



Understanding Co-occurring Disorders

2 CEUs

Course Description

Prevalence rates show that individuals with co-occurring disorders are common in both the substance abuse and mental health treatment systems. This course will provide participants with an understanding of the concept and term: co-occurring disorders. Participants will become familiar with the assessment, symptoms, and treatment of co-occurring disorders, and will be provided with an example of a special population that exists within the realm of co-occurring disorders.

Course Objectives

On completion of this course, participants will be able to identify/demonstrate familiarity with:

1. The definition and terms related to co-occurring disorders.
 2. The assessment of co-occurring disorders and common symptoms.
 3. The relationship between substance abuse and mental health concerns.
 4. The symptoms of specific co-occurring disorders.
 5. Available treatments for clients with co-occurring disorders.
 6. A special population example and co-occurring disorders.
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Introduction

Formerly known as dual diagnosis or dual disorder, the term *co-occurring disorders* describes the presence of two or more disorders at the same time. For example, a person may suffer with substance use disorder, as well as bipolar disorder. *For the purpose of this training, the terms co-occurring and dual-diagnosis may be used interchangeably.*

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines co-occurring disorders as:

“The term ***co-occurring disorders*** (COD) refers to co-occurring substance-related and mental disorders. Clients said to have COD have one or more substance-related disorder as well as one or more mental disorder.”

According to SAMHSA, a 2002 report to Congress estimated that seven to ten million individuals in the United States have at least one mental disorder as well as a substance use disorder. In the 2012 SAMHSA’s National Survey on Drug Use and Health (NSDUH) it was reported that an estimated 43.7 million (18.6%) Americans ages 18 and up experienced some form of mental illness. In the past year, 20.7 million adults (8.8%) had a substance use disorder. Of these, 8.4 million people had both a mental disorder and substance use disorder, also known as co-occurring mental and substance use disorders.

Terminology

As the field of treatment for substance use and mental disorders is evolving to become more precise, so too is the terminology used to describe people with both substance use and mental disorders. The term co-occurring disorders has been integrated as a term that will be more encompassing than the terms dual disorder or dual diagnosis. These latter terms, though used commonly to refer to the combination of substance use and mental disorders, are confusing in that they also refer to other combinations of disorders (such as mental disorders and mental retardation). Furthermore, the terms suggest that there are only two disorders occurring at the same time, when in fact there may be more. Clients with COD have one or more disorders relating to the use of alcohol and/or other drugs of abuse as well as one or more mental disorders. A diagnosis of co-occurring disorders occurs when 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.

Understanding Co-occurring Disorders

Both mental health issues and substance use disorders have their own unique symptoms that may get in the way of one's ability to function, handle life's difficulties, and relate to others. To make the situation more complicated, the co-occurring disorders also affect and interact with one another. When a mental health problem goes untreated, the substance abuse problem usually gets worse as well, and when alcohol or drug abuse increases, mental health problems usually increase too.

Common examples of co-occurring disorders include the combinations of:

- Major depression with cocaine addiction.
- Alcohol use disorder with panic disorder.
- Alcoholism and poly-drug addiction with schizophrenia.
- Borderline personality disorder with episodic poly-drug abuse.
- Substance use disorder and eating disorder.

Combinations of COD problems and psychiatric disorders vary along dimensions such as:

- Severity,
- Chronicity,
- Disability, and
- Degree of impairment in functioning.

For example, two disorders may each be severe or mild, or one may be more severe than the other, and the severity of both disorders may change over time. Levels of disability and impairment in functioning may also vary. There is no single combination of dual disorders, as there is great variability among them. However, clients with similar combinations of dual disorders are often encountered in certain treatment settings. For example, adults with severe mental illness who are further impaired by substance use disorders (abuse or dependence related to alcohol or other drugs) would often be receiving treatment at a dual-diagnosis/co-occurring disorders treatment center.

Patients with dual disorders often experience more severe and chronic medical, social, and emotional problems compared to patients who have a mental health disorder or a substance use disorder alone. Because they have two disorders, they are vulnerable to relapsing and a worsening of the psychiatric disorder. Further, addiction relapse often leads to psychiatric decompensation, and worsening of psychiatric problems often leads to addiction relapse.

A mental health disorder complicates and compounds the challenges in overcoming an addiction to drugs or alcohol. Also, many times people who have an undiagnosed mental illness may try to treat their symptoms by self-medicating with drugs or alcohol, with alcohol being the most common choice. This self-medicating to numb symptoms can unfortunately cause side effects and worsen the very symptoms they were trying to relieve. Some common symptoms that people seek relief from by self-medicating include anxiety, depression, or paranoia. Down the road, if an individual is a chronic drug abuser, they can acquire mental illness from years of heavy use. Therefore, relapse prevention must be specially designed for patients with dual disorders. Compared with patients who have a single disorder, patients with dual disorders often require longer treatment, have more crises, and progress more gradually in treatment.

Psychiatric disorders most prevalent among dually diagnosed patients include mood disorders, anxiety disorders, personality disorders, and psychotic disorders. Antisocial personality disorders have a 15.5 percent abuse rate; Bipolar disorder is next at 14.5 percent, while anxiety disorders have a 4.3 percent abuse rate.

Source: <http://drugbuse.com/library/mental-health-and-drug-abuse>.

The relationship between substance use disorder and mental health concerns

Addiction is common within people who are also facing mental health problems. Although substance abuse and mental health disorders, like depression and anxiety, are closely linked, one does not directly cause the other in a linear fashion. In other words, the presence of a mental health problem does not necessarily mean that a client is also going to develop or have a substance use problem. Although, one can easily see how an increase in depression or anxiety could lead a person to using substances as an attempt to solve their symptoms of depression or anxiety. It is also quite plausible to see how a person who has a substance use problem could have an increase in depression or anxiety symptoms. Duration and intensity of symptoms helps to distinguish what problems may need the most attention. In order to expand on the relational aspect between substance abuse and mental health problems, think about the following ideas:

- Alcohol or drugs are often used to self-medicate the symptoms of depression or anxiety. Unfortunately, substance abuse causes side effects and in the long run worsens the very symptoms they initially numbed or relieved.
- Alcohol and drug abuse can increase underlying risk for mental disorders. Mental disorders are caused by a complex interplay of genetics, the environment, and other outside factors. If you are at risk for a mental disorder, drug or alcohol abuse may push you over the edge.

- Alcohol and drug abuse can make symptoms of a mental health problem worse. Substance abuse may sharply increase symptoms of mental illness or trigger new symptoms. Alcohol and drug abuse also interact with medications such as antidepressants, anti-anxiety pills, and mood stabilizers, making them less effective.

According to reports published in the *Journal of the American Medical Association*:

- Roughly 50% of individuals with severe mental disorders are affected by substance abuse.
- 37 percent of alcohol abusers and 53 percent of drug abusers also have at least one serious mental illness.
- Of all people diagnosed as mentally ill, 29 percent abuse either alcohol or drugs.

Source: *National Alliance on Mental Illness*

Recognizing co-occurring disorders or dual diagnosis

It can be difficult to diagnose a substance abuse problem and a co-occurring mental health disorder such as depression, anxiety, or bipolar disorder. It takes time to tease out what might be a mental disorder and what might be a drug or alcohol problem. Often chronic alcohol abuse and withdrawal can imitate symptoms of psychiatric disorders, such as anxiety, mood changes, and cognitive impairment.

Complicating the issue is denial. Denial is common in substance abuse. The term "denial" refers to the process by which people with addictions pretend (to themselves and/or to other people) that they do not have an addiction, when in fact they do, or that their addictive behavior is not problematic, when in fact it is. Denial says that if the problem is not acknowledged, it doesn't exist. It's hard to admit how dependent you are on alcohol or drugs or how much they affect your life. Denial frequently occurs in mental disorders as well. The symptoms of depression or anxiety can be frightening, so you may ignore them and hope they go away. Or you may be ashamed or afraid of being viewed as weak if you admit the problem.

To assist you in recognizing a dual diagnosis or co-occurring disorders:

- Consider family history. If people in one's family have grappled with either a mental disorder such as depression or alcohol abuse or drug addiction, they have a higher risk of developing these problems. Children of alcoholics are 50 to 60 percent more likely to develop alcohol use disorders than people in the general population. Children of parents who abuse illicit drugs may be 45 to 79 percent more likely to do so themselves than the general public. <http://pubs.niaaa.nih.gov/publications/AA76/AA76.htm>.
- Consider sensitivity to alcohol or drugs. Is a client highly sensitive to the effects of alcohol or drugs? Have they noticed a relationship between their substance use and their mental health? For example, do they get depressed when they drink?
- Look at and explore symptoms when clients are sober. While some depression or anxiety is normal after people have stopped drinking or doing drugs, if the symptoms persist after one has achieved sobriety, clients may be dealing with a mental health problem.
- Review treatment history. Has your client been treated before for either an addiction or mental health problem? Did the substance abuse treatment fail because of complications from mental health issues or vice versa?
- Helping clients to think about the role that alcohol and other drugs play in their lives. Clients benefit when they are able to explore the larger picture of how substances came into their lives. Having conversations that allow for clients to better understand how the use of drugs was most likely an attempt to solve another problem will also allow them to think about what they wanted drugs/alcohol to do for them. When clients begin to make connections such as this, they often gain more insight into their behaviors/thoughts. Along with this insight, one can increase their ability to make conscious changes and improvements to their lives.
- Offering a chance to learn more about alcohol/drug interactions with medications Educating your clients about how medications they might be taking for their mental health symptoms interact with drugs and alcohol is one more way of helping clients to see the larger picture of how to best manage co-occurring disorders.
- Helping clients identify and develop their own recovery goals. One of the most useful and important components of therapy is the client's formation of treatment goals. This allows for a direction in therapy and is also a way of tracking progress.

Signs and symptoms of alcohol abuse or substance abuse

If you're wondering whether your client has a substance abuse problem, the following questions may help them and you as the therapist to better understand the role that substances may have in their life. The more "yes" answers, the more likely that drinking or drug use is a problem.

- Have you ever felt you should cut down on your drinking or drug use?
- Have you tried to cut back, but couldn't?
- Do you ever lie about how much or how often you drink or use drugs?
- Have your friends or family members expressed concern about your alcohol or drug use?
- Do you ever felt bad, guilty, or ashamed about your drinking or drug use?
- On more than one occasion, have you done or said something while drunk or high that you later regretted?
- Have you ever blacked out from drinking or drug use?
- Has your alcohol or drug use caused problems in your relationships?
- Has your alcohol or drug use gotten you into trouble at work or with the law?

Signs and symptoms of common co-occurring disorders

The mental health problems that most commonly co-occur with substance abuse are depression, anxiety disorders, bipolar disorder, obsessive compulsive disorder and eating disorders.

Listed below are common signs and 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 (especially in men)

Listed below are common signs and symptoms of mania in bipolar disorder:

- Feelings of euphoria *or* extreme irritability
- Unrealistic, grandiose beliefs
- Decreased need for sleep
- Increased energy
- Rapid speech and racing thoughts
- Impaired judgment and impulsivity
- Hyperactivity
- Anger or rage

Listed below are common signs and 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

Listed below are common signs and symptoms of obsessive compulsive disorder:

- Examples of obsession signs and symptoms include
 - Fear of being contaminated by shaking hands or by touching objects others have touched
 - Doubts that you've locked the door or turned off the stove
 - Intense stress when objects aren't orderly or facing a certain way
 - Images of hurting yourself or someone else
 - Avoidance of situations that can trigger obsessions, such as shaking hands
 - Distress about unpleasant sexual images repeating in your mind
- Examples of compulsion signs and symptoms include
 - Hand-washing until your skin becomes raw
 - Checking doors repeatedly to make sure they're locked
 - Checking the stove repeatedly to make sure it's off
 - Counting in certain patterns
 - Arranging your canned goods to face the same way

Listed below are common signs and symptoms of eating disorders:

- Anorexia Nervosa
 - Inadequate food intake leading to a weight that is clearly too low.
 - Intense fear of weight gain, obsession with weight and persistent behavior to prevent weight gain.
 - Self-esteem overly related to body image.
 - Inability to appreciate the severity of the situation
 - Binge Eating Disorder
 - Frequent episodes of consuming very large amounts of food but without behaviors to prevent weight gain, such as self-induced vomiting.
 - A feeling of being out of control during the binge eating episodes.
 - Feelings of strong shame or guilt regarding the binge eating.
 - Indications that the binge eating is out of control, such as eating when not hungry, eating to the point of discomfort, or eating alone because of shame about the behavior.
 - Bulimia Nervosa
 - Frequent episodes of consuming very large amount of food followed by behaviors to prevent weight gain, such as self-induced vomiting.
 - A feeling of being out of control during the binge-eating episodes.
 - Self-esteem overly related to body image.
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Treatment for co-occurring disorders or dual diagnosis

Clients with co-occurring disorders have historically received substance abuse treatment services in isolation from mental health treatment services. As more research on co-occurring disorders began to be conducted, the many limitations this approach places on the client and his or her success in treatment began to surface. There are various models of treatment of co-occurring disorders including:

- *Single model of care* - It was believed that once the “primary disorder” was treated effectively, the client’s substance use problem would resolve itself because drugs and/or alcohol were no longer needed to cope.
- *Sequential model of treatment* - acknowledges the presence of co-occurring disorders but treats them one at a time.
- *Parallel model of treatment* - mental health disorders are treated at the same time as co-occurring substance use disorders, only by separate treatment professionals and often at separate treatment facilities.
- *Integrated model of treatment* – an approach to treating co-occurring disorders that utilizes one competent treatment team at the same facility to recognize and address all mental health and substance use disorders at the same time.

According to SAMSHA, the best treatment for co-occurring disorders is an integrated approach, where both the substance abuse problem and the mental disorder are treated simultaneously. Whether your mental health or substance abuse problem came first, recovery depends on treating both disorders simultaneously. This approach often lowers the cost of treatment and creates better outcomes including:

- Reduced substance use
- Improved psychiatric symptoms and functioning
- Decreased hospitalization
- Increased housing stability
- Fewer arrests
- Improved quality of life

Without integrated treatment, one or both disorders may not be addressed properly. Successful treatment requires:

- An integrated screening and assessment processes
- An integrated treatment plan
- Integrated or coordinated treatment
- Collaboration across all disciplines on the treatment team
- Integrated continued care plan
- Trained staff that will recognize the needs of patients with co-occurring disorder.

There are various levels of treatment depending on the severity and type of symptoms a person is experiencing. Some levels of care include daily therapy and close monitoring while people learn to gain a better sense of managing their symptoms, such care may include a residential component, where one receives treatment while they also reside at a facility that specializes in co-occurring disorders. Other levels of care, such as an outpatient therapy program could include a client attending group/individual sessions 3-4 times per week while residing at home.

A comprehensive continuum of care for people requiring treatment for COD may include:

- Detoxification
- In-patient hospitalization
- Residential treatment
- Day-time or night-time treatment
- Intensive outpatient treatment
- Outpatient treatment

The best ways to determine the needed level of care is to consult with a psychiatrist, therapist, and/or co-occurring disorder treatment center, complete an integrated assessment.

Special Populations Example

Treatment programs for veterans with co-occurring disorders

When working with clients who have co-occurring disorders, some people also fall into a special category, which often means that within the population other sensitivity concerns are also necessary to address and/or keep in mind. Some examples of special populations include: LGBTQ clients, geriatric clients, clients with eating disorders, and Veterans to name a few. To further expand on this concept; let's think about some of the additional challenges that Veterans might have when it comes to co-occurring disorders. The pressures of deployment or combat can exacerbate underlying mental disorders, and substance abuse is a common way of coping with unpleasant feelings or memories. Often, these problems take a while to show up after a vet returns home, and may be initially mistaken for readjustment. Untreated co-occurring disorders can lead to major problems at home and work, so it's important to seek help. The U.S. Department of Veterans Affairs indicates that more than 2 out of 10 veterans who suffer from post-traumatic stress disorder (PTSD) concurrently have a substance abuse disorder. Veterans often benefit from treatment and support from specialized programs that address the unique stresses veterans face.

Group support for co-occurring disorders or dual diagnosis

As with other addictions, groups are very helpful, not only in maintaining sobriety, but also as a safe place to get support and discuss challenges. Sometimes treatment programs for co-occurring disorders provide groups that continue to meet on an aftercare basis. If you are treating a client who has a co-occurring disorder for individual therapy, it might be very useful to also refer them to a group for people with co-occurring disorders.

While it's often best to join a group that addresses both substance abuse and mental health disorders, twelve-step groups for substance abuse can also be helpful—plus they're more common and often easy to locate. These free programs, facilitated by peers, use group support and a set of guided principles—the *twelve steps*—to obtain and maintain sobriety.

Find a group that is accepting of the idea of co-occurring disorders and psychiatric medication. Some people in these groups, although well meaning, may mistake taking psychiatric medication as another form of addiction. Clients need a place to feel safe, not pressured.

Self-help for co-occurring disorders or dual diagnosis

Getting sober is often the first, yet most important step for clients to make. Continued recovery depends on ongoing mental health treatment, learning healthier coping strategies, and making better decisions when dealing with life's challenges. Listed below are simple, yet valuable recovery tips that are often shared throughout the therapeutic community, and can be especially helpful for clients who are trying to better manage co-occurring disorders:

Recovery tip 1: Recognize and manage overwhelming stress and emotions

- Learn how to manage stress. Stress is inevitable, so it's important to have healthy coping skills so one can deal with stress without turning to alcohol or drugs. Stress management skills go a long way towards preventing relapse and keeping symptoms at bay.
- Know personal triggers and have an action plan. While coping with a mental disorder as well as a substance abuse disorder, it's especially important to know the signs that challenging symptoms are beginning to flare up. Common causes include stressful events, big life changes, or unhealthy sleeping or eating. At these times, having a plan in place is essential to preventing drug relapse. Who will you talk to? What do you need to do?

Recovery tip 2: Stay connected

- Get therapy or stay involved in a support group. One's chances of staying sober improve if they are participating in a social support group like Alcoholics Anonymous or Narcotics Anonymous or if you are seeking therapy.
- Follow doctor's orders. Once you are sober and you feel better, you might think you no longer need medication or treatment. But arbitrarily stopping medication or treatment is a common reason for relapse in people with co-occurring disorders. Always talk with your doctor before making any changes to your medication or treatment routine.

Recovery tip 3: Make healthy lifestyle changes

- Practice relaxation techniques. When practiced regularly, relaxation techniques such as mindfulness meditation, progressive muscle relaxation, and deep breathing can reduce symptoms of stress, anxiety, and depression, and increase feelings of relaxation and emotional well-being.
- Adopt healthy eating habits. Start the day right with breakfast, and continue with frequent small meals throughout the day. Going too long without eating leads to low blood sugar, which can make you feel more stressed or anxious.

- Exercise regularly. Exercise is a natural way to bust stress, relieve anxiety, and improve your mood and outlook. To achieve the maximum benefit, aim for at least 30 minutes of aerobic exercise on most days.
 - Get enough sleep. A lack of sleep can exacerbate stress, anxiety, and depression, so try to get 7 to 9 hours of quality sleep a night.
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Conclusion

Although in the past, mental health disorders and addiction problems were often treated separately, we now know that co-occurring mental health and substance use disorders impact one another and must be treated together. Treating just one disorder will not cause the other to automatically improve. And separate, parallel care for the disorders does not result in one, effective treatment plan. To be effective, both disorders must be treated at the same time, in the same place, by the same treatment team. This integrated approach to treatment has provided not only hope, but real improvements to those who are learning how to better manage their co-occurring disorders.

Resources

- Drugabuse.com: <http://drugabuse.com/library/mental-health-and-drug-abuse/>
- NIH: <http://pubs.niaaa.nih.gov/publications/AA76/AA76.htm>
- SAMHSA: <http://www.samhsa.gov/disorders>
- The National Alliance on Mental Health