The typical patient with opioid use disorder doesn’t just have an addiction problem, says Monika E. Kolodziej, PhD, until recently the director of psychological services at Fernside, a 30-day residential drug and alcohol treatment program of McLean Hospital in central Massachusetts (see Editor’s Note on page 19.) Co-occurring mental health problems, such as mood disorders and post-traumatic stress disorder (PTSD), are common, says Kolodziej, explaining that depression and anxiety can render people vulnerable to opioid use.

In addition, patients may have chronic medical conditions. “They might have migraine headaches, for example, which is how they get into trouble with opioid use,” says Kolodziej, who is also an instructor of psychology in the psychiatry department of Harvard Medical School. “Or their opioid use may have put them at risk for HIV or hepatitis C.”

Historically, says Kolodziej, substance use treatment programs haven’t always addressed patients’ co-occurring conditions. But treating these overlapping problems—substance use, mental disorders and medical conditions—is the very purpose of Fernside.

“In the past, the trajectory was to first treat the substance use and then address the psychiatric issues once the person was no longer under the influence,” says Kolodziej. “Hopefully now people will find a service provider or clinic where both are integrated together or at least simultaneously.”
As she finished her training, she worked at a multisite trial of treatments for alcohol dependence at McLean, for example. She directed a smoking cessation project at the University of Massachusetts (UMass) Memorial Medical School. She helped patients get sober before liver transplants at UMass Memorial Medical Center and stay sober afterward. And she worked as an “embedded” psychologist at Reliant Medical Group, working as part of a multidisciplinary team including psychologists, psychiatrists, clinical social workers, nurses, community residence counselors and an expressive therapist who leads art therapy sessions. The program does not accept insurance or other third-party reimbursement, mostly because some payers have restrictions on the number of psychotherapy sessions allowed, the length of a patient’s stay and other nonclinical services provided in treatment settings.

**FOCUSING ON INTEGRATED CARE**

Working as part of a multidisciplinary team to treat opioid and other substance use problems comes naturally to Kolodziej. In 1999, she earned her doctorate in clinical psychology from Syracuse University, a program with a strong health psychology orientation. She fell into treating substance use disorders by accident. As she finished her training, she worked as a therapist for psychologist Lisa Najavits, PhD, who developed an intervention for people with co-occurring substance use and PTSD. “I didn’t have a lot of training in substance use disorders previously,” says Kolodziej. “But with my training as a health psychologist, working with substance use disorders made a lot of sense: It’s a behavioral change process.”

Following a postdoctoral fellowship at McLean Hospital, Kolodziej held several positions in settings that combined treatment for substance use disorders and co-occurring problems. She coordinated a multisite trial of treatments for alcohol dependence at McLean, for example. She directed a smoking cessation project at the University of Massachusetts (UMass) Medical School. She helped patients get sober before liver transplants at UMass Memorial Medical Center and stay sober afterward. And she worked as an “embedded” psychologist at Reliant Medical Group, helping patients seeking medical help address their substance use disorders in a less-stigmatizing way—an experience that only strengthened her commitment to integrated care. Says Kolodziej, “That was super-rewarding because so many people struggle with substance use but are reluctant to see a specialty mental health professional or seek substance use treatment because of the stigma.”

In 2016, Kolodziej returned to McLean. As director of psychological services at Fernside, she provided clinical services to clients—about a third of whom have opioid use disorders—plus their families. With individual therapy sessions typically scheduled three times a week plus group sessions, Kolodziej helped clients tackle both their substance use and psychiatric problems. Cognitive-behavioral therapy (CBT) is especially helpful, says Kolodziej. With CBT, she explains, patients simultaneously learn practical skills to help counter their depression and their cravings for opioids. “They learn to understand what their triggers are in both cases—what makes their mood worse, what makes them more vulnerable to relapse with opioids,” says Kolodziej. They may have to avoid certain places—or people—that could trigger problems with either condition, for example.

During the patients’ stay at Fernside, Kolodziej and the program’s two other psychologists worked with the entire treatment team. “Good treatment always means working well together,” she says. When patients are admitted, each team member tackles his or her own responsibility. Kolodziej, for instance, conducted psychosocial assessments, communicated with family members and reached out to patients’ usual mental health practitioners for information and possible collaboration.

After each team member completes an initial assessment, the team sits down to develop a plan of action. Once the patient agrees to that plan, treatment—with medications used to treat opioid use disorders playing a key role—begins. When the 30 days are up, the team collaborates with the patient on a new plan for the often-difficult transition phase, which may include living in a halfway house and getting family members involved to increase accountability.

Kolodziej also emphasizes the importance of collaborating with other healthcare professionals and with patients themselves as she trains the next generation of psychologists by supervising postdoctoral fellows. One key message? Just how common these problems are. “Opioid use disorder and other substance use disorders are pretty prevalent in our society, but only a small number of people will seek treatment,” she says. “We have to give a message of encouragement to the person who has the courage to get into treatment.”

Kolodziej and her colleagues at McLean are transforming their multidisciplinary approach into an app. As winners of a 2017 innovative technology competition sponsored by McLean’s parent company Partners HealthCare, the team is working with technology experts to create a smartphone app that will improve access to treatment for individuals with co-occurring mood and substance use disorders.

**Editor’s Note:** Kolodziej recently transitioned into a new role as director of psychological services at McLean’s Ambulatory Treatment Center at Naukeag, which features shorter stays for patients.