Comorbidity Guidelines Training

Session Four Handouts

Dos and don'ts of managing a client who is suicidal

Do:

- ✓ Ensure the client has no immediate means of self-harm; remove weapons and potentially dangerous objects.
- ✓ Talk to the client alone – without any family or friends present.
- ✓ Allow sufficient time to discuss the issue.
- ✓ Discuss limits of confidentiality.
- ✓ Introduce suicide in an open, yet general way.
- ✓ Be non-judgmental and empathetic.
- ✓ Emphasise that there is help available.
- ✓ Validate the client's feelings and emphasise the fact that speaking with you is a positive thing.
- ✓ Consider what is the predominate concern for the client and how you might be able to help remedy this concern (e.g., removal of stresses, decreasing social isolation).
- ✓ Contact the local mental health crisis team if the client appears to be at high-risk.

Don't:

- × Invalidate the person's feelings (e.g., "all you have to do is pull yourself together", "things will work out").
- × Panic if someone starts talking about their suicidal feelings. These feelings are common and talking about them is an important, encouraging first step.
- × Be afraid of asking about suicidal thoughts. Most clients are quite happy to answer such questions.
- × Worry that questions about suicide may instil the idea in the client's mind.
- × Leave a high-risk client unattended.

Source: Mills et al. 2009 Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings

Dos and don’ts of managing a client with symptoms of depression

Do:

- ✓ Encourage and emphasise successes and positive steps (even just coming in for treatment).
- ✓ Take everything they say seriously.
- ✓ Maintain eye contact and sit in a relaxed position – positive body language will help you and the client feel more comfortable.
- ✓ Use open-ended questions such as “So tell me about...?” which require more than a “yes” or “no” answer. This is often a good way to start a conversation.
- ✓ Constantly monitor suicidal thoughts and talk about these thoughts openly and calmly.
- ✓ Encourage the client to express his/her feelings.
- ✓ Be available, supportive and empathetic.
- ✓ Offer realistic hope (i.e., that treatment is available and effective).
- ✓ Provide contact details of counselling services and offer to make referrals if required (many depressed people struggle to do this alone).
- ✓ Encourage participation in healthy, pleasurable and achievement-based activities (e.g., exercise, hobbies, work).

Don't:

- × Make unrealistic statements or give unrealistic hope, like “everything will be fine”.
- × Invalidate the client’s feelings.
- × Be harsh, angry, or judgmental. Remain calm and patient.
- × Act shocked by what the client may reveal.

Source: Mills et al. 2009 Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings

Dos and don’ts of managing a client with symptoms of anxiety

Do:

- ✓ Approach the client in a calm, confident and receptive way.
- ✓ Move and speak at an unhurried speed.
- ✓ Be patient in order to allow the client to feel comfortable to disclose information.
- ✓ Minimise the number of staff present and attending to the client.
- ✓ Minimise surrounding noise to reduce stimulation.
- ✓ Reassure the client frequently e.g., “this won’t take much longer”.
- ✓ Explain the purpose of interventions.
- ✓ Remain with the client to calm him/her down.

Don’t:

- × Crowd or pressure the client.
- × Get frustrated or impatient.
- × Panic. The more relaxed you are the more relaxed the client is likely to feel.

Source: Mills et al. 2009 Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings

Dos and don’ts of managing a client with symptoms of trauma

Do:

- ✓ Display a comfortable attitude if the client chooses to describe his/her trauma experience.
- ✓ Give the client your undivided attention, empathy and unconditional positive regard.
- ✓ Normalise the client’s response to the trauma and validate his/her feelings.
- ✓ Praise the client for his/her resilience in the face of adversity.
- ✓ Praise the client for having the courage to talk about what happened.
- ✓ Use relaxation and grounding techniques where necessary.
- ✓ Educate the client on what to expect if they undergo detoxification (i.e., a possible increase in trauma-related symptoms).
- ✓ Maximise opportunities for client choice and control over treatment processes.
- ✓ Monitor depressive and suicidal symptoms.

Don’t:

- × Rush or force the client to reveal information about the trauma.
- × Engage in an in-depth discussion of the client’s trauma unless you are trained in trauma responses.
- × Judge the client in relation to the trauma or how he/she reacted to the trauma.
- × Abruptly end the session.
- × Encourage the client to suppress his/her thoughts or feelings.
- × Engage in aggressive or confrontational therapeutic techniques.
- × Be afraid to seek assistance.

Source: Mills et al. 2009 Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings

Dos and don’ts of managing a client with symptoms of loss/grief

Do:

- ✓ Encourage the acceptance of the reality of the situation (e.g., discuss the loss, encourage client to attend gravesite), as well as the identification and experience of feelings (positive and negative) associated with loss.
- ✓ Help the client find a suitable way to remember, but also reinvest in life.
- ✓ Continually monitor levels of depression and suicidal thoughts and act accordingly; risk is increased during periods of grief (e.g., the first 12 months after a death, anniversaries, holidays).
- ✓ Be aware and understanding of feelings associated with grief, including anger.
- ✓ Give both practical and emotional support.
- ✓ Give the client your undivided attention and unconditional positive regard.
- ✓ Be aware that concentration may be affected, therefore repeat instructions, write down instructions and so on.
- ✓ Encourage healthy avenues for the expression of grief (e.g., physical activity, relaxation, artistic expression, talking, writing) rather than AOD use.
- ✓ Encourage the client to seek social support. This may include bereavement services.

Don’t:

- × Avoid the reality of the situation or the feelings associated with it (e.g., use the name of deceased).
- × Judge or be surprised at how the client reacts – every person is different.
- × Time-limit the client when discussing grief, it can be a slow process.
- × Be afraid to seek assistance.

Source: Mills et al. 2009 Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings

Dos and don’ts of managing a client who is angry or aggressive

Do:

- ✓ Stay calm and keep your emotions in check.
- ✓ Adopt a passive and non-threatening body posture (e.g., hands by your side with empty palms facing forward, body at a 45 degree angle to the aggressor).
- ✓ Let the client air his/her feelings and acknowledge them.
- ✓ Ask open-ended questions to keep a dialogue going.
- ✓ Be flexible within reason.
- ✓ Use space for self-protection (position yourself close to the exit, don’t crowd the client).
- ✓ Structure the work environment to ensure safety (i.e., have safety mechanisms in place such as alarms and remove items that can be used as potential weapons).
- ✓ Use the client’s name when speaking to him/her.
- ✓ Make sure other clients are out of harm’s way.

Don’t:

- × Challenge or threaten the client by tone of voice, eyes or body language.
- × Say things that will escalate the aggression.
- × Turn your back on the person.
- × Rush the client.
- × Argue with the client.
- × Stay around if the person doesn’t calm down.
- × Ignore verbal threats or warnings of violence.
- × Tolerate violence or aggression.
- × Try to disarm a person with a weapon or battle it alone.

Source: Mills et al. 2009 Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings

Dos and don'ts of managing a client with symptoms of psychosis

Do:

- ✓ Ensure the environment is well lit to prevent perceptual ambiguities.
- ✓ Try to reduce noise, human traffic or other stimulation within the person's immediate environment (e.g., reduce clutter).
- ✓ Ensure the safety of the client, yourself and others.
- ✓ Ensure both you and the client can access exits – if there is only one exit, ensure that you are closest to the exit.
- ✓ Arrange transfer to an emergency department for assessment and treatment by calling an ambulance on 000 if psychosis is severe.
- ✓ Have emergency alarms/mobile phones, and have crisis teams/police on speed dial.
- ✓ Allow the person as much personal space as possible.
- ✓ Be aware of your body language – keep your arms by your sides, visible to the client.
- ✓ Ignore strange or embarrassing behaviour if you can, especially if it is not serious.
- ✓ Listen attentively and respectfully.
- ✓ Appear confident, even if you are anxious inside, this will increase the client's confidence in your ability to manage the situation.
- ✓ Speak clearly and calmly, asking only one question or giving only one direction at a time.
- ✓ Use a consistently even tone of voice, even if the person becomes aggressive.
- ✓ Limit eye contact as this can imply a personal challenge and might prompt a hostile, protective response.
- ✓ Point out the consequences of the client's behaviour. Be specific.

Don't:

- × Get visibly upset or angry with the client.
- × Confuse and increase the client's level of stress by having too many workers attempting to communicate with him/her.
- × Argue with the client's unusual beliefs or agree with or support unusual beliefs – it is better to simply say "I can see you are afraid, how can I help you?"
- × Use "no" language, as it may provoke hostility and aggression. Statements like "I'm sorry, we're not allowed to do ____ but I CAN offer you other help, assessment, referral…" may help to calm the client whilst retaining communication.
- × Crowd the client or make any sudden movements.
- × Leave dangerous items around that could be used as a weapon or thrown.
- × Laugh (or let others laugh) at the person.
- × Act horrified, worried or panic.

Source: Mills et al. 2009 Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings

Dos and don'ts of managing a client with symptoms of personality disorders

Do:

- ✓ Place strong emphasis on engagement to develop a good client-worker relationship and build strong rapport.
- ✓ Set clear boundaries and expectations regarding the client's role and behaviour. Some clients may seek to test these boundaries.
- ✓ Establish and maintain a consistent approach to clients and reinforce boundaries.
- ✓ Anticipate compliance problems and remain patient and persistent.
- ✓ Plan clear and mutual goals and stick to them; give clear and specific instructions.
- ✓ Help with the current problems the client presents with rather than trying to establish causes or exploring past problems.
- ✓ Assist the client to develop skills to manage negative emotions (e.g., breathing retraining, progressive muscle relaxation, cognitive restructuring).
- ✓ Take careful notes and monitor the risk of suicide and self-harm.
- ✓ Avoid judgment and seek assistance for personal reactions (including frustration, anger, dislike) and poor attitudes towards the client.
- ✓ Listen to and evaluate the client's concerns.
- ✓ Accept but do not confirm the client's beliefs.

Don't:

- × Reward inappropriate behaviour (such as demanding, aggressive, suicidal, chaotic or seductive behaviour).
- × Get frustrated and angry with the client. Remain firm, calm and in control.
- × Assume a difficult client has a personality disorder; many do not, and many clients with these disorders are not difficult.

Source: Mills et al. 2009 Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings

Techniques for managing cognitive impairment

Techniques for problem-solving, planning, sequencing or decision-making difficulties
• Be clear and explicit in direction. • Encourage rehearsal of sequences within (and outside of) therapy. • Encourage routines. • Teach step-by-step decision-making and problem-solving. • Use timetables and other aids to help the client plan.
Techniques for slow information processing (mental speed)
• Constantly summarise and repeat important points and have the client relay these back to you. • Encourage questions. • Go slowly.
Techniques for poor attention/concentration
• Stress important points, repeat if necessary. • Minimise distractions.
Techniques for poor memory
• Use memory aids, routines and written instructions. • Make sessions at routine times. • Limit the amount of information covered, repeat key points, and go slowly. • Remind the client of appointments and key points where possible.

Source: Mills et al. 2009 Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings

Approaches to treating comorbid AOD and mental health conditions

Sequential treatment

The client is treated for one condition first which is followed by treatment for the other condition. With this model, the AOD use is typically addressed first then the mental health problem, but in some cases, it may be whichever disorder is considered to be primary (i.e., which came first).

Parallel treatment

Both the client's AOD use and mental health condition are treated simultaneously but the treatments are provided independent of each other. Treatment for AOD use is provided by one treatment provider or service, while the mental health condition is treated by another provider or service.

Integrated treatment

Both the client's AOD use and mental health condition are treated simultaneously by the same treatment provider or service. This approach allows for the exploration of the relationship between the person's AOD use and his/her mental health condition.

Stepped care

Stepped care means the flexible matching of treatment intensity with case severity. The least intensive and expensive treatment is initially used and a more intensive or different form of treatment is offered only when the less intensive form has been insufficient.

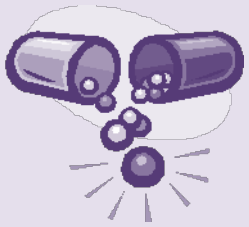
Source: Mills et al. 2009 Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings

Antidepressant medications

Drug type and name	Brand name
Tricyclic Antidepressant (TCA):	
Amitriptyline	Endep
Doxepin	Deptran, Sinequan
Dothiepin	Dothep, Prothiaden
Imipramine	Tofranil
Nortriptyline	Allegron
Clomipramine	Anafranil
Trimipramine	Surmontil
Monoamine Oxidase Inhibitor (MAOI):	
Tranylcypromine	Parnate
Phenelzine	Nardil
Reversible Inhibitor of Monamine Oxidase A (RIMA):	
Moclobemide	Aurorix, Clobemix
Selective Serotonin Reuptake Inhibitor (SSRI):	
Escitalopram	Lexapro
Citalopram	Cipramil
Fluoxetine	Lovan, Prozac
Fluvoxamine	Luvox
Sertraline	Zoloft
Paroxetine	Aropax
Serotonin and Noradrenaline Reuptake Inhibitor (SNRI):	
Venlafaxine XR	Efexor XR
Desvenlafaxine	Pristiq
Duloxetine	Cymbalta
Noradrenaline and Specific Serotonergic Agent (NaSSA):	
Mirtazapine	Avanza
Tetracyclic Antidepressant:	
Mianserin	Tolvon
Selective Noradrenaline Reuptake Inhibitor (NORI):	
Reboxetine	Edronax

Mood stabiliser medications

Drug name	Brand name
Carbamazepine	Tegretol, Teril
Lithium carbonate	Lithicarb
Sodium valproate	Epilim, Valpro
Gabapentin	Neurontin
Lamotrigine	Lamictal
Topiramate	Topamax



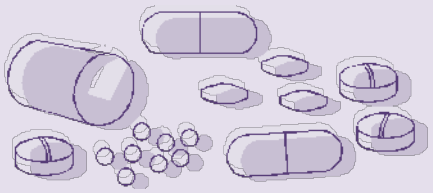
Anti-anxiety medications

Drug name	Brand name
Buspirone	Buspar
Chlordiazepoxide	Librium
Diazepam	Valium, Ducene, Propam, Antenex
Nitrazepam	Mogadon, Alodorm, Dormicum, Nitepam
Oxazepam	Serepax, Benzotran, Murelax, Alepam
Flunitrazepam	Rohypnol
Temazepam	Euhypnos, Normison

Antipsychotic medications

Newer (atypical) antipsychotics

Drug name	Brand name
Clozapine	Clozaril
Olanzapine	Zyprexa
Quetiapine	Seroquel
Risperidone	Risperdal
Amisulpride	Solian
Aripiprazole	Abilify
Ziprasadone	Zeldox



Traditional (typical) antipsychotics

Drug name	Brand name
Chlorpromazine	Largactil
Droperidol	Droleptan
Fluphenazine	Anatensol, Modecate
Flupenthixol	Fluanxol
Haloperidol	Haldol, Serenace
Pericyazine	Neulactil
Pimozide	Orap
Thioridazine	Aldazine, Melleril
Thiothixene	Navane
Trifluoperazine	Stelazine
Zuclopenthixol	Clopixol

Source of above tables of medications: Mills et al. 2009 Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings