Co-occurring Disorders: 
the chicken or the egg

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Objectives
• To identify what is meant by “co-occurring”
• To identify common characteristics
• To understand the impact upon children & families
• Clinical implications

POLL
Working definition

• Co-occurring disorder = co-occurring substance use and mental disorder

• At least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from the one disorder (SAMHSA TIP 42)

• Therefore the addiction is classified as a "primary" illness
  - Not caused by the mental illness
  - An illness in and of itself

• The term “Co-occurring” replaces “dual diagnosis” and “dual disorder”
  » They tend to be confusing as they can relate to any combination of 2 illnesses
  » Imply only 2 diagnosis
History

• 1970s we became aware of the issue when reviewing treatment outcomes
• Association between substance use & depression became evident

• 1980s – 1990s we begin to recognize more mental health issues beside depression occur within a person with substance abuse diagnosis

Statistics

• 51% persons with addictive disorder also have a mental disorder
  (National Comorbidity Survey)
• General population = 17% suffer from substance misuse
  ➢ 48% with schizophrenia
  ➢ 56% with bipolar
  ➢ 22% those with lifetime mental illness
  (Epidemiologic Catchment Area study)

Prevalence of COD

i. COD are common in the general population, though many go untreated

➢ NSDUH reported in 2002 that 4 million people met the criteria for COD

ii. Evidence supports an increased prevalence of people with COD & of more programs for them

➢ 2002 N-SSATS indicated 49% of facilities offered programs for COD
Prevalence of COD

iii. Rates of mental disorders increase as number of substance use disorders increase
   ➢ DATOS study (Flynn, et al. 1997)

iv. People with COD are more likely to be hospitalized
   ➢ more than 20 X rate for substance abuse only clients
   ➢ 5 X the rate for mental disorder clients (Coffey, et al. 2001)

Those with COD also have other vulnerabilities

✓ Frequent hospitalization
✓ Violence
✓ Incarceration
✓ Financial problems

✓ High rate of sexually transmitted diseases
✓ Legal problems
   (Drake & Mueser, 2000)

Think of the impact on the families and children …
Therefore treatment is needed not only for the health of the client, but for the sake of the children.

What does the proper treatment entail?

Common mental health issues & substance abuse

1) Anxiety
2) Mood disorder
3) Depression

Differential diagnosis

How do I determine if the client actually has COD? This is not always easy:

- Withdrawal can mimic psychiatric symptoms
- Are past symptoms those of a mental disorder or result of drug use
- If diagnosed by a counselor in the past, was client honest about their drug use?
Assessment

- Defined as “gathering information that will provide evidence of COD; assess problem areas, disabilities and strengths; assess readiness for change”

Screening tools

- The following have high sensitivity & specificity in detecting alcohol disorders & in identifying co-existing disorders:
  - DALI = Dartmouth Assessment of Lifestyle Instrument
  - AUDIT = Alcohol use Disorders Identification Test
  - CAGE
“Support, encouragement, and the belief in the possibility of change are essential. For clients who have severe mental health symptoms that may impair a vision for the future, the therapist must envision the outcome of change and present such possibilities to the client. The client participates in the course of action for change.”

(Sciacca, 1997)

Chicken or the egg? …

So, which do we treat first?

the mental health issue?

the substance abuse issue?

Integration

• Integrated treatment coordinates substance abuse & mental health interventions to treat the whole person

(SAMHSA TIP 42)

➢ Treat the “whole” person

➢ the mental health & substance abuse disorders are independent yet do affect each other & outcomes
“Comprehensive, integrated treatment ... resulted in significant reductions of substance abuse ... and in substantial rates of remission, as well as reductions in hospital use and/or improvements in other outcomes.”
(Drake, et al. 1998b)

Effective treatment modalities for COD
• Motivational Interviewing
• Contingency Management
• Cognitive-Behavioral Therapy
• Relapse Prevention
• Assertive Community Treatment
• Intensive Case Management

Staffing
• For any of these treatment modalities, staff need to be:
  » properly trained
  » Continue with professional development
  » Substance abuse counselors need a working knowledge of mental health terminology
  » Understand basic pharmacology & knowledge of psychiatric meds
  » Counselors, therapists and physicians need to work in unity
(SAMHSA TIP 42)
Discharge Planning

• Returning to life in the community / family is a major undertaking

• The plan needs to be comprehensive & reflect maintenance of gains achieved in treatment
  – Self help groups
  – Relapse prevention
  – Continued counseling
  – Follow up
  – Continuity of care plan to coordinate service systems