Early Psychosis Forum 2007
Treatment of Comorbidity

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Comorbidity Roundabout and Motivation to Change

- Practice issues
- The comorbidity roundabout
- Ambivalence exercise
- Overview of motivational interviewing
- Video of motivational interviewing
- Choice: video of CBT or discussion
**Introductions – small groups**

🌟 Part 1.
– What skills / qualities do you personally need to work effectively in this area?

🌟 Part 2.
– What do you expect from other services when you refer clients with comorbidity?
– What would you like to ask for?

**The Comorbidity Roundabout**

🌟 Importance of comorbidity as a focus for treatment
– Co-existing mental health problems
– Co-existing mental health and alcohol/other drug problems
– All of the above

🌟 Research indicates comorbidity is the rule rather than the exception
**The Comorbidity Roundabout**

- Perception that comorbidity is associated with poorer treatment outcomes and more complex treatment plans

- Psychotic disorders
- Alcohol/other drug disorders
- Depression
- Personality disorders
- Primary versus secondary conditions
Key Generic Treatment Techniques

- Assessment
- Motivation Enhancement
- Managing Thoughts
- Activity Scheduling
- Problem Solving
- Relapse Management

Ambivalence exercise

- Divide into two groups
- Prepare for a non-threatening and fun exercise
Traps

- Question-answer
- Confrontation-denyal
- Labelling
- Premature focus
- Blaming trap

Early Goal

To elicit from the ambivalent client the reasons for concern and arguments for change
- (Miller & Rollnick, 1991)
SAFEGUARDS
(Rollnick et al, 1999)

- Empathy with the person is paramount
  - Wanting to understand the situation from the person’s point of view

- Resistance from the person is a signal that rapport is damaged
  - Assuming greater readiness to change

- If in doubt, ask the person
  - Be clear and honest

Trap of false assumptions: Person OUGHT to change

- Difficult to avoid, high value on health

- We cannot be dishonest

- Solution: hold back until understand view of person OR express openly not imposing (e.g., I think it’s a good idea to change your diet, but what do you really think about this?)
**Person WANTS to change**

- Easy to avoid by asking the person
- Question of degree: How much do they want to change?

**Health is their PRIME motivation**

- Common among health care professionals
- Other factors important: appearance, money
- Changing behaviour has implications beyond health
No change = FAILURE

- Unrealistic and too ambitious
- Change is a process
- Helping someone to think about change is useful
- Decision may occur later

Patients: motivated OR not?

- Motivation is a matter of degree
- Readiness
  - Varies between individuals
  - Varies over time
NOW is the right time

- It might not be!
- Best guideline is the person’s reactions
- Move ahead at the right pace
  - Enhance success rates

A TOUGH approach is the best

- Being frank and persuasive sometimes justified and effective
- Tough approach: vicious circle
  - Patients feel cornered, resist
  - Practitioner feels they are inherently resistant, tough action
  - Yes, but…
I’m the EXPERT

✦ Help people to become more and more expert

✦ Learner driver analogy

✦ Person will be guided for as long as they feel it’s helpful and relevant

Negotiation-based approach

BEST

✦ Some people will respond to a simpler approach

✦ A kind but firm nudge in the right direction
**Everyday practice**

*(Rollnick et al., 1999)*

- Use the stages of change model by:
  - thinking of a person’s readiness on a continuum
  - his/her readiness to make a specific change in behaviour

**Readiness to change**

| NOT READY | UNSURE | READY |

**Importance and Confidence**

- **Importance**
  - Why should I change?
    (Personal values and expectations of the importance of change)

- **Confidence**
  - How will I do it?
    (Self-efficacy)
Assessing importance

- How do you feel at the moment about (change)?
- How important is it to you personally to (change)?
- If 0 was 'not at all important' and 10 was 'very important', what number would you give yourself?

Assessing confidence

- If you decided right now to (change), how confident do you feel about succeeding with this?
- If 0 stands for 'not at all confident' and 10 stands for 'very confident', what number would you give yourself?
**Assessment**

- **Screen everyone**
  - mental health (e.g., SCL-90; BSI; BDI-II; STAI, stage of change for treatment)
  - aod (OTI; ASI; AUDIT; SDS; stage of change)
  - plus reasons for use, quality of life, global assessment of functioning, medication adherence

**Video**

- Motivational interviewing
Motivational style interviewing

- Everyone is motivated
- Motivation is about competing forces
- Ambivalence is significant. Ambivalence (inconsistency) is not comfortable……so we can either:
  1. pretend it’s not happening
  2. alter our perception of ourself
  3. change our behaviour to realign it with our core-value system
- Why? Driven to internal consensus or balance
- We change nothing we’re comfortable about
- Art of MI is to create client discomfort about behaviour – client confronts their problem, NOT the therapist

Raising the Issue

Open, non-judgmental, caring, honest enquiry.
- Ask in context of routine questions about health and lifestyle “These are questions we ask everyone”
- Talk about consumers current lifestyle “How do you deal with the day to day stresses of life”? 
Ask the client to think about what factors may be impacting on their life “I wonder what could be causing your current financial problems? It could be related to problems with budgeting, high rent, bills, buying alcohol”?

“In my experience, many young people use alcohol or cannabis. How do these things fit into your life”?

The client tells you why they should change!

- Raise the issue
- A typical day
- Good and less good things
- Explore concerns
- Present and the future
- Assist with decision making if appropriate
Helping with decision making

✦ This is a delicate step…..don’t rush the client!
✦ Avoid being the ‘expert problem-solver’
  – Present options for the future rather than a single course of action, and provide further information in a neutral non-personal manner
✦ Let the client decide:
  – “The final decision rests with you”
  – Describe what other clients have done in similar situations

Helping with decision making 2

✦ Emphasise personal responsibility:
  – “The ball’s in your court.”
✦ Remember that:
  – failure to reach a decision is not a failed session
  – resolutions often break down; focus on progression through self-reflection
  – commitment to change fluctuates; empathise with this.
Case discussion

🌟 Small groups: Daniel Griffin

🌟 Your material

Building bridges

🌟 Formal interagency links
  – (service agreements, expedited assessments)

🌟 Partnerships
  – (shared care arrangements, transition arrangements, policy and procedures)

🌟 Joint assessment and co-case management
  – (how, who, when, shared case conferences, visiting sessions)

🌟 Formal processes of networking and liaison
  – (special interest groups, steering committees, in-services)

✅ What you want (plan)
✅ What you have now (summary)
✅ What you can strengthen (plan)