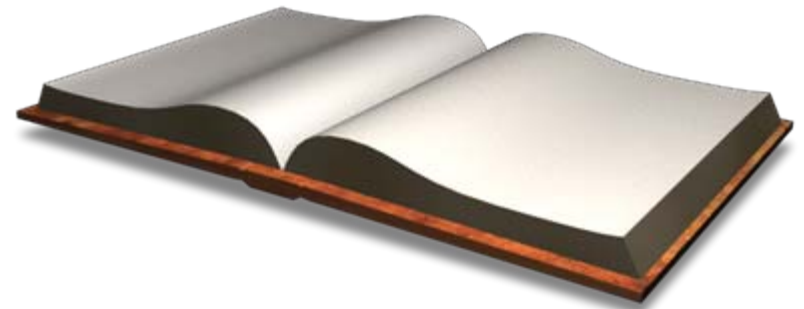
- According to the TIP 42 (www.samhsa.gov), *co-occurring disorders* refers to substance use (abuse or dependence) and mental disorders. Clients said to have co-occurring disorders have one or more disorders relating to the use of alcohol and/or other drugs of abuse as well as one or more mental disorders.
- A diagnosis of co-occurring disorders (COD) occurs when at least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from one disorder.

GENERAL OVERVIEW OF CO-OCCURRING DISORDERS

- Historically the relationship between substance abuse and mental disorders dates to the late 1970's, when practitioners increasingly became aware of the implications of these disorders, when occurring together. The early identification and association between substance abuse and depression was particularly striking. Significant research in this area began in 1979 and continued in the 1980's and 1990's.
- Unfortunately, the fields of substance abuse treatment and mental health treatment remained completely separate (and still continue to remain separate in many ways). Political and funding issues also contributed to a lack of research and interest in co-occurring disorders.

INCIDENCE AND PREVALENCE

- Co-Occurring Disorders (COD) are common in the general adult population, though many individuals go untreated.
- The national Survey on Drug Use and Health (NSDUH) reports that in 2002, 4 million adults met the criteria for both serious mental illness (SMI) and substance dependence and abuse.
- Serious mental illness (SMI) is highly correlated with substance dependence or abuse. Among adults with SMI in 2002, 23.2% were dependent or abused alcohol or illicit drugs.
- Among adults who used an illicit drug in the past year, 17.1% had SMI in that year, while the rate was 6.9 % among adults who did not use an illicit drug.



INCIDENCE AND PREVALENCE

- In 1999, alcohol or cocaine abuse accounted for almost two thirds of the 366,000 Black treatment admissions (samhsa.gov, 2007).
- Based on combined 2000 and 2001 data, rates of past month illicit drug use in the Hispanic population aged 12 or older were 9.2 % for Puerto Ricans, 5.8 % for Mexicans, 3.7 % for Cubans, and 3.6 % for Central or South Americans (samhsa.gov, 2007).



INCIDENCE AND PREVALENCE

- Rates of current illicit drug use among major racial/ethnic groups in 2001 were 7.2 % for Whites, 6.4 % for Hispanics, and 7.4 % for Blacks. The rates were highest among American Indians/Alaska Natives, 9.9 %, and persons reporting more than one race, 12.6 %. Asians had the lowest rate, 2.8 % (samhsa.gov, 2006).



INCIDENCE AND PREVALENCE

- Serious psychological distress among adults 18 years of age and older existed in the following in 2005-2006, Hispanic 3.3 %, Mexican American 3.3%, and Non-Hispanic White 2.8 %(CDC, 2007).
- Serious psychological distress among adults 18 years of age and older existed in the following in 2005-2006, Non-Hispanic Black 3.76 %, and Non-Hispanic White 2.8 % (CDC, 2007)



SPECIFIC CRITICAL FACTORS AND TREATMENT ISSUES FOR MULTICULTURAL POPULATIONS

- Some of the critical factors are common to all client populations while others are common for multicultural populations. The most overriding critical issue is that of cultural competence (proficiency) of the treatment agency and the staff. Based on the assumption that the agency is culturally proficient, then the following critical issues must be addressed (samhsa.gov 2007):
- Co-Occurring disorders are to be expected in all behavioral health settings, and system planning must address the need to serve people with COD in all policies, regulations, funding mechanisms, and programming.
- An integrated system of mental health and addiction services that emphasizes continuity and quality is in the best interest of consumers, providers, programs, funders, and systems.

SPECIFIC CRITICAL FACTORS AND TREATMENT ISSUES FOR MULTICULTURAL POPULATIONS

- The integrated system of care must be accessible from multiple points of entry (i.e., no wrong door) and be perceived as accepting by the consumer.
- The system of care for COD should not be limited to a single “correct” model or approach.
- The system of care must reflect the importance of the partnership between science and service, and support both the application of evidence-and consensus-based practices for persons with COD and evaluation of the efforts of existing programs and services.
- Behavioral health systems must collaborate with professionals in primary care, human services, housing, criminal justice, education, and related fields in order to meet the complex needs of persons with COD.

SPECIFIC CRITICAL FACTORS AND TREATMENT ISSUES FOR MULTICULTURAL POPULATIONS

- Co-occurring disorders must be expected when evaluating any person, and clinical services should incorporate this assumption into all screening, assessment, and treatment planning.
- Within the treatment context, both co-occurring disorders are considered primary.
- Empathy, respect, and belief in the individual's capacity for recovery are fundamental provider attitudes.



SPECIFIC CRITICAL FACTORS AND TREATMENT ISSUES FOR MULTICULTURAL POPULATIONS

- Treatment should be individualized to accommodate the specific needs, personal goals, and cultural perspectives of unique individuals in different stages of change.
- The special needs of children and adolescents must be explicitly recognized and addressed in all phases of assessment, treatment planning, and service delivery.
- The contribution of the community to the course of recovery for consumers with COD and the contributions of consumers with COD to the community must be explicitly recognized in program policy, treatment planning, and consumer advocacy.

STRATEGIES FOR TREATMENT PROFESSIONALS

- In addition to traditional assessment, conduct a Heritage/Cultural assessment. Spector, 2004 in her book “Cultural Diversity in Health and Illness, 6th Edition” provided a *Heritage Assessment Tool* as a guide for health professionals. She also provides a “Guide to Heritage Assessment and Health Traditions, 3rd Edition” for health professionals.
- Vega, 2006 offered the following tips for treatment professionals working with Hispanic/Latino clients:
- Meeting basic needs may impede recognizing or seeking help for personal health problems and distract Latinos with histories of drug addiction.



STRATEGIES FOR TREATMENT PROFESSIONALS

- The majority of drug dependent individuals also have various mental health problems that range from relatively mild mood disorders and anxiety conditions to chronic and incapacitating mental illness.
- It is no accident that drug dependence is concentrated among Latinos that feel most disappointed with their lives, the least consequential, or effective in their world, and among immigrants who believe that living in the U.S. has lowered their social positions.



STRATEGIES FOR TREATMENT PROFESSIONALS

- Having multiple disorders requires coordinated treatment because otherwise the untreated problems will undermine the recovery. This is a situation that needs to be very clearly explained to clients and preferably their families as well.
- New and innovative treatments, especially those that intervene very early in the course of the illness, are proving very effective at reducing the prospect of long-term disability and family burden.



STRATEGIES FOR TREATMENT PROFESSIONALS



- Drug problems of the mentally ill family members are less tolerated, because of the role overload on family members. Latino mentally ill are much more likely than other ethnic groups to remain in the home and even to be married and have children
- A common belief among many Latinos is that consistent medication use by a mentally person will result in addiction so they may discourage family members from maintaining prescribed dosage levels.
- SAMHSA's Co-Occurring Center for Excellence (COCE) recommends an Integrated system of Screening, Assessment and Treatment Planning for Co-Occurring Disorders (samhsa.gov. 2007)
- Integrated Screening addresses both mental health and substance abuse, each in the context of the other disorder

STRATEGIES FOR TREATMENT PROFESSIONALS

- Integrated Assessment addresses both mental health and substance abuse, each in the context of the other disorder. The 12 Step Assessment Process includes the following:
 - Engage the client
 - Identify and contact collaterals (family, friends, other treatment providers) to gather additional information (after receipt of client authorizations).
 - Screen for and detect COD
 - Determine severity of mental and substance use disorders
 - Determine care setting (e.g., inpatient, outpatient, day treatment)
 - Determine diagnoses



STRATEGIES FOR TREATMENT PROFESSIONALS



- Determine disability and functional impairment
- Identify strengths and supports
- Identify cultural and linguistic needs and supports
- Identify additional problem areas to address (e.g., physical health, housing, vocational, educational, social, spiritual, cognitive, etc)
- Determine readiness for change
- Plan treatment
- Note: The Screening, Assessment and Treatment Plan should be done in a multicultural and culturally diverse context.

TREATING MULTICULTURAL PATIENTS



- To ensure optimal care for patients from different cultures or ethnicities, the American Psychological Association recommends the following:
- Assess and review your own cultural values, norms and biases.
- Access multicultural training and consult with appropriate experts.
- Be aware of your patients' cultural beliefs, values and biases.
- Examine what cultural, societal and political conflicts are occurring globally and/or in your patient's world that may impact his or her mental status and behavior.
- Educate your patients about the therapeutic process and clearly communicate your objectives orally, and in writing if possible, in the language they prefer.
- Assimilate all assessment information into final treatment plan.

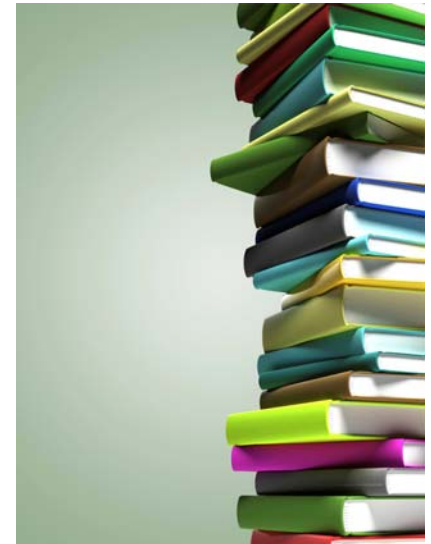
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