

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

OFFICE OF THE MEDICAL DIRECTOR

**4.5 PARAMETERS FOR CLINICAL TREATMENT OF INDIVIDUALS  
WITH CO- OCCURRING SUBSTANCE ABUSE**

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**I. PROGRAMMATIC CONSIDERATIONS**

A. DMH mental health treatment programs should include substance abuse-related programmatic components with demonstrated efficacy, including:

1. Specific psychotherapies,
2. Medications,
3. Case management,
4. Needs assessment,
5. Medical care,
6. Mental health care,
7. Vocational care,
8. Child care,
9. Social services,
10. Transportation, and
11. Health education.

These components are elaborated in DMH Policy# 102.19 entitled "Dual Diagnosis Services."

**II. CLINICIAN/PATIENT RELATIONSHIPS**

A. Clinicians should be aware of their personal feelings and judgments regarding substance abuse, and ensure that their interventions are not adversely affected by any bias or discrimination.

B. Clinicians should be aware of the social and legal fears that patients may have in disclosing substance abuse, and take proactive steps to alleviate this through development of rapport and provision of accurate information regarding confidentiality.

### **III. ASSESSMENT AND SCREENING**

- A. General assessment in all clinics should include screening questions for substance abuse.
- B. Specific assessment for substance abuse and related pathology should include all the components of general psychiatric assessment.
- C. In individuals with known or suspected substance, a comprehensive substance abuse history should be obtained, including specific questions regarding all potential drugs of abuse and previous substance abuse treatment and its outcome, and associated medical conditions.
- D. For each potentially abused drug, the following specific data should be obtained:
  - 1. Alcohol: history of liver disease, pancreatitis, GI bleeding, seizures, memory or other cognitive impairment;
  - 2. Benzodiazepines/and other sedative hypnotics: history of seizures, source of prescription (if applicable);
  - 3. Inhalants: history of liver disease, cognitive impairment, cardiovascular complications;
  - 4. Opioids: history of HIV, HBV, HCV, bacterial endocarditis, or needle-sharing behavior;
  - 5. Psychostimulants: routes of administration; and
  - 6. Steroids: history of liver disease, diabetes.
- E. Relevant laboratory examinations must be available, including toxicology, HIV, TB, liver enzymes, HBV, HCV, CBC and indices, serology for STD.
- F. Assessment for evidence of relapse should be ongoing.
- G. Assessment should include evidence for substance-related social problems, including domestic violence, high-risk sexual behavior, financial stressors, and criminal activity.

### **IV. PSYCHOPHARMACOLOGY**

Parameters for psychopharmacologic intervention in individuals with co-occurring substance abuse are elaborated in DMH Parameter 3.5 entitled “Parameters For The Use Of Psychoactive Medications In Individuals With Co-Occurring Substance Abuse”.

## **V. PSYCHOTHERAPY**

- A. Special consideration should be given to cognitive behavioral therapies that have been shown to be effective for ameliorating substance abuse.
- B. Special consideration should be given to family therapy that addresses denial and enabling behaviors.
- C. Supportive psychotherapy should strike a skillful balance between therapeutic confrontation and support, avoiding either blaming or condoning substance abuse.
- D. Psychotherapeutic interventions should take into account acute and chronic cognitive effects of substance abuse, but not be withheld on this basis.

## **VI. INTERFACE WITH RECOVERY-BASED TREATMENTS**

Participation in responsible recovery-based treatment is entirely consistent with treatment offered through DMH, and should be encouraged.

## **VII. DOCUMENTATION ISSUES**

- A. Documentation of specific consent for release of substance abuse related information should be available and explicit.
- B. As reimbursement sources for treatment are generally determined by the whether the treatment is for substance abuse or mental disorders, documentation of interventions should be explicitly related to treatment of both substance abuse and other psychopathology. Exceptions, if any, should be explicitly noted.
- C. Documentation of substance abuse and related treatment should be comprehensive and complete.

## **VIII. REFERRAL ISSUES**

Referral to other resources should be accompanied by appropriate advocacy necessary to secure services that might be erroneously withheld as a result of discrimination against substance abusers.

## **IX. ESSENTIAL TRAINING FOR DUAL DIAGNOSIS TREATMENT**

- A. Clinicians who treat clients with co-occurring substance abuse should have specific training in this area.
- B. Training should be consistent with Dual Diagnosis curricula offered by the Department of Mental Health Training Bureau and the DMH CME Committee.
- C. Training should be ongoing.

## **X. ESSENTIAL RESOURCES FOR DUAL DIAGNOSIS TREATMENT**

- A. Laboratory services.
- B. Health educators.
- C. Physical examination equipment and skills necessary to accurately determine vital signs, stigmata of substance abuse and substance induced medical conditions with physical signs
- D. Direct referral mechanisms to general health care systems
- E. Direct referral mechanisms to mutual-help recovery-based treatment