



Michigan Department of Health & Human Services

# *Medication Adherence in Patients with Dual Diagnosis*

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*Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.*

# Objective

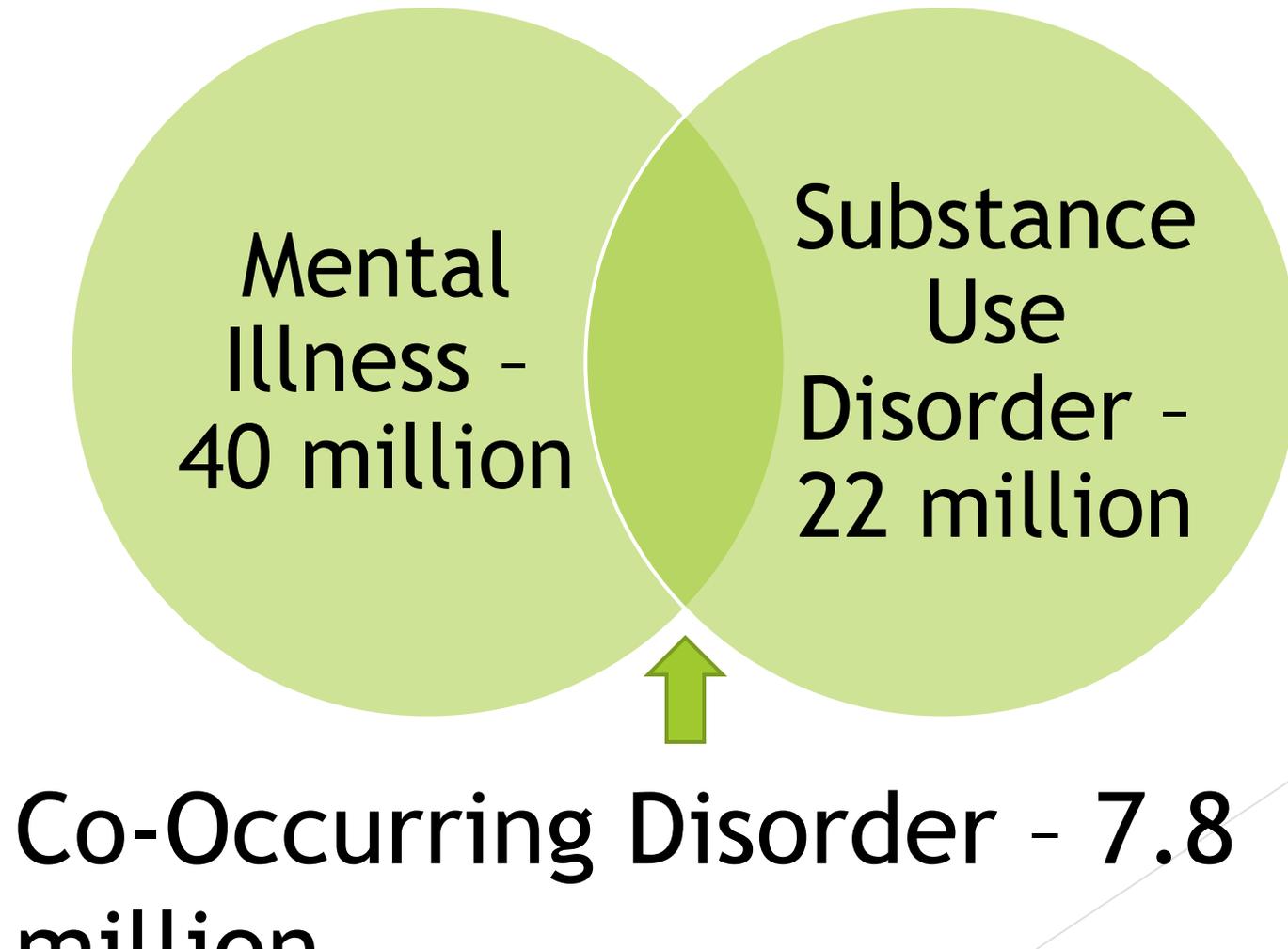
- ▶ Describe several steps in the application of strength-based strategies and motivational interventions to positively affect medication adherence in patients with dual diagnoses.

# Dual Diagnosis

## ▶ Comorbidities

- ▶ What is the significance?
- ▶ What do you treat?
- ▶ What is the approach of the practitioner?
- ▶ What are the challenges of the practitioner (case manager)?
- ▶ What are the core competencies or skills needed to increase adherence?
- ▶ What does it sound like in a dialog?
- ▶ What medication issues are most important for Co-morbidities of mental illness and substance use disorders.

# Mental illness and substance use disorders<sup>2, 3</sup>



# Co-occurring disorders

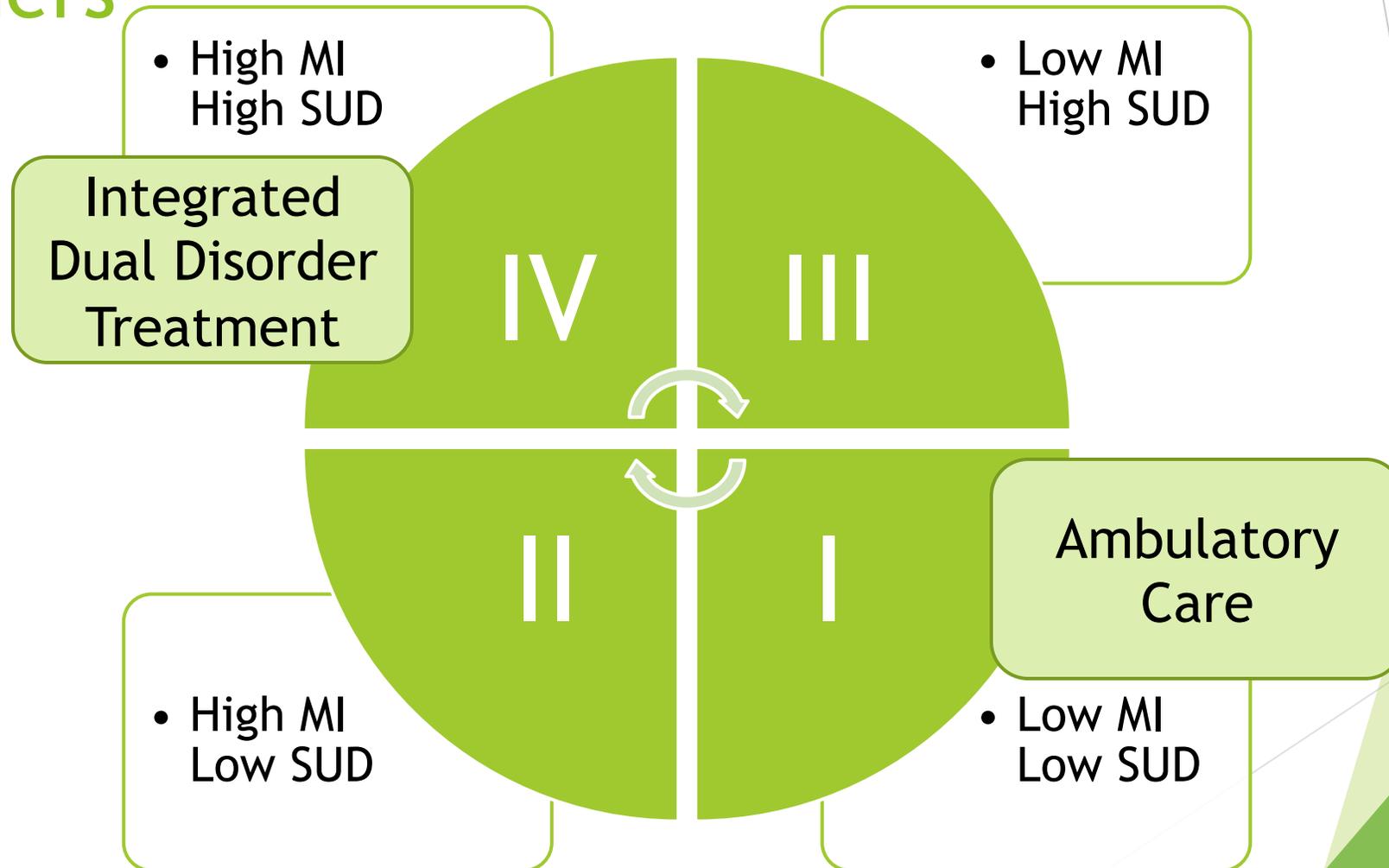
Risk of also having a substance use disorder<sup>4</sup>

- ▶ schizophrenia or bi-polar > 50%
- ▶ general population 16%

Outcomes for CODs are worse in<sup>5, 6</sup>

- ▶ Incarceration                      Unemployment
- ▶ Hospitalization                      Homelessness
- ▶ Health

# Four quadrant model for co-occurring disorders <sup>7</sup>



# Case Management Adherence Guide (CMSA 2012)

...Engaging them in active participation:

- ▶ Patient knowledge
- ▶ Patient involvement in care
- ▶ Patient empowerment
- ▶ Improved adherence
- ▶ Improved coordination of care

# Styles

- ▶ How the brain works in dialog: Consider methods of dialog that push the person to the passive versus the active role
  - ▶ Shortcuts - drops the expert message with no knowledge of the person's desire, ability, reason, need or commitment to follow through
  - ▶ Dosing with reality: Warns the person of dire consequences if no adherence
  - ▶ Expert Resume': No assistive collaboration
  - ▶ Advising: Teaches over top of what is already known about and not used
  - ▶ Evocative Questions: Evocation over Prescription: Learn the degree to which the person knows, has tried, has been told, and cares about the condition, treatments and medications
  - ▶ Provide: What is needed as evidenced by evocative question
  - ▶ Evoke: Find out how the prescription ties to what the person cares about
  - ▶ Affirm over prescribe

# Styles

- ▶ How the brain works in dialog: Consider methods of dialog that push the person to the passive versus the active role
- ▶ Answer these questions:
  - ▶ How do you give advice?
  - ▶ How does the way in which you give advice act on the brain in dialog?
  - ▶ What does prescriptive advice sound like?
  - ▶ What reaction does it get?
  - ▶ What does “evocative” advice sound like?
  - ▶ What reaction does it get?
  - ▶ If you use evocative strategies for advising, how does it change your role?
  - ▶ How does it change the patient’s role?

# Motivational Dialog

- ▶ The importance of Adherence is at stake
- ▶ The degree to which you can “influence” motivation is the key
- ▶ An understanding of how the brain works in dialog is essential
- ▶ Practicing intentionally based upon how the brain works
- ▶ Avoid intuitive practice that has not been well examined

# Motivational Dialog

- ▶ Intentional dialog moves and maintains the patient in the Active Role
- ▶ The practitioner seeks to occupy and maintain the Assistive/Collaborative Partner Role
- ▶ Perfecting the art of giving advice evocatively and affirming
- ▶ Teaching only as a collaborative strategy
- ▶ Roger's Theory of Accurate Empathy
- ▶ Kohout's theory of empathy as gaining trust for advising
- ▶ Motivational Interviewing

# Motivational Dialog

- ▶ Tying the use of Medication to the patient's desire to recover critical life functions
- ▶ What are the critical life functions lost to the disabling symptoms or conditions of Dual Disorders?
- ▶ Shifting from the recovery "FROM" to the recovery "OF"
- ▶ The function of the dialog shifts from how medications "stop" symptoms to how medications "reacquire" meaningful functions
- ▶ What is that dialog like?

# Motivational Dialog

- ▶ Intuitive dialog
- ▶ How does the brain react to these intuitive approaches
  - ▶ “You need to...”
  - ▶ “If you don’t...then.... Will happen.”
  - ▶ “You’ve got to understand...”
  - ▶ “This medication is for...”
  - ▶ “You should use alcohol/drugs when you are on this medication because...”
  - ▶ “What ever you do...”
  - ▶ “You Can’t...”
  - ▶ “You shouldn’t”

# Motivational Interviewing

- ▶ Motivational Interviewing
  - ▶ Autonomy
    - ▶ Emphasizing Choice and Control
    - ▶ Asking to provide what is not known
  - ▶ Collaboration
    - ▶ Practitioner (at any level) is the assistive collaborative partner
    - ▶ Person stays in the active role and has a collaborative partner
  - ▶ Evocation
    - ▶ What do you know
    - ▶ What have you tried
    - ▶ What has worked and not worked
    - ▶ How do you see us helping you
  - ▶ Compassion
    - ▶ Practitioner remains mindful of the stress that brought the person to treatment
    - ▶ Practitioner never uses techniques for increasing stress and worry pejoratively

# Motivational Interviewing

- ▶ Rolling with Resistance (making sense of...)
  - ▶ Its not the resistance that matters
  - ▶ It is the reason for the resistance that matters
- ▶ Expressing Empathy (accurate empathy)
  - ▶ Demonstrating that you:
    - ▶ Get what's going on with the person
    - ▶ From what they say
- ▶ Developing Discrepancy (weighing and considering)
  - ▶ Where are you
  - ▶ Where did you intend to be
  - ▶ What has to happen to get from here to where you want to be
- ▶ Supporting Self-efficacy (targets that have a chance of working)

# Motivational Interviewing

- ▶ Open Ended Questions
  - ▶ Evocation
  - ▶ Learn what matters
  - ▶ Learn what is already known, tried, worked and didn't work
- ▶ Affirmations
  - ▶ Support
  - ▶ Build Ego Strength
- ▶ Reflections
  - ▶ Highly Specialized
  - ▶ Demonstrates Accurate Empathy
- ▶ Summary
  - ▶ Binding dialog
  - ▶ Affirming Change Talk
  - ▶ Guiding dialog to plan for adherence

# Motivational Interviewing

## ▶ Evocative Questions

- ▶ What are you trying to accomplish?
- ▶ What keeps you from being able to do that?
- ▶ How does drinking effect that goal?
- ▶ How does your anxiety effect that goal?
- ▶ How do they go together?
- ▶ How does drinking or smoking and you medication go together?
- ▶ What do you know about this medication?
- ▶ How does alcohol affect this medication?
- ▶ What happens when you take your medication when you drink or smoke weed?
- ▶ What happens when you take your medication and you aren't using?
- ▶ What happens when you drink or smoke weed and you don't take your medication?
- ▶ How do these things help you with your goals for getting and keeping your job?

# Motivational Interviewing

Open ended (evocative questions)

- ▶ Can you tell me what happens when you drink and you aren't taking your medication
- ▶ Tell me what happens when you drink and you aren't taking your medication
- ▶ What happens when you drink and you aren't taking your medication
- ▶ There are times when you drink and aren't taking your medication

# Motivational Interviewing

- ▶ Affirmations
  - ▶ Not stopping
  - ▶ Starting
  - ▶ Looks for efficacy
  - ▶ Avoids compliments as a strategy to get change
  - ▶ Requires the practitioner to believe that the person has knowledge and wisdom from their personal orientation
  - ▶ The practitioner highlights knowledge and wisdom when it is revealed
  - ▶ Centers the dialog on efficacious statements
  - ▶ Guides the dialog from efficacious statements to get behavior change

# Motivational Interviewing

## ▶ Reflections

### ▶ Simple

- ▶ Mirroring
- ▶ Paraphrasing
- ▶ Rephrasing

### ▶ Complex

- ▶ Double Sided
- ▶ Reframing
- ▶ With a twist
- ▶ Metaphors and Similes
- ▶ Amplified
- ▶ Empathetic

# Motivational Interviewing

- ▶ Summaries for listening
  - ▶ Getting yourself into the game
  - ▶ Keeping Pace
  - ▶ Showing you are listening
- ▶ Summaries for guiding dialog
  - ▶ DARN
  - ▶ Tying themes (change talk) together to enhance and strengthen motivation for change
  - ▶ Shifting the dialog to planning for change

# Motivational Interviewing (Affirmation Reflections)

- ▶ How does drinking and smoking weed effect your medication
- ▶ Well I know it doesn't help it
  - ▶ You can see that for yourself
- ▶ Yeah. But I know it helps a little even when I'm drinking
  - ▶ Yup. You want all the help you can get for the anxiety. Drinking doesn't stop you from taking your medication
- ▶ No. It's a lot worse when I don't take it
  - ▶ And you want things to get better
- ▶ I really do
  - ▶ To really get better, you would have to go a bit further into the issue of drinking
- ▶ Yeah. But I'm not sure I'm ready for that
  - ▶ So its about getting ready

# Motivational Interviewing (Resistance)

- ▶ Well. I don't always take it like I should
- ▶ Well. Its up to you to take your medication. What is it for?
  - ▶ It's supposed to help me with my anxiety. But it gives me a tight feeling in my head and makes my stomach feel funny. Like weak.
- ▶ The feeling it gives you is worse than the anxiety
  - ▶ Kinda. I'm not always anxious, but when I take the medication I always have those weird feelings.
- ▶ If we found a medication that helped you with the anxiety and didn't give you feelings like that what would happen
  - ▶ Well I'd take that medication.
- ▶ What would your reasons for that be?
  - ▶ Well. I could work and go places and stuff

# Motivational Interviewing

## Resistance

- ▶ I'm not taking this medication. It's for Schizophrenia and I don't have Schizophrenia. Besides, weed works better.
- ▶ If you are going to take medication, it has to be for the right thing and it has to work
  - ▶ Yeah. And my case manager told me I can't smoke weed if I'm on that medication because it might hurt me.
- ▶ You're not ready to quit smoking weed.
  - ▶ I've been smoking weed a lot longer than I've been taking the medication
- ▶ What happened when you were doing both
  - ▶ Well, I was doing good. I had a my job and I was even going to school sometimes.
- ▶ So. Until she told you that, you were doing both and it was better.
  - ▶ Yeah. But I don't want to hurt myself.
- ▶ Okay if I make a suggestion?
  - ▶ Sure
- ▶ If the doc says you can do both if you let us watch it with you, what would you say about getting back on the medication
  - ▶ Well. As long as I don't hurt myself.
- ▶ Okay. If we (you, the doc and I) watch it and we decide it's bothering you to do both, what could you do.
  - ▶ I guess quit or find something else or something.

# Medication Adherence for DD

- ▶ The idea for increasing adherence is based upon the shifting of roles
- ▶ The Case manager seeks to occupy the role of the assistive collaborative partner
- ▶ The Case Manager uses accurate empathy to form the tool for change which is the assistive collaborative relationship
- ▶ The Case Manager uses a formula in dialog that makes use of the way the brain acts in dialog
- ▶ What do you know; What have you been told; What have you tried; what worked; What didn't work; How do you see us working with you
- ▶ Can I make a suggestion
- ▶ What can we do now

# Medication Adherence with DD

- ▶ The patient is helped to remain in the active role
- ▶ The patient is helped to recall and use what they know
- ▶ The medication is tied to what the Patient cares about recovering
- ▶ The patient is helped to recover critical life functions lost to the symptoms and condition their dual disorders
- ▶ The case manager sees resistance as meaningful and seeks to understand its function
- ▶ The patient is helped to overcome the reason for the resistance
- ▶ Motivational interventions are the key to changing health behaviors and is influenced by the Case Manager

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