

MENTAL HEALTH ASSOCIATION
OF EAST TENNESSEE

25TH PSYCHIATRIC SYMPOSIUM

NOVEMBER 17, 2022

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Doug Lyons, Partner, Clere Consulting, LLC



CLIENTS, THEIR FAMILIES, & CLINICIANS -
How Consultants Help the Addiction and Mental
Health Treatment Continuum of Care

Presenter Disclosure

Presenter's Name: Doug Lyons

I have no current or past relationships with commercial entities.

I do not have any relationships with commercial interests.

Speaking Fees for current program:

I have received no speaker's fee for this learning activity.

Presenter Disclosure

Presenter's Name: Neely Carlton Lyons

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Doug Lyons' Disclosure

Commercial Support Disclosure

This program has received no financial or in-kind support from any commercial or other organization.

Neely Carlton Lyons'

Disclosure

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OBJECTIVES

1

Learn the benefits of hiring consultants to get a person of concern to treatment and/or keep them there.

2

Understand why an Eco-system/family-systems approach works best to prepare the individual, the family and other stakeholders for long term success in recovery.

3

Discover the many points across the entire continuum of care at which consultants can assist clients and their families to establish and maintain sobriety.



Who am I?

DOUG

LONG TERM RECOVERY

Decades of experience as a Certified Alcohol and Drug Counselor. Holds a Certificate in Family Business Advising from the Family Firm Institute. His expertise is in chemical dependency evaluations, interventions, treatment delivery and working effectively in collaborative settings with multi-family offices and wealth advisors.

ETERNAL OPTIMIST

"Bringing hope to families during challenging times is our mission."

#UnderstandingAddiction



Who am I?

NEELY

360 PERSPECTIVE

Decades of experience in the field of public health and public safety complement her personal recovery journey. Working with families allows her to offer compassion and empathy while drawing on her unique experiences.

TOUGH LOVE

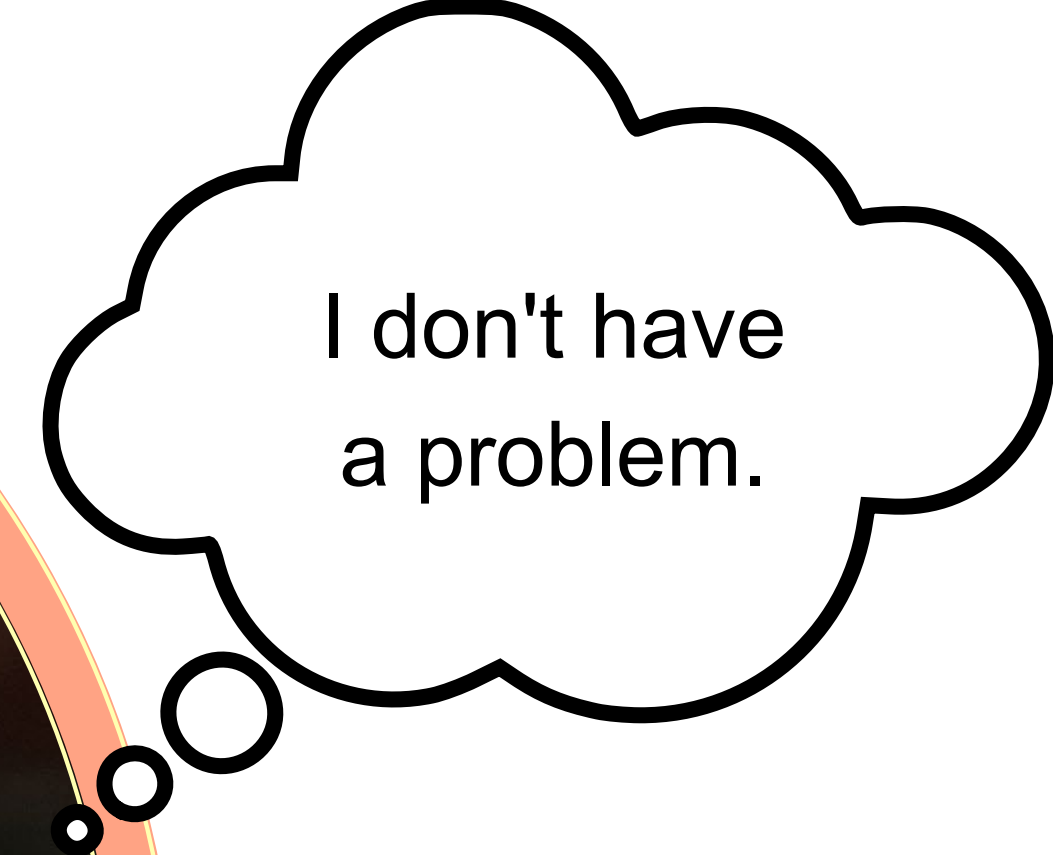
"Asking for help saved my life. Giving help to others is my greatest accomplishment."

#UnderstandingAddiction :



Case Study





HYPOTHETICAL CASE



Patient presents with medical and behavioral health indicators that suggest **addiction** to alcohol is a likely diagnosis.

Patient is under the care of a Psychiatrist for **depression** and is currently taking medication for depression.

Patient has been in therapy for 12 months but has made **little progress** towards resolving relationship issues.

Patient has a family history of addiction and mental health diagnosis. **Patient's brother died** from health-related illness associated with addiction to alcohol.

Patient is **divorced, has 2 adult children and cares for elderly parents.**

Patient reports children and parents have expressed **concerns regarding her drinking and overall wellbeing.**

Patient **remains resistant** to idea that her drinking is related to her medical and behavioral health issues.

Last week, **Patient fell at work** and is out on leave pending investigation.

Patient has signed a **Release of Information** for her adult children as provider's request.

We are worried
about you.
We think you
have a problem.

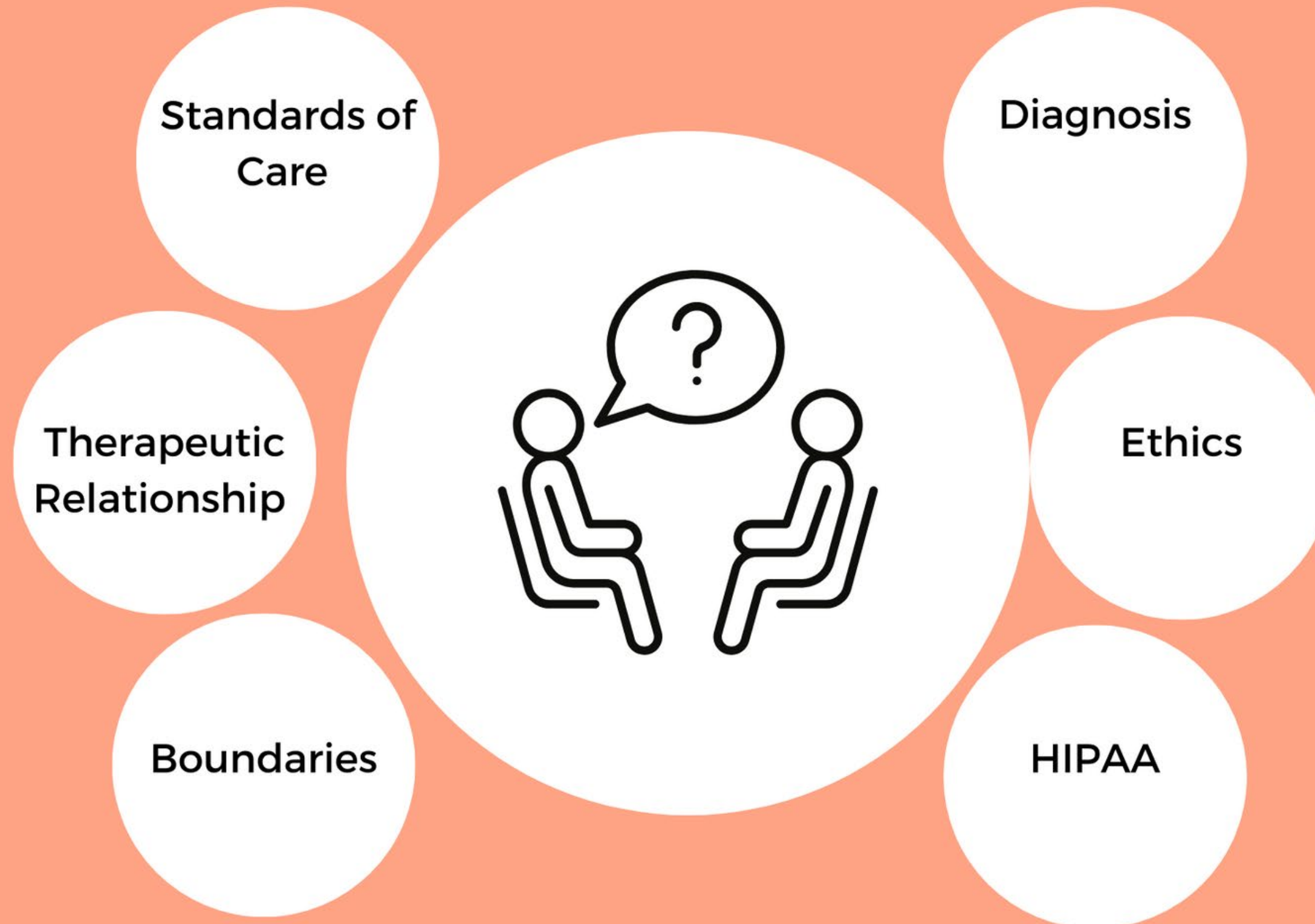


CLINICIAN RELATIONSHIP WITH CLIENTS


MEDICAL AND THERAPEUTIC PROVIDERS




ASPECTS OF PROVIDER-CLIENT RELATIONSHIPS



TO BECOME ABSTINENT, THERE ARE TIMES WHEN CLIENTS MAY NEED ADDITIONAL SUPPORT



Detoxification from
alcohol/ drugs





Acute
withdrawal
(3-7 days or
longer)


Early Abstinence (up to 2 years)

- Irritability and hostility
- Depression
- Anxiety
- Low energy and fatigue
- Sleep disruption, including insomnia
- Memory problems
- Limited ability to focus or think clearly
- Cravings
- Impaired executive control
- An inability to feel pleasure
- Difficulty focusing on tasks
- Lack of libido
- Inexplicable chronic pain


BRAIN RECOVERS
CONTROL OVER
IMPULSE TO USE
ALCOHOL OR
DRUGS



Negative effects
of drug/alcohol
use decrease or
disappear



Health and
relationships are
repaired and the
person assumes
responsibility for self



CONSULTING RELATIONSHIPS WITH CLIENTS

ADDICTION TREATMENT CONSULTANTS



ASPECTS OF CONSULTANT-CLIENT RELATIONSHIPS



CONSULTANT SUPPORT IN OUR CASE STUDY



Patient presents with medical and behavioral health indicators that suggest addiction to alcohol is a likely diagnosis. Patient is **assessed and meets criteria for treatment.** (Same patient)

Patient has signed a Release of Information (ROI) for her adult children at provider's request.

Family reaches out to Provider with their concerns.

Provider advises that **Treatment for Addiction, Mental Health, or Both is needed.**
Family asks for suggestions on how to get the Patient to accept help.

What does the Provider say?

WHY THE PATIENT IS USUALLY NOT
THE CONSULTANT'S CLIENT.



WHAT ARE THE CRITERIA FOR PICKING A CONSULTANT?



QUESTIONS TO CONSIDER...

WHAT ARE THE
RESOURCES OF THE
CLIENT?

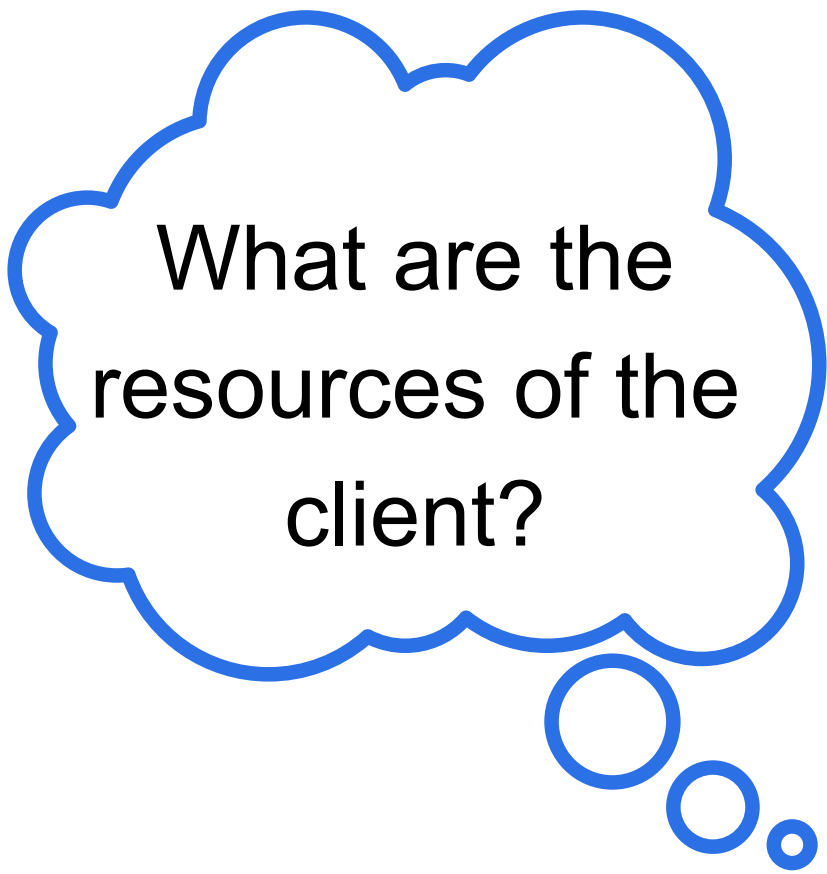
WHAT ARE THE
RESOURCES OF THE
PATIENT?

WHAT TRAINING AND
EXPERIENCE
SHOULD BE
CONSIDERED?

Will you maintain contact
with the patient during and
after treatment?

IS THIS PERSON
WILLING TO GO TO
TREATMENT?

ARE THERE OTHER
LEGAL OR ETHICAL
CONSIDERATIONS?



What are the
resources of the
client?

CONSULTANT SUPPORT IS NOT A
COVERED SERVICE. THEY ARE PAID OUT-
OF-POCKET.

CONSULTANTS COME IN ALL DIFFERENT
SHAPES AND SIZES.

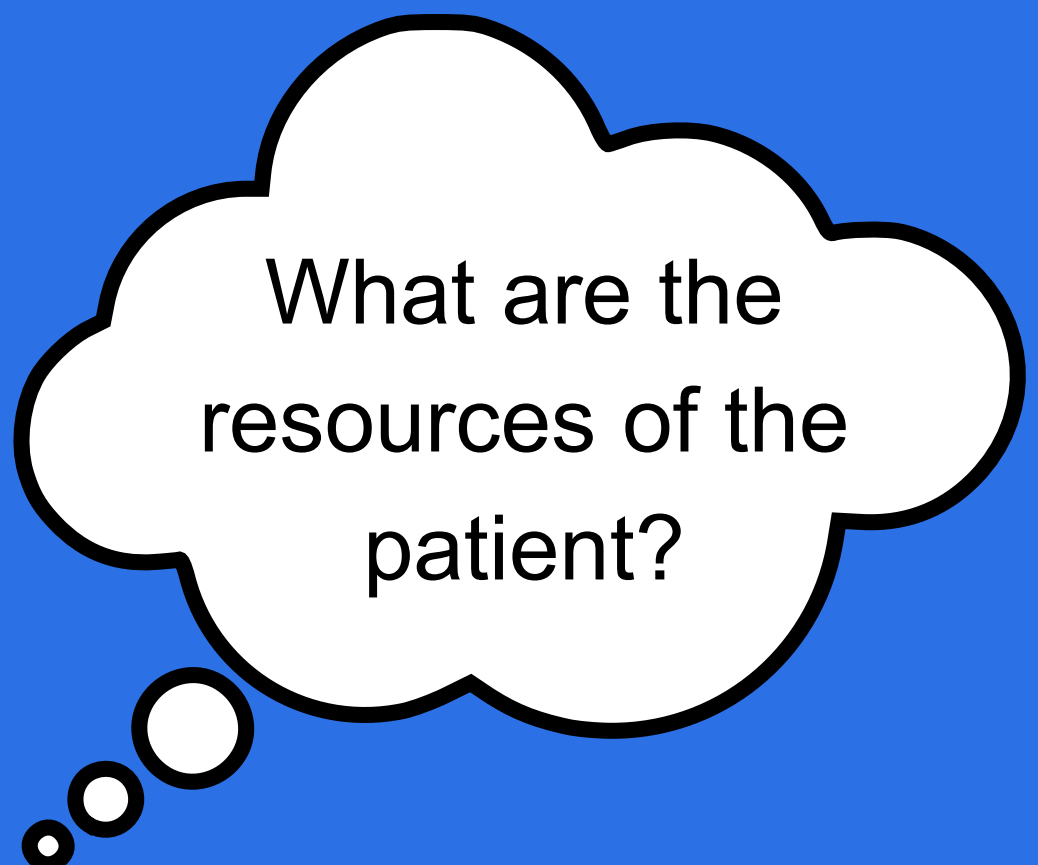
KNOWING THE WILLINGNESS AND ABILITY
OF A CLIENT TO COMMIT RESOURCES TO
SUPPORT SERVICES IS IMPORTANT.

CONSULTANTS WILL NEED ENOUGH INITIAL INFORMATION ABOUT THE CAPACITY OF THE PATIENT OR THEIR FAMILY TO PAY FOR RECOMMENDED TREATMENT.

TREATMENT COMES IN ALL SHAPES AND SIZES.

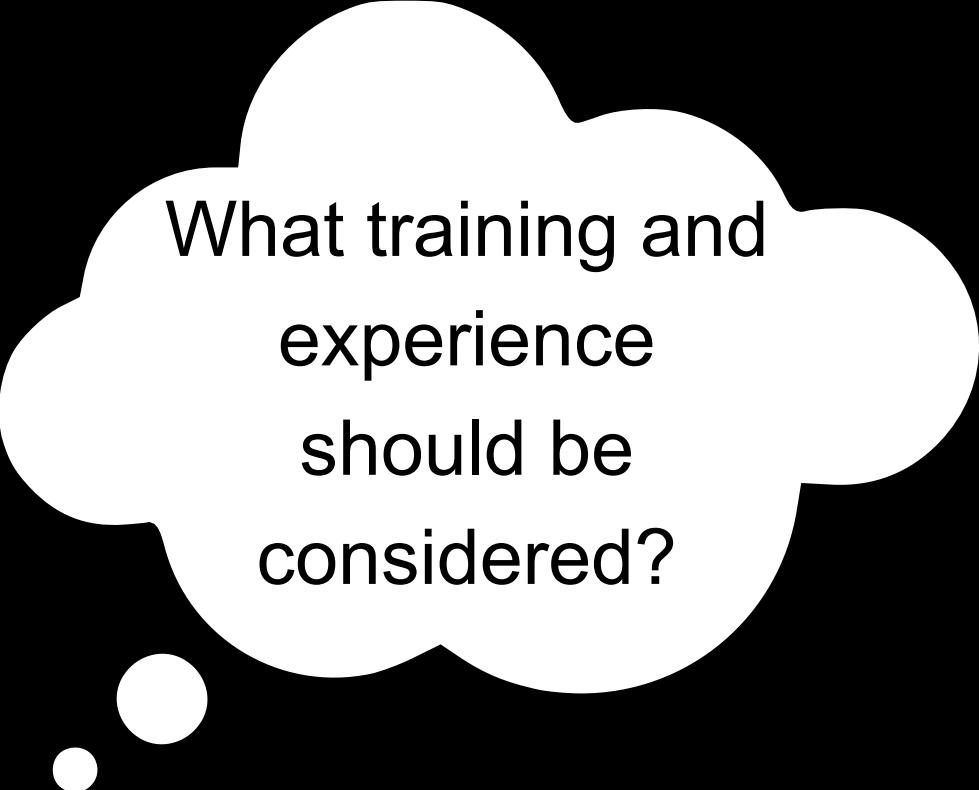
KNOWING THE ABILITY OF A PATIENT TO COMMIT RESOURCES IS IMPORTANT.

CONSULTANTS CANNOT LEGALLY OR ETHICALLY GET PAID FOR REFERRALS.



What are the
resources of the
patient?

IN THE LAST 15-20 YEARS, THE FIELD OF ADDICTION TREATMENT CONSULTANCY HAS GROWN SIGNIFICANTLY.

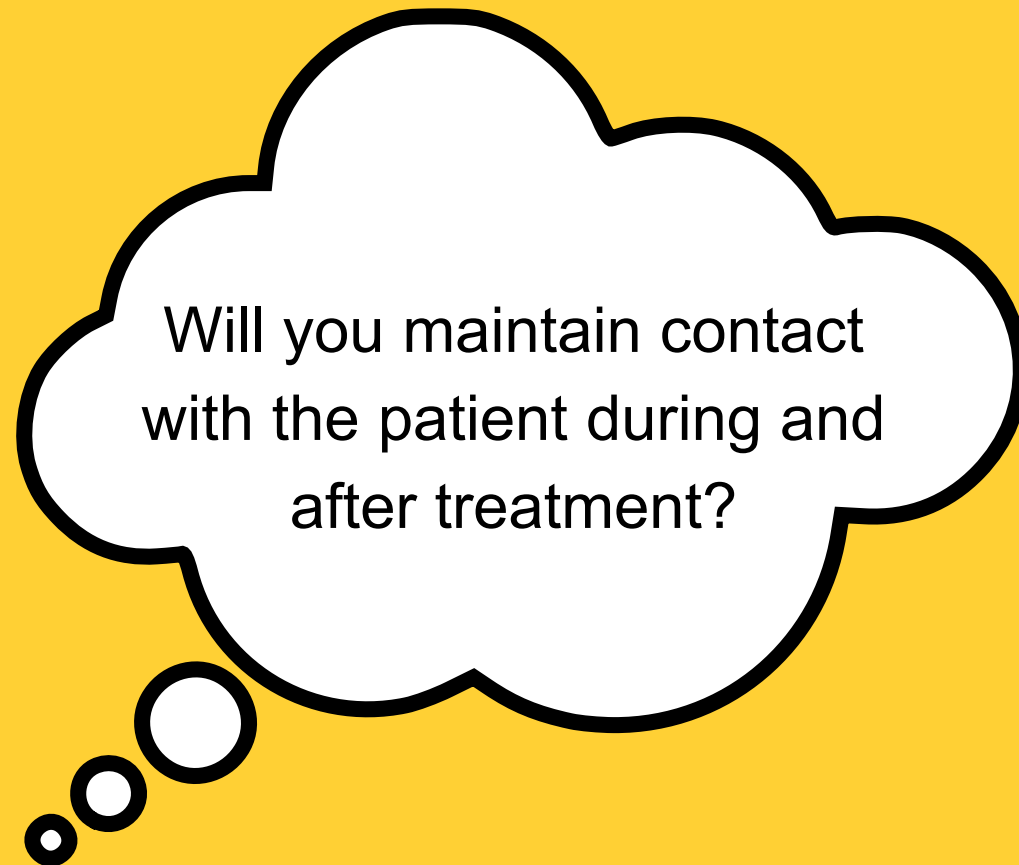


What training and experience should be considered?

PROFESSIONALS IN THIS FIELD TYPICALLY:

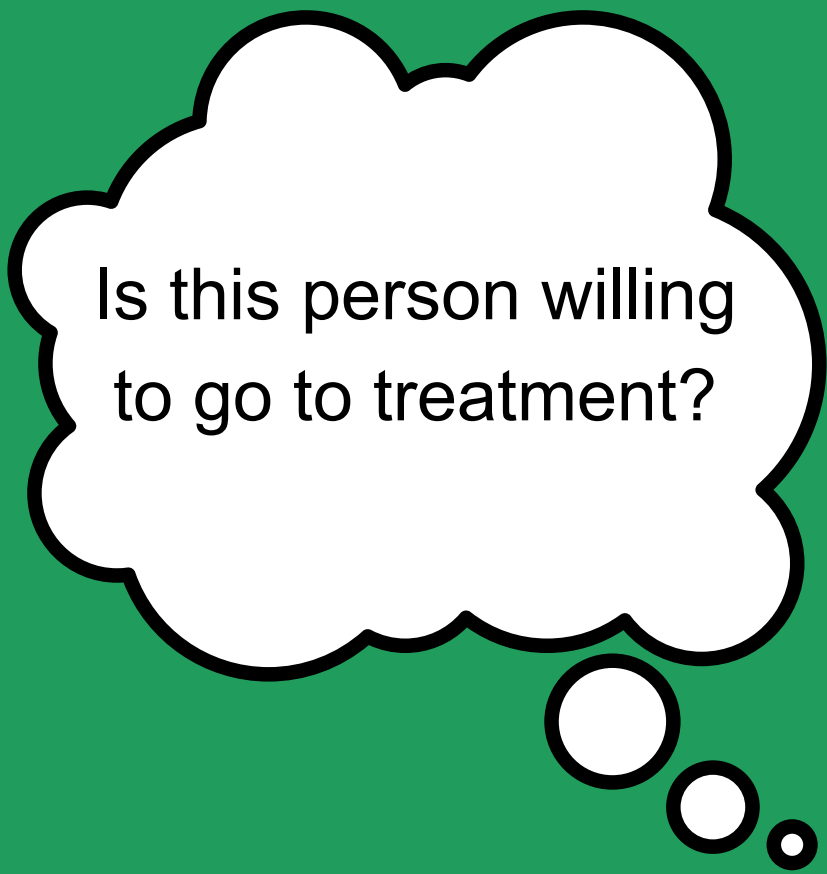
- HAVE EXPERIENCE WORKING IN OR WITH TREATMENT
- HAVE BEEN TO TREATMENT AND/OR ARE IN RECOVERY
- HAVE RECEIVED ADDITIONAL TRAINING SPECIFICALLY IN INTERVENTION
- HAVE EXPERIENCE AS AN INTERVENTIONIST
- SOME WORK LOCALLY. OTHERS WORK NATIONALLY AND INTERNATIONALLY.

MOST MEDICAL AND THERAPEUTIC PROVIDERS ARE "HANDING OFF" A PATIENT. THEY MAY SUPPORT TREATMENT BUT RARELY PARTICIPATE DIRECTLY IN A PLANNED FAMILY INTERVENTION.



Will you maintain contact with the patient during and after treatment?

SOME CLIENTS RETURN TO THEIR THERAPEUTIC RELATIONSHIP POST-TREATMENT; OTHERS DO NOT. SOME PROVIDERS REQUEST UPDATES WHILE IN THERAPY. THIS NEEDS TO BE DISCUSSED WITH THE CONSULTANT.




Is this person willing
to go to treatment?

IS A FULL-SERVICE CONSULTANT
NECESSARY?

IS THERE A CHANCE THE PERSON MAY GO
WITHOUT OUTSIDE SUPPORT?

THERE ARE SOME CONSULTANTS AND
RESOURCES THAT SIMPLY ADVISE "HOW
TO" AND ALLOW OTHERS TO FACILITATE
THE ASK.

SOME CONSULTANTS OFFER ONLY
REFERRAL RECOMMENDATIONS.



Are there other legal
or ethical
considerations?

IT IS COMMON FOR INDIVIDUALS WHO
NEED TREATMENT TO HAVE LEGAL OR
OTHER OBLIGATIONS THAT GO BEYOND
THERAPEUTIC RELATIONSHIPS.

A CONSULTANT WITH EXPERIENCE IN
ADVISING LEGAL TEAMS AND TRUST
OFFICERS MAY BE ADVISABLE.

ETHICALLY, THE PROVIDER MAY PREFER TO BE
DETACHED FROM THE PROCESS IN ORDER TO
MAINTAIN ETHICAL DUTIES TO THE PATIENT.

THE INTERSECTION OF CLINICAL AND CONSULTANCY ALONG THE CONTINUUM OF CARE



LEVELS OF CARE IN ADDICTION TREATMENT

1

DETOX

2

RESIDENTIAL
25-35
CLINICAL
HOURS/WEEK

3

Partial
Hospitalization
Program
Day/Night
16-25 hours/week

4

Intensive
Outpatient
Treatment (IOP)
10-15 hours/week

5

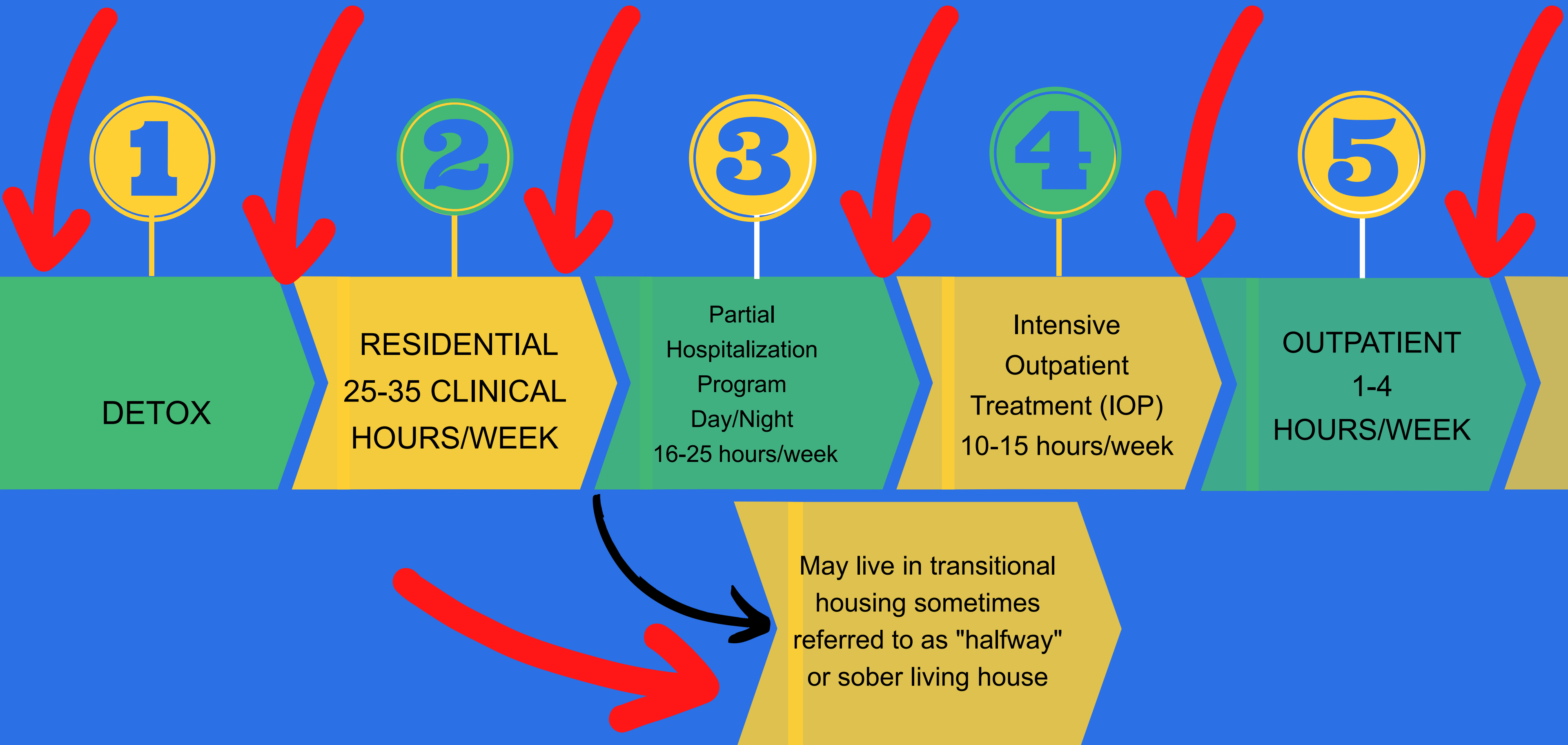
OUTPATIENT
1-4
HOURS/WEEK



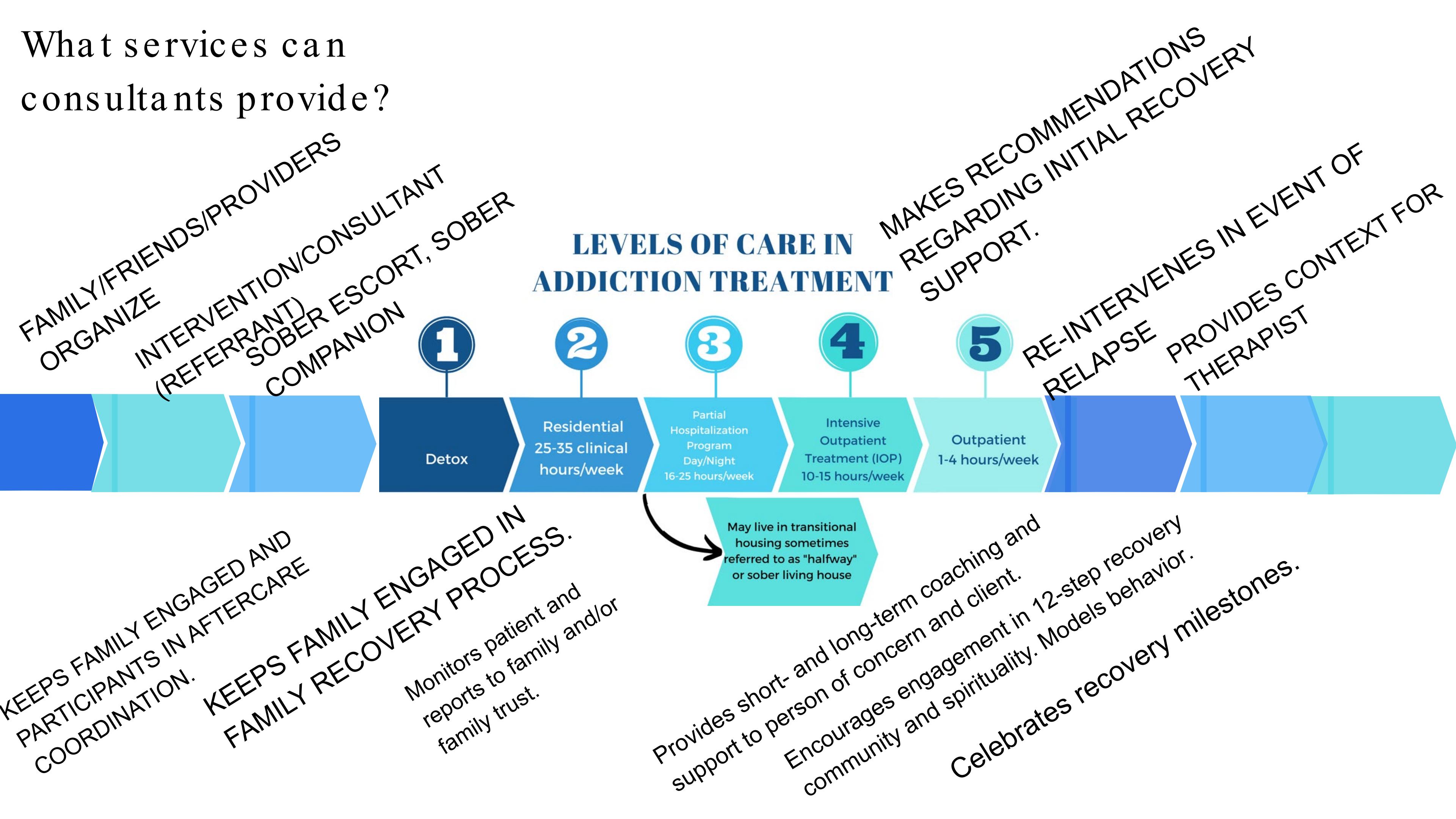
May live in transitional
housing sometimes
referred to as "halfway"
or sober living house

WHEN TO BRING IN CONSULTANTS

and other support professionals

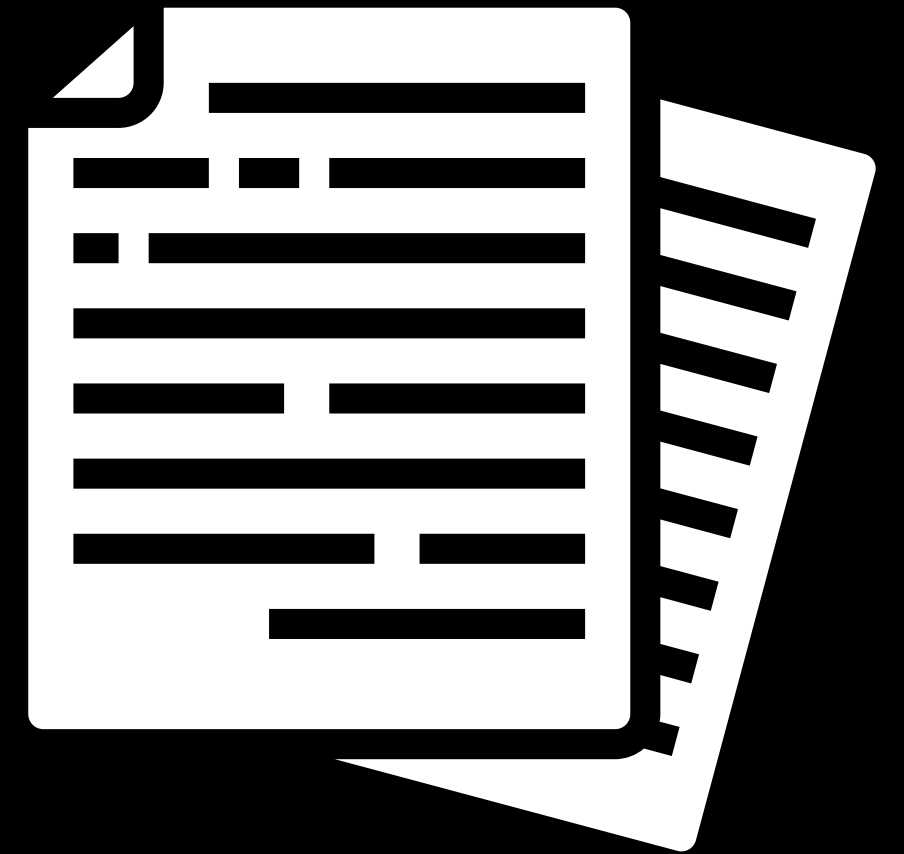


What services can consultants provide?



COMMON SCENARIOS

PARENTS/FAMILY
NOT ON THE
SAME PAGE.



COMMON SCENARIOS

ONE SPOUSE IS
CONTEMPLATING DIVORCE.



COMMON SCENARIOS

ADULT CHILDREN
DEPENDENT ON
PARENTAL SUPPORT.

AND THE PARENT IS IP.



COMMON
SCENARIOS

NO SUPPORT SYSTEM.

FAMILY IS NOT
WILLING
TO PARTICIPATE.



COMMON
SCENARIOS
LEGAL ISSUES INCLUDING:
LICENSURE,
DUI,
CUSTODY, ETC.



CONSULTANTS HAVE MORE FLEXIBILITY IN FAMILY SYSTEM

CONSULTANTS CAN ASSIST PROVIDERS IN MAINTAINING A
THERAPEUTIC BOND WITH THE PATIENT
WHILE WE SUPPORT FAMILY EDUCATION AND RECOVERY.

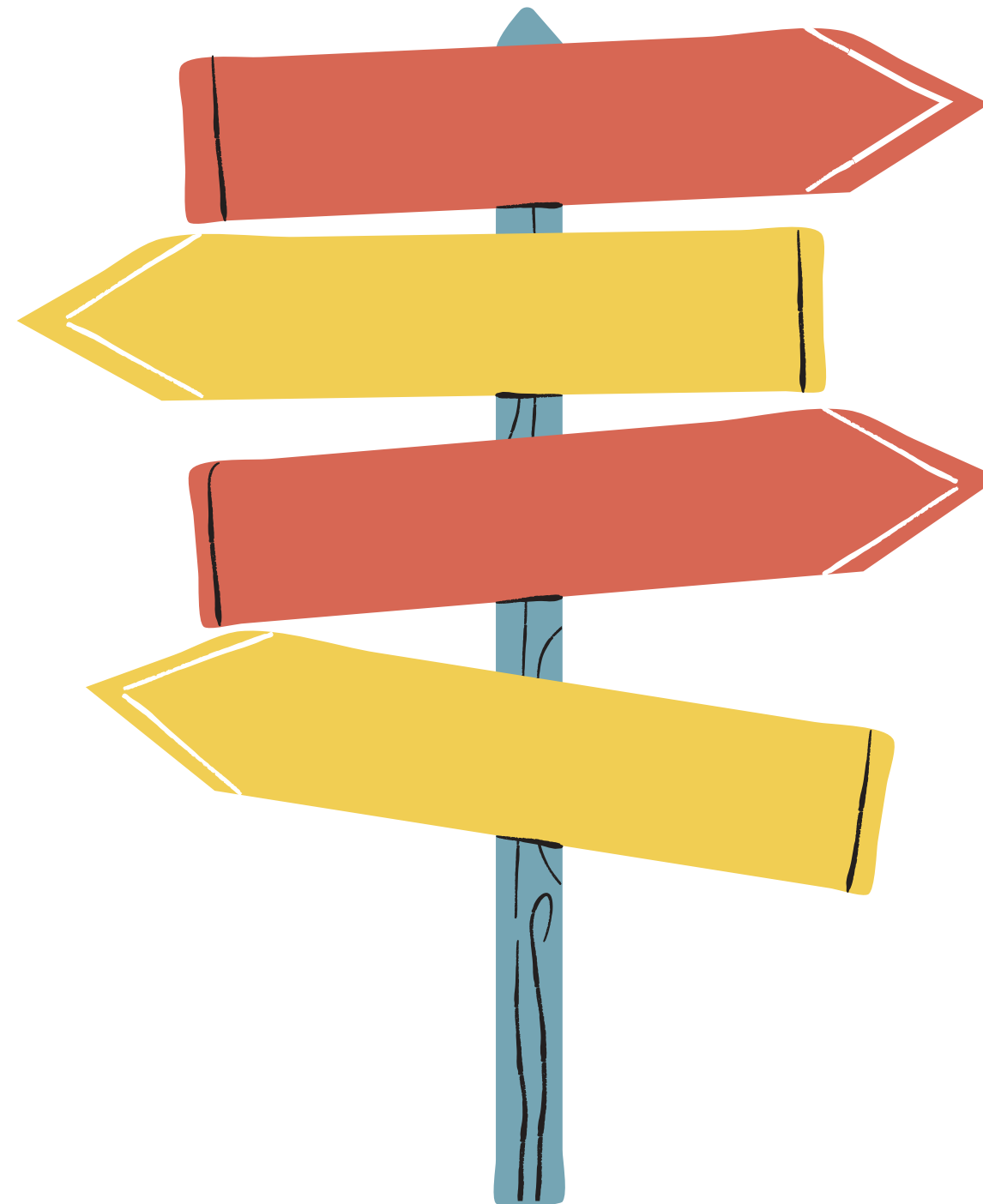
Is Abstinence the same thing as Recovery?



Why Clinicians needs to know about
12-Step Communities

Community-Based Recovery Support

May be affiliated with nonprofit organizations, religious institutions, or other recovery-based practices. Commonly referred to as "12-step" Groups



Typically,
it's free.

Of these, twelve-step groups have by far the largest number of participants and are accessible all over the world. Alcoholics Anonymous was the first 12-step group. It started in 1935.

Community-Based Recovery Support

SMART
Recovery

Celebrate
Recovery

Narcotics
Anonymous

Cocaine
Anonymous

Alcoholics
Anonymous

Refuge
Recovery



Bottom line. AA works.

How do we know?

27 Studies Reviewed

10,565 participants

Results from around the world

=

AA participant rate of sobriety - 22-37%

Other treatments rate of sobriety - 15-25%

See, 2020 Systematic Review from the Cochrane Collaboration Study

FINAL WORDS

Individuals and their Families heal together. When everyone gets into their own recovery, miracles happen. Families have been through a lot. We HOPE our presentation will help providers and families find resources to recovery from addiction.

NEELY AND DOUG LYONS





Thank you!

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