

Honoring Innovations Report

“A Newsletter for Systems of Care Communities in Indian Country” Issue #4, January 2012

A newsletter published by the National Indian Child Welfare Association (NICWA) describing best practices in American Indian/Alaska Native systems of care for current and graduated systems of care communities.

A “best practice” in the field of American Indian/Alaska Native children’s mental health is a process, method, training, or event that is believed to have a direct link in providing the desired outcome.

NICWA believes that such a designated practice requires attention to seven specific criteria listed below.

- Longevity
 - Replicable*
 - Harmonious with Indigenous Values and Teachings
 - Sustainability
 - Community Acceptance
 - Input of Stakeholders Across Generations
 - Culturally Competent Staffing
- *When/Where applicable

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Co-occurring Diagnosis in Indian Country

Living in the realities of contemporary America, many American Indians and Alaska Natives struggle to be resilient from past years of trauma, generational poverty, and personal challenges.

Public health professionals for American Indian/Alaska Native (AI/AN) populations report that these conditions can create an environment that

fosters a greater likelihood of developing co-occurring behavioral health conditions, which are both mental health and substance abuse challenges.

This newsletter will focus on defining and understanding co-occurring behavioral health challenges, including identifying risk factors and intervention strategies to meet the needs of clients.

Various Perspectives on Co-occurring Diagnosis Lists Challenges, Approaches

Co-occurring behavioral health challenges can affect many AI/AN families. Co-occurring conditions require specialized care focused on treating both mental health and substance abuse diagnoses in conjunction, regardless of which condition appeared first.

Understanding Co-occurring Behavioral Health Challenges

As the director of Strongheart Resource Development in Minnesota, Shannon CrossBear (Ojibwe) offered her perspective on co-occurring diagnoses in tribal communities. For families

experiencing co-occurring behavioral health challenges, utilizing children’s mental health and substance abuse service systems can be demanding. “It’s really difficult to navigate those systems, and it really depends on which door you enter.”

Ms. CrossBear states, “Those systems have different information; they have different ways of involving... families in the process.” She emphasizes that regardless of which challenge was first diagnosed, it is critical that families and providers work together to seek care.

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Check out information online

Online Resource Center on Dual or Co-occurring Diagnosis (Not AI/AN-specific)
<http://dualdiagnosis.org/resource>

First Nations Behavioral Health Association
http://fnbha.org/pdf/prevention_disorders.pdf

SAMHSA information
<http://www.samhsa.gov/co-occurring/default.aspx>

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Shannon elaborated on addressing children's co-occurring disorders, specifically among tribal populations, pointing out that in tribal communities, children with a mental health or substance use challenge intersect at least one system.

"If they're intersecting one system, the likelihood of them intersecting another system is quite high." Care among these multiple systems needs to be coordinated, with cultural competence specific to tribal communities.

Dr. R. Dale Walker (Cherokee), MD, director of One Sky Center, a national resource center in for AI/AN substance abuse and mental health services in Portland, Oregon, discussed the particular challenges of behavioral health programs serving AI/AN families with co-occurring diagnoses.

Dr. Walker noted that indigenous peoples universally face similar challenges in coping with stressors, and at the heart of coping with these stressors are social determinants (for instance, employment, education, and socioeconomic status).

"It seems like, if you go to any Native community, you see a collection of problems around an individual or family. And if you're going to try to be helpful, the kind of intervention you try to do isn't just out of a manual. It's going to have to take a lot more understanding about the history of how these people got into this circumstance, what seems to work, what seems to be helpful. And so the first words I think of when I think of an Indian problem are integration of effort, so that you actually look at the bigger picture and see how they all come together. And you have to see that before you develop something that will work," he said.

For purposes of this newsletter, **co-occurring disorders (COD)**, or dual diagnosis, refers to having both a substance abuse disorder and a mental health disorder. They are seen as independent disorders—not labeling one disorder or the other as secondary in importance, as was practiced prior to the 1970s. It is estimated that approximately 20% to 50% of clients in mental health settings, regardless of race, have a co-occurring disorder with substance abuse/addiction.

Dr. Walker spoke about his work within tribal communities to specifically address social determinants.

"When I go to a community and the first people I talk to are the tribal council, I let them know that it's all of the problems. It's housing, unemployment, access to care... you have to [pursue change in] all of those [areas], plus the health care. They will not get better unless you do."

Treatment plans for co-occurring behavioral health challenges need to be comprehensive. There are "no simple problems; that's why we keep struggling with it. And they are not solved by an external solution alone. They are solved by external solutions that understand the internal problems," Dr. Walker said.

Challenges Ahead

To effectively address co-occurring disorders within Native communities, it is key to recognize and work toward solutions to the following challenges:

- Offering access to culturally appropriate and effective treatment.
- Provider refusal of a patient/client for treatment of one or more issues.
- Treating only one of multiple behavioral health challenges in the immediate term (for instance, treating

only the substance abuse diagnosis when other diagnoses are present).

- Not addressing mental health issues until the diagnosis is acute or the client becomes a threat to self or others.
- Delaying access to treatment by deliberation over which condition occurred first.
- Encountering conflicting treatment approaches between substance abuse interventions and mental health therapies due to little or no cooperation between treatment programs.

Solutions and Strategies

Strategies vary when considering care for clients who present co-occurring disorders. One of the clear determinants to success is a holistic approach that incorporates strength-based tactics and relies on community resources to address all of the influences in a client's life, not just one medical diagnosis.

"A strengths-based approach works faster... within a community setting," Dr. Walker said.

Ms. CrossBear remains optimistic. "I'm hopeful because what I see from [a] bird's eye-view is that there are places

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Muscogee Creek Nation's Experience with Co-occurring Diagnosis

Daley Tearl (Cherokee) is a licensed marriage and family therapist and a licensed alcohol and drug counselor with training in parent-child interaction therapy. He works at the Muscogee (Creek) Nation where the therapy program includes six behavioral health offices over 7,000 square miles, with patients ranging from 2 to 95 years of age.

According to Daley, standard treatment for co-occurring diagnoses often responds to the need that manifests first in an individual's life. The treatment, though, needs to deal with the primary issue at the time the client is seeking services. "When [a client] enters treatment, even though the depression was the first thing that started, you still have to deal with putting the substance abuse issue into remission to work on the depressive disorder," he said.

There are a number of approaches to address co-occurring disorders including treating with therapy only, or treating with medication and both mental health and substance abuse therapy. "It's usually a combined effort. The old way of doing treatment was, if they went to a mental health program they would just get the mental health issue addressed and wouldn't really get the substance abuse issue addressed," Dr. Daley elaborated.

When an individual would leave the mental health program, often it would be easy for them to relapse on both the substance use and the mental health challenges.

This limited approach to treating co-occurring disorders has been improving, though. In approximately 10 years, there has been a shift in focus to treat both mental health and substance abuse challenges no matter which diagnosis prompted treatment. Native American programs are making progress at embracing treatment programs for co-occurring

diagnoses, particularly in Oklahoma. Substance abuse treatment programs in many tribal areas still need to look at methods that more effectively address the mental health needs of their clients.

Daley noted that cognitive behavioral therapy is used primarily for substance abuse issues. "Across the Creek Nation tribal program, we use something called MET/CBT (Motivational Enhancement Therapy – Cognitive Behavioral Therapy). Specifically with our adolescent groups, we use MET/CBT 5, which is Motivational Enhancement Therapy combined with Cognitive Behavioral Therapy, and the '5' stands for having them engaged in three group sessions and two individual sessions. That's considered a brief intervention, and we're talking about using that treatment model with the milder forms of substance abuse issues and mental health issues," Daley explained. More information on MET/CBT is at http://evidence-basedpracticenetwork.net/MET_CBT_5.aspx.

For individuals with severe mental health or substance abuse issues, the treatment options become more complex, possibly involving referrals to a residential substance abuse or co-occurring program.

Stigma surrounding behavioral health remains a barrier for seeking treatment. A lack of understanding about behavioral health services increases stigma. Daley says, "Part of it is... not really understanding that behavioral health services can assist a child with educational struggles, helping them do homework, that kind of thing." Behavioral health services exist for children at all levels of need and encompass multiple disciplines.

A challenge to effectively treating co-occurring diagnoses is the billing process for both treatments. Daley stated that the Medicaid law in Oklahoma allows that you can "bill for more than one encounter



Daley Tearl (Cherokee)

in a day if the diagnosis is different." Another challenge to effectively treating co-occurring behavioral health diagnoses is staff training.

Seasoned and new clinicians alike may not have extensive experience in treating both mental health and substance abuse treatment, but may have experience in one area. Learning to train staff to collaborate in their areas of expertise can help develop a stronger co-occurring treatment program. "Training staff [to] look for both [mental health and substance use] problems and assess for both problems is probably one of the more difficult and beneficial things to do," Daley said.

Daley encouraged collaboration among all partners. As an example, he explained, "We do have contracts with hospitals to do crisis mental health referrals. We also have contracts for residential substance abuse treatment as well."

Daley emphasizes, "I think if somebody has a co-occurring disorder, if you're not treating both of them you're probably not going to have much success... That's the key, I think. I see the better success when we are sufficiently addressing both of those disorders."

Photo courtesy of Muscogee Creek Nation Social Marketer Lindsley Harry.

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and pockets of excellence that are doing really good work around community-wide wellness. The more that we can stop dissecting things and putting them in separate rooms and start trying to treat whole people and whole families and whole communities—that is the place that we need to go.”

Treating whole communities requires an understanding of culture. “Culture is our best way to understand how things work within a community. Culture can be a protective factor, but it also can be in conflict with what’s going on with the individual at that time,” Dr. Walker explains. Learning to understand and resolve cultural challenges faced by clients will help advance the work of treating co-occurring conditions.

Clinical psychologist Dr. Assaf Jaffy has worked nearly 15 years with Native American clients in a co-occurring context. Dr. Jaffy is a clinic supervisor and project director for the Native American Health Center in San Francisco and also works at Friendship House Association of American Indians in the Mission District of San Francisco.

Dr. Jaffy indicated that protective factors can have a strong alleviating effect on co-occurring diagnoses. Influences such as growing up with your culture, having a parent who is involved with your culture, and growing up with ceremony such as powwow dancing can go a long way toward building resilience in children and youth with behavioral health challenges.

“Programs that are culturally infused, celebrate Native people, and instill cultural pride work against the years of oppression, degradation, violence, and racism,” Dr. Jaffy stated.

Editor’s Note: My thanks to Assaf Jaffy, Daley Tearl, Shannon CrossBear, and Dale Walker for their insight on the topic of co-occurring diagnosis.

Questions

for systems of care communities to address behavioral health challenges

- Are we involving substance abuse in our conversations around providing services for their families? If so, how?
- How are we working together to address substance abuse treatment needs that exist in the families we serve?
- Are mental health and substance abuse treatment systems separate in our community? What substance abuse treatment is available in our community?
- How do we continue to strengthen family involvement in our systems of care initiative?
- What steps can we take to ensure that an individual or family is treated for the full spectrum of co-occurring behavioral health challenges they exhibit?