

Practical Approaches to Staging Change in Dual Diagnosis

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Overview

- ❑ Practical Focus
- ❑ Refresher on Transtheoretical Model
- ❑ Refresher on Measurement
- ❑ Defining the Problem
- ❑ Problem Interaction Models
- ❑ Identifying Targets for Change
- ❑ Examples
- ❑ Conclusions

A Practical Approach

- ◆ What can line level clinicians do?
- ◆ What can be done without a lot of money?
- ◆ What can we do that looks across different combinations of dual diagnoses?

A practical focus demands attention to motivation to change...

C.E. Le Fauve presentation

More than 80% of persons with co-occurring disorders do not perceive a need for treatment.¹

¹ 2003 NSDUH data

The Transtheoretical Model (TM)

DiClemente presentation

STAGES OF CHANGE

PRECONTEMPLATION > CONTEMPLATION > PREPARATION > ACTION > MAINTENANCE

PROCESSES OF CHANGE

COGNITIVE/EXPERIENTIAL

Consciousness Raising
Self-Reevaluation
Environmental Reevaluation
Emotional Arousal/Dramatic Relief
Social Liberation

BEHAVIORAL

Self-Liberation
Counter-conditioning
Stimulus Control
Reinforcement Management
Helping Relationships

CONTEXT OF CHANGE (Levels of Change)

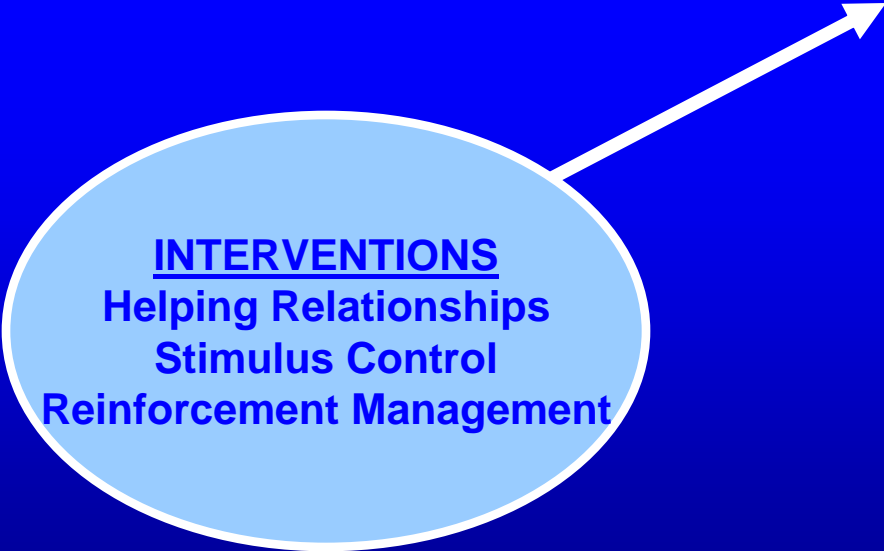
Current Life Situation	(Symptoms & situations level)
Beliefs and Attitudes	(Cognitions & beliefs level)
Interpersonal Relationships	(Interpersonal level)
Social Systems	(Family level)
Enduring Personal Characteristics	(Intrapsychic level)

Keys to the TM

- ❑ Target behavior as specifically as possible
- ❑ Stage individual target behaviors
- ❑ Match intervention processes to stage
- ❑ If there is a failure to progress, evaluate for problems on other levels that may also need staging and intervention

Match intervention to behavior and stage

BEHAVIOR	PRECONTEMPLATION STAGE	CONTEMPLATION STAGE	PREPARATION STAGE	ACTION STAGE	MAINTENANCE STAGE
QUIT DRINKNG				X	



INTERVENTIONS
Helping Relationships
Stimulus Control
Reinforcement Management

Match intervention to behavior and stage

BEHAVIOR	PRECONTEMPLATION STAGE	CONTEMPLATION STAGE	PREPARATION STAGE	ACTION STAGE	MAINTENANCE STAGE
Quit Drinking				X	
Manage Bi-Polar Mood Disorder	X				

INTERVENTIONS
Consciousness raising
Self-Reevaluation

INTERVENTIONS
Helping Relationships
Stimulus Control
Reinforcement Management

Tip

Remember, screening and assessment may have intervention impact for individuals in less action-oriented stages of change

Stage may be different for different problems

BEHAVIOR	PRECONTEMPLATION STAGE	CONTEMPLATION STAGE	PREPARATION STAGE	ACTION STAGE	MAINTENANCE STAGE
Quit Drinking				X	
Manage Bi-Polar Mood Disorder	?	?	?	?	?

Stage may be different for different problems
 => **Interventions for different problems may shift over time**

BEHAVIOR	PRECONTEMPLATION STAGE	CONTEMPLATION STAGE	PREPARATION STAGE	ACTION STAGE	MAINTENANCE STAGE
Quit Drinking				X	
Manage Bi-Polar Mood Disorder	X				

INTERVENTIONS
 Self-Reevaluation

INTERVENTIONS
 Helping Relationships
 Stimulus Control
 Reinforcement Management

Stage may take place on different levels

=> Different interventions on different levels

LEVEL OF CHANGE/ CONTEXT	PRECONTEMPLATION STAGE	CONTEMPLATION STAGE	PREPARATION STAGE	ACTION STAGE	MAINTENANCE STAGE
Quit Drinking (symptom)				X	
Manage Bi-Polar Mood Disorder (symptom)		X			
“ Only people who can’t function at all take medication.” (belief)	X				



Measurement Issues

- ❑ Multiple methods exist
- ❑ -URICA, algorithms, ladders, graphics
- ❑ Some methods are easier/harder to use
- ❑ Variance in predictive utility by method
- ❑ Variance in degree of separation among associated problem behaviors
- ❑ Timing of measurements matters both conceptually and clinically

Key Questions

- ◆ What target behaviors should we measure?
- ◆ When and how often should we measure?
- ◆ What are the best measurements for the populations of interest?

TIP

Focus on the individual client

or

**Group clients so they are as
homogenous as possible in terms
of problem definitions**

Dual Diagnosis is heterogeneous on many levels

- ◆ Combinations of conditions
- ◆ How conditions present in relation to one another
- ◆ Severity of diagnosed conditions
- ◆ Severity of associated problems

Quadrant Model for Co-Occurring Disorders

Robert Drake et al. presentation

HI Substance severity	III	IV
LO Substance severity	I	II
Dimensions	LO Psychiatric severity	HI Psychiatric severity

TIP

Clinician experience with different segments of client populations may affect their expectations about and definitions of targets for change.

Service Coordination by Severity

Presentation by H. Westley Clark

High severity Alcohol and drug issues	III Substance use System	IV State hospitals, jails/prisons, emergency rooms, etc.
Low severity Alcohol and drug issues	I Primary health care settings	II Mental health system
Dimensions	Low severity Mental Health Issues	High severity Mental Health Issues

TIP

Clinician experience in different treatment settings may affect their expectations about and definitions of targets for change.

Factors affecting target definitions

◆ Variations by Training

- Cohort effects, when trained
- Field of training (medical, public health, psychology)

◆ Variations by Setting

- Continuum of care
- Type of funding for the services
- Geography
- Local government
- Culture

◆ Variations by Developmental Stage

- Infant
- Youth
- Adolescent
- Adults
- Elders

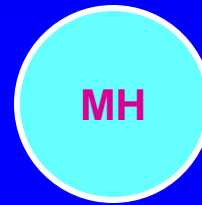
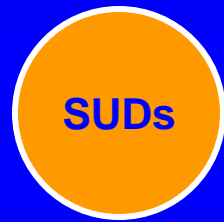
Keys across settings

- ✦ Focus on diagnosed conditions and related behavior
- ✦ You do not need a diagnosis for the behavior to be relevant for case management
- ✦ Remember that we are not just staging problems, but also may be staging the acquisition of new behavior to effect change

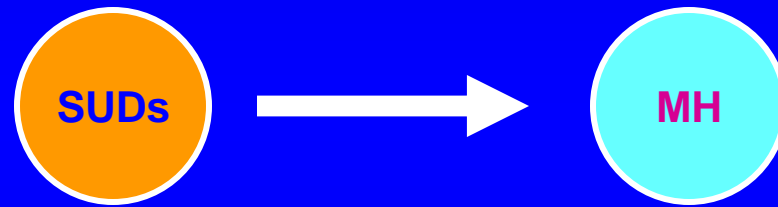
Examples of Interaction Models

- ❑ Problems may be independent
- ❑ Problems may occur sequentially
- ❑ One may trigger another
- ❑ Problems may interact
- ❑ Outside issues may affect both problems
- ❑ In addition to dual diagnosis issues, other issues related to physical health may be present
- ❑ Staging for change may need to take these different models into consideration

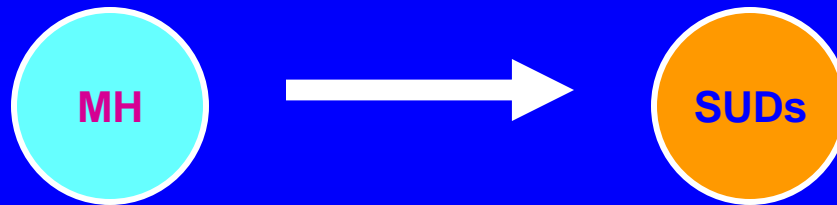
The conditions may be independent



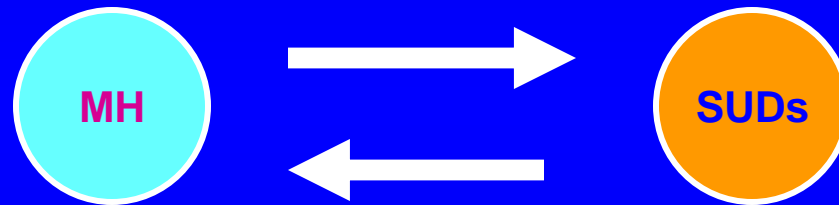
**One problem may precede another,
as in this example**



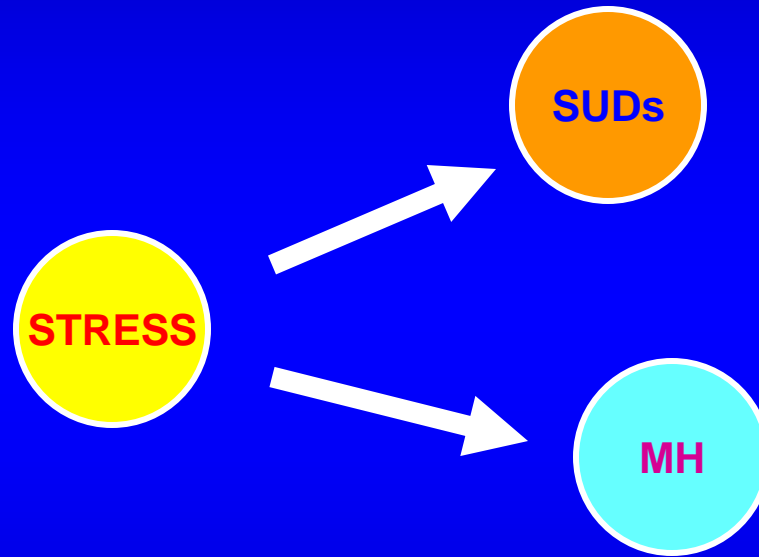
**One problem may trigger another, as
in this example**



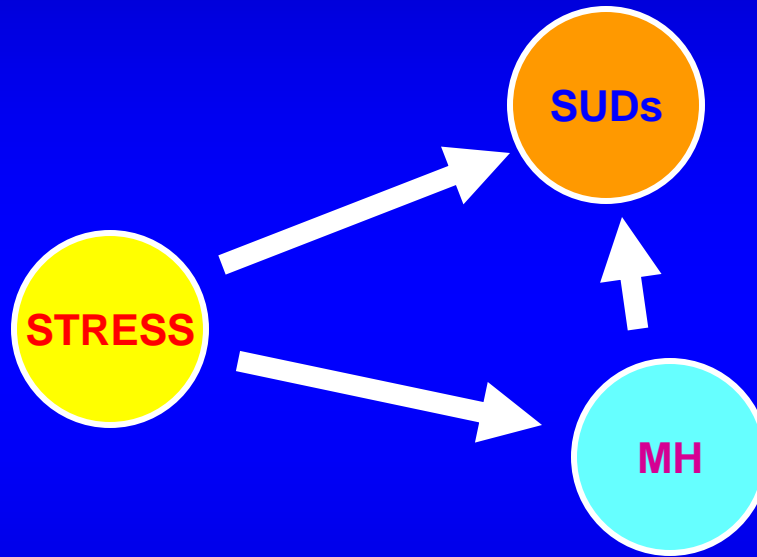
**The problems may otherwise
interact with each other**



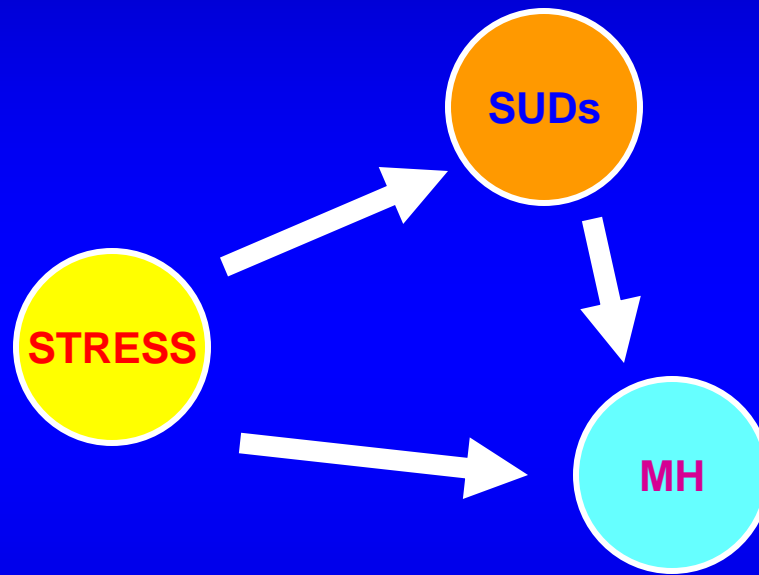
Outside factors may affect both substance use problems and mental health problems



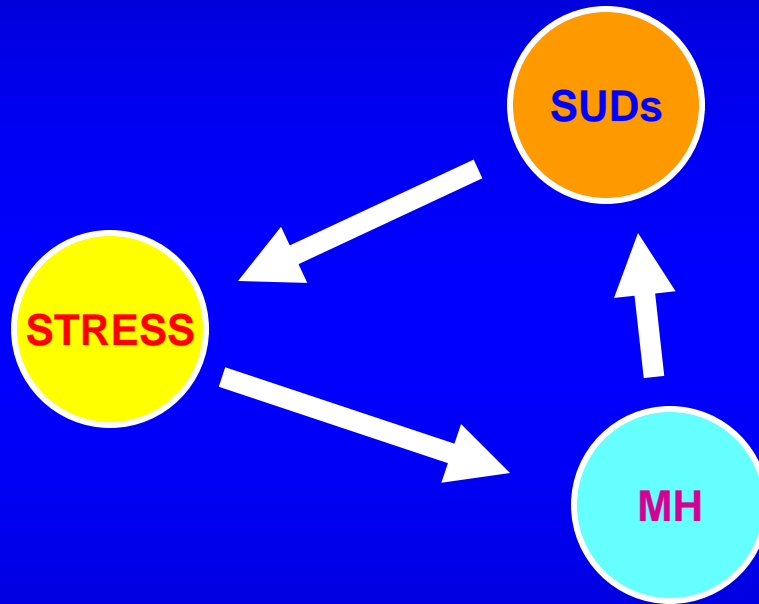
**There may be complex interactions
with direct and indirect effects**



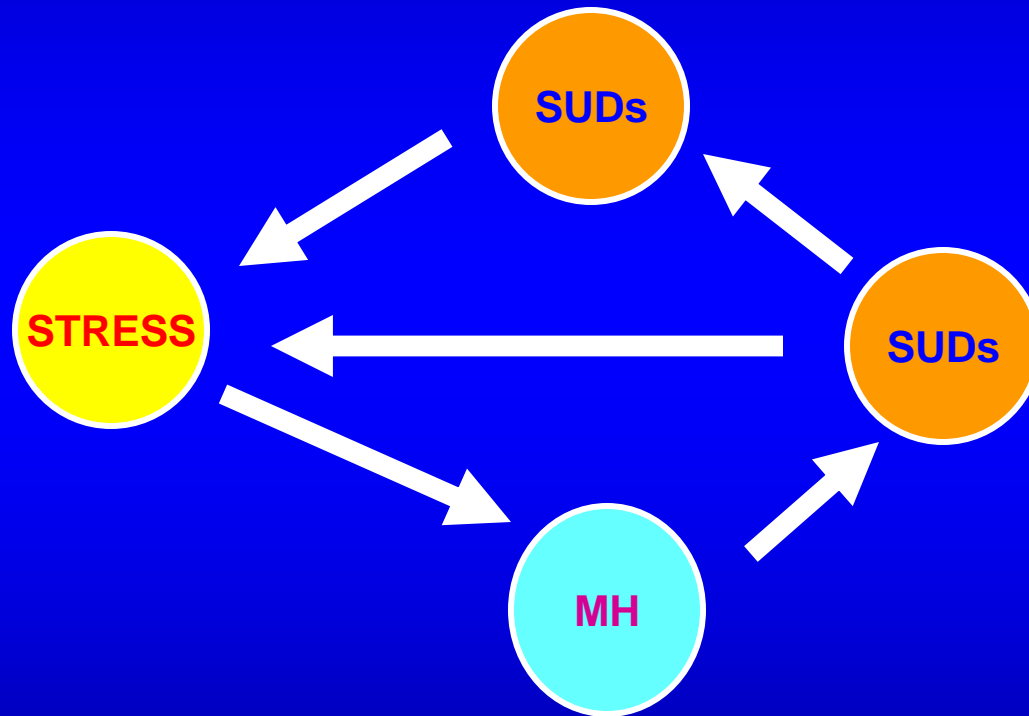
**These complex interactions can vary
in almost any combination**



Sometimes they may set up vicious cycles that worsen all conditions



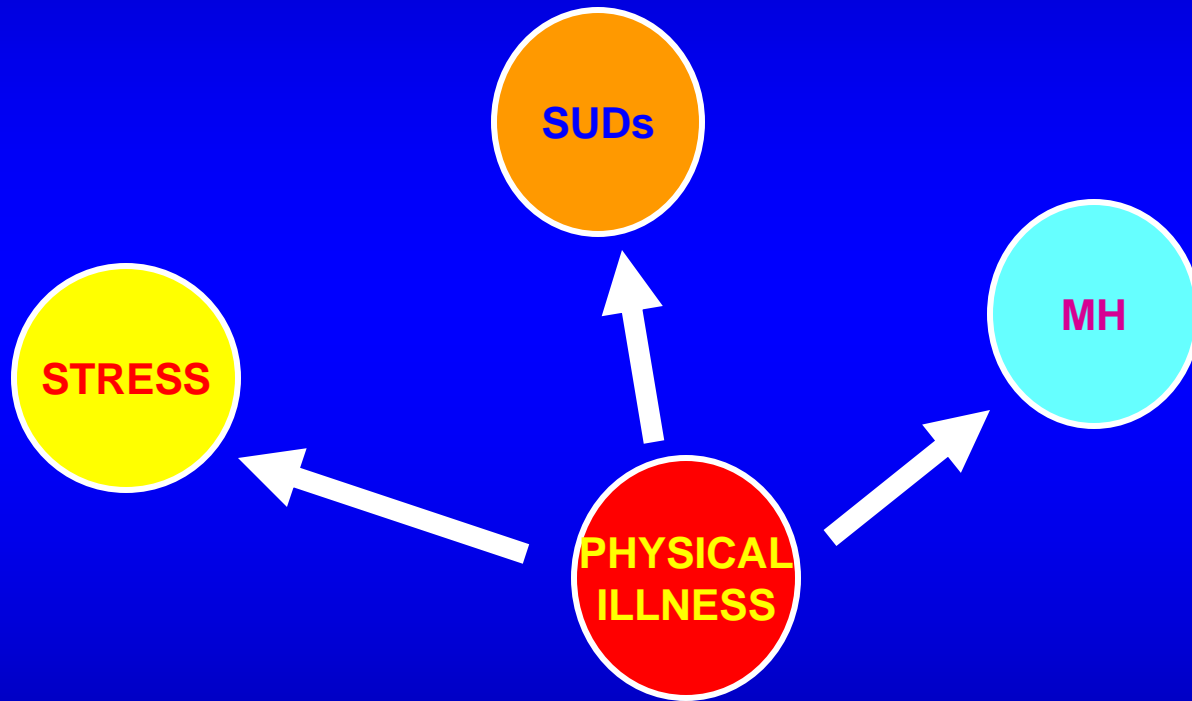
There may also be more than just one problem of any type on board and additional complex interactions, as in this example



TIP

Remember, if we do not diagnose a problem properly, it is harder to treat. With more problems interacting, diagnosis demands greater care and confirmation over time. Assessment of interaction among conditions is a necessary complement of diagnosis.

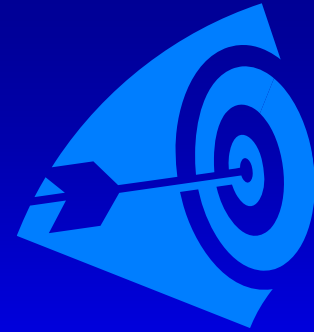
And we have to be aware that triple diagnosis issues are never far away



TIP

Consider which models may fit your client best and prioritize the different areas for change

TIP



**Focus on specific targets within
each priority area**

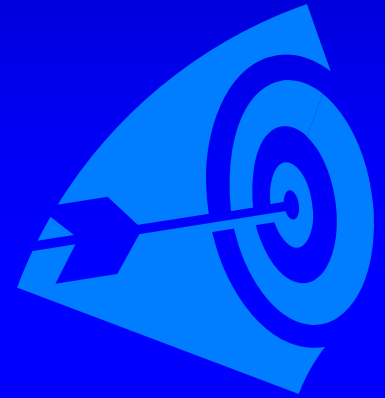
**This may involve focus on a whole
disorder or on individual
symptoms within a disorder**

Within areas, be aware of different ways we may define the problems

- ◆ For example, with substance use problems we may consider -
 - Use
 - Moderation
 - Misuse
 - Harmful use
 - Abuse
 - Dependence
 - Dependence without physiological dependence
 - Dependence with physiological dependence
 - Symptoms or problem behaviors within any diagnostic category

Dimensions of problem behaviors suitable as targets for change

- ❑ Frequency of behavior (how often)
- ❑ Duration of behavior (how long)
- ❑ Intensity of behavior (how much)
- ❑ Context of behavior (where, with whom)
- ❑ Purpose of behavior (why)
- ❑ Consequences of behavior (what happens)



Consider behavioral topography when staging change

- ◆ **Multiple Continua of Severity**
 - Mild to severe
- ◆ **Varying Modes of Onset**
 - Gradual
 - Rapid
 - Single vs. episodic
- ◆ **Varying Time of Impact**
 - Acute
 - Chronic
- ◆ **Varying Stages of Progression for Each Condition**
 - Early vs. middle vs. late, etc.
- ◆ **Different Models of Interaction**
 - Interdependent, independent, subject to other forces?

Clinical tasks and transition points may demand adjustment for dual diagnosis management

- ◆ **Screening**
 - Adjustments by population looking at associated behaviors
- ◆ **Assessment**
 - Different tests may hold more importance/relevance
 - Repetition at different frequencies or intervals based on behavioral topography
- ◆ **Diagnosis**
 - Life time trajectories may need review to understand functional relationships
 - Consider developmental psychopathology issues
- ◆ **Treatment Response**
 - Changes in time frame for duration and follow up
 - Adjustments to case management strategies
 - If you target multiple behaviors or problems, be sure to offer feedback on each individual one as you provide treatment
 - Interactions among symptoms and treatments may be more complex
 - Pharmacological interventions may require adjustments for functional differences and polypharmacy
- ◆ **Relapse**
 - Knowledge for relapse triggers necessary for ALL conditions

EXAMPLE TARGETS – BEHAVIOR TO DECREASE

SUBSTANCE USE

Frequency reduction

Quantity reduction

Duration reduction

STAGING ISSUES

Clients may be in different stages for different targets related to the same behavior

EXAMPLE TARGETS – BEHAVIOR TO QUALITATIVELY CHANGE

SUBSTANCE USE OR SEXUAL BEHAVIOR

Harm Reduction

Reduce behavior in certain contexts

Increase positive behaviors

Decrease negative behaviors

STAGING ISSUES

Social context factors may need staging

EXAMPLE TARGETS – BEHAVIOR TO DECREASE

PANIC ATTACKS

Frequency of occurrence

Intensity of occurrence

Duration of occurrence

STAGING ISSUES

Beliefs around causes of use

Beliefs around medication use

Family social system

EXAMPLE TARGETS – OF GENERAL BENEFIT FOR DUAL DIAGNOSIS

SLEEP HYGIENE

Setting a sleep schedule

Decreasing caffeine consumption

Adjusting the sleep environment

STAGING ISSUES

Beliefs about the utility of the interventions

Family social system

EXAMPLE TARGETS – OF GENERAL BENEFIT

STRESS MANAGEMENT

- Identify and decrease number of stressors
- Decrease frequency of stress
- Decrease intensity of stress
- Decrease duration of stress
- Increase stress reduction activities

STAGING ISSUES

- Beliefs about approaches, their efficacy, and benefit
- Interpersonal and family social system issues

EXAMPLE TARGETS – OF GENERAL BENEFIT

MEDICATIONS MANAGEMENT

Increase compliance with medication regimen

STAGING ISSUES

Beliefs about quantity, quality, effects, side-effects, duration of treatment, meaning of medication consumption

Family social system impact

EXAMPLE TARGETS – OF GENERAL BENEFIT

EXERCISE

Increase number of behavioral options

Increase frequency of participation

Increase intensity of participation

Increase duration of participation

STAGING ISSUES

Beliefs about different approaches, anticipated efficacy,
anticipated benefit, anticipated costs

Interpersonal and family social system

Intrapsychic concerns

Conclusions

- ◆ Be aware of provider experiences with different populations and in different settings
- ◆ Screening and assessment can be potent components to motivational interventions
- ◆ Even skillful diagnosis needs confirmation over time
- ◆ Integrated assessment of change targets is essential
- ◆ Repeatedly staging multiple targets for change over time will vary by behavioral topography and is likely to benefit treatment management and outcomes
- ◆ Adjust treatment in response to stage for different targets
- ◆ Provide feedback on multiple targets, rather than only globally



Thank you for your attention and your good work!

