CO-OCCURRING: SUBSTANCE USE & MENTAL HEALTH DISORDERS
LEARNING OBJECTIVES

- Define the term co-occurring disorders/dual diagnoses.
- Identify the relationship between substance use disorders and mental health disorders.
- Explain and list the five stages of change.
- Describe the integrated assessment and screening process.
- Explain and interpret three different techniques - dialectical behavior therapy (DBT), family-based therapy (FBT), and interactive journaling - and examine how they can be used for treatment.
- Describe strategies that support the member through the recovery process.
Substance Use Disorders + Mental Health Diagnosis

Co-Occurring Disorders
Although substance use disorders and mental health disorders like depression and anxiety are closely linked, one does not necessarily cause the other.

The relationship is complex.

Underlying factors that can contribute to both conditions:
- Biological
- Psychological
- Social/environmental
Substances are often used to self-medicate the symptoms of depression or anxiety.

Substances can increase underlying risk for mental disorders.

Substances can exacerbate existing mental health disorders.
Which mental health disorders most commonly occur with substance use disorders?
COMMON SIGNS & SYMPTOMS OF DEPRESSION

- Feelings of helplessness and hopelessness
- Loss of interest in daily activities
- Inability to experience pleasure
- Appetite or weight changes
- Sleep changes

- Loss of energy
- Strong feelings of worthlessness or guilt
- Concentration problems
- Anger, physical pain and reckless behavior
COMMON SIGNS & SYMPTOMS OF ANXIETY

- Excessive tension and worry
- Feeling restless or jumpy
- Irritability or feeling “on edge”
- Racing heart or shortness of breath
- Nausea, trembling or dizziness
- Muscle tension
- Headaches
- Trouble concentrating
- Insomnia
COMMON SIGNS & SYMPTOMS OF MANIA IN BIPOLAR DISORDER

- Feelings of euphoria or extreme irritability
- Unrealistic, grandiose beliefs
- Decreased need for sleep
- Increased energy
- Rapid speech

- Racing thoughts
- Impaired judgment and impulsivity
- Hyperactivity
- Anger or rage
COMMON SIGNS & SYMPTOMS OF SCHIZOPHRENIA

- Delusions
- Hallucinations
- Grossly disorganized or catatonic behavior
- Negative symptoms
- Decline in level of functioning
- Disorganized speech
What are the consequences of undiagnosed, untreated or undertreated co-occurring disorders?
Combined treatment is best:

- The best chance of recovery is through integrated treatment for both the substance use disorder and the mental health disorder.

- Preferably this treatment comes from the same treatment facility using a team approach.
INTEGRATED DUAL-DIAGNOSIS TREATMENT (IDDT)

WHAT IS INTEGRATED TREATMENT?

Integrated treatment programs serve people with 2 or more mental health conditions or substance abuse disorders, called co-occurring conditions.

CO-OCCURRING CONDITIONS
WIDESPREAD & LIFE-ALTERING

About 50% of people with severe mental health disorders also have a substance abuse problem.

29% of all individuals diagnosed with a mental illness abuse alcohol or drugs.

Compared to 15% of the general population who abuse drugs and/or alcohol.

4x more likely to have a substance abuse disorder.

5x more likely to have a substance abuse disorder.

37% of alcohol abusers and 53% of drug abusers suffer from at least 1 co-occurring mental illness.

MORE LIKELY TO BE HOMELESS OR JAILED

16% of prison and jail inmates have mental health disorders.

72% of these inmates have a co-occurring substance abuse disorder.

50% of homeless adults have co-occurring mental health and substance abuse disorders.

8,900,000

50% of those affected by co-occurring disorders every year, only 7.4% receive proper treatment.

8+ studies since the mid-1990s have concluded that integrated treatment is effective for treating co-occurring disorders.

In a 2005 study, patients with first-episode psychosis experienced a significant reduction in negative and psychotic symptoms.

Dually diagnosed homeless adults in a 1997 study experienced improvements:
- Fewer institutional days
- More progress toward substance abuse recovery
- More time in stable housing
- Improved quality of life and functional status
- Fewer arrests
- Decreased hospitalization
Integrated treatment is associated with lower costs and better outcomes, such as:

- Reduced substance use
- Improved psychiatric symptoms and functioning
- Decreased hospitalization
- Increased housing stability
- Increased ability to remain in the community
- Improved quality of life
CORE COMPETENCIES FOR IDDT

The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in specialty behavioral health or primary care provider settings.

The core competencies developed through this project are intended to serve as a resource for providers as they shape job descriptions, orientation programs, supervision and performance reviews for workers delivering integrated care.
I. Interpersonal communication
II. Collaboration and teamwork
III. Screening and assessment
IV. Care planning and care coordination
V. Intervention
VI. Cultural competence and adaptation
VII. Systems-oriented practice
VIII. Practice-based learning and quality improvement
IX. Informatics
Integrated Screening & Integrated Assessment
SCREENING & ASSESSING: THE STAGES OF CHANGE

Precontemplation → Contemplation → Preparation → Action → Maintenance

Prochaska, DiClemente, & Norcross (1992)
PRECONTEMPLATION

What problem?

- People who are in this stage are not adequately aware of their own problems and do not see any need to change.
- High resistance.
- Not intending to start changing the behavior in the next six months.
CONTEMPLATION

Is it a problem?

- Individuals in contemplation are considering change, but may not be ready to commit to making the change.

- Individuals may express interest in achieving outcomes, but don’t demonstrate readiness to work.

- Intending to start changing the behavior in the next six months.
What can I do?

- I need something that will work for me.
- Increasing hope.
- Exploring resources.
- Asking for help.
- Intending to start changing behavior in the next 30 days.
Look! I am doing something!

- Action is the stage in which individuals modify their behavior, experiences or environment in order to overcome the risks or problems.

- They have been practicing the behavior for fewer than six months.

- They may have had one or more setbacks during this stage.
I am successful.

- In this stage, the individual maintains goal achievement.
- This is a continuation of change with the intentional goal of preventing relapse.
- Practicing the behavior for at least six months to promote self-efficacy and support the development of resilience.
STAGES OF CHANGE

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance

PROGRESS

RELAPSE
INTEGRATED SCREENING

- Screening should address both mental health and substance use disorders.
- Brief process that occurs soon after the individual seeks services.
- Indicates whether the individual is likely to have a substance use disorder and at least one co-occurring mental health disorder.
- Individuals who screen positive for co-occurring disorders should receive an in-depth assessment.
INTEGRATED ASSESSMENT PROCESS

Consists of gathering key information and engaging in a process with the individual that enables a practitioner to:

- Establish (or rule out) the presence or absence of a co-occurring disorder.
- Determine the individual's readiness for change.
- Identify the individual's strengths or problem areas that may affect treatment and recovery.
- Identify family, friends, and significant others who can provide support through the recovery process.
PURPOSE OF THE ASSESSMENT

- To obtain:
  - A chronological history of symptoms and treatment for both mental and substance use disorders.
  - A description of current strengths, supports, limitations and cultural barriers that will impact treatment.
  - The individual’s needs, what they want to change and how they think that change will occur.

- To establish formal diagnosis, evaluate level of functioning to understand the impact on treatment and determine readiness for change.

- To make initial decisions about appropriate care.

- To understand medical history, because physical conditions can be contributing factors of substance abuse.
INTEGRATED ASSESSMENT

- Begin the development of an appropriate treatment relationship.

- In-depth assessments provide information that is used by the practitioner and the individual to create a treatment plan.

- Integrated screening and assessment should occur when an individual enters into care. It can be conducted by the same practitioner or by different practitioners.

- An individual who screens positive for co-occurring disorders may be seen at the same or a different agency for an integrated assessment.
INTEGRATED ASSESSMENTS

Integrated assessments consider:

- Cultural and linguistic issues
- Social supports
- Special life circumstances (e.g., women with children)
- Medical conditions that may affect service choices (e.g., HIV/AIDS, tuberculosis)
An integrated assessment includes:

- Information gathering through a variety of formats
- Use of standardized assessment tools
- Identification of the individual’s challenges (internal and external)
- Assessment of the individual’s current stage of change
- Use of motivational interviewing techniques
Assessment instruments are not the assessment; rather, they provide tools to:

- Determine diagnosis
- Identify strengths
- Initiate the treatment planning process
In addition to the assessment instruments, the assessment process may include:

- A clinical examination of the functioning and well-being of the individual.
- An in-depth interview.

**Reminder**

The assessment instruments gather information, but a trained and competent provider can:

- Make the individual feel welcome.
- Engage the individual as an active partner in his/her care.
- Begin the therapeutic alliance.
Other areas in a complete biopsychosocial assessment:

- A social and treatment history.
- Interviews with friends and family (with permission).
- A review of medical and psychiatric records.
- A physical examination.
- Laboratory tests.
- A diagnosis is established by referral to a psychiatrist, clinical psychologist or other qualified provider.
According to SAMSHA, the following evidence based practices and interventions are useful in treating people diagnosed with co-occurring disorders:

- DBT
- FBT
- Interactive journaling
- Providers should be appropriately credentialed, licensed and/or trained to use these techniques.
DBT has two key characteristics:

- A behavioral, problem-solving focus blended with acceptance-based strategies.
- Emphasis on dialectical processes.

- Emphasizes balancing behavioral change, problem-solving, and emotional regulation with validation, mindfulness and acceptance of challenges.
- Therapists follow a detailed procedural manual.
DBT HAS FIVE COMPONENTS:

1. Capability enhancement (skills training)

2. Motivational enhancement (individual behavioral treatment plans)

3. Generalization (access to therapist outside clinical setting, homework and inclusion of family in treatment)

4. Structuring of the environment (programmatic emphasis on reinforcement of adaptive behaviors)

5. Capability and consultation of therapists (therapist team reference groups)
FAMILY BEHAVIOR THERAPY (FBT)

- Outpatient behavioral treatment is aimed at:
  - Reducing drug and alcohol use in adults and youth
  - Reducing common co-occurring problem behaviors such as:
    - Depression
    - Family discord
    - School and work absenteeism
    - Conduct problems in youth
- Community reinforcement approach:
  - Basis or foundation of FBT
  - A validated method of improving enlistment and attendance
Participants attend therapy sessions with at least one significant other, typically a parent (if the participant is under 18) or a cohabitating partner.

Treatment typically consists of 15 sessions over six months.

Sessions initially are 90 minutes weekly and gradually decrease to 60 minutes monthly as participants progress in therapy.
FBT INTERVENTIONS

- The use of behavioral contracting to establish an environment that reinforces behaviors associated with abstinence from drugs.

- Implementation of skill-based interventions to assist with:
  - Spending less time with individuals and situations that involve drug use and other problem behaviors.
  - Decreasing urges to use drugs and other impulsive behavior problems.
  - Establishing social relationships with others who do not use substances and effectively avoiding substance abusers.
  - Getting a job and/or attending school.
Interactive journaling aims to reduce substance abuse and substance-related behaviors.

- It is:
  - Goal-directed
  - Person-centered

- It incorporates:
  - Structured and expressive written techniques
  - Principles of motivational interviewing
  - Cognitive behavioral interventions
  - Transtheoretical Model of behavior change
INTERACTIVE JOURNALING

- Using the journal, participants explore and resolve a variety of topics, including:
  - Ambivalence
  - Recognition that they have a substance use problem
  - The connection between substance use and their current situation
  - Health and other consequences of substance use
  - Irresponsible behavior while under the influence of alcohol and/or drugs
- Questions also guide participants in:
  - Considering their motivations for change
  - Exploring behavior change options
  - Developing a plan with target behavior-related goals
  - Developing a timeline for achieving these goals
The approach helps participants modify their behavior as they progress through the stages of change that underlie the model:
TREATMENT OVERVIEW

- Individuals with co-occurring disorders may seek services across service systems.

- Integrated dual diagnoses (IDDT) yields better outcomes than traditional split treatment.

- A system needs to recognize and is capable of treating the illness, regardless of where a member enters the system.

- Across systems, staff should ensure that:
  - Co-occurring conditions are detected early.
  - Individuals are accessing the care that they need.
  - Care is individualized and responsive to all conditions.
EFFECTIVE TREATMENT PROGRAMS INCLUDE:

- Individual’s involvement in the decision-making process as well as active involvement in setting goals and developing strategies for change.

- Treatment that addresses both the substance use disorder and mental health disorder.

- Basic education about mental health and substance use disorders and interrelated relapse prevention strategies.

- Teaching healthy coping skills and reducing ongoing symptoms through healthy life skills and supportive relationships.

http://www.helpguide.org/mental/dual_diagnosis.htm
Building a strong service system for individuals with co-occurring disorders includes involving members and their families or supports in:

- Service/treatment planning
- Screening/assessment
- Treatment process
Member, family and/or support involvement in the assessment and treatment process can:

- Enhance the effectiveness of services
- Yield better outcomes
- Promote self-determination and choice
- Empowerment
- Embrace cultural competence
Strategies for involving members include:

- Self-directed, consumer-operated services, which are operated by consumers and generally emphasize self-help.

- Peer support services, which are delivered by consumers.

- Mutual support groups, such as 12-step programs.

- Consumer advocacy - involvement in policy and planning activities at all levels.
Strategies for involving families/supports include:

- Family psycho-education
- Peer-based family education programs
- Family therapy and consultations
- Linkage with the National Alliance on Mental Illness (NAMI) and other local support organizations
HOW FAMILIES & SUPPORTS CAN HELP

- **Acceptance**: Of what they can and cannot do
- **Seek support**: Dealing with a loved one's diagnoses can be painful and isolating
- **Set boundaries**: Be realistic about the amount of care a family member is able to provide without feeling overwhelmed and resentful
- **Education**: Learning all they can about their loved one’s diagnoses
- **Be patient**: Recovery is an ongoing process that can take months or years and relapse is common
SUMMARY

- Co-occurring disorders present in all settings.
- One disorder does not cause the other.
- Integrated screening/assessment is best for identifying and assessing for the existence of co-occurring disorders.
- DBT, FBT and interactive journaling are evidence based practices found helpful with people diagnosed with co-occurring diagnosis.
- Identification of the person’s stage of change is important.
- Motivational Interviewing techniques also helpful in treatment.
- Member involvement, as well as family/support’s involvement is essential for recovery.
- IDDT is essential in yielding better outcomes.
Can you:

- Define co-occurring disorders/dual diagnoses?
- Differentiate between substance use disorders and mental health disorders?
- Describe how the five stages of change impact the integrated assessment and screening process?
- Explain how DBT, FBT and interactive journaling can be used for treatment?
- List three strategies that support the member through the recovery process?
THANK YOU!

Questions?
RESOURCES


