UNDERSTANDING CO-OCCURRING DISORDERS

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Bridge To Hope

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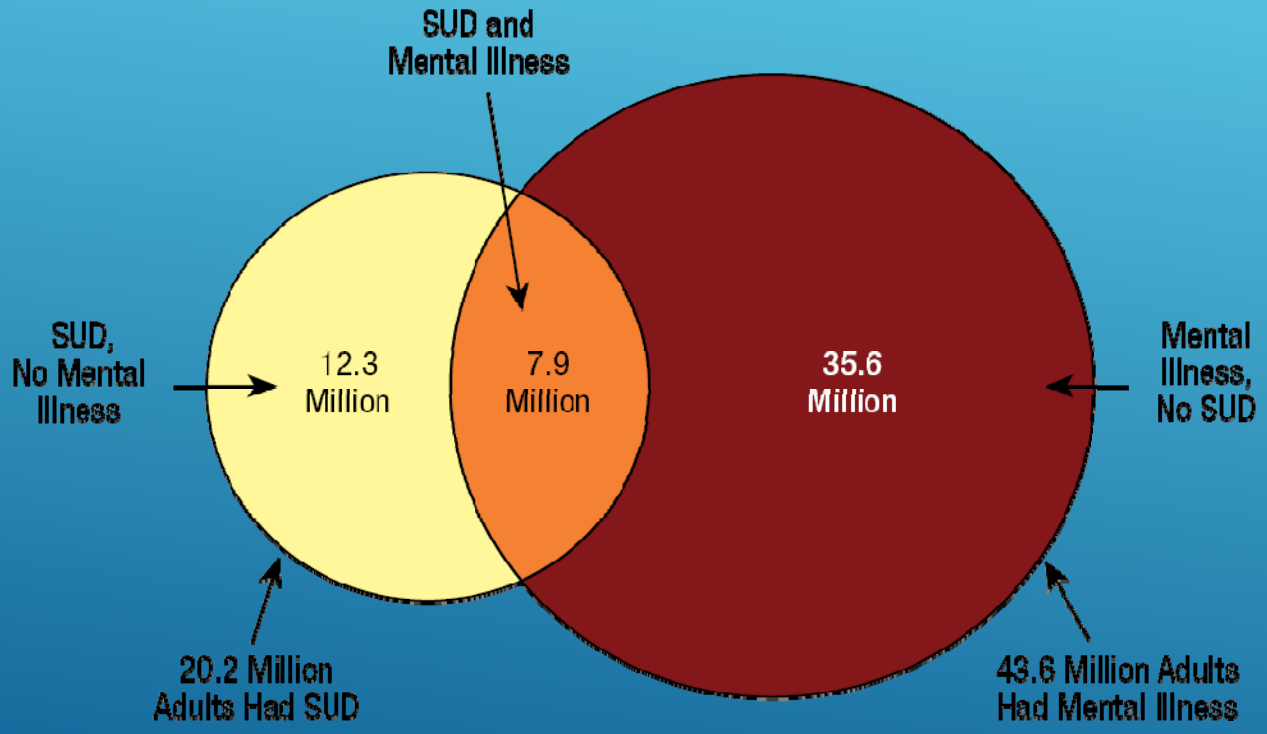
CO-OCCURRING DISORDERS

What does it really mean

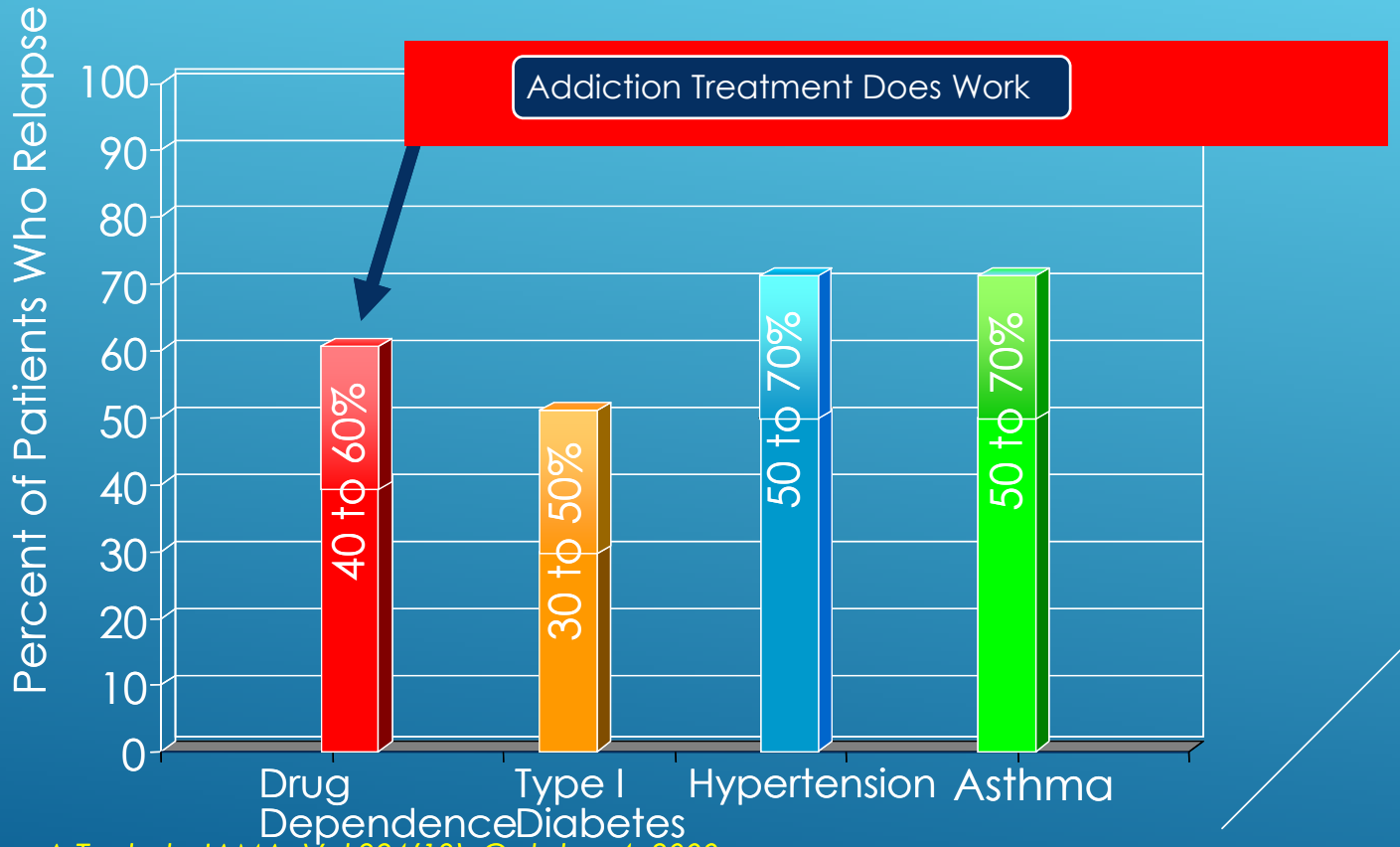
CO-OCCURRING DISORDERS

- Comorbidity, co-occurring, multiple disorders, dual diagnosis all mean the same thing
- Overlapping conditions – Shared Vulnerability
  - Multiple addictions (abuse, dependency)
  - Multiple mental health disorders- anxiety, depression, bipolar, psychotic disorders
  - Addiction and mental health disorders
- COD's are the "norm" rather than the exception with estimates over 50%
- SUD's are the 2nd most diagnosed disorder in DSM

OVERALL PREVALENCE FROM 2014 NSDUH DATA



Relapse Rates Are Similar for Drug Dependence And Other Chronic Illnesses



McLellan, A.T. et al., JAMA, Vol 284(13), October 4, 2000.

ASSESSING CO-OCCURRING DISORDERS

- Which came first – question – Differential Diagnosis
- More severe with greater effect on the client
- Shared Vulnerabilities
  - Genetic vulnerabilities
  - Underlying neurochemical deficits (similar brain regions)
  - Exposure to stress or trauma
- Self-medication
- Cycle of use and mental health symptomology

FACTORS CONTRIBUTING TO USE/RELAPSE

- Negative emotional states
- Social pressures
- Interpersonal conflicts
- Poor compliance with treatment
- Strong cravings
- Lifestyle factors

FACTORS CONTRIBUTING TO USE/RELAPSE

- Interpersonal deficits
- Relationships with alcohol or drug abusers
- Relationships with those who do not support recovery
- Thinking errors /cognitive distortions
- Personality factors
- Lack of coping skills

ACCESSING TREATMENT

- Initial Assessment
- Emergency Departments
- Inpatient Psych
- Detoxification
- Partial Hospitalization
- Intensive Outpatient
- Outpatient
- Substance Use Treatment Provider versus MH provider
- Barriers

TREATING CO-OCCURRING DISORDERS

- Treat comorbid conditions concurrently
- Best Practices and Approaches
  - Multidisciplinary team approach
  - Appropriate Medications (psychiatry specialization)
  - Access to treatment continues even when symptoms are mild
  - Comprehensive services that address all areas and include various level of services

EXPRESSED EMOTION (EE) AND PSYCHIATRIC RELAPSE

- EE is a measure of emotional attitudes of relatives of psychiatric patients
- EE is studied by reviewing audiotapes of family interaction with patients during acute phase of illness

EXPRESSED EMOTION AND RELAPSE

- High EE: family member expresses many critical comments, hostility, or statement indicating emotional over-involvement
- LOW EE: comments are non-critical, non-hostile, or indicate normally involved family member
- Comparable to co-dependent individuals

RELAPSE RATES IN SCHIZOPHRENIA OR MOOD DISORDERS AT 9-12 MONTH F/U

- Relapse rates of patients are twice as high in families with high rates of EE compared to low rates of EE
- **Schizophrenia:** 27 studies
- **Mood disorders:** 6 studies

-Mueser & Glynn

MARLATT'S APPROACH TO HIGH RISK SITUATIONS

- High risk situation experienced
- Coping response (effective/ineffective?)
- Decreased self-efficacy + positive outcome expectances = initial use
- Strong abstinence violation effect (AVE) = increased probability of relapse
- Weak AVE = lower risk of relapse

RELAPSE PREVENTION STRATEGY #2: IDENTIFY RELAPSE WARNING SIGNS

- Identify warning signs of substance use and psychiatric relapse
- Review warning signs common to substance abuse & psychiatric disorders
- Review warning signs specific to a disorder and the individual client
- Teach strategies to manage warning signs

CRISIS

- Any mention of killing themselves or killing others
- Bizarre behaviors
- Strange beliefs
- Rapid or Incoherent Speech
- Intense interest in sexual behavior
- Talking to self or others that are not there
- Receiving messages
- Delusional thinking

APPROACHES

- Calm demeanor
- Attempt to communicate in a positive way
- Elicit conversation
- Do not argue especially when the loved one is irrational or delusional
- Always be aware of any weapons in the home and inform anyone who is coming to help

PRINCIPLES OF EFFECTIVE TREATMENT

- Program/therapist educated in co-occurring disorders and practices evidenced based approaches
- Treating both disorders at the same time improves outcomes
- Zero tolerance strategies are shown to be ineffective
- Substance use is a form of coping for the individual with the COD and engagement is more important than abstinence in the early phase
- Medication, therapy, and mutual support groups are integral aspects of an overall treatment plan

INTENSITY AND DURATION

- Treatment must be at least moderate intensity, initially 9-15 hours per week or even residential level of care
- Remember, you are now working with more than 1 chronic relapsing illnesses that will require sustained treatment over a long period of time
- Low intensity treatment (outpatient 1hour per week) is shown to be ineffective unless you are at the engagement phase or maintenance phases

WHERE TO TURN?

- http://ireta.org/improve-practice/addiction-professionals/toolkits-for-practice/cooccurringdisordertoolkit/
- Peer Supports
- Dual Recovery Anonymous
- Double Trouble
- NAMI
- ASAM