Practitioner Guidelines for Enhanced IMR for COD
Handout #10: Getting Your Needs Met in the Mental Health System

Introduction

This module provides an overview of the mental health system, including a description of the services and programs commonly offered by community health centers and the financial and insurance benefits to which people may be entitled. People are given information to help them make choices about programs and services that will help them in their recovery. It also provides strategies for people to advocate effectively for themselves if they encounter a problem in the mental health system.

It is important to help persons with co-occurring mental health and substance use disorders to tailor their use of the mental health system to address both problems. That is, they benefit from concurrent, integrated services that help them manage their mental illness and address substance use. Since many people use substances to cope with mental health symptoms such as depression, anxiety and social withdrawal, having better strategies for responding to them may reduce their need to turn to substances. Also, since substance use can worsen mental health symptoms, having strategies for reducing substance use may decrease their distress from mental health problems. Using services for both problems can serve to significantly increase the person’s ability to reach their personal goals.

We encourage practitioners to make a list of services for co-occurring disorders available in their community and provide this to the client during Module 10.

Note: For the practitioner’s convenience, information and strategies that relate to COD are placed in italics. In addition, there is an
additional category called “Substance Use Strategies” that provides specific strategies for COD within this particular module.

**Goals:**

- Convey confidence in people making their own decisions.
- Provide information about mental health services and benefits that will help people make decisions.
- Provide an opportunity for people to discuss the services they are receiving or would like to receive.
- Provide strategies for effective advocacy.
- Highlight mental health services that include addressing substance use or mental health services that have a special component for COD (such as a mental health agency that offers Social Skills Training Groups for COD or Multiple Family Groups for Persons with COD)
- Emphasize the importance and availability of resources to support sobriety such as Dual Disorder Anonymous, Alcoholics Anonymous, and Narcotics Anonymous.
- In addition to what is provided in the handout, give information about integrated treatment for mental health and substance use disorders that is available in your community. If possible, make a handout of such resources and give it to the clients participating in IMR.

**Number and pacing of sessions**

“Getting Your Needs Met in the Mental Health System” can usually be covered in two to four sessions. Within each session, most people find that it is comfortable to cover one or two topics and complete a questionnaire.

**Structure of sessions**

- Informal socializing and identification of any major problems.
- Review the previous session.
- Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles.
- Follow-up on goals.
- Set the agenda for the current session.
• Teach new material (or review materials from a previous session if necessary).
  For co-occurring disorders, you can use topic starters such as: “In this module, we will be talking about services to help people with mental health disorders and with substance use. When people have both disorders, the most effective programs are the ones that address these disorders at the same time.”
  Or “We have found that when people with co-occurring disorders get help with mental health problems, it can also help them with substance use problems. For example, if someone learns strategies for coping with depression, he or she may be less likely to use substances when depressed. It also works in the other direction. That is, if someone uses substances, it usually makes mental health symptoms worse, including hallucinations, anxiety and depression. Therefore, if someone gets help with reducing or stopping the use of substances, he or she often has fewer mental health symptoms.”
• Summarize progress made in the current session.
• Agree on homework to be completed before the next session.

**Strategies to be used in each session**

• Motivational strategies
• Educational strategies
• Cognitive-behavioral strategies

**Motivational strategies**

Practitioners can help people identify whether there is a particular program or service in the mental health system that could improve some aspect of their lives or help them reach their goals. For example, if someone’s goal is to increase his social support, he might be interested in learning more about social skills groups that are available at his local community mental health center.

Some people have been confused or frustrated by the mental health system and welcome an opportunity to discuss solutions to some of the problems they have experienced. For example, people who have felt that “no one listens to me at the mental health center” may be especially motivated to learn some of the strategies provided in this module for effective self-advocacy.

The following suggestions may be helpful:
Practitioners can review the personal goals that people have identified in previous sessions and help them identify how some of the information in this module could help them achieve a goal. Practitioners can help people identify which of the mental health services might help them achieve their personal goals.

For example, if someone wants to reduce her substance use, she might be interested in integrated treatment for mental health and substance abuse. If someone is trying to improve his living situation, he might be interested in services related to housing.

When discussing mental health services, practitioners can ask which services people have already tried, and whether or not they were helpful. For example, under “emergency services,” the practitioner could ask whether someone used the crisis hot line and whether it helped him manage his crisis. If the hot line was not helpful, the practitioner could explore strategies for a better outcome in the future.

When talking about financial benefits, practitioners can help people explore whether they are eligible for certain benefits that might help them solve a problem or achieve a personal goal. For example, if someone is interested in living independently but has insufficient funds, receiving SSI or SSDI might be helpful. This may increase his or her motivation to learn more about the eligibility requirements of SSI and SSDI.

When discussing advocacy, practitioners can ask about people’s experience with advocating for themselves. Would improved self-advocacy skills help them pursue certain personal goals?

Clients with COD may be discouraged about being able to get services from the mental health system to address both disorders. Practitioners need to provide information about the most effective treatment for dual disorders in their community. This may take some research on the part of the practitioner. As noted earlier, it can be helpful to prepare a handout to guide them to sources of integrated treatment for co-occurring disorders.

If clients with COD are discouraged about the future, help them identify progress (including small and large steps) they have made in both disorders while in IMR. Also help them identify steps they have taken towards their goals.
**Educational strategies**

Educational strategies for this module focus on increasing people’s knowledge and understanding of services that are available to them and strategies for advocating effectively for those services.

The following strategies were discussed in detail in Module 1:

- Review the contents of the handout, by summarizing or taking turns reading.
- Pause at the end of each topic to check for understanding and to learn more about the person’s point of view.
- Allow plenty of time for interaction.
- Pause to allow the person to complete the checklists and questionnaires.
- Break down the content into manageable “pieces.”
- Find a pace that is comfortable for the person.

These educational strategies may also be helpful in Module 10:

- Provide information about the interaction between treatment for mental health and treatment for substance abuse. That is, treatment for one disorder often benefits the other disorder.
- Provide examples of how making progress in treatment for mental health can help people make progress in substance use. For example, effective treatment for mental health disorders can reduce psychiatric symptoms such as anxiety and depression, which are often triggers for substance use. And vice versa: since substance use often makes psychiatric symptoms worse, when people reduce or stop using substances it also improves their mental health.
- Reiterate that the best treatments address both mental health and substance use disorders at the same time, in an integrated fashion.
- Develop a list of community resources to support client’s sobriety (i.e., self-help groups, social support groups, job support, community activities through local library or other groups). Individualize the options to help the client make progress towards his or her recovery goal.

**Cognitive-behavioral strategies**

Cognitive-behavioral strategies focus on helping people learn strategies for gaining access to services and for advocating for themselves. During the sessions, practitioners can teach people these strategies through modeling, role-playing, and practice.
The following examples may be helpful:

- The practitioner can help the person develop a plan for getting the services he or she wants from the mental health system. For example, if someone would like to work with an occupational therapist (O.T.) on budgeting and cooking independently, the practitioner can help him locate the phone number and hours of the O.T. who consults with his community mental health center. The practitioner could help him role-play how to present his concerns to the O.T. in the first phone call or meeting.

- The practitioner can help the person rehearse advocacy strategies in the session. For example, if someone was frustrated because of being on a long waiting list to see an individual counselor, she might decide to talk to the consumer advocate at her mental health center. The practitioner can help her role play how to state her concerns to the consumer advocate.

- For clients with co-occurring disorders, it may be helpful to identify situations where they would like to explain to a friend or relative why it is important to receive treatment for both problems concurrently. They can then role play this conversation in the session.

- Clients with co-occurring disorders may need to advocate for themselves in the mental health system in order to receive integrated treatment for both disorders. If so, they can role play in the session how they would advocate for themselves.

**Substance Use Strategies**

As noted in the introduction to the Practitioners’ Guidelines for COD-Enhanced IMR, there are 8 principles of COD Treatment. It is helpful for practitioners to keep all of the principles in mind when they deliver each module. It is also important to note that some modules offer more opportunities than others to apply specific principles. In addition, the principles are applied in different ways, depending on the client’s stage of treatment.

Here is a review of the COD principles:

1. **Integration of mental health and substance use services including mental health and substance abuse treatment and relapse prevention planning.**
2. **Access to comprehensive assessment of mental health and**
substance use.

3. Comprehensive variety of services offered to clients such as family therapy, medications, supported employment, use of self-help services such as Dual Recovery. Providing a full array of services.

4. An assertive approach to treatment (i.e., not waiting for client to request treatment but using engagement strategies such as assertive outreach).

5. Using a harm reduction approach.


7. Long-term perspective of treatment or time-unlimited services.

8. Providing multiple psychotherapeutic modalities.

Here are a few examples of opportunities for practitioners to use the COD principles in Module 10, “Getting Your Needs Met in the Mental Health System.”

**Principles 1, 2 and 3:** Clients with co-occurring disorders may tend to emphasize the treatment of one disorder above the other. Practitioners can review the stress-vulnerability model and how symptoms are made worse by substance use, and conversely, how untreated symptoms can contribute to a person using substances as an attempt to cope with distress from symptoms. Treating both at the same time has more than double the positive effect. Treating both disorders at the same time is usually most effective when people use a variety of comprehensive services, such as the ones described in this handout.

**Principle 4:** In this module, practitioners help clients take an assertive approach to getting their needs met in the mental health services by advocating for themselves.

**Principle 6:** Depending on the client’s stage of treatment, practitioners can offer to attend with them a meeting of Dual Recovery Anonymous or Alcoholics Anonymous.

**Homework**

During the sessions, people identify services they would like to receive and advocacy strategies they would like to use. Homework assignments follow up on this by making specific plans for people to pursue services and use advocacy strategies.

Practitioners should follow up on homework assignments in the next session by asking how it went. They should reinforce completed homework or the effort people have made to complete homework. If people are not able to complete the assignment, practitioners can
explore the obstacles they encountered and help them come up with a solution for following through on the homework.

The following examples of homework may be helpful:

1. To follow through with applying for SSI benefits, homework could include locating information (phone number, eligibility requirements, contact person, etc.) or forms (application form, release of information, etc.) needed for the application process and bringing them to the next session.

2. If someone is interested in a support group, the homework could consist of following through on plans to call the support group coordinator and finding the location of the most convenient group. The next week’s homework could be to attend one group meeting.

3. If someone is interested in getting a job, her homework could be to contact the coordinator of the supported employment program or other vocational program at her mental health center.

4. If someone is interested in having support for advocating for himself, he could ask a family member, friend, or other supportive person to help. For example, he might want to ask a relative to accompany him to certain appointments.

5. Individuals with co-occurring disorders may benefit from developing a home assignment of attending a meeting of Dual Recovery Anonymous, Alcoholics Anonymous, or Narcotics Anonymous.

6. Individuals with co-occurring disorders may benefit from developing a home assignment of explaining their need for treatment for both disorders to a family member or friend who lacks understanding about this.

**Tips for common problems**

Some people are “disillusioned” with the mental health system.

The practitioners can explore what the person has experienced in the past and identify some strategies from the handout that could lead to better results. For example, if someone complains that the doctor did not pay attention to her request to consider changing medications, the practitioner could encourage her to talk to the doctor again and could offer to work together on communicating more effectively.
Clients with co-occurring disorders may have experienced problems in the past with treatment that was focused on only one of their disorders. It may be helpful to explain how treatment has changed to focus simultaneously on both disorders, and to give examples of where such dually focused treatment can be found in their community.

It may be helpful to have a guest speaker who experiences both mental health symptoms and substance abuse problems and has had positive experience with integrated treatment and/or a dual recovery program.

Clients with co-occurring disorders may feel uncomfortable with one of their disorders. That is, some people who abuse substances think that mental health problems are more stigmatizing than drinking or using drugs and feel ashamed of their mental health problems. Conversely, some people think that using drugs and alcohol is highly misunderstood and unfairly maligned by society, and feel uncomfortable getting treatment for substance use. It is helpful to de-stigmatize both disorders and to take every opportunity to point out how the stress vulnerability model applies to both disorders.

People may blame their substance use for all their problems, thus under recognizing psychiatric symptoms. Or vice versa, people may blame their psychiatric symptoms for all their problems, thus under-recognizing the role substance use plays in their problems. When these beliefs are expressed, it is usually helpful for the practitioner to take a non-confrontational approach, and to provide some education about the connections between the two, the high numbers of people who have both disorders, and the commonalities in the treatment of both (e.g., treatment for both types of disorder learning about the disorder, making a relapse prevention plan, getting social support, developing coping strategies, and having a recovery orientation).

Special Issues for Group IMR

- Group members can be helpful to each other by describing mental health and substance use services that they have participated in, and what benefits they have received from these services. Because group members are familiar with other’s personal recovery goals, they can also be helpful in identifying services and programs that might be useful in reaching personal goals. For example, if a group member’s goal is to have friends, another
group member might suggest attending a Social Skills Group; if someone has a goal of getting a job, another group member might suggest the Supported Employment program they participated in. If someone wants to attend an Alcoholics Anonymous Group that has a Saturday afternoon meeting, another group member might know of such a group.

Additional Resources

  - Chapter 16, “Residential Programs and other Housing Options,” 249-266.
  - Chapter 19, “Vocational Rehabilitation,” pages 279-300.

- Team Solutions Workbook #2, “Partnering with Your Treatment Team,”
  - Session 1: What is a Treatment Team?
  - Sessions 5, 6, 7, 8, 9: Who are the Members of Your Treatment Team? (Part 1, 2, 3, 4, 5)
  - Session 10: Making Appointments
  - Session 11: Getting Ready for Appointments
  - Session 12: Discussing Your Recovery Plan

Type in www.treatmentteam.com, click on learn more for team solutions, and scroll down to download Workbook 2: Partnering with Your Treatment Team.

- Team Solutions Workbook #4, “Understanding Your Treatment,”
  - Handout 1, “Shaping Mental Health Resources Toward Recovery”

Type in www.treatmentteam.com, click on learn more for team solutions, and scroll down to download the following in Workbook 4: Shaping Mental Health Resources Toward Recovery and download Handout 1.

COD-Clinical Vignette

George updated Lynette on progress towards his goals including playing an original song for his sister at her apartment. George reported that after dinner his sister invited him to come back for dinner the next week and asked him to play more songs. George completed
his sobriety plan and practiced coping strategies for situations that are triggers for alcohol use such as getting ready for bed when he would have had a few drinks to calm his nerves. He also is working on his next step to play his first original song at the center.

In Module 10, George and Lynette discussed how treatment could help George continue to work on his sobriety, decrease his depression, and make progress towards his goal of making his CD. When discussing strategies that would help George advocate for himself, he identified that sometimes it is difficult for him to talk about his past and that he feels guilty when he still has a slip with drinking alcohol. Lynette and George did some role plays to help George identify some of the thoughts that get in the way during a conversation with the financial counselor. George stated that he would be embarrassed to tell a financial counselor who is helping him with his budget that he spent money on alcohol. Lynette asked George to role play the situation with George playing the role of the financial counselor After doing the role play, George was able to work with Lynette to identify ways he could cope with his anxiety and be honest with the financial counselor. For home practice, George agreed to practice his advocacy strategies with his sister whom he had been seeing regularly for dinner and to continue working on his original songs and his sobriety plan.

**Review Questions**

At the end of this module, practitioners can use either open-ended questions or multiple-choice questions to assess people’s knowledge of the main points.

**Open-ended questions**

- What are some of the services that are offered by your mental health center?

- What is one of the financial benefits that are available to people with mental illness?

- Who can you talk to if you have a problem with the mental health system?

- If a person has co-occurring disorders (mental health and substance use disorders), what are the advantages of getting treatment that addresses both at the same time?

**Multiple choice and true/false questions**
1. Which of the following professionals are usually available at mental health centers?
   a. counselors
   b. insurance agents
   c. salespeople

2. Which of the following is a financial benefit available to people who are unable to work full-time because of their mental illness?
   a. SSI (Supplemental Security Income)
   b. AA (Alcoholics Anonymous)
   c. OT (Occupational Therapy)

3. Once you locate someone you feel comfortable talking to, it is a good idea to stay in touch with that person on a regular basis.
   True or False

4. Raising your voice is an effective strategy for advocating for yourself.  True or False

5. If a person has co-occurring disorders, it is more effective to finish treating one before treating the other.  True or False