Welcome to 2019 NAMI National Convention

Successful Outcomes of an Integrated Co-Occurring Mental Illness and Substance Use Disorders Program

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Co-Occurring Disorders (COD)

• Co-occurring disorders are common
• Best treatment is concomitant, complex, comprehensive

• Despite decades of advocacy, this is still uncommon
• “Dual-disorders “ has become a common term
• How to choose a treatment program?
Principles of Integrated Treatment

- Integration
- Assertiveness
- Stage-wise treatments
- Comprehensiveness
- Long-term perspective
Integrated vs. Non-integrated Treatments

Figure 1. Percent of Participants in Stable Remission for High-Fidelity ACT Programs (E; n=61) vs. Low-Fidelity ACT Programs (G; n=26).

McHugo et al, 1999
Applying IDDT: WestBridge model

• Holistic recovery goals
• Continuum of treatment: Residential – ACT
• Long-term recovery support
• One team
• Mentoring: peer-counseling and side-by-side
• Family Education and Support
• Employment/Education support
WestBridge model:

- Complex pharmacology, repeated assessments
- Re-formulation of diagnosis at 1 month
- Multiple therapeutic interventions
- Wellness: diet, exercise, smoking-cessation, mindfulness
- Advocacy and collaboration for prevention and support of medical illness
- Data collection for quality improvement
WestBridge Quality Improvement

• Quality Improvement Initiative
  • Staff conducted telephone interviews with past participants and their families
  • Information was obtained on a total of 80 participants

• Ongoing Routine Monitoring
  • Systematic tracking of recovery outcomes upon admission and quarterly
  • WestBridge Dual Recovery Inventory*

  • Housing
  • Educ/Employ
  • Family
  • Mental Health
  • Substance use
  • Friendships
  • Spirituality
  • Tobacco
  • Eating
  • Exercise
  • Sleep
  • Physical health
  • Personal Hygiene

Program Evaluation

- Partnership with Dartmouth and Westat
- Information gathered from WestBridge records and transcripts of quality improvement interviews
- Questions addressed:
  - What proportion of participants successfully completed treatment?
  - How many participants were in recovery in various areas at follow-up?
  - What factors were associated with recovery at follow-up?
  - Was treatment completion associated with reduced hospitalizations?
Demographics at Admission

• Young, Single, Caucasian
• Completed high school or some college
• Unemployed or not in school
• Schizophrenia spectrum disorders, bipolar disorder, major depression
• Polysubstance, cannabis, alcohol use disorder
• History of multiple treatment attempts, including inpatient or residential
Successful Treatment Completion

• 65% completed residential treatment (52 of 80)

• Nearly all transitioned into community-based ACT (49 of 52)

• Of the 49 who entered ACT:
  63% completed or engaged in long-term supports (31/49)
  37% dropped out (18/49)

• Overall:
  35% dropped out of residential treatment (28 of 80)
  26% completed residential only (21 of 80)
  39% completed both or engaged in long-term supports (31 of 80)
Analysis of Transcripts

- Interview questions covered:
  - Housing
  - Family relationships
  - Employment/education activities
  - Mental health
  - Substance use

- Independent researchers read all transcripts and rated participants’ functioning in each area

- Recovery defined as functioning at Action or Maintenance, according to Stages of Change*

Examples: In Recovery at Follow-Up

**Family Relationships**
(1) Overwhelmed by conflict and no contact (pre-contemplation)
(2) Difficulties but actively working on relationships (contemplation)
(3) At least one positive interaction per week (preparation)
(4) Positive interactions per week most of time (action)
(5) Satisfying, age-appropriate interactions nearly always (maintenance)

**Substance Use**
(1) Actively using without considering change (pre-contemplation)
(2) Considering pros and cons of use, considering change (contemplation)
(3) Taking steps to reduce substance use (preparation)
(4) Actively working on abstinence with occasional slips (action)
(5) Abstinent (maintenance)
Factors Associated with Recovery

- Participant demographics
- Primary mental health diagnosis
- Type of substance use disorder
  - NO
- Completion of treatment (both residential and ACT)
  - YES
- Family involvement
  - YES
- Length of stay
  - YES
Recovery at Follow-Up

Those who completed treatment or remained engaged in long term support had higher rates of recovery in all 5 areas.

<table>
<thead>
<tr>
<th>Area of Recovery</th>
<th>Non-Completers</th>
<th>Completers/Engaged</th>
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<tbody>
<tr>
<td>Housing</td>
<td>39%</td>
<td>90%</td>
</tr>
<tr>
<td>Educ/Employ</td>
<td>39%</td>
<td>68%</td>
</tr>
<tr>
<td>Family</td>
<td>37%</td>
<td>87%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>43%</td>
<td>77%</td>
</tr>
<tr>
<td>Substance Use</td>
<td>49%</td>
<td>94%</td>
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Length of Stay & Family Involvement

- Family involvement, length of stay, and treatment completion were all significantly correlated with each other (all large correlations, >.50)

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<thead>
<tr>
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<th>Non-Completers Mean (SD)</th>
<th>Completers/Engaged Mean (SD)</th>
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<tbody>
<tr>
<td>Length of Stay (# of months)</td>
<td>7.0 (9.7)</td>
<td>36.0 (19.1)</td>
</tr>
<tr>
<td>Family Involvement (# of sessions)</td>
<td>49.0 (66.7)</td>
<td>129.5 (76.2)</td>
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Hospitalizations

- Participants who completed treatment had significantly fewer hospitalizations than those who dropped out of treatment.
Conclusions

Integrated treatment works:

• Continuum of care (residential and community-based)
• Recovery orientation
• Holistic approach
• Continuous family involvement
• Long-term supports for employment/education, independent living, abstinence
Questions?

• Handouts of slides
• Exhibition Booth #506
• Presentation yesterday (Thursday, 6/20/2019, 1:30 - 2:45 pm), “Family Inclusion in a Recovery Oriented System of Care”
• Clip art obtained at Vecteezy.com
Please take a few minutes to give us your feedback about this session

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