


CHAPTER Health/Medical	CHAPTER 03	SECTION 001	SUBJECT 50
SECTION Drugs and Medication		DESCRIPTION Pharmacological Treatment for Substance Use Disorders	
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APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input checked="" type="checkbox"/> Employment Services Provider Agencies	<input type="checkbox"/> Independent Contractors	<input type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input type="checkbox"/> Volunteers	<input checked="" type="checkbox"/> Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) ensures persons served with co-occurring disorders receive pharmacological interventions to support psychosocial treatments and services according to their treatment plan and stage of change.

STANDARDS:

- A. LCCMH prescribers working with persons served with co-occurring disorders will be trained in the Stage-Wise Treatment for the evidence-based Integrated Dual Disorder Treatment (IDDT) Model (See Exhibit 1).
- B. There are 12 organizational characteristics and 14 treatment characteristics of the IDDT model which are called fidelity domains (see <https://www.centerforebp.case.edu/client-files/pdf/iddtclinicalguide.pdf> for specifics). These domains encourage systems and organizations to develop holistic integrated system structures and treatments promoting the physical, emotional, social, and economic well-being of people with co-occurring disorders. These core components also provide a structure for a continuous quality improvement process addressing both organizational and clinical outcomes.

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- C. LCCMH prescribers will consider pharmacological interventions as identified in the Stage-Wise Treatment Table (Exhibit 1), especially for non-responders and treatment resistance persons served (See Policy 02.004.190 Secondary Interventions for non-responders to IDDT).
- D. Psychiatric assessments and medication reviews will be conducted and psychiatric medications will be prescribed for active substance users as psychotropic medications are effective in the treatment of the mental illness.
- E. Persons served needing Medication Assisted Treatment (MAT) for Opioid Use Disorders will be referred to an external provider.
- F. Persons served needing Medication Assisted Treatment (MAT) for Alcohol Use Disorder will be assessed by a LCCMH Prescriber for Vivitrol. Vivitrol will be prescribed according to the procedures in the Vivitrol Policy # 03.001.60.
- G. LCCMH Prescribers will evaluate medication adherence during medication reviews.
- H. Benzodiazepines or other addictive medications are contraindicated with persons with Substance Use Disorders. Prescribed use of benzodiazepines beyond thirty days will be monitored by the assigned psychiatrist on a quarterly basis to observe the effectiveness of the medication and its relief of specific symptoms. Observations must be clearly documented in the clinical record of the person served during medication review appointments. Refills of any benzodiazepine prescription between medication review appointments will be at the discretion of the treating psychiatrist in consultation with the primary case holder(see Psychotropic Medications Policy 03.001.20).

PROCEDURES:

- A. LCCMH prescribers will work closely with the IDDT Team to identify the treatment stages (See Exhibit 1: IDDT Stage Wise Treatment Table).
- B. LCCMH prescribers will review the Individual Plan of Service (IPOS), progress notes and Periodic Reviews of the person served to help determine the efficacy of the treatment.
- C. Adherence to LCCMH prescribed medications will be documented in the prescriber progress notes at regular review intervals.

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D. Case consultation with the Medical Director and the IDDT Team will determine if a Medication Assisted Treatment (MAT) is needed. MAT requires close monitoring and is the responsibility of the prescribing provider or agency.

DEFINITIONS:

Integrated Dual Diagnosis Treatment (IDDT): An evidence-based practice used to help improve the quality of life for adults with co-occurring mental and substance use disorders.

Non-Responders: Persons served who are not experiencing success with the current plan of treatment and may be in need of secondary intervention(s). This may be for any number of reasons or due to any number of causes.

Secondary Interventions: Interventions designed by a clinical process, involving the individual that may be added to the standard of care for achieving efficacy and treatment goals.

Stage-Wise Interventions: All interventions are consistent with and determined by the stage of treatment or recovery of the person served.

Treatment Resistant Persons Served: Persons served who may be emotionally fragile and ambivalent about relinquishing chemical and have not been successful in the early stages of treatment.

REFERENCES/EXHIBITS:

Exhibit 1: IDDT Stage Wise Treatment Table for Pharmacological Interventions
IDDT Fidelity Subscale T12: Pharmacological Treatment

SR:mgr



STAGE-WISE TREATMENT & "STAGING"

	Stages of Change	Stages of Treatment	*Definition of stage of treatment: Substance use disorder	Definition of stage of treatment: Mental disorder
				Objective criteria have not been established for stages of change or stages of treatment as they relate to mental health symptoms.
			The consumer demonstrates the following behavior ...	
1	Pre-Contemplation	Engagement	ENGAGEMENT <ul style="list-style-type: none"> Has irregular contact with service providers No working alliance with service providers No readiness to change substance use Frequency of use <ul style="list-style-type: none"> Is known to use alcohol, tobacco, and/or other drugs actively 	ENGAGEMENT <ul style="list-style-type: none"> Not thinking about change (engagement)
			EARLY PERSUASION <ul style="list-style-type: none"> Has regular contact and working alliance with service provider, will discuss substance use, but unmotivated to take action Does not acknowledge negative consequences of substance use Frequency of use <ul style="list-style-type: none"> Continues to use same amount or has reduced use for less than one month (i.e., fewer substances, smaller quantities, or both) 	EARLY PERSUASION <ul style="list-style-type: none"> Thinking about change (persuasion)
2	Contemplation and Preparation	Persuasion	LATE PERSUASION <ul style="list-style-type: none"> Has regular contact and working alliance with service provider, discusses substance use and/or attends a persuasion group, is more motivated to take action Begins to acknowledge negative consequences of substance use Frequency of use <ul style="list-style-type: none"> Shows evidence of reduced use for at least one month (i.e., fewer substances, smaller quantities, or both) 	LATE PERSUASION <ul style="list-style-type: none"> Thinking about change (persuasion)
			EARLY ACTIVE TREATMENT <ul style="list-style-type: none"> Has regular contact and working alliance with service provider, discusses substance use, and is engaged in treatment (attends group and/or individual treatment) Explores negative consequences of substance use, continues to use, but works toward abstinence as goal Frequency of use <ul style="list-style-type: none"> Shows evidence of reduced use for at least the past 4 weeks (i.e., fewer substances, smaller quantities, or both) 	EARLY ACTIVE TREATMENT <ul style="list-style-type: none"> Trying out changes (active treatment)
3	Action	Active Treatment	LATE ACTIVE TREATMENT <ul style="list-style-type: none"> Has regular contact and working alliance with service provider, discusses substance use, attends a group, engaged in treatment Acknowledges negative consequences of substance use, may slip-back or relapse Frequency of use <ul style="list-style-type: none"> Has achieved abstinence for less than 6 months, or has not experienced symptoms of substance abuse or substance dependence for at least 6 months 	LATE ACTIVE TREATMENT <ul style="list-style-type: none"> Trying out changes (active treatment)
			RELAPSE PREVENTION <ul style="list-style-type: none"> Has regular contact and working alliance with service providers, is engaged in treatment Frequency of use <ul style="list-style-type: none"> No substance use for at least 6 months 	RELAPSE PREVENTION <ul style="list-style-type: none"> Maintaining the changes (relapse prevention)
4	Maintenance	Relapse Prevention	IN REMISSION OR RECOVERY <ul style="list-style-type: none"> Has not used substance(s) for more than one year 	IN REMISSION OR RECOVERY <ul style="list-style-type: none"> Maintaining the changes (relapse prevention)
			*This column was adapted from the Substance Abuse Treatment Scales (SATS). (See Mueser, et. al. (2003) in Sources on page 46.)	

	Clinical focus	Psychosocial interventions	
		Each person in recovery may express a need for meaningful activity like employment at a different time or stage. When this occurs, make it a priority or the centerpiece of psychosocial interventions.	
	For substance use and mental disorders . . .	Use comprehensive services . . .	Use psychosocial approaches to support pharmacological (medication) treatment . . .
1	ENGAGEMENT <ul style="list-style-type: none"> Develop therapeutic alliances and build trust Assess and explore the impact of substance use and mental disorders. Learn what is important to consumers and demonstrate an understanding of their values Gain permission from consumer to share in his/her process of change 	ENGAGEMENT <ul style="list-style-type: none"> Provide assertive outreach Provide practical assistance for daily living (e.g., food, clothing, shelter, medicine) Assess continuously Develop a relationship with outreach, regular contact Crisis intervention when necessary 	ENGAGEMENT <ul style="list-style-type: none"> Offer education to consumer and family about benefits and side effects of current and proposed medication Use motivational interviewing to explore with consumer the pros and cons of medication use and/or adherence If prescribed, monitor timeliness of prescriptions and refills to support adherence to treatment
	EARLY PERSUASION <ul style="list-style-type: none"> Maintain and enhance therapeutic alliance Help consumer identify and express his/her goals Help consumer develop hope that his or her life can improve 	EARLY PERSUASION <ul style="list-style-type: none"> Use motivational interviewing/ interventions Assure consumer that ambivalence to change is normal and the decision to change or not is his or hers to make Use a pay-off matrix to help consumers tip decisions away from ambivalence and toward positive action Encourage peer support Provide support to family members Offer persuasion groups and/or individual treatment 	EARLY PERSUASION <ul style="list-style-type: none"> Continue to use motivational interviewing to explore with consumer the pros and cons of medication use and/or adherence Monitor medication regimen agreed upon with consumer Encourage consumer to report medication usage honestly and to describe adverse effects Encourage consumer to make requests for medication changes to medical provider rather than altering the prescription regimens alone Help consumer identify and resolve barriers to medication adherence Help consumer use behavioral tailoring to incorporate medication into daily routines (e.g., simplifying med regimen; taking medications during daily activities, such as meals; use prompts like Post-It notes) Offer education regarding tobacco use and its impact upon relapse and recovery
2	LATE PERSUASION <ul style="list-style-type: none"> Help consumer develop awareness of symptoms of mental illness and negative effects of substance use upon symptoms and quality of life 	LATE PERSUASION <ul style="list-style-type: none"> Educate consumer about alcohol, drugs, mental illness, and activities that promote health and wellness Offer skills-training opportunities Help evoke change toward healthier choices Offer persuasion groups and/or individual treatment 	LATE PERSUASION <p>Continue to ...</p> <ul style="list-style-type: none"> Help consumer identify and resolve barriers to medication adherence 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) Offer education regarding tobacco use and its impact upon relapse and recovery
	EARLY ACTIVE TREATMENT <ul style="list-style-type: none"> Help consumer reduce substance use and attain periods of abstinence Help consumer acquire skills and support for managing symptoms of both disorders and for pursuing personal goals 	EARLY ACTIVE TREATMENT <ul style="list-style-type: none"> Teach illness management skills for both disorders Encourage positive peer support Encourage lifestyle changes Utilize cognitive behavioral interventions Offer family interventions Encourage self-help and/or 12-step groups and/or individual treatment Encourage active-treatment groups 	EARLY ACTIVE TREATMENT <ul style="list-style-type: none"> Continue to support consumer's choices and needs for pharmacological treatment Offer education regarding tobacco use and its impact upon relapse and recovery Consider inpatient residential treatment as an option as needed
3	LATE ACTIVE TREATMENT <p>Continue to ...</p> <ul style="list-style-type: none"> Help consumer reduce substance use and attain periods of abstinence Help consumer acquire skills and support for managing symptoms of both disorders and for pursuing personal goals 	LATE ACTIVE TREATMENT <p>Continue to ...</p> <ul style="list-style-type: none"> Encourage lifestyle changes Utilize cognitive behavioral interventions Offer family groups and family therapy Encourage self-help groups and/or individual treatment Encourage active-treatment groups Begin to develop a relapse-prevention plan with consumer 	LATE ACTIVE TREATMENT <ul style="list-style-type: none"> Offer education regarding tobacco use and its impact upon relapse and recovery Begin to develop a relapse-prevention plan with consumer
	RELAPSE PREVENTION <ul style="list-style-type: none"> Maintain awareness that relapse can and does occur A "slip" is not a failure; it's a learning opportunity 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 	RELAPSE PREVENTION <ul style="list-style-type: none"> 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 Encourage self-help groups Encourage relapse-prevention groups and/or individual treatment If a consumer experiences a decrease in motivation, use Motivational Interviewing to help consumer recommit to maintaining his or her change 	RELAPSE PREVENTION <ul style="list-style-type: none"> 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 Support self-sufficiency of consumer: requesting refills directly from medical provider, picking up medications from pharmacy, filling pill-minders (planners), and monitoring side effects Offer education regarding tobacco use and its impact upon relapse and recovery
4	IN REMISSION OR RECOVERY <ul style="list-style-type: none"> Help consumer in stable remission develop and use strategies for maintaining recovery Prepare consumer for a transfer to a lower level of care 	IN REMISSION OR RECOVERY <ul style="list-style-type: none"> Continue to utilize a full range of recovery support 	IN REMISSION OR RECOVERY <ul style="list-style-type: none"> Gradually reduce monitoring activities
			See "Comprehensive Services" column on page 53.

	Pharmacological Interventions	Comprehensive services
	<p>Prescribers re-evaluate medication regimens based upon consumer feedback in all stages of treatment.</p> <hr/> <p>Use medication to support psychosocial treatments ...</p>	
1	<p>ENGAGEMENT</p> <ul style="list-style-type: none"> Facilitate therapeutic alliance Reduce acute symptoms of mental disorders and/or substance use disorders Minimize impairments to consumer's insight and judgment Minimize withdrawal symptoms Improve cognitive functioning <p>Rx</p> <ul style="list-style-type: none"> (see below) 	<ul style="list-style-type: none"> Integrated substance abuse and mental health counseling Stages-of-change approach Motivational Interviewing (MI) Time-unlimited Services Cognitive Behavioral Therapy (CBT) Assertive Community Treatment (ACT) and/or Intensive Case Management (ICM) <ul style="list-style-type: none"> Low caseload Assertive outreach & engagement Close monitoring Team approach Community-based services Housing/residential services <p>Offer a full continuum of housing resources, for example:</p> <ul style="list-style-type: none"> Continuum of wet-, damp-, and dry-housing Residential treatment Group home Transitional independent living (includes onsite groups and supervision) Independent living Medical services (to promote health) <ul style="list-style-type: none"> Pharmacological treatments Integrated primary health services Tobacco recovery (cessation) Illness Management and Recovery (IMR) <ul style="list-style-type: none"> Psychoeducation Cognitive behavioral methods for using medication Relapse prevention services Coping skills interventions Group interventions <ul style="list-style-type: none"> Persuasion groups or motivational groups Social-skills training Active-treatment groups Relapse-prevention groups Family therapy (see family services) Recreational group activity Self-help groups <ul style="list-style-type: none"> Double Trouble/ Dual Recovery Anonymous (DRA) Alcoholics Anonymous (AA) Narcotics Anonymous (NA) Cocaine Anonymous (CA) Depression and Bipolar Support Alliance (DBSA) Schizophrenia Anonymous (SA) Emotions Anonymous (EA) Family services <ul style="list-style-type: none"> Family outreach Consultations with individual families Collaborations with NAMI Family psychoeducation Multiple family groups Behavioral Family Therapy (BFT) Multisystemic Family Therapy (MFT) Al-Anon Supported Employment/Individual Placement and Support (SE/IPS) <ul style="list-style-type: none"> Zero exclusion Consumer preferences are important Rapid job search A competitive job is the goal Employment is integrated with mental-health services Time-unlimited support Personalized benefits planning Job development Supported Education (SEd)
2	<p>EARLY PERSUASION</p> <ul style="list-style-type: none"> Stabilize and help decrease psychiatric symptoms to improve cognitive functioning and enhance insight about negative effects of substance use <p>Rx</p> <ul style="list-style-type: none"> Treat psychiatric illness, which may have secondary effects upon cravings/ addiction (e.g., selective serotonin reuptake inhibitors, atypical antipsychotics, buspirone) Avoid (or judiciously prescribe) medications that may be addictive (e.g., benzodiazepines, amphetamines, opiates) Discuss pros and cons of nicotine replacement therapies and/or other medications for tobacco cessation and recovery Explore the relationship between tobacco use and psychotropic medication <p>LATE PERSUASION</p> <ul style="list-style-type: none"> (see above) 	
3	<p>EARLY ACTIVE TREATMENT</p> <ul style="list-style-type: none"> Stabilize and manage psychiatric symptoms and/or symptoms of substance use disorders Create opportunities for participation in counseling and enhanced social relationships Provide detox treatment as needed <p>Rx</p> <ul style="list-style-type: none"> Support abstinence (e.g., disulfiram, naltrexone, suboxone) Reduce craving (e.g., naltrexone) Avoid meds that may be addictive (see Persuasion stage Rx above) Discuss pros and cons of nicotine replacement therapies and/or other medications for tobacco cessation and recovery Explore the relationship between tobacco use and psychotropic medication <p>LATE ACTIVE TREATMENT</p> <ul style="list-style-type: none"> (see above) 	
4	<p>RELAPSE PREVENTION</p> <ul style="list-style-type: none"> Consider medications known to support abstinence and ongoing recovery Reduce risk of relapse of symptoms of both disorders Help consumer stay focused on his/her personal recovery goals <p>Rx</p> <ul style="list-style-type: none"> Support abstinence (e.g., disulfiram, naltrexone, suboxone) Avoid meds that may be addictive (see Persuasion stage Rx above) Discuss pros and cons of nicotine replacement therapies and/or other medications for tobacco cessation and recovery Explore the relationship between tobacco use and psychotropic medication <p>IN REMISSION OR RECOVERY</p>	
	<ul style="list-style-type: none"> See tables on pages 35 & 36. 	