comorbidity

the forensic implications of co-occurring conditions

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thank you

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78
NIL SATIS
NISI OPTIMUM
Everton

- brief case study
- comorbidity
  - what do we mean?
  - how common is it really?
- management of comorbidity
  - general
  - formulation
  - motivation and engagement
- conclusions and recommendations

jimmy

CASE STUDY


poor social support
poor housing
bstance misuse
no skills
domestic violence, child neglect
head injury
no money
reduced social and mental health services
no job
poor physical health

- where do I begin?
- what do I prioritise?
- how will responding to one condition impact on all other conditions – and how can I manage that …?

what do we mean?

COMORBIDITY

simple definition:

two or more distinct conditions co-occurring in one individual,
one of which will be regarded as the *index* (or primary) condition, the remainder *comorbidities*

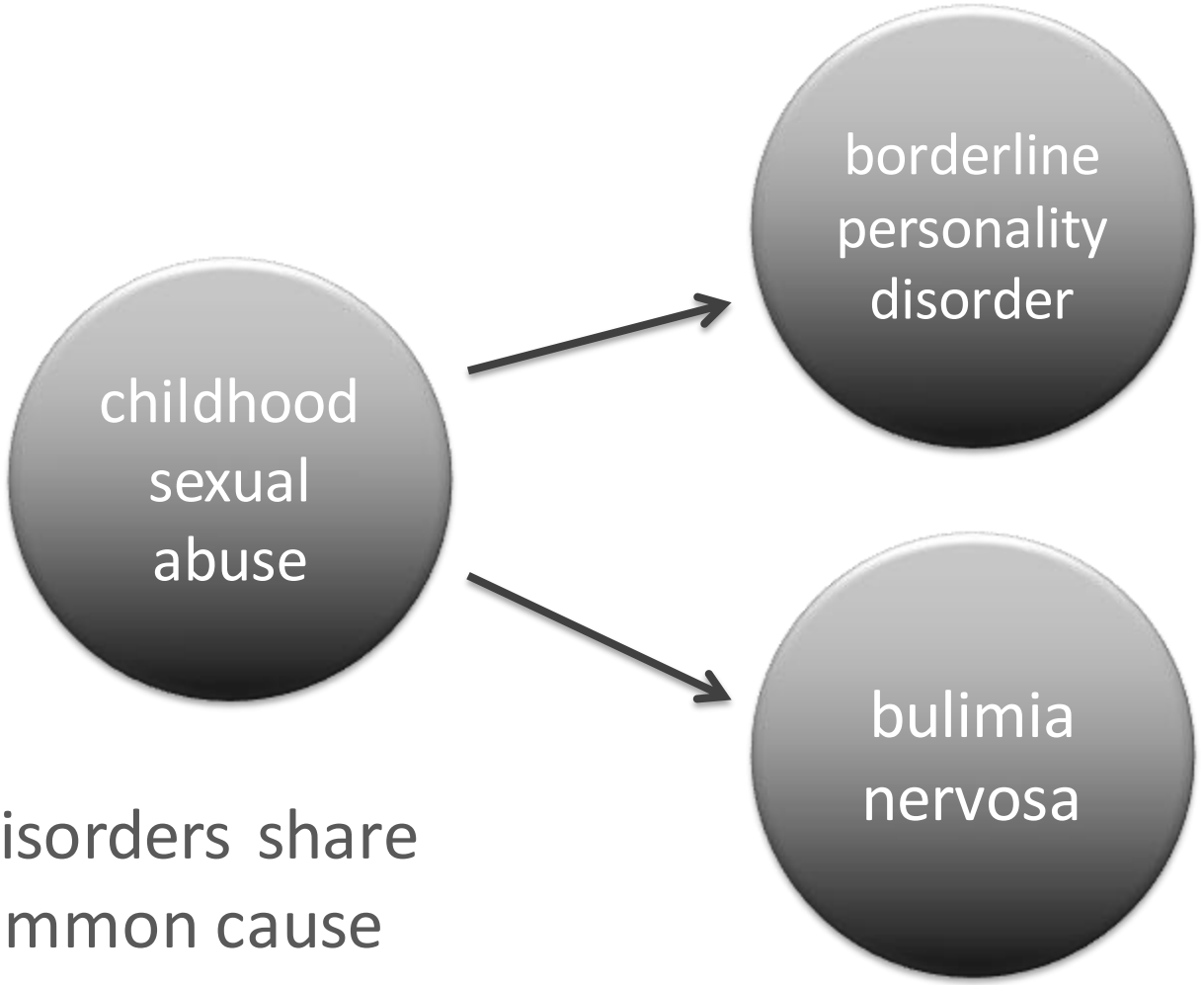
models of comorbidity

1. true independence model
2. common cause model
3. vulnerability model
4. scar model
5. spectrum or sub-clinical model
6. additive or exacerbation model

true independence model

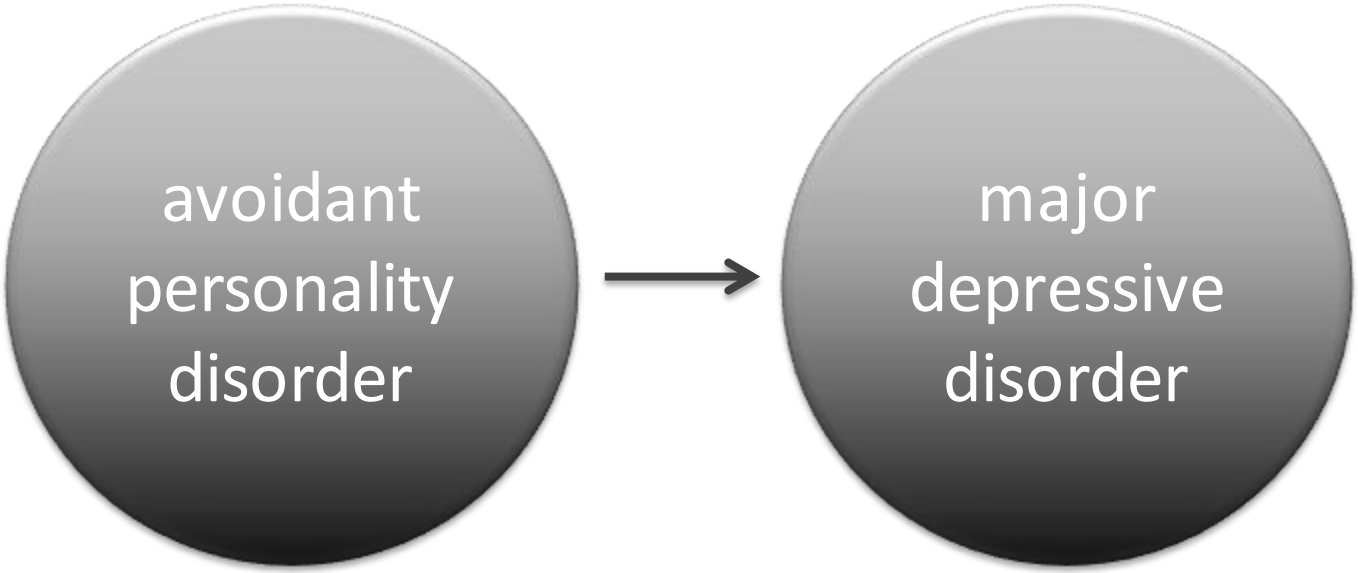
two disorders co-occur by chance

common cause model



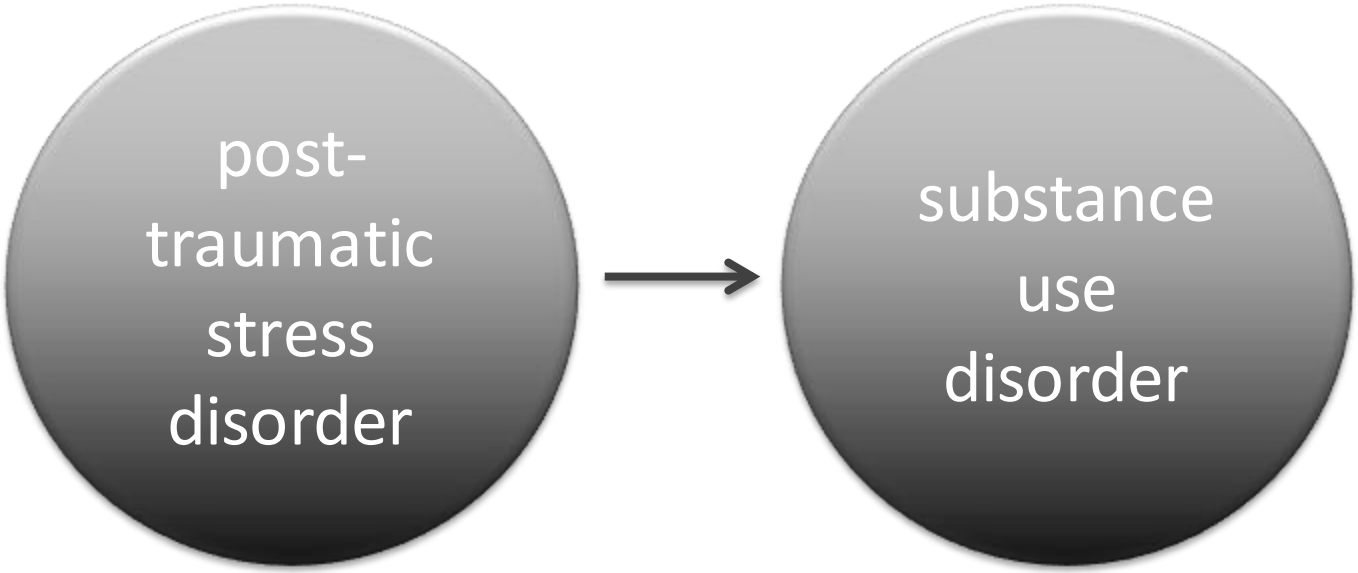
two disorders share a common cause

vulnerability model



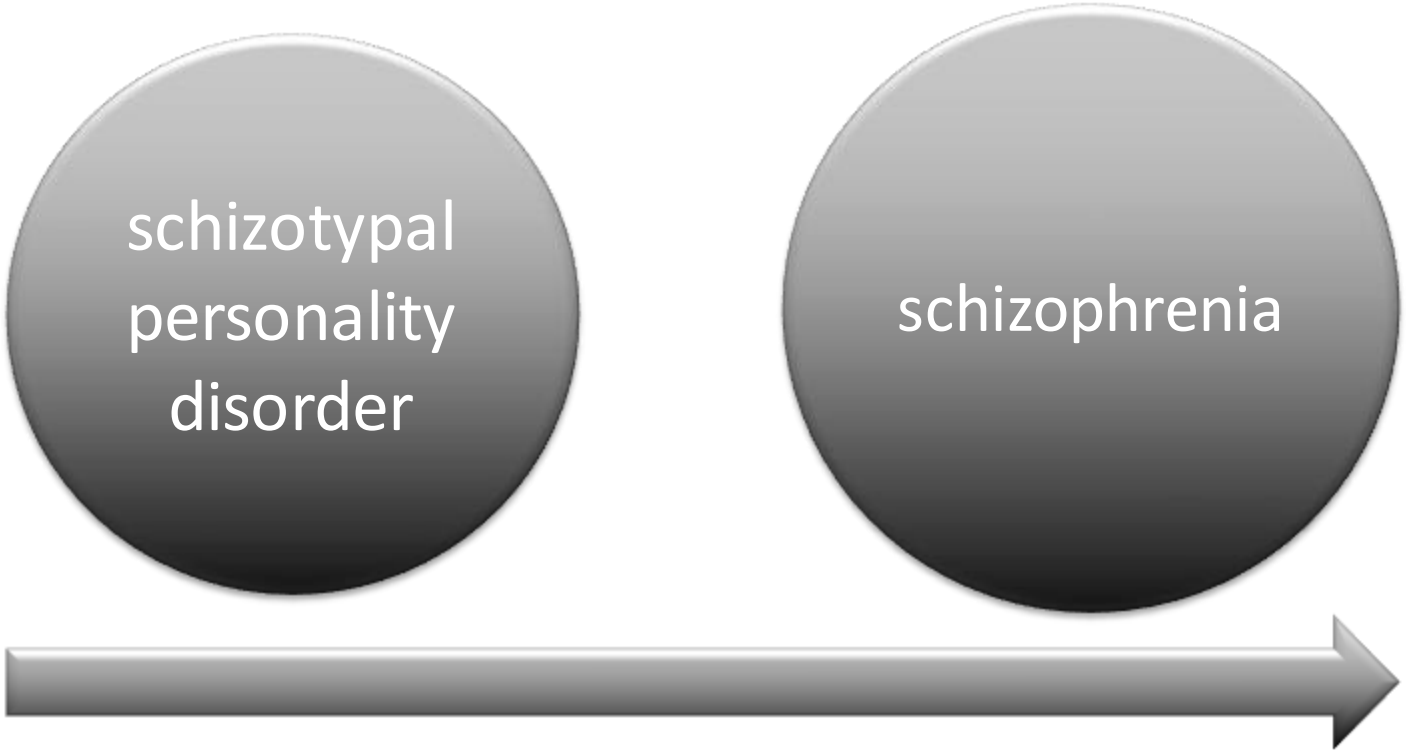
one disorder increases the risk of developing another

scar model



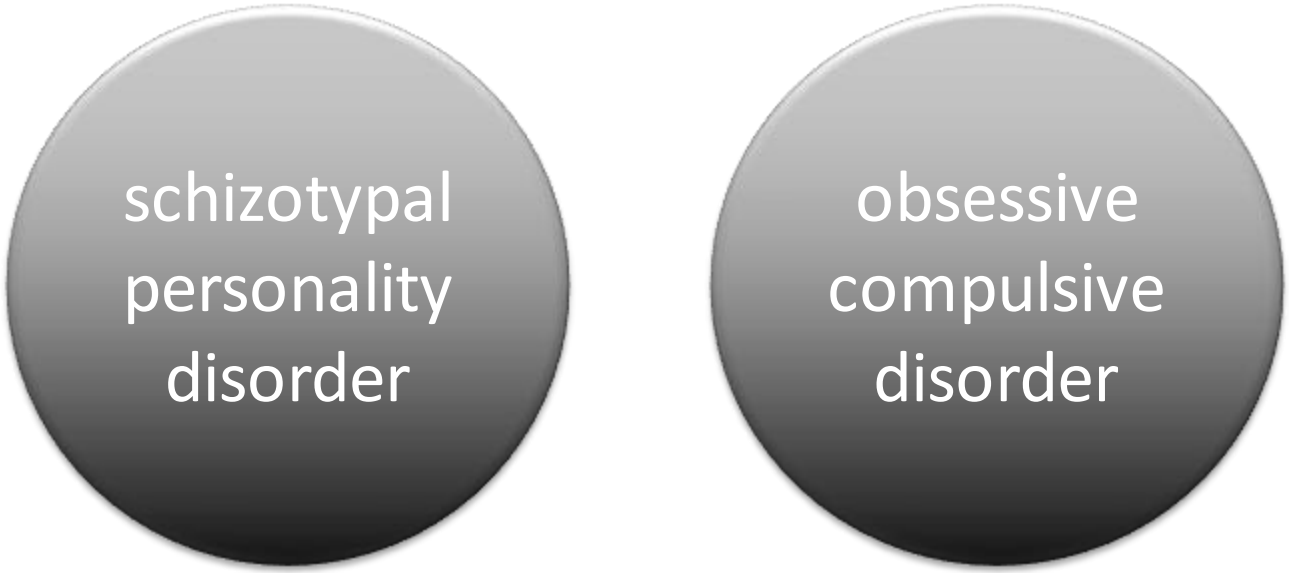
the second condition develops in the context of the first, but carries on after the first remits

spectrum or sub-clinical model



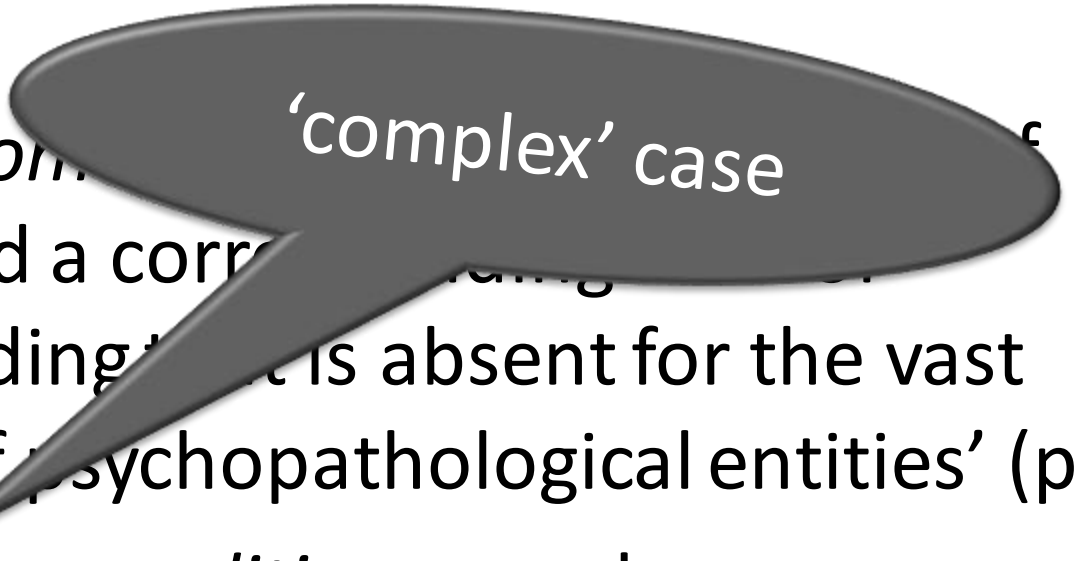
related conditions, on a spectrum of severity

additive or exacerbation model



the presence of one disorder adds to or exaggerates the symptoms of the other

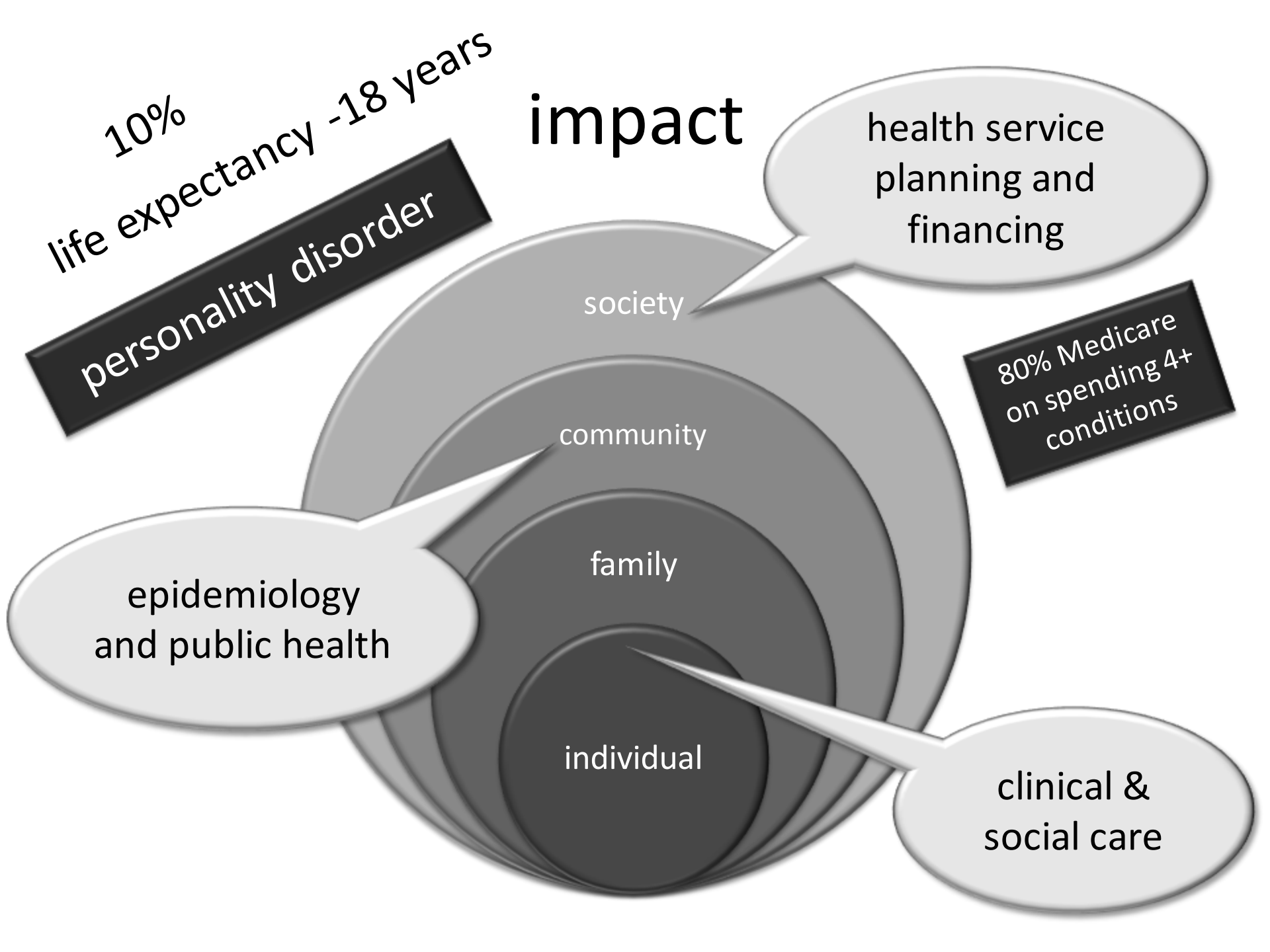
lilienfeld et al (1994)



- the term *com* f disease and a corr understanding it is absent for the vast majority of psychopathological entities' (p.79)
- *co-occurring conditions* may be a more appropriate term
  - avoids the assumption of diagnostic distinction implied by the term comorbidity
  - diagnostic systems don't 'carve nature at its joints'

key questions

nature


10%
life expectancy -18 years
personality disorder
impact
health service planning and financing
society
80% Medicare on spending 4+ conditions
community
family
epidemiology and public health
individual
clinical & social care

summary (i)

- *comorbidity* is a complicated concept
  - think about the terms you use
  - think about the connections between clinical conditions
  - nature, chronology, impact
- the impact of multiple co-occurring conditions is huge – personally and systemically
  - consequences of a piecemeal approach are big

how common is it really?

COMORBIDITY

headlines!

prevalence estimates vary widely depending on research method

research focus on single more than multiple co-occurring disorders

4% to 26% of men and women in community settings have one or more currently diagnosable mental disorders – figures double when lifetime prevalence considered – about ¼ to ⅓ are ‘serious’

4% to 15% current diagnoses of personality disorders, almost doubling when lifetime diagnoses considered

anxiety, mood, impulse control, substance use disorders commonest

clients with personality disorder(s) are especially vulnerable to clinical syndrome diagnoses (old Axis I)

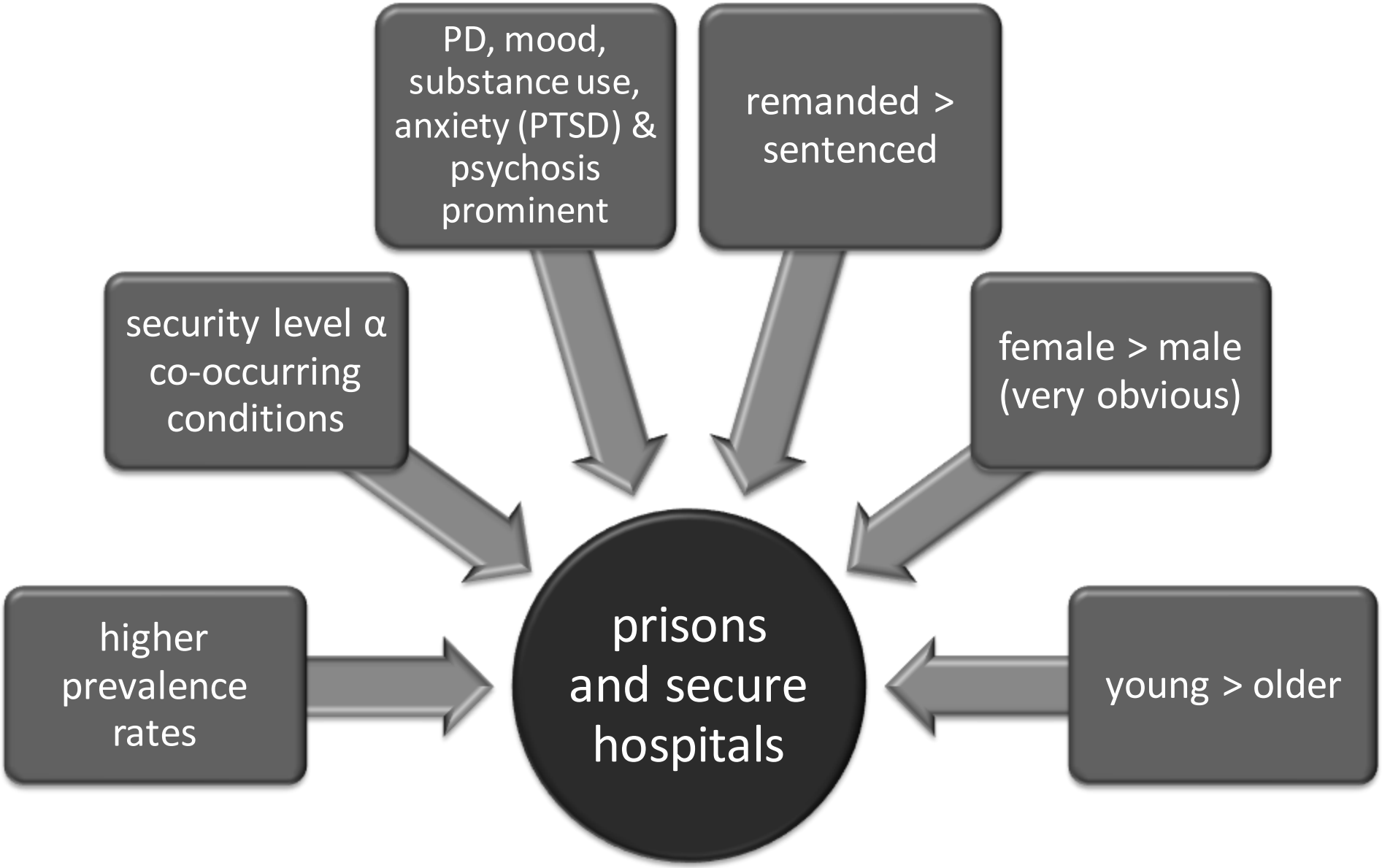
half of all lifetime cases of disorder start by 14 years, ¾ by 24 years

comorbid conditions onset later

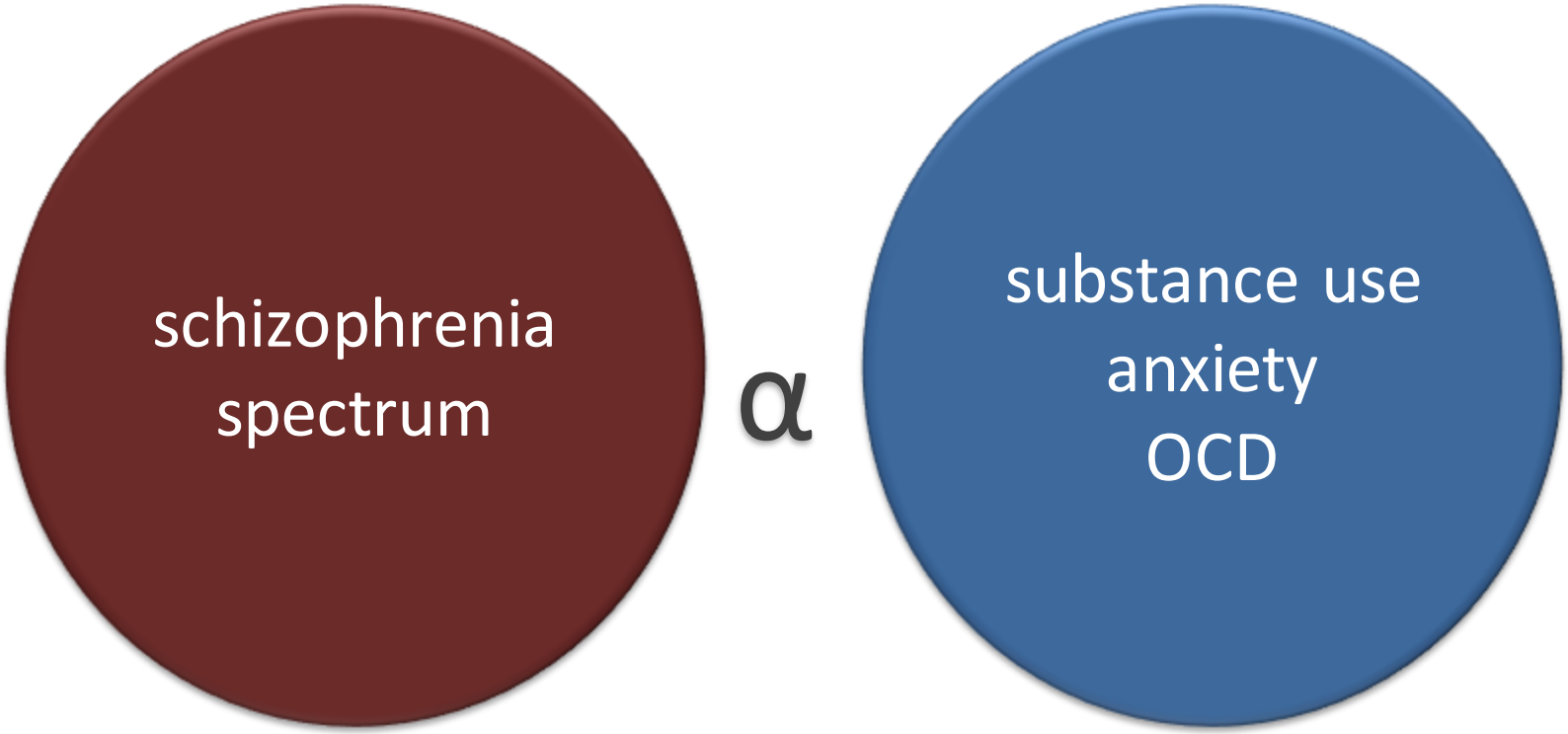
wide geographical variation (developed > less developed countries)

(though developed > less developed in terms of access to treatment)

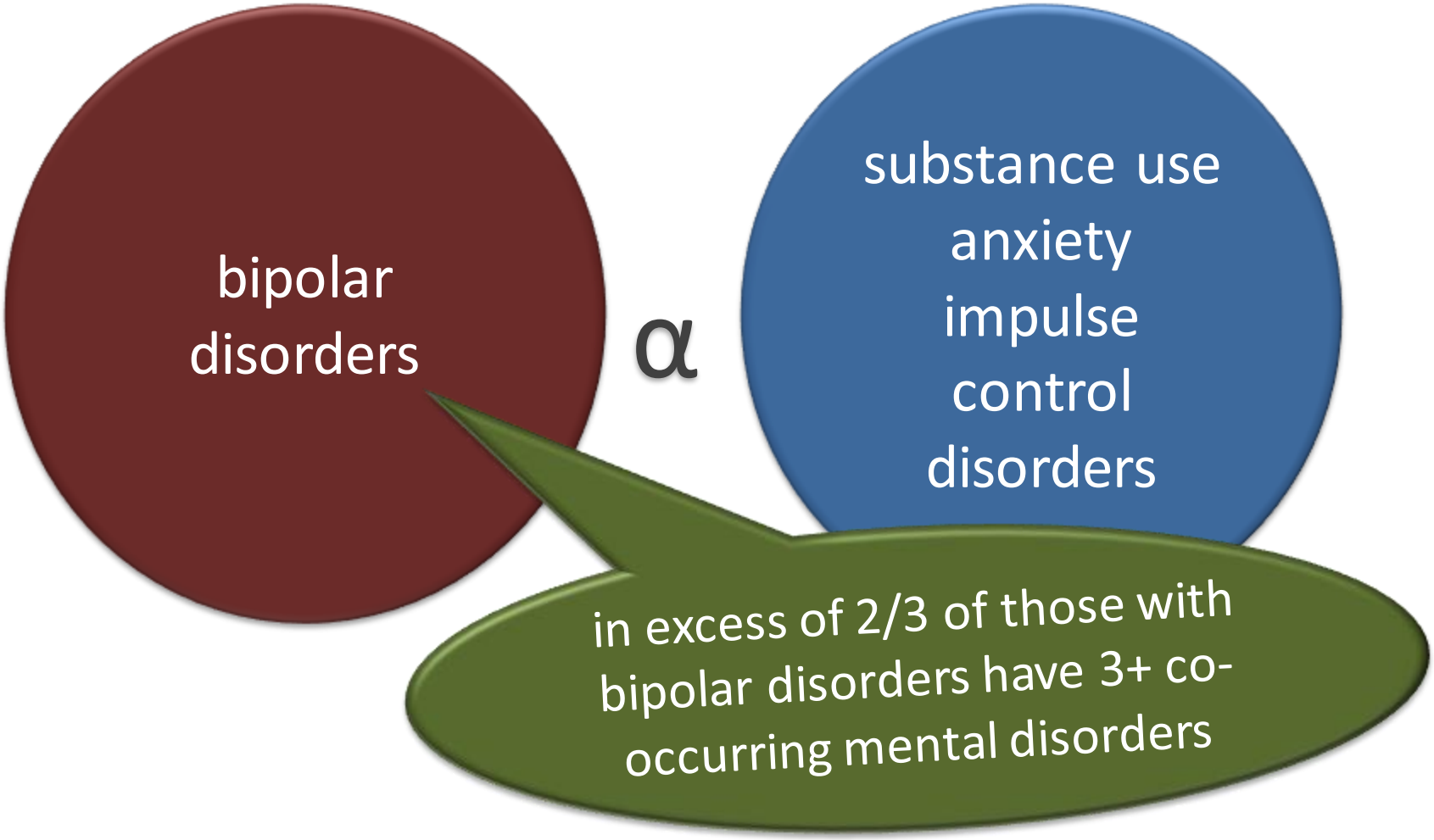
female > male


PD, mood, substance use, anxiety (PTSD) & psychosis prominent
remanded > sentenced
security level α co-occurring conditions
female > male (very obvious)
higher prevalence rates
prisons and secure hospitals
young > older

predictable patterns of co-occurrence



predictable patterns of co-occurrence



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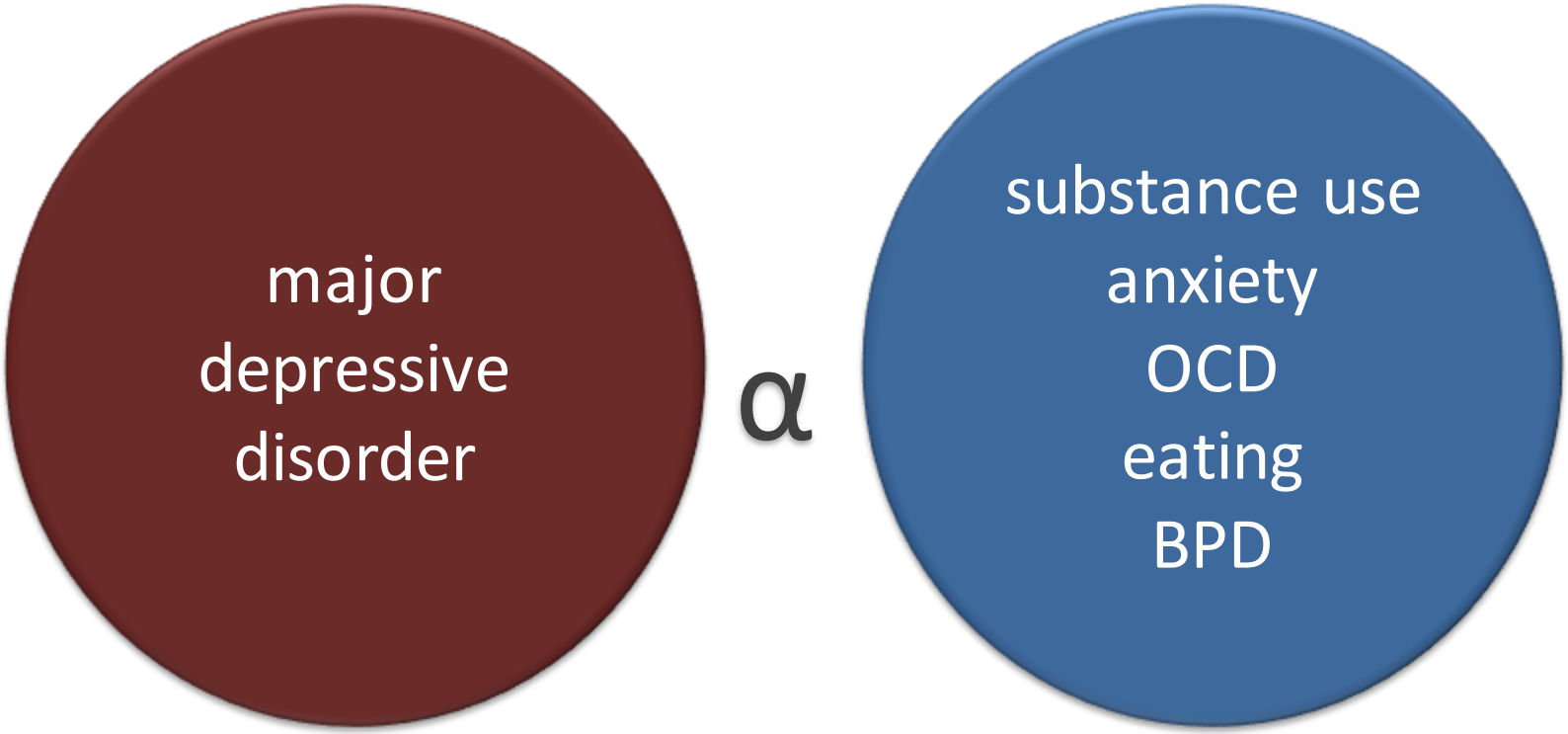
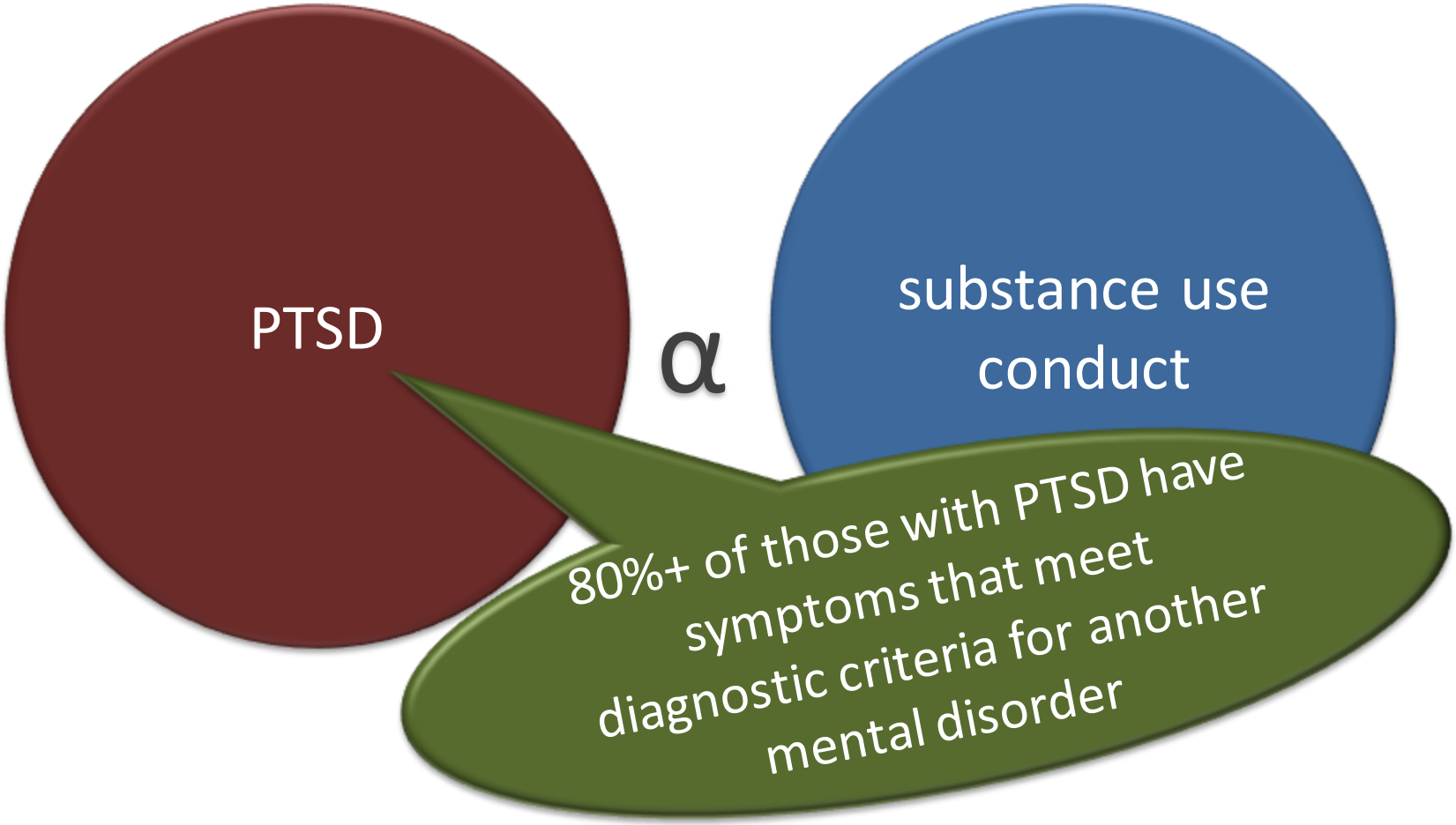
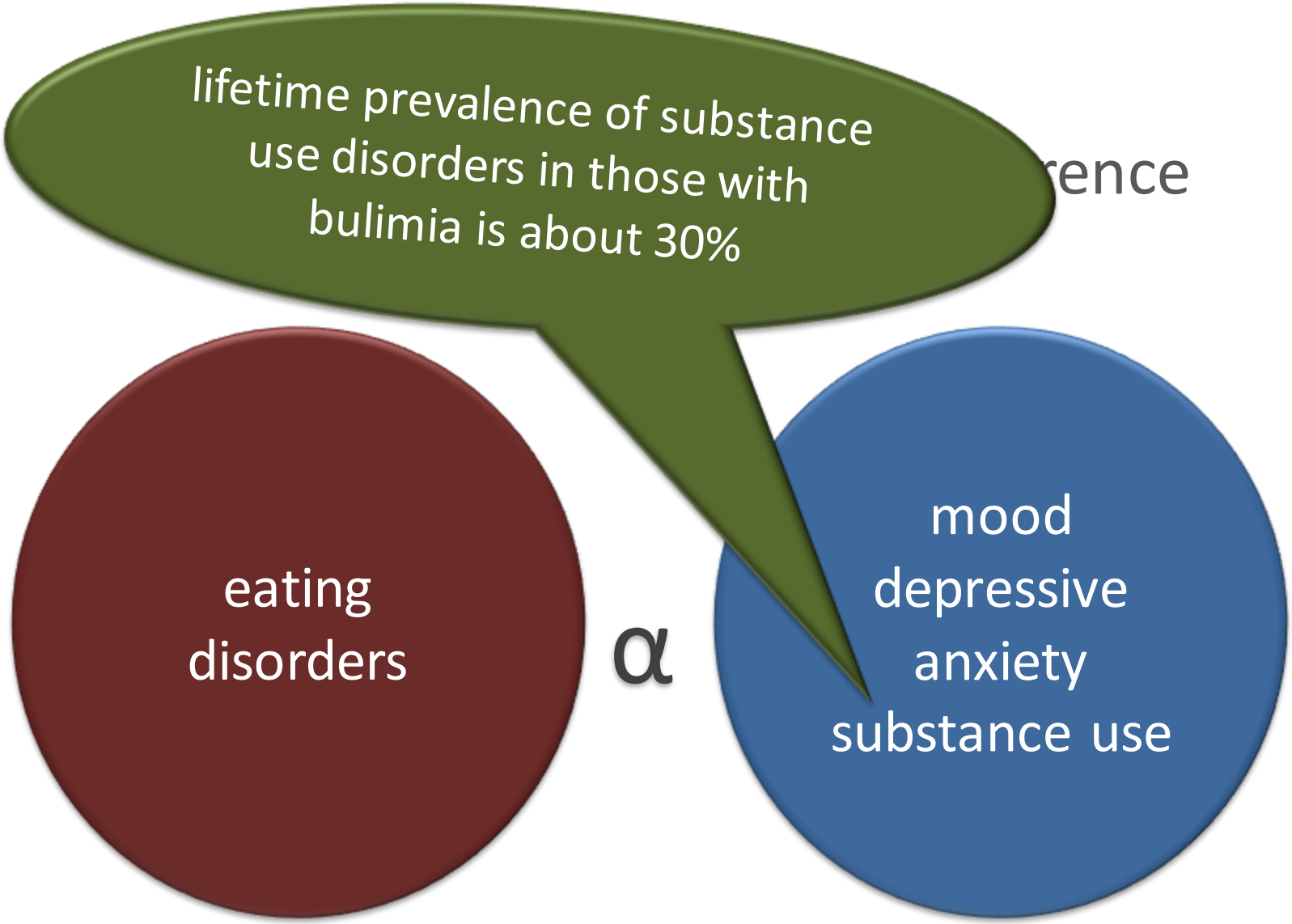
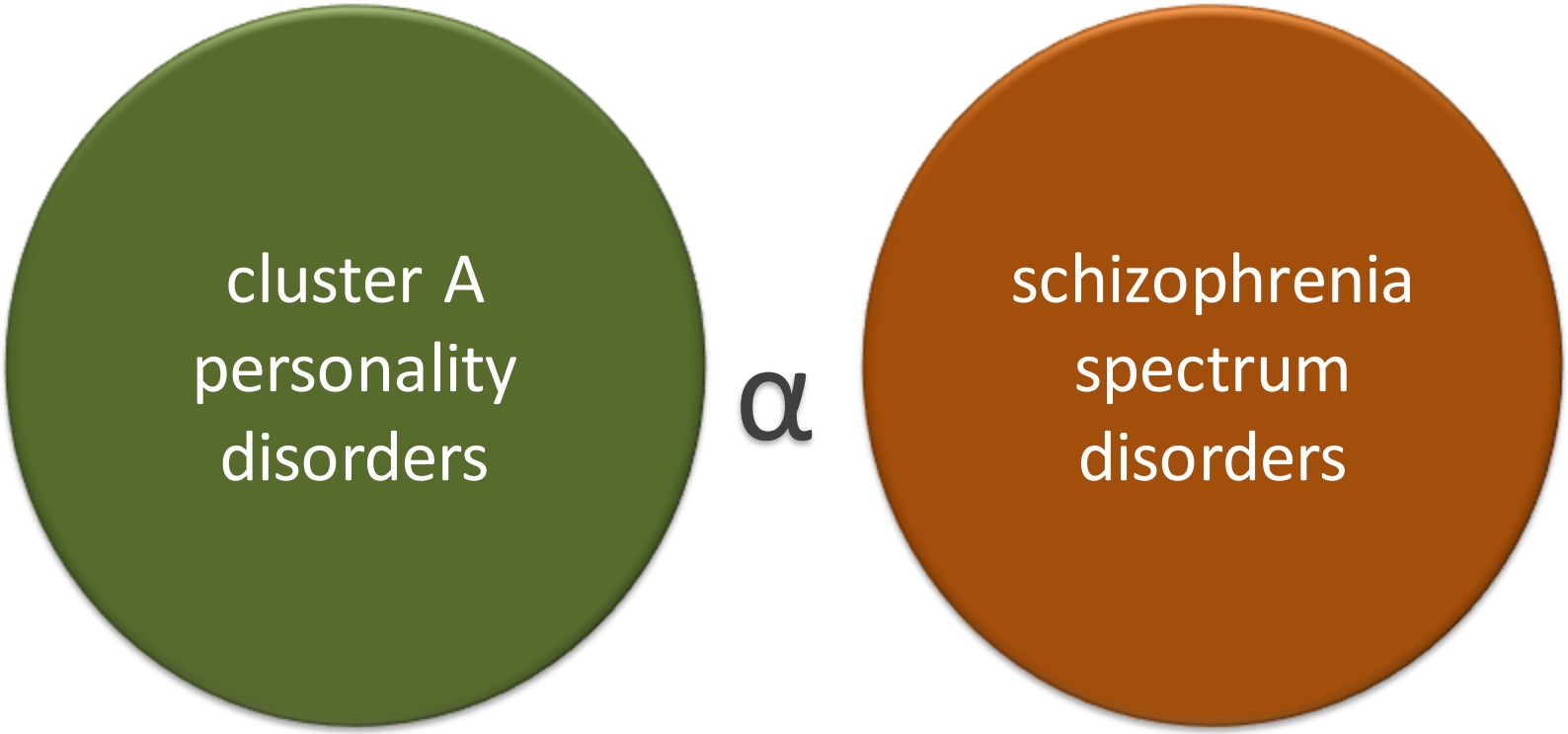


predictable patterns of co-occurrence

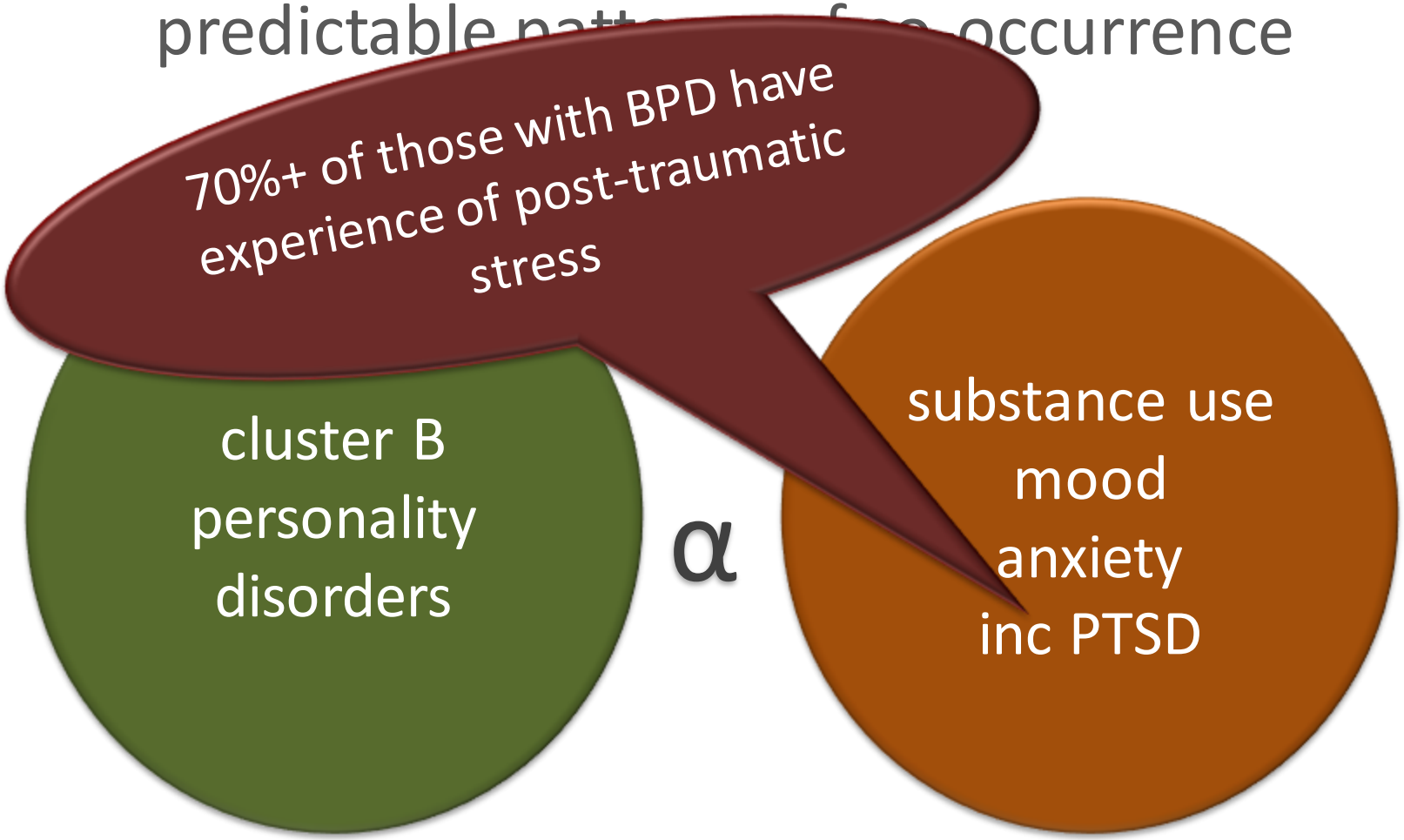



lifetime prevalence of substance use disorders in those with bulimia is about 30%
rence
eating disorders
α
mood
depressive
anxiety
substance use

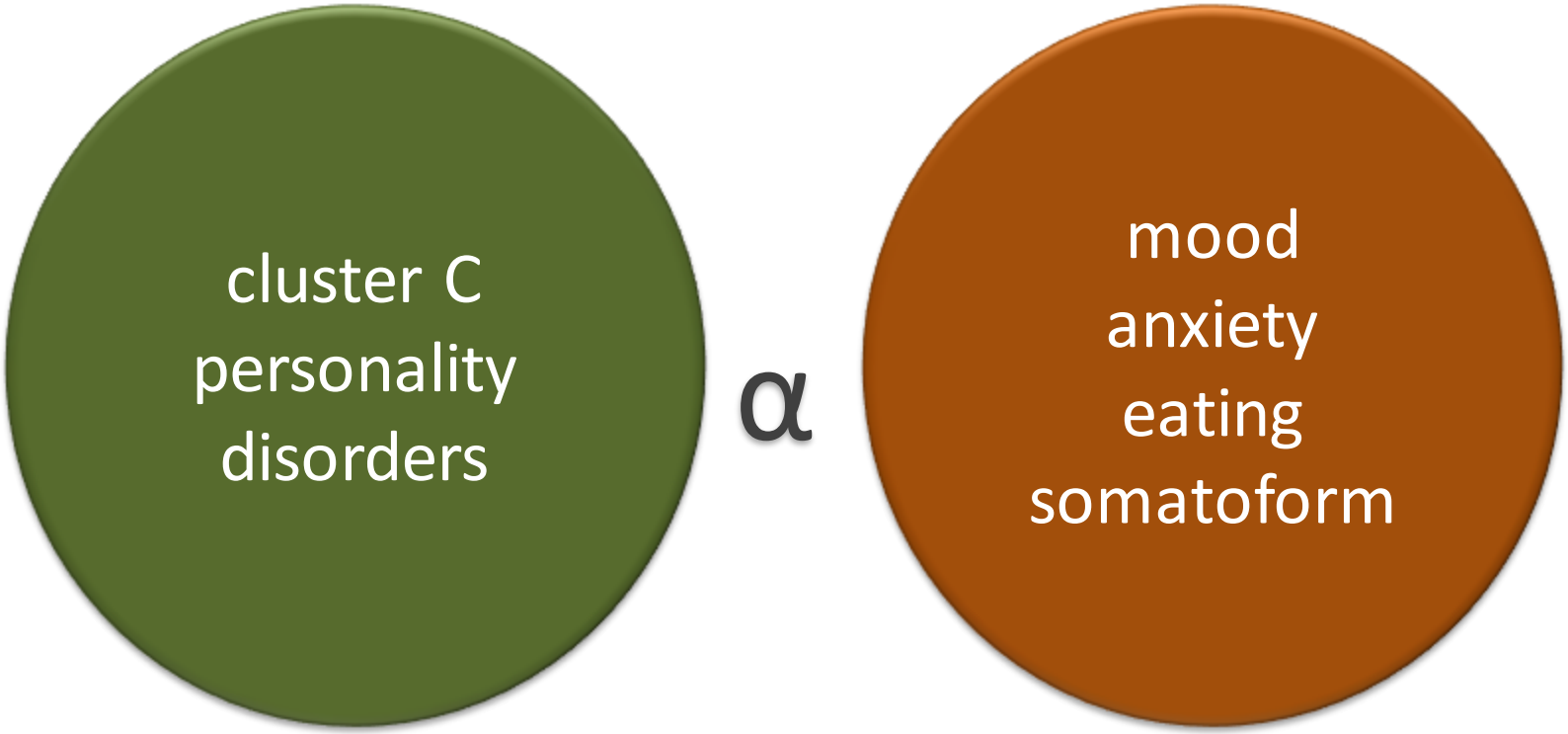
predictable patterns of co-occurrence



predictable patt[illegible] of co-occurrence



predictable patterns of co-occurrence



summary (ii)

comorbidity is the rule rather than the exception

general management

COMORBIDITY

top tips

- assess
  - use structured assessments if possible
  - organic > clinical syndromes > personality
  - assess multiple domains (axes, re. DSM-III to IV)
  - the ‘Eastman test’

core disorder	• borderline personality disorder

top tips *contd/…*

- base interventions on a formulation
  - detail all presenting problems
  - start with the client's chief complaint
  - promote knowledge and self-awareness through the process of formulation
- target motivation and engagement
- emphasise practical skills & coping strategies
  - problem > emotion focused coping
  - interpersonal problem-solving skills

top tips *contd/…*

- improve access to services to reduce sources of stress
  - e.g., financial, housing, healthcare, child-related
- aim for consistent and enduring working relationships
- never – ever – neglect clinical supervision

summary (iii)

- measure comorbidity
  - its scale and nature
- prepare to use a holistic (multiaxial) approach to its management
- emphasising understanding of clinical presentation
  - through formulation

formulation

COMORBIDITY

organisational framework for producing (generally) a narrative that explains

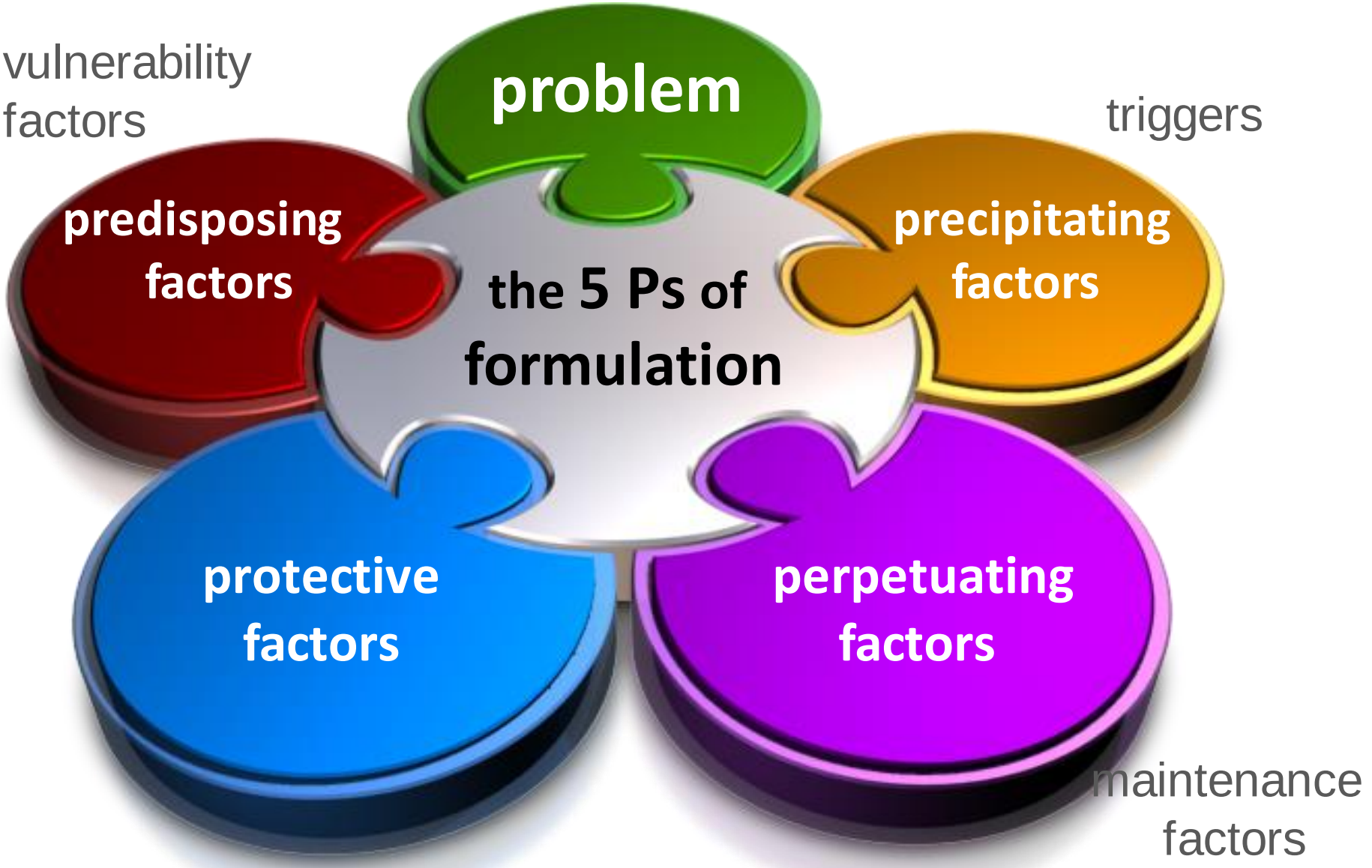
the underlying mechanism of the presenting problem

and proposes hypotheses regarding action to facilitate change

the purpose of case formulation

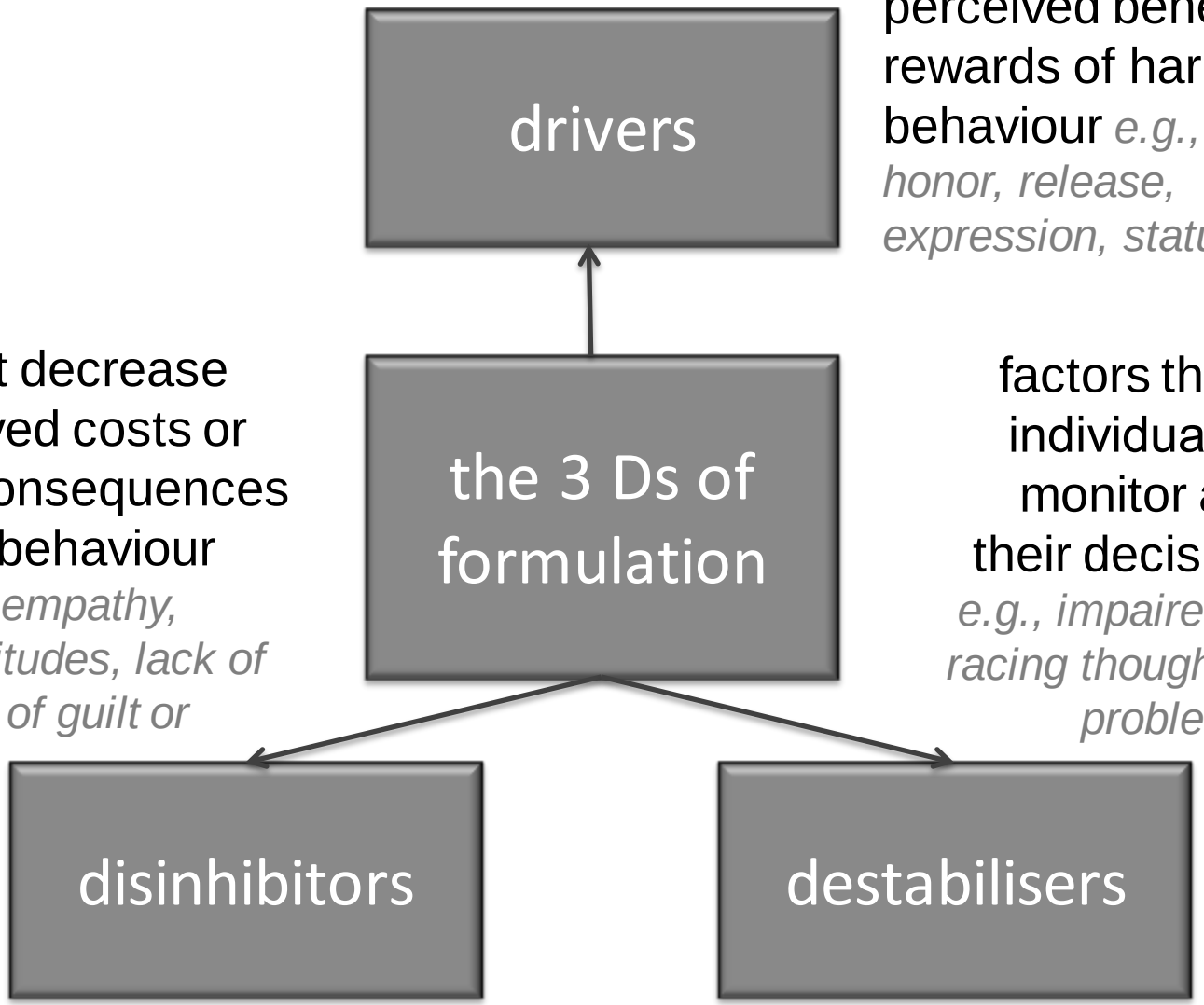
organising information (i)

Weerasekera, 1996



differentiate case formulation
from problem including risk formulation

organising information (ii)



or motivators, factors that increase the perceived benefits or rewards of harmful behaviour *e.g., profit, honor, release, expression, status*

factors that decrease the perceived costs or negative consequences of harmful behaviour *e.g., lack of empathy, negative attitudes, lack of insight, lack of guilt or anxiety*

factors that disturb a individual's ability to monitor and control their decision-making *e.g., impaired reasoning, racing thoughts, impaired problem-solving or reasoning*

if we can identify the common features of formulations, we can create a framework for evaluation that will help us move from the art to the science of formulation

research ongoing into this

re. Hart, S. et al. (2011). Forensic case formulation. *International Journal of Forensic Mental Health, 10, 118-28.*

summary (iv)

- a formulation is a statement of *understanding*
- it tries to *explain*
- as a shared, collaborative exercise, it promotes client engagement
- an essential consideration in forensic settings
- a LOT of research planned and ongoing to demonstrate this

motivation and engagement

COMORBIDITY

- complex presentations are associated with disengagement from care
- treatment completers > non-completers in terms of outcomes
  - untreated > non-completers too
  - non-completion significant impact on offending
- disengagement linked to both client and therapist factors

bergen conference on the treatment of psychopathy (2011)

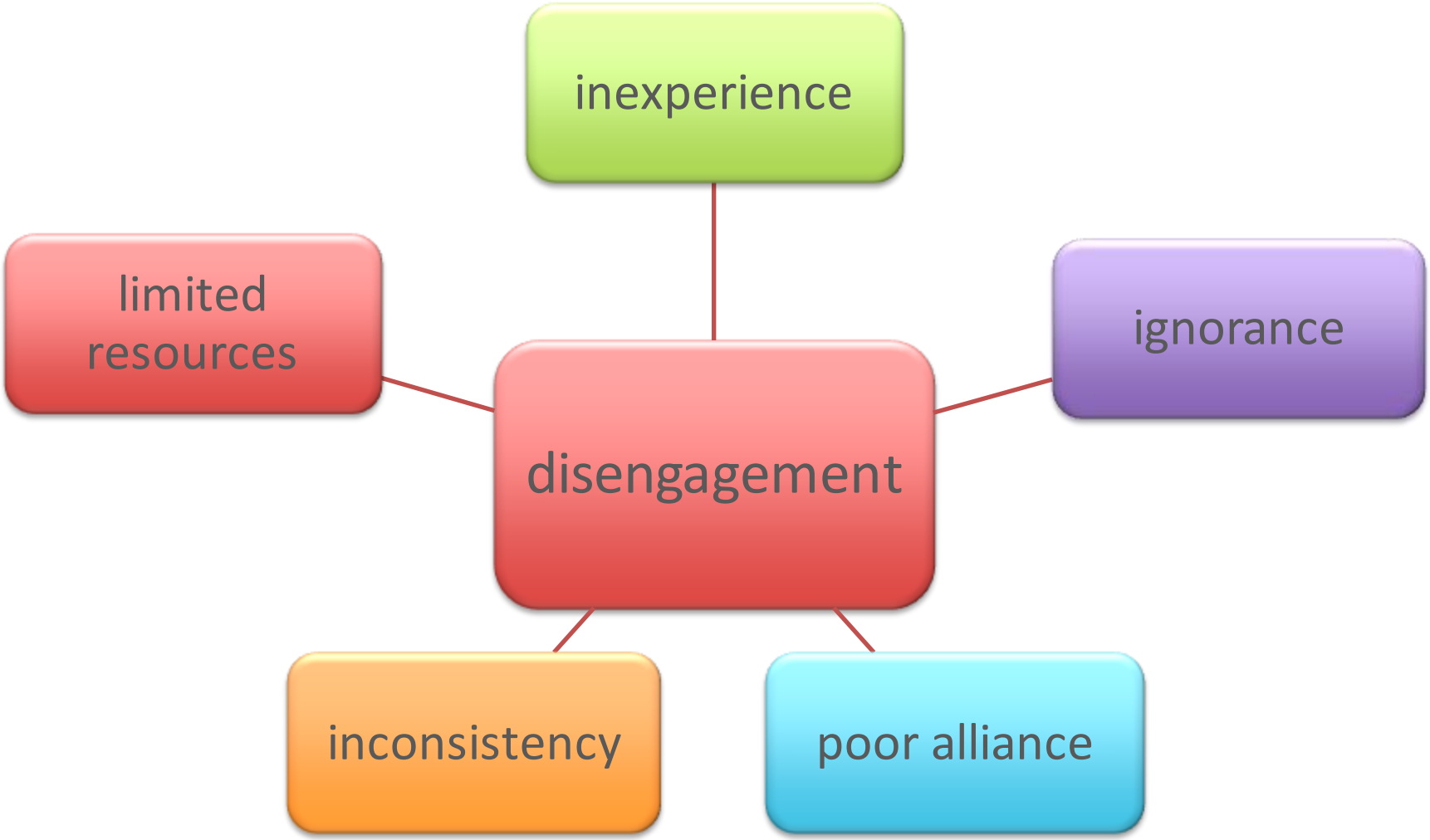
prof. mary mcmurran's presentaton

www.bctp.no

www.bergenconference.no

client factors

therapist factors



motivation

- goals are a motivational hook
- identify valued goals
- identify obstacles to achieving these goals
  - e.g., anger
- identify treatment needs linked to obstacles
  - e.g., anger management
- then highlight the value of treatment
  - e.g., more fulfilling relationships

cox & klinger (2011) goals

- domestic
- employment, finance
- intimate relationships
- non-intimate relationships
- love, closeness, sex
- self-changes
- education, training
- health and wellbeing
- substance use
- spirituality
- pleasure, leisure

see also http://www.goodlivesmodel.com

engagement

encouraged by …

- the provision of appropriate support, empathy and validation by competent, consistent and containing therapists
- promoting adjustment to perceived problems
- emphasising a problem-solving approach
- responsive to the experience of co-occurring conditions

how?

- dialectical tactics
- obtaining explicit commitment
- pros and cons
- playing devil's advocate
- generating hope
- preparation and role induction
- having a buddy
- psychoeducation
- self-awareness
- recognising emotions
- skills in the art of enquiry
- an appropriate dose
- achievable goals
- collaborative working
- strategy of choices

summary (v)

- complex presentations are really hard for clients to understand too
- treatment is a challenge to deliver and receive
- disengagement is a real risk
- address every client's motivation to be different and their engagement with your service

forensic implications of co-occurring conditions

CONCLUSIONS AND RECOMMENDATIONS

- comorbidity is complicated
  - for practitioners *and* for clients
- research varies in quality
  - yet comorbidity is serious, especially in forensic settings
- acknowledge its existence
  - assess and formulate, to promote understanding
- work collaboratively with clients
  - formulation

- invest in motivating clients to engage
  - and to stay engaged
  - because the consequences of dropping out are severe
- organise services to expect complexity
  - be proactive rather than reactive
  - look after your staff
- do more research, especially on the client's point of view

comorbidity

the forensic implications of co-occurring conditions

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