BOOK REVIEWS

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A Comprehensive Guide for Integrated Treatment of People with Co-Occurring Disorders

Edited by Diane Doyle Pita
and Leroy Spaniol
Boston: Center for Psychiatric Rehabilitation, Sargent College of Health and Allied Sciences, Boston University, 2002, 768 Pages.

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Persons with a co-occurring substance use disorder and serious mental illness are poorly served when practitioners do not have the skills to treat both disorders. Doyle Pita and Spaniol in *A Comprehensive Guide for Integrated Treatment of People with Co-Occurring Disorders* bring together in one edited text over forty previously published articles to educate students or practitioners from either the mental health or substance abuse field. This book is replete with citations of earlier studies, recent research and seminal articles. We get the bad news: high prevalence of comorbidity with devastating symptoms—and the good news: treatment works.

Articles are grouped among eight chapters: Parameters and Course of Disorders, Assessment, Treatment, Cognitive-Behavioral Approaches, Clinical Issues, Role Recovery, Family and Self-Help Support, and Legal System Involvement. Over twenty-five articles look at significant dual disorder issues, with the other articles specific to a serious mental illness or substance use disorder. In the preface the editors, Doyle Pita and Spaniol, state that this text defines dual disorders as a “co-occurring severe mental illness (SMI) and a substance use disorder (SUD)—not all mental illnesses and not all substance uses.” Interestingly enough, the first article, “Definition and Prevalence of Severe and Persistent Mental Illness” by Ruggeri et al. challenges the notion of excluding non-psychotic disorders from the definition of a “serious mental illness” when persons meet severity of disability and duration criteria.

Mueser and Drake in their article “Psychosocial Approaches to Dual Diagnosis” report that most studies suggest prevalence figures between 25 and 35% of persons with a serious mental illness have manifested a substance use disorder in the previous six months. With the prevalence of dual diagnosis in people with serious mental illness so high, Kenneth Minkoff

says, "comorbidity is an expectation, not an exception" and introduces this as his first principle of seven for successful treatment interventions in "An Integrated Model for the Management of Co-Occurring Psychiatric and Substance Disorders in Managed-Care Systems."

Fortunately, there is mounting data documenting successful treatment outcomes. "Effectiveness of Treatment for Substance Abuse and Dependence for Dual Diagnosis Patients" by Moggi, et al. reports on a study with over 900 veterans. Participants in stronger dual diagnosis oriented programs had a higher rate of freedom from psychiatric symptoms, more employment and longer community tenure. One caveat, participants with less severe psychiatric disorders improved more than those with a more severe mental illness. "Remission of Substance Use Disorder Among Psychiatric Inpatients with Mental Illness" by Dixon, McNary and Lehman found 75% of participants in their study self-reported stable remission in one year, noting stable remission would be reduced to 50% if one considered all of the persons lost in follow-up returned to using substances. Mueser, Drake and Noordsy find recent research on integrated treatment approaches suggests 10 to 20% of persons dually diagnosed achieve stable remission per year in "Integrated Mental Health and Substance Abuse Treatment for Severe Psychiatric Disorders."

Case management is an important intervention in the armamentarium of strategies serving persons with co-occurring disorders. "Serving Street-Dwelling Individuals with Psychiatric Disabilities" by Shern, et al. describes an intensive case management study with results that homeless persons spent less time on the streets and more time in day programs, basic needs were met, housing conditions and quality of life improved, and psychiatric symptoms were reduced. "Fidelity to Assertive Community Treatment and Client Outcomes in the New Hampshire Dual Disorders Study" by McHugo et al. reports greater reductions in use of substances, higher remission of substance rates, increased retention in treatment, and fewer hospitalizations for participants in ACT programs more faithful to the model.

Several articles deal with various subset populations. "A Relapse Prevention Group for Patients with Bipolar and Substance Use Disorder" by Weiss, Najavits and Greenfield describes a 20 session group therapy intervention conducted by master's or doctoral level clinicians. Articles looking at issues related to schizophrenia include: "Treating Substance Abuse Among Patients with Schizophrenia" by Bellack and DiClemente, "Pharmacotherapy of Schizophrenia Patients with Co-Morbid Substance Abuse" by Jeffrey Wilkins, and "Determinants of Medication Compliance in Schizophrenia" by Fenton, Blyler and Heinssen. "Patterns of Current and Lifetime Substance Use in Schizophrenia" by Fowler et al. finds that persons with schizophrenia "use/abuse drugs for essentially the same reasons as young people in the general population do, namely to enjoy the experience of intoxication, to escape from emotional distress, or to take part in a social activity." This runs counter to the rigorously held assumption by many that persons with schizophrenia use substances to "self-medicate."

"Trauma and Posttraumatic Stress Disorder in Severe Mental Illness" by Mueser et al. finds a 98% lifetime exposure rate of a traumatic experience among persons with a serious mental illness. Among persons with a serious mental illness, 43% also have PTSD. In a review of charts, the study found clinicians only detected PTSD among 2% of their clients which suggests substantial undertreatment of trauma. "Substance Dependence Posttraumatic Stress Disorder Therapy" by Triffleman, Carroll and Kellogg describes a treatment protocol implemented over a five month period by highly trained master's or doctoral level clinicians.

In contrast to clinician led interventions, the text also includes studies on 12-step self-help groups, three of which are on double trouble and recovery (DTR) groups, mutual aid programs serving persons with dual diagnoses and adapted from the Alcoholics Anonymous 12-step model. In "Recovery Challenges Among Dually Diagnosed Individuals" by Laudet et al. participants in DTR identified emotional issues, socioeconomic issues, and the maintenance of sobriety as the most difficult recovery challenges. This article was unique in its extensive analysis of obstacles to achieve socioeconomic success, which correspond to vocational and employment goals that most participants wanted to achieve.

For many people, recovery coincides with participation in peer support groups. Clearly many people have received support and made significant steps towards recovery from 12-step type programs, and referrals to mutual self-help groups are key elements to promote abstinence and relapse. Several articles review stage-wise treatment paradigms that focus on recovery including Osher and Dixon's "Housing for Persons with Co-Occurring Mental and Addictive Disorders" and Minkoff's "Intervention Strategies for People with Dual Diagnosis." However, the text lacks

step-by-step instructional approaches that can be provided by psychosocial rehabilitation practitioners, individually or in groups, particularly when they are not master's or doctoral level clinicians, such as social skills training, motivational interviewing, community reinforcement approaches, psychoeducation, medication education, recovery workbooks, journaling, stress management exercises, etc.

An article from the alcohol and chemical dependency field looks at "Predicting the Therapeutic Alliance in Alcoholism Treatment" by Connors et al. "Use of Exclusion Criteria in Selecting Research Subjects and Its Effects on the Generalizability of Alcohol Treatment Outcomes Studies" by Humphries and Weisner finds an under-representation of African-Americans, low-income and severely disabled persons in alcohol use studies. This article points out that intervention strategies gleaned from a seemingly successful research study may not be applicable to every agency.

Several articles are singularly focused on serious mental illness including: "Recovery from Mental Illness" by William Anthony and "An Overview of the Research" by Anthony et al. which provide a philosophical context for the practice of psychiatric rehabilitation. There are also three first person accounts, but the text would have been enhanced if one written by a person with a co-occurring disorder was also included. "Insight from a Schizophrenia Patient with Depression" describes how Chris Fleshner overcomes delusional thinking by finding a method to not let negative thoughts control or destroy him. Two accounts are written by parents. "Living in a Nightmare," by Alyce Kagigebi describes a parent's state of despair. In "My Voyage Through Turbulence," Ruth Malloy provides insight into the resiliency of parents when children experience numerous hospitalizations, suicide attempts, bad clinicians and unsuccessful medications. Malloy primarily attributes stabilization to effective medications and is an advocate of legal measures to force persons to stay on psychotropic drugs. There is no "counterpoint" article by a person from the recovery, consumer, survivor, ex-patient movement who strongly opposes forced medications or any type of involuntary treatment. Informed conclusions should be premised on an understanding of both deeply held viewpoints.

There are three articles on assessment tools: "Severe Mental Illness and Addictions" by Carey and Correia, "Dartmouth Assessment of Lifestyle Instrument (DALI)" by Rosenberg et al. and "Assessment of Alcohol and Other Drug Disorders in the Seriously Mentally Ill" by Barry et al. Several articles reference other frequently used instruments not specifically designed for persons with co-occurring disorders. It would have been helpful to have had more information on their pros and cons as new practitioners may be expected to use them.

Overall, the book provides a good first introduction to mental health and substance use disorders and strongly asserts that practitioners working with persons with a serious mental illness must expect a substance use disorder as an element of a person's presenting problem. Increases in severity of psychiatric symptoms, suicide attempts, rehospitalizations, medication and treatment non-compliance, HIV infection, housing problems, homelessness, family stress, legal problems, and violent behavior are serious consequences with even small substance use. However, there is an unexplained dilemma. When normative behavior for many Americans and persons of other cultures is to have wine or beer with meals and also drink in moderation with friends, is it fair to always assume even small amounts of substance use by persons with a serious mental illness are problematic?

Max Schneier, advocate and champion for integrated care, states in the book's foreword that "in most cases parallel and sequential treatment of both disorders has failed." This text tries to move the field towards holistic treatment and services that help persons recover. While the technical language found in most of the articles does not appear to lend itself to use by persons at a bachelors level or below, the strength of this book is its compilation of readings that present compelling treatment options based on empirical research which will be greatly appreciated by academicians, students, researchers, policy makers, program administrators and supervisory staff.