

Practitioner Guidelines for Enhanced IMR for COD

Handout #3: The Stress-Vulnerability Model and Treatment Strategies

Introduction

This module helps people understand the stress-vulnerability model of mental illness. It explains what causes mental illness and what factors affect its course. Based on the stress-vulnerability model, several different treatment options are available to help people manage their mental illness and achieve recovery goals. Being knowledgeable about the causes and treatments for mental illness helps people to make informed decisions and engages them actively in the treatment process.

For people who have a co-occurring mental illness and substance use disorder, understanding the impact of substances on a person's biological vulnerability to a mental illness is important. Substances exacerbate symptoms and can lead to relapse. People should also understand that addiction is a chronic illness, and people have the same kind of biological vulnerability to drug and alcohol use that they have to other illnesses.

Note: For the practitioner's convenience, information and strategies that relate to COD are placed in *italics*. In addition, there is an additional category called "Substance Use Strategies" that provides specific strategies for COD within this particular module.

Goals:

- Explain how stress and biological vulnerability play a role in causing symptoms.

- *Describe how substance use can trigger an increase in symptoms of a mental illness and cause a relapse.*
- *Discuss how people who have substance use problems often cope with stress by using drugs and/or alcohol, which triggers relapse of a mental illness.*
- *Describe how an increase in symptoms of a mental illness can increase the risk of a relapse in substance use. For example, if people with co-occurring disorders began to hear intrusive voices, they might drink to distract themselves from the voices and/or what the voices are saying. By drinking, they may be relapsing into substance use addiction.*
- *Convey the message that treatment can help people reduce their symptoms and achieve their goals.*
- *Explain how taking medications and decreasing or abstaining from drugs and alcohol can reduce a biological vulnerability to a mental illness.*
- *Help people become familiar with different treatment options.*
- *Remind people that integrated treatment is the most effective approach for co-occurring disorders.*
- *Help people decide which treatment options they want.*

Number and pacing of sessions

“The Stress-Vulnerability Model and Treatment Strategies” module can usually be covered in two to four sessions. Within each session, most people find that covering one or two topics and completing a questionnaire is a comfortable amount.

Structure of sessions

1. Informal socializing and identification of any major problems.
2. Review the previous session.
3. Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles.
4. Follow-up on goals.
5. Set the agenda for the current session.
6. Teach new material (or review material from the previous session if necessary).
 - *Potential Topic Starters:*
For co-occurring disorders, you can use topic starters such as: “Today we are going to talk about how stress is related to symptoms of mental illness. Do you think stress is also related to substance use? If so, in what ways?”
7. Summarize progress made in the current session.
8. Agree on homework to be completed before the next session.

Strategies to be used in each session

- Motivational strategies
- Educational strategies
- Cognitive-behavioral strategies

Motivational strategies

Motivational strategies in this module focus on helping people see how treatment can improve their lives. The two major questions to keep in mind are:

“How can treatment decrease symptoms and distress for the person?”
“How could treatment help the person to accomplish his or her personal goals?”

The following suggestions may be helpful:

- Keep in mind that common motivations for treatment include decreasing symptoms, relapses and re-hospitalizations, increasing independent living, and improving relationships.
- For each major topic covered in the handout, help the person to identify at least one way that information about that subject might be helpful to him or her. For example, when reading about the topic “Coping with stress,” you might ask a general question, such as “How could it be helpful to you to learn effective ways of coping with stress?” If the person has difficulty answering, you might try one of the following probe questions, “Have there been times when you’ve been under stress? What happened?” “Did you ever think that stress might be connected to having more symptoms?”
- Show an appreciation for the person’s experience and knowledge. Thank the person for his or her comments and clarifications. Recognizing the person’s expertise makes the relationship with the practitioner collaborative, reinforcing, and motivating.
- Keep in mind the goals that the person identified in the first module (Recovery Strategies). Continue to help him or her identify goals as an ongoing process. In this module, the practitioner can also help the person identify information about treatment that might help him or her achieve a personal goal.
- *Use the stress-vulnerability model to help the person understand how substance use impacts symptoms of a mental illness.*

- *Recognize that people will be at different stages of treatment around their substance use. Keep in mind how the person's stage of treatment affects his or her motivation to learn about the stress-vulnerability model. Here are some examples of strategies you can use in this module to help people at different stages of treatment:*
- *People in the engagement phase do not feel they have a substance use problem, so one strategy is to help the person identify someone they know who has a substance use problem and apply the stress-vulnerability model to him or her,*
 - *Persons in the persuasion stage are aware they have a problem with substance use but are “on the fence” about stopping, so the stress-vulnerability model can help them understand how an increase in substance use can interfere with achieving their recovery goals.*
 - *Common motivational strategies for people in active treatment or relapse prevention focus around the development of a sober peer network. Explore how the stress-vulnerability model demonstrates the importance of these supports.*

Educational strategies

Educational strategies for this module focus on helping people understand the stress-vulnerability model. According to the stress-vulnerability model, effective treatments must address both stress factors and biological factors.

It is helpful to relate the information in the handout to the person's own situation. For example, learning more about the stress-vulnerability model might help someone recognize that stress contributed to an increase in symptoms or a re-hospitalization in the past.

The following strategies were discussed in detail in Module 1.

- Review the contents of the handout by summarizing or taking turns reading paragraphs.
- Pause at the end of each topic to check for understanding and to learn more about the person's point-of-view.
- Allow plenty of time for questions and interaction.

- Pause to allow the person to complete the checklists and questionnaires.
- Break down the content into manageable “pieces.”
- Find a pace that is comfortable for the person.

These educational strategies may also be helpful in Module 3:

- *Ask people about experiences related to being more sensitive to the effects of substances. For example, drinking even a small amount may trigger negative effects for them.*
- *For people who have substance use disorder it will be important to discuss how one’s biological vulnerability to a substance use disorder is much the same as a biological vulnerability to a mental illness, or to heart disease, or diabetes.*
- *By educating people about the stress-vulnerability model you can offer a menu of treatment choices, which allow them to participate in a shared-decision making approach.*

Cognitive-behavioral strategies

Cognitive-behavioral strategies focus on helping people decide how to use information from this module to think differently or behave differently regarding treatment. It is especially helpful for people to think of how they can use treatment to improve some aspect of their own lives.

- At the end of each session of this module, help the person think of ways that he or she might apply the information covered in the session. For example, after reading “What kinds of treatment options are there to choose from?” some people may say that they have been interested in finding a job, but did not know about supported employment programs.
- In the session the person could determine the steps for enrolling in a local supported employment program. The person could practice how to talk with his or her case manager about a program, or make a phone call to get information. Making the phone call before the next session could be part of homework.
- In completing the “Coping with Stress Checklist,” the person might choose the strategy of engaging in a hobby as a way of dealing with stress. The practitioner could help the person choose a

hobby, ensure that he or she has the necessary equipment, and help him or her plan when to engage in the hobby. If the hobby is something that requires another person, such as a card game, the practitioner could help the person pick someone to ask. The practitioner could then role-play with the person how he or she could make the request. Homework could involve making the actual request.

- *Practitioners should remind clients that by coping with stress, they might also reduce cravings and relapse of substance use.*
- *Persons may have inaccurate beliefs about the role of substance use in their illness. Use the information in the stress-vulnerability model to challenge those inaccurate beliefs and come up with more realistic ones.*
- *Reinforce any contemplation or consideration of changing substance use that the person expresses. Explore how the person can work together with the practitioner to help make those changes when the person has decided to cut down or stop using.*
- *Reinforce any changes that the person has made in substance use. Discuss benefits that the person has observed since making a change in substance use.*
- *If the person has decided to take steps to better manage their mental illness or substance use, help them identify and practice the steps to take. Role-play the steps in session. For example, a person deciding to find someone to listen to music with in the evenings instead of drinking could role-play how to invite a friend from work to listen to music.*
- *If the client is someone with a co-occurring mental illness and substance use disorder, and they are concerned about having to do a drug screen when applying for jobs, they can practice discussing this concern with an employment specialist.*

Substance Use Strategies

As noted in the introduction to the Practitioners' Guidelines for COD-Enhanced IMR, there are 8 principles of COD Treatment. It is helpful for practitioners to keep all of the principles in mind when they deliver each module. It is also important to note that some modules offer more opportunities than others to apply specific principles. In addition, the principles are applied in different ways, depending on the client's stage of treatment.

Here is a review of the COD principles:

- 1. Integration of mental health and substance use services including mental health and substance abuse treatment and relapse prevention planning.*
- 2. Access to comprehensive assessment of mental health and substance use.*
- 3. Comprehensive variety of services offered to clients such as family therapy, medications, supported employment, use of self-help services such as Dual Recovery. Providing a full array of services.*
- 4. An assertive approach to treatment (i.e., not waiting for client to request treatment but using engagement strategies such as assertive outreach).*
- 5. Using a harm reduction approach.*
- 6. Motivation-based treatment and stage wise interventions.*
- 7. Long-term perspective of treatment or time-unlimited services.*
- 8. Providing multiple psychotherapeutic modalities.*

Here are a few examples of opportunities for practitioners to use the COD principles in Module 3, “Stress Vulnerability Model.”

Principle 1: *Practitioners can integrate mental health and the role of substance use into the discussion of the stress-vulnerability model.*

Principle 2: *It can be helpful for practitioners to assess current symptoms and substance use to individualize how the stress-vulnerability model applies to the individual.*

Principle 3: *Practitioners can include a discussion of how a comprehensive variety of services can be helpful in reducing stress (i.e., social support groups) and biological vulnerability (i.e., taking medications).*

Principle 5: *Practitioners can reinforce any contemplation or changes the person wants to make in substance use and how that could affect her vulnerability.*

Principle 6: *In this module, practitioners use a motivation-based treatment and stage wise Interventions, including using strategies to help clients understand the stress-vulnerability model-see Motivational Strategies.*

Principle 8: *Practitioners can provide opportunities for people to participate in different modalities such as groups where a person can learn how other people in later stages of treatment have found the stress-vulnerability model to be helpful in recovery.*

Below are some additional examples of using the COD principles in this module.

- *Help people develop techniques for coping with cravings (i.e., soothing behaviors such as taking a walk or deep breathing) and other negative thoughts related to substance use.*
- *Explore ways to develop skills needed to support abstinence such as drinking/drug refusal skills or assertiveness skills.*
- *Have people keep a record of how much and how often they drink or use substances as a first step towards cutting down.*

Special Issues for Group IMR

- *Group members may be at different stages of treatment so it may be helpful to reference the experience of other group members in later stages of treatment to demonstrate how learning about the stress-vulnerability model has been helpful in their recovery.*
- *Group members may have different understandings about the causes of substance use disorders and mental illness. Encourage group members to share their views about the role of stress and biological vulnerability in the development of mental illness and substance use disorders. Discuss how mental illness and substance use disorders may run in families and how learning about the stress-vulnerability model can decrease feelings that mental illness is their fault.*
- *When discussing the stress-vulnerability diagram, help group members make a list of the strategies they use in each category. These could include strategies around taking medications, coping with stress, building social support, avoiding alcohol and drugs, using coping strategies, and strategies to better manage their recovery.*

Homework

- **Help the person plan to do something outside of the sessions that will put into action what he or she is learning. For example, if the person is interested in writing in a journal to relax, the practitioner could help the person decide where to buy a journal and how many entries to write before the next session.**
- **Follow up on the homework by asking how it went. For example, the practitioner could ask, “Were you able to locate a notebook for your journal? Were you able to write an entry in the journal? How did it go?”**

- If people do not complete the homework, the practitioner can gently ask what got in the way. The practitioner can then develop (and sometimes practice) ways of overcoming obstacles to completing the homework. For example, if someone was unable to write in the journal because of a lack of privacy, the practitioner could explore alternative locations that might be available. If someone had difficulty thinking of topics to write about, the practitioner could help identify possible topics.
- Encourage homework that involves family members and supporters.
- *For many people, the members of their support network may be highly aware of stressors that trigger substance use. Because of this, it could be helpful to have the person sit down with one of their supports and come up with a list of stressors that they have observed putting the person at risk for using substances.*
- *To reduce biological vulnerability it is important to reduce the stress in your life, and for the stress that can't be eliminated, to develop coping strategies. Once the person has identified stressors that put him at risk for using substances, ask him to choose one or two strategies from the Reducing Stress Checklist to try over the next week. Practice the strategy in session if possible.*
- *Ask the person to discuss the reducing stress strategies he has selected with a support person.*
- *Since some stress is unavoidable, look at the checklist and identify coping strategies the person already uses, and one or two new strategies the person would like to try. Practice it in session if possible.*

Tips for common problems

- People may say that they do not have a mental illness and believe that they do not need treatment.

Even when people do not believe they have an illness, they may recognize the negative effects of stress in their lives. They are often receptive to talking about treatment options as a way of reducing stress or coping with life problems.

Many people who do not think they have a mental illness are comfortable talking about problems they are experiencing, and are

interested in hearing ideas about how they might solve those problems. For example, if a person reports feeling isolated, he or she might want to hear about local support groups, consumer-operated clubhouse programs, or peer support centers. People who express an interest in working might be interested in hearing about supported employment programs.

- Some people say they don't want to make decisions about their treatment. They prefer practitioners to make the decisions for them.

Many people have had prior experience in which they were discouraged from expressing their opinions and were not consulted about their preferences. It is very important to ask people questions and elicit their opinions and comments about treatment. Practitioners should show they value what people have to say, and emphasize the importance of people making decisions in active collaboration with others.

Some people have had negative experiences with treatment in the past. Allow people time to talk about their experiences, but do not devote an entire session to dwelling on the past. Let people know that there are more treatment options available than there were before. For example, several more effective medications have recently been developed and new psychosocial programs are available.

Do not pressure people to accept specific treatments, but actively encourage them to become aware of their options and to get involved in making their own choices. Practitioners should emphasize that they would like to work with people to help them make treatment decisions that will help them achieve their goals, get on with life, and avoid previous negative experiences.

- *People may not feel that substance use is a problem. Still, they may recognize that they have used substances (or more substances) in response to high stress. They may be open to considering other coping strategies that are more acceptable to their support network, and thus may reduce stress in that area (family relationships) of their life as well.*

Additional Resources

- *In the Integrated Treatment for Dual Disorders book:*

- *Information on the stress-vulnerability model, page 12.*
- *Handout on stress vulnerability model Handout B.10, pages 385-388.*
- *Behavioral Health Evolution: Stress Vulnerability Model. Handout integrating mental health and substance use.*
 - *Go to the following website: <http://www.bhevolution.org/public/stress-vulnerability.page>*
Scroll down to the section titled: Handout Available and click on the link for download the “Stress Vulnerability Model” handout.

COD-Clinical Vignette

George continued making progress on his recovery goal. He brought in a list of questions that the office manager might ask him and he and Lynette went through the list together. He agreed to start practicing the questions and try to pick a song he could play for the office manager for next week. After their discussion last week about how alcohol could make him more depressed and interfere with his music, he reported noticing that he played for shorter amounts of time when he had been drinking. George did not go to Dual Recovery meeting but agreed to try another meeting in the next two weeks.

During the sessions that covered the stress-vulnerability model, George began to put together the picture of how his bipolar disorder was affected by his alcohol use. When learning about what improves symptoms and reduces relapses, George was skeptical about how not using alcohol could help his symptoms. In the past he had stopped drinking a few times, and felt an increase of depression and anxiety.

Lynette asked George if he has any other friends who drink or use drugs and inquired about how substance use may have impacted his friend’s mental health. George shared a story about his friend Frank, who becomes even more suspicious when he uses “speed” and thinks the police are following him and are going to “bust” him. George reported that Frank’s paranoia has resulted in him going to the hospital several times and having difficulty getting his life back on track. George said that he had never thought about how much his drinking could be affecting his depression. He reported that he was willing to try cutting down to see if that would make a difference in his symptoms. Lynette helped George make an appointment with the psychiatrist to develop a plan for George to cut back slowly on his drinking. For his home assignment, George agreed to try out the Dual Recovery group again and to see what others in the group could suggest to help him try cutting down on his drinking.

Review Questions

At the end of this module, practitioners can use either open-ended questions or multiple choice questions to assess knowledge of the main points. Practitioners can use either of the following types of questions (open-ended or multiple choice).

Open-ended questions

- According to the stress-vulnerability model of psychiatric disorders, what are the main factors that contribute to symptoms?
- How can people reduce their biological vulnerability?
- How can people cope with stress?
- What are some examples of treatments that help people recover?
- What treatment options have helped you?
- *How does reducing stress help people with a substance use disorder?*

Multiple choice and true/false questions

1. Scientists believe that biology and stress both play a part in causing symptoms. True or false
2. One way people can reduce their biological vulnerability to mental health symptoms is:
 - Drink alcohol and take street drugs
 - Take medications prescribed by the psychiatrist
 - Read about the symptoms
3. Two effective ways to cope with stress are:
 - Exercise regularly
 - Put pressure on yourself
 - Drink a six pack of beer
 - Talking with friends or family members
4. Which of the following is **NOT** an example of a treatment option for mental illness:
 - medications
 - x-rays
 - supported employment programs

- social skills training groups
5. Everyone with mental illness benefits from exactly the same treatment. True or False
6. *Which of the following is NOT a treatment option for a substance use disorder?*
- *Peer recovery supports in the community*
 - *Social skills training (drink/drug refusal skills)*
 - *Spend time with peers that you used substances with in the past*
 - *Identify strategies to cope with substance use cravings*