

IDDT STAGE-WISE MEDICATION MANAGEMENT

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Stages of Change	Stages of IDDT Treatment	Definition	Treatment goals	Psychosocial interventions	Pharmacological interventions	Treatment-team collaboration
		The consumer...			Use medication to . . .	Medical provider (prescriber) and other team members . . .
Pre-Contemplation	Engagement	Has no contact or irregular contact with service providers No working alliance with providers Frequency of Use Uses alcohol and/or other drugs regularly Dx Meets criteria for substance abuse or dependence	Establish a working alliance with consumers	Assertive outreach Provide practical assistance for daily living (e.g., food, clothing, shelter, medicine) Gain permission from consumer to share in his/her process of change Assess continuously	Reduce acute symptoms of mental disorders Minimize impairment of insight and judgment Improve cognitive functioning Facilitate therapeutic alliance Rx (see below)	Educate consumer and family about benefits and side effects of current and proposed medication Monitor timeliness of prescriptions and refills to support adherence to treatment
		Has regular contact with service providers Has working alliance with service providers but is unmotivated to address substance use Does not acknowledge negative consequences of substance use Frequency of Use Continues with the same amount or reduces amount for less than one month (i.e., fewer substances, smaller quantities, or both) Dx Meets criteria for substance abuse or dependence	Maintain and enhance therapeutic alliance Help consumer develop goals, awareness of symptoms of mental illness, and negative effects of substance use upon symptoms and quality of life Help consumer learn about substance use behavior Help consumer develop hope that his or her life can improve	Use motivational interviewing/ interventions Assure consumers that ambivalence to change is normal Use a pay-off matrix to help consumers tip decisions away from ambivalence and toward positive action Educate consumers about alcohol, drugs, mental illness, and activities that promote health and wellness Offer skills-training opportunities Offer group interventions; encourage peer support Provide support to family members	Stabilize and decrease psychiatric symptoms to improve cognitive functioning and enhance insight about negative effects of substance use Rx Treat psychiatric illness, which may have secondary effect on cravings/ addiction (e.g., selective serotonin reuptake inhibitors, atypical antipsychotics, bupropione) Avoid (or judiciously prescribe) meds that may be addictive (e.g., benzodiazepines, amphetamines, antiparkinson agents)	Monitor medication adherence Encourage consumer to report medication usage honestly and to describe adverse effects Discourage consumer from altering prescription regimens and encourage him/her to make requests for medication changes to medical provider Perform a behavioral analysis if consumer does not take prescribed medication Help consumer use behavioral tailoring to incorporate medication into daily routines (e.g., simplifying med regimen; taking meds during daily activities, such as meals; use prompts like Post-It notes) Use motivational interviewing to encourage consumer to adhere to prescriptions
Contemplation and Preparation	Persuasion	Has regular contact and working alliance with service providers Is motivated to reduce substance use May relapse or slip-back to substance use Frequency of Use Shows evidence of reduction in use for the past 4 to 6 weeks (i.e., fewer substances, smaller quantities, or both) Dx May meet criteria for substance abuse or dependence (early active treatment) Does not meet criteria for abuse or dependence for one to five months (late active treatment)	Help consumer reduce substance use or attain abstinence Help consumer acquire skills and support for managing symptoms of both disorders and for pursuing personal goals	Teach illness management skills for both disorders Encourage positive peer support (e.g., self-help & 12-step groups) Encourage lifestyle changes and employment Utilize cognitive behavioral interventions Offer family groups and therapy	Stabilize and manage psychiatric symptoms Create opportunities for participation in counseling and enhanced social relationships Provide detox treatment Rx Support abstinence (e.g., disulfiram, naltrexone, suboxone) Reduce craving (e.g., naltrexone) Avoid meds that may be addictive (see persuasion stage Rx above)	Continue to use behavioral-tailoring and motivational-interviewing techniques Continue to monitor consumer's medication use (several times per day or several times per week, if necessary)
		Has regular contact and working alliance with service providers Frequency of Use Experiences no negative consequences of substance use for 6 months (or is abstinent) Dx Does not meet criteria for substance abuse or dependence for the past 6 to 12 months	Help consumer maintain awareness that relapse can occur Help consumer extend recovery to other areas of life (e.g., social relationships, work) Shift focus to healthy lifestyle Help consumer in stable remission develop and use strategies for maintaining recovery	Develop a relapse-prevention plan with consumer Help consumer develop strategies to monitor feelings, thoughts, and behavior Support consumer as he/she maintains healthy lifestyle changes learned in active treatment Offer group treatments and social skills training	Reduce risk of relapse of symptoms of both disorders Help consumer stay focused on his/her personal recovery goals Rx Support abstinence (e.g., disulfiram, naltrexone, suboxone) Avoid meds that may be addictive (see persuasion stage Rx above)	Help consumer take more responsibility for coordinating his/her medications Teach consumer skills to monitor, log, and report symptoms and to negotiate with medical provider for changes to prescriptions Develop relapse-prevention plan with consumer, which may include using doses of medication as needed Support self-sufficiency of consumer, who requests refills directly from medical provider, picks up meds from pharmacy, fills pill-minders (planners), and monitors side effects Gradually reduce monitoring activities
Action	Active Treatment	Has regular contact and working alliance with service providers Frequency of Use Experiences no negative consequences of substance use for 6 months (or is abstinent) Dx Does not meet criteria for substance abuse or dependence for the past 6 to 12 months	Help consumer maintain awareness that relapse can occur Help consumer extend recovery to other areas of life (e.g., social relationships, work) Shift focus to healthy lifestyle Help consumer in stable remission develop and use strategies for maintaining recovery	Develop a relapse-prevention plan with consumer Help consumer develop strategies to monitor feelings, thoughts, and behavior Support consumer as he/she maintains healthy lifestyle changes learned in active treatment Offer group treatments and social skills training	Reduce risk of relapse of symptoms of both disorders Help consumer stay focused on his/her personal recovery goals Rx Support abstinence (e.g., disulfiram, naltrexone, suboxone) Avoid meds that may be addictive (see persuasion stage Rx above)	Help consumer take more responsibility for coordinating his/her medications Teach consumer skills to monitor, log, and report symptoms and to negotiate with medical provider for changes to prescriptions Develop relapse-prevention plan with consumer, which may include using doses of medication as needed Support self-sufficiency of consumer, who requests refills directly from medical provider, picks up meds from pharmacy, fills pill-minders (planners), and monitors side effects Gradually reduce monitoring activities
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Maintenance	Relapse Prevention	Has regular contact and working alliance with service providers Frequency of Use Experiences no negative consequences of substance use for 6 months (or is abstinent) Dx Does not meet criteria for substance abuse or dependence for the past 6 to 12 months	Help consumer maintain awareness that relapse can occur Help consumer extend recovery to other areas of life (e.g., social relationships, work) Shift focus to healthy lifestyle Help consumer in stable remission develop and use strategies for maintaining recovery	Develop a relapse-prevention plan with consumer Help consumer develop strategies to monitor feelings, thoughts, and behavior Support consumer as he/she maintains healthy lifestyle changes learned in active treatment Offer group treatments and social skills training	Reduce risk of relapse of symptoms of both disorders Help consumer stay focused on his/her personal recovery goals Rx Support abstinence (e.g., disulfiram, naltrexone, suboxone) Avoid meds that may be addictive (see persuasion stage Rx above)	Help consumer take more responsibility for coordinating his/her medications Teach consumer skills to monitor, log, and report symptoms and to negotiate with medical provider for changes to prescriptions Develop relapse-prevention plan with consumer, which may include using doses of medication as needed Support self-sufficiency of consumer, who requests refills directly from medical provider, picks up meds from pharmacy, fills pill-minders (planners), and monitors side effects Gradually reduce monitoring activities
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Created by Paul M. Kubek, Patrick E. Boyle, and Ric Kruszynski, Ohio SAMI CCOE with reference to these sources: Kim T. Mueser, Douglas L. Noordsy, Robert E. Drake, and Lindy Fox. 2003. *Integrated Treatment for Dual Disorders: A Guide to Effective Practice*. New York: The Guilford Press, p.26-33, 99-100, 279-298; Substance Abuse Treatment Scales (SATS). IDDT Implementation Resource Kit. 2002.

Prescribing psychotropic medication to people who use alcohol and other drugs

—by Christina M. Delos Reyes, M.D.



Christina M. Delos Reyes, M.D.

Many physicians and nurses wonder if they should prescribe psychotropic medication to people with severe mental illness who are actively using alcohol or other drugs. The short answer is yes. This column is the first in a series to explore the Integrated Dual Disorder Treatment (IDDT) model's approach to medication management for co-occurring mental and substance use disorders.

MULTIDISCIPLINARY TREATMENT TEAM

IDDT views all activities of life as part of the treatment and recovery process. Therefore, a variety of service providers help clients with daily activities. A psychiatrist (or other licensed prescriber) is a core member of the service team and works closely with case managers and others. All team members provide their observations of each client's symptoms and reactions to medication. They also provide consistent messages about medication management to clients and their families (see chart on page 11).

TWO DISORDERS, ONE PERSON

Co-occurring disorders are two distinct yet interacting diseases. Therefore, simultaneous treatment of both helps clients sort out, manage, and master all of their symptoms. In my practice, I prescribe medication to help clients minimize severe symptoms of mental illness such as disorganized thoughts, severe moods, and hallucinations so they can engage in therapeutic conversations about reducing and eliminating their substance use.

STAGES OF TREATMENT

The IDDT model demonstrates that clients experience successes incrementally over time through stages of treatment. As a result, big changes like sobriety are built upon a series of small and incremental changes in thinking and behavior. Medication helps clients begin and maintain this process of personal transformation.

Engagement stage

In this stage, clients are ambivalent about service providers and about changing their

substance abuse behaviors. Therefore, you should not push them to change. Instead, stabilize their psychiatric symptoms and create a therapeutic alliance. Here are some tips:

- Remain open and non-judgmental
- Refrain from expressing disappointment, for example: "I cannot believe you are still drinking and smoking crack." Instead, be more inquisitive: "How did it go with the drinking last month? Tell me about your use of crack recently."
- Acknowledge their reasons for substance use but also warn them of the potential dangers: "Alcohol and other drugs can, in fact, ease the pain of your anxious feelings and your depression. However, the relief is temporary and potentially dangerous. In the long run, drinking and using make the symptoms of mental illness worse."

LIABILITY & PRECAUTIONS

Some medical professionals are uncomfortable prescribing psychotropic meds to active substance users and cite liability as their biggest concern. Here are a few steps I take to address liability that might be helpful to you:

- Educate clients about the potential effects of mixing medications with alcohol and other drugs
- Inform them that substances can make medications less effective
- Document each patient's informed consent to take meds while using alcohol and other drugs
- Ask team members to monitor each patient's progress with medication and dispense once per day or once per week if necessary
- Consult with colleagues about difficult situations ■

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TIP!



Avoid (or judiciously prescribe) medications that are potentially addictive:

- Benzodiazepines
- Amphetamines
- Antiparkinson agents

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Ask Dr. Delos Reyes and other psychiatrists around Ohio about IDDT and medication management. Go to the "medical professional" section of our free online message board.

www.ohiosamiccoe.case.edu/training/message_board_fr.html

To receive reviews of articles about medication, training announcements, and other tips about providing IDDT services, contact the following:

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Resources

Consult our online IDDT Library & Links database and select "pharmacological treatment": www.ohiosamiccoe.case.edu/library/

Kim T. Mueser, Douglas L. Noordsy, Robert E. Drake, and Lindy Fox. 2003.

Integrated Treatment for Dual Disorders: A Guide to Effective Practice. p.26-33, 99-100, 279-298. www.ohiosamiccoe.case.edu/library/emailresource.cfm?resourceid=44