



CO-OCCURRING DISORDERS

Training



How Understanding Helps Staff

- Demonstrate empathy
- Take a broad view of the person's situation and address multiple areas of need
- Support the need for treatment of both problems at the same time
- Be aware of the complexity and that assessment may take time
- Recognize that needs vary widely between individuals



Definition

The presence of at least two disorders:

- One being substance abuse or dependence
- The other being a DSM-5 major mental disorder, usually Major Depression, Bipolar Disorder, or Schizophrenia
 - *Varies widely in prevalence, severity, and duration*
- They exist independently but impact each other
- They are to be expected in a clinical setting
- Most people who have either type of disorder do not seek treatment



Rates of Co-Occurring Disorders

- People with bipolar disorder are over **8** times more likely to develop a drug use disorder
- **47%** of people with schizophrenia and **56%** of people with bipolar disorder will have a substance abuse or dependence disorder
- Roughly **25%** of people with major depression or an anxiety disorder will have a substance abuse or dependence disorder
- Nearly **40%** of people with an alcohol use disorder and over **50%** of people with a drug use disorder meet criteria for a mental disorder

Implications

- 30-50% of clinical patients have multiple diagnoses.
- Rates may be higher in an acute treatment setting because either disorder can precipitate an acute episode(ex: a manic episode can trigger a drug overdose).
- These people are more vulnerable to relapse and experience more severe problems.
- They need more treatment, have more crises, progress more slowly, and incur higher costs of care.
- They are at higher risk for hospitalization, homelessness, incarceration, and HIV infection.

What do people with co-occurring disorders need?

- Empathy: a healing relationship with someone who seeks to understand their perspective
- Hope: belief in a better life that makes change possible
- Continuity: a long-term, ongoing therapeutic relationship is critical
- Integrated Treatment: a comprehensive treatment program tailored to the person



Relationship between the Disorders

- Substance use disorders can cause or prompt the emergence of a mental health disorder or make an existing one worse.
- People may use substances to cope with a mental health problem aka self-medicating.
- The disorders may impact or even disguise each other.
- There is a strong hereditary component to schizophrenia, bipolar disorder, and major depression.



Biological Relationships

- The brain of an addict works differently.
- Treatment is aimed at management for this reason and often includes medication.
- Some drugs are more physically addictive than others.
- Some people are more sensitive to the effects of substances than others. People with severe mental illnesses may be negatively affected by even small amounts.
- Using substances often reduces the effectiveness of medications prescribed for mental illnesses.
- Some health conditions can create the impression that a person has a mental health or substance abuse disorder.
- Acute intoxication or chronic use can cause severe, life-threatening health problems.

Psychological Relationships

Many people with co-occurring disorders will cite the same reasons for using substances as people without a mental illness. However, people with severe mental illnesses experience:

- *Unpleasant affective states more often*
- *Difficulty tolerating stress*
- *Impaired social skills*
- *Distorted thinking that significantly impacts functioning*
- *Fewer rewards in life such as relationships and careers*



Impact of Violence

- There is a strong relationship between substance use, mental health, and violence.
- Perpetrators of domestic violence and rape are often intoxicated.
- 34-53% of people with severe mental illness report childhood sexual or physical abuse.
- An overwhelming majority of women in substance abuse treatment settings report being victims of violence.
- Nearly all people with severe mental illness experienced trauma in their life compared to 40-55% of the general population.

Skill Deficits



■ Skill deficits for people with co-occurring disorders can include:

- *Problems tolerating negative feelings*
- *Poor self-care*
- *Low distress tolerance*
- *Poor interpersonal skills*
- *Disorganized thinking*
- *Difficulty communicating feelings*
- *Low self-esteem*
- *Difficult intimate relationships*

Social Relationships

- Improving social skills has been shown to decrease substance use.
- Most substance use takes place in a social context. Studies indicate that social activities with friends are the more important reason for use.
- Having important roles as an adult (such as father, boss, etc) is a protective factor.
- Substance use by someone with a mental illness is associated with decreased treatment involvement and increased family conflict.
- Re-establishing social connections and creating a health support system is an important treatment goal for both disorders.

Socioeconomic Factors & Culture

- Both substance use and mental disorders are associated with lower socioeconomic status (SES).
- People with severe mental health disorders are often driven to extreme poverty, living in crime-ridden neighborhoods where drugs are readily accessible. Urban youth who report exposure to greater violence have greater levels of mental illness. Clearly violence, substance use, and mental illness can be intricately related.
- Low SES often relates to ethnic and minority status.
- Culture often dictates the acceptability of substance use and the expression of mental health symptoms. For example, alcohol use is acceptable among Irish groups, and Hispanics may expression depression with physical ailments such as headaches.

Stigma

- Society often views addiction as a moral problem.
- Those with mental illnesses are seen as lazy and weak.
- People with co-occurring disorders face a *double stigma*.
- None of us are immune to such biases, especially because of personal relationships with people struggling with either or both disorders.
- Stigma leads people to use minimization or denial to avoid guilt and shame.
- An accepting atmosphere is important in the recovery process for allowing open discussion.
- Education is critical to countering stigma.



Unified Models

■ Stress-vulnerability or Stress-diathesis Model

- *Genetics and early environment interact with stressors to precipitate a mental disorder (ex: schizophrenia)*
- *Substance use increases the vulnerability*
- *Psychiatric medication decreases the vulnerability to the stress*
- *Interventions should focus on stress reduction*

■ The Developmental Behavior-Genetic Perspective

- A person's genetics and psychosocial environment all interact in ways that result in alcoholism
- Alcoholism has typical signs and takes a predictable course
- There is no unified model for other substance use disorders or for co-occurring disorders.

Differentiating Abuse & Dependence

- Abuse is a pattern of harmful use. It can be considered more of a behavioral issue.
- Dependence is more severe. It is a chronic disease that leads to uncontrollable use despite the consequences.
- Dependence is characterized by a loss of control over use despite serious harm, not by tolerance and withdrawal.
- You can consult the DSM-5 for specific definitions.



Classes of Substances & Their Associated Withdrawal Symptoms

- Depressants: (alcohol, sedatives, hypnotics, and anxiolytics)
Increased pulse, hand tremors, insomnia, nausea and vomiting, transient hallucinations, agitation, anxiety, and seizures
- Stimulants: (cocaine and amphetamines)
Unpleasant mood, fatigue, vivid or unpleasant dreams, insomnia or hypersomnia, increased appetite, slowed movement, and agitation
- Opioids: (heroin, morphine, other pain meds)
Unpleasant mood, nausea or vomiting, muscle aches, dilated pupils, diarrhea, fever, insomnia, and sweating
- Some are more addictive than others, and how they are administered influences the effect. All of them cause alterations in mood.

Substance-Induced Mental Illness

- Anxiety is the most common symptom induced by substances.
- Acute stimulant withdrawal can cause agitated depression.
- Demographic data is a significant indicator of one's choice of substance use.
- Several studies show that up to 70% of people with schizophrenia smoke.
- People will generally use whatever drugs are most available to them. Alcohol is the most commonly used followed by whichever drug is the most accessible in the area.
- Men are 4xs more likely than women to be alcoholics, and are twice as likely to abuse drugs.
- Women tend to experience the negative physical effects of drinking quicker than men and are more likely to seek treatment.

Treatment Considerations

- History of violence and trauma needs to be addressed to develop an effective treatment plan
- There is no pressing reason to determine whether a substance use disorder or mental disorder came first. Both will need to be treated.
- Behaviors related to co-occurring disorders: poor judgment, limited attention span, difficulty with memory and comprehensive, can't handle confrontation, and don't recognize consequences of their behaviors.



Four Barriers to Integrated Treatment

■ Four Barriers:

1. Policy: separate systems for reimbursements, licensing, regulations, etc.
2. Program: many obstacles to treating both disorders at once, such as high training costs
3. Clinical: multiple approaches to treatment and different concerns, need to confront therapeutically rather than enable, willingness to address spirituality, differing views on the use of medication, requiring abstinence for admission, personal biases
4. Consumer & Family: being uneducated about the nature of addiction, use of denial and minimization

Common Features of Severe Mental Illness and Substance Dependence

- Long-term: A person may be symptom-free but remains susceptible to relapse.
- Heredity: Twin studies show both run in families.
- Biopsychosocial Perspective: Both have multiple precipitating factors.
- Course of the Disease: Both are expected to cause continued loss of functioning if treatment is not sought.

Common Features (Cont.)

- Management of Symptoms: Recovery involves managing symptoms, not curing.
- Loss of Control: Both can lead to loss of self-regulation despite consequences.
- Family: Both affect everyone in the family.
- Denial: It is difficult to accept either type of disorder.
- Stigma and Shame: Both are often viewed in terms of morality, generating negative beliefs about those who suffer.

Similarities in Medical & Mental Health Approaches

- Biopsychosocial model
- Self-help emphasized
- Pharmacological treatment
- Stigma
- Mandated by justice system



Similar Recovery Process



- Phase I: Acute Stabilization
- Phase II: Engagement/Motivational Enhancement
- Phase III: Prolonged Stabilization
- Phase IV: Recovery and Rehabilitation

- Parallels the Stages of Change

Stages of Change

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse



The most common cause of substance use relapse is untreated mental illness. The most common cause of relapse in mental illness is substance abuse.

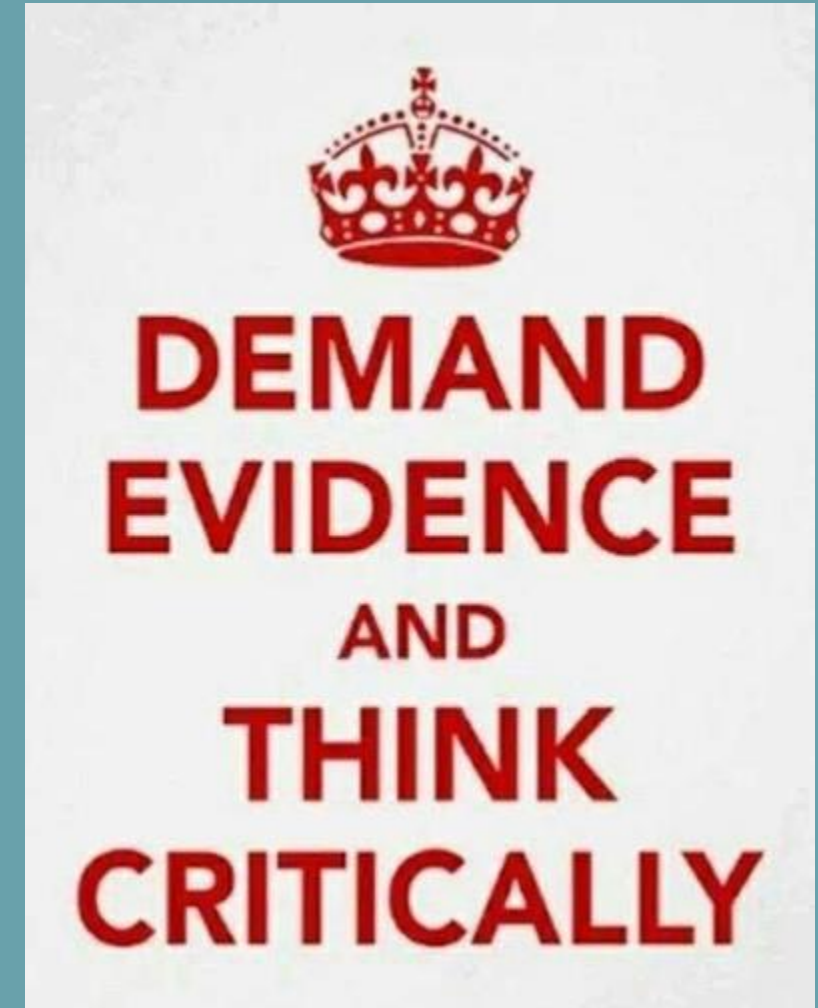
Stages of Treatment

- Engagement: building the therapeutic relationship
- Persuasion: discussion of pros and cons, identify discrepancies between goals and behaviors, address barriers
- Active Treatment: reinforce abstinence, find new social activities
- Relapse Prevention: identify and prepare for threats to sobriety, assist with returning to recovery after relapse



Evidence-Based Practices

- Integrated treatment for co-occurring disorders
- Medications
- Illness self-management skills
- Motivational enhancement
- Contingency management
- Family psychoeducation
- Assertive Community Treatment (ACT)
- Supported employment



Medication Management

- Concerns:
 - *Risk for interactive effects between substances and medications*
 - *Reduced effectiveness*
 - *Need to continue focus on abstinence*
 - *Tendency not to adhere to medication schedules*
 - *Questioning why medications are “good” and street drugs are “bad”*
- Balance between helpful effects and potential detrimental effects of the medication
- Use of psychoactive medication should be limited and carefully monitored

Principles of Integrated Treatment

- Assertiveness and acceptance
- Close monitoring
- Integration
- Individualized treatment
- Longitudinal perspective
- Stable living situation
- Harm reduction
- Comprehensiveness
- Stage models of treatment
- Cultural sensitivity and competence
- Hope for recovery

Summary

- Co-occurring disorders are common our type of setting.
- There is a complex relationship between substance use and mental health.
- An empathic attitude is critical for combating stigma.
- An integrated approach removes many barriers to recovery.

