



What are Coexisting Issues? (COI)



The subject of coexisting issues is essential to the change process and therefore cannot be understated or ignored. To think that one can help change a substance use/abuse situation in a vacuum without considering any underlying or co-occurring factors is completely unreasonable and irresponsible. Positive change involves not just the substance use but the whole person. Never before has this been so evident. The field of substance abuse treatment has come a long way with regard to the recognition and treatment of co-occurring and underlying issues with substance abuse but there is still a long way to go. The Escalator approach takes the issue of co-occurring disorders to the next level as the consideration of this topic is interwoven into the fabric of the method itself. Every strategy and activity presented in this method takes into consideration each person's broad array of issues both directly and indirectly related to substance abuse.

When considering these issues we will use the term Coexisting Issues (COI) as opposed to the more readily accepted Co-Occurring Disorders (COD). One reason for this is that limiting coexisting issues to just diagnosable "disorders" does not take into account the full range of life areas that come into play with regard to people's overall functioning. There are many prevalent issues and problems that people with substance use issues commonly face that can be classified as diagnosable "disorders" such as depression, anxiety, bipolar, PTSD, etc. Still, there are many other undiagnosable factors that directly or indirectly affect one's ability to make positive changes with their substance use issues that cannot themselves be characterized as "disorders". Therefore it is important not to limit our perspective to just the diagnosable disorders but rather expand our focus to include other relevant issues. Consider the following potential COI's that often need to be considered in addition to substance use alone:



Some Common Coexisting Issues:

- Anxiety
- Panic Attacks
- Anger issues, Aggression, and Violence
- Social Issues (Social anxiety, isolation, poor social skills, etc.)
- Unemployment
- Learning Disabilities
- Mood Dysregulation
- Depression
- Poverty or Financial Stress
- Physical Pain and Medical Complications
- Emotional Pain or Trauma
- Abuse, Domestic Violence or Neglect
- Homelessness/Lack of Adequate Housing

“Self-Medication” – This concept has become an overused and at times even an abused term. In this case, self-medication refers to people using drugs and alcohol in order to cope with discomfort or pain from another dysfunctional or problematic life area (most often a co-occurring mental health issue such as some of the examples listed above). Self-medication is very prevalent however it is important to avoid aimlessly throwing that term out there without proper self-clarification. All too often, people with substance use issues and co-occurring mental health related struggles are told by counselors and others that the reason that they use substances is because they are “self-medicating.” Although it may be the case in many instances at times it can be counterproductive to get into the habit of simply labeling everyone who uses drugs or alcohol that has coexisting issues as “self-medicating” That would be similar to labeling everyone who uses drugs problematically as an “addict”. More often than not if someone is not ready to hear and accept that they are an addict they will end up saying whatever they can to prove to the person who labeled them that the label is wrong. In the same vein, if someone is not ready to hear and accept that they are “self-medicating” then they will also likely become strongly invested in proving that this is not true, even when in fact self-medication really is occurring. What is important with a concept such as self-medication is that this concept needs to be based on self-exploration and insight building for the person using substances as opposed to merely just another label that overused by outside treatment professionals. In summary, self-medication is commonplace and needs to be recognized, however we need to avoid simply labeling anyone and everyone who uses drugs with coexisting issues as someone who is self-medicating. It is best that people, to whom this applies, come to this conclusion on their own through insight and motivation building. Therefore, in the spirit avoiding unnecessary labeling in the Escalator, the relationship between substance use and coexisting issues will be discussed in detail, however the label of self-medication is not directly utilized on a frequent basis.

The Importance of an Integrated and Interactive Approach to Substance Use and Coexisting issues

The Escalator Method is specific to changing negative habits such as substance abuse or other harmful behaviors. However it is essential to consider the increasing presence of co-occurring mental health, emotional, and behavioral issues and stressors that go hand in hand with substance use/abuse. The Escalator approach emphasizes the importance of viewing substance abuse and COI’s in a completely integrated fashion.



Therefore it can be said that substance abuse issues (SUI) and coexisting issues (COI):

SUI's and COI's are inter-related and not mutually exclusive. Substance use and coexisting issues such as depression, anxiety, trauma, etc., affect one another and therefore must be considered together concurrently. For example, someone may make progress with their substance use, however if their coexisting issues are ignored they often trigger a setback or relapse due to a lack of ability to cope with COI's. To be more specific, suppose someone with a substance use issue and co-occurring anxiety did nothing about their anxiety. Even after this person stops abusing substances, what is likely to happen if their anxiety flares up again and they have not learned any new skills to deal with it? There is a strong likelihood that person may go back to using substances to try to cope with their anxiety and the cycle starts all over again from the beginning. It is important for this person not only to learn how to stop using substances but also develop new healthy skills to deal with anxiety at the same time.

SUI's and COI's have a complex often indefinable relationship when it comes to both correlation and causation. They often exist in an individual's life at the same time however the way they affect one another can be completely different from person to person and from situation to situation. It is easier to recognize correlation by simply taking note of when two things occur at the same time, for example: "Johnny always seems to drink more and more when he is depressed". In that example, the correlation is evident, however causation is much harder to define. Did the fact that Johnny felt depressed cause him to drink or is he feeling depressed because he feels bad about drinking or both? Scientists spend millions of dollars and millions of hours of research trying to prove that one thing caused another. Rather than invest enormous amounts of effort trying to understand which caused what, it is quicker and easier to simply look at substance abuse and coexisting issues simultaneously regardless of causation. Integrating the overall approach to substance use issues and COI's is the best way to assure that both issues get better together, thereby breaking the endless cycle of setbacks and relapse due to untreated or ignored COI's

It is negligent for anyone working with substance users to ignore COI's in the same way that it is irresponsible and ineffective for a mental health specialist to avoid asking any questions about substance use. It sounds hard to believe in theory but counselors from both disciplines have been doing this for years. Those trained in mental health can let their focus be so much on mental health that they don't see the impact of substance use due to a failure to consider these issues. Conversely, the same applies to substance abuse counselors who ignore mental health issues simply believing that all emotional and behavioral issues someone might be experiencing are just a direct result of the abuse of substances. Again, the only solution is to both assesses and treat substance abuse and mental health issue together at the same time, while always considering the interplay between these two areas throughout the change process.

Finally, COI's should not only be limited to just diagnosable mental health and substance abuse disorders. That is the reason for the term "coexisting issues" as opposed to the more commonly accepted Co-Occurring Disorders. It is important to recognize and diagnose mental health disorders as part of any integrated change process for substance use and coexisting issues. Still, it is important not to neglect considering other factors, issues, problems, etc. that are extremely relevant but may not be classifiable under a specific diagnosable disorder or syndrome. This could include coexisting issues such as family problems, health and medical problems, criminal behavior, unemployment or drug dealing as well as homelessness, for example



COI's, including those issues which are not just mental health in nature can both directly and indirectly effect one's overall progress because these issues effect motivation which is the driving force behind the change process. For example, when thinking of a COI such as legal issues, consider what can happen when a legal issue suddenly gets resolved. If the legal system was the primary motivation for a person seeking help then an occurrence like legal charges being dropped can be devastating to the change process by bringing it to a halt. Charges being dropped can result in a swift end to an externally motivated change attempt. The same goes for family and relationship issues which often cyclically change for the better or for the worse at various times in one's change process which also can have powerful influence on motivation.

Obviously, the same principles hold true with COI's that are more mental, emotional, or behavioral in nature. The interactive nature between substance abuse and these type of COI's needs to be continuously considered during the change process. Mood swings associated with Bipolar disorder, depressive episodes, periods of intensified anxiety, for example can wreak havoc on even the most solid change attempts. Someone with COI's can be doing everything right from a substance abuse perspective when all of a sudden, often for no apparent discernable reason, a troubling emotional or behavioral episode can easily sidetrack the change process. Therefore when coexisting issues include mental health, emotional and behavioral problems, these issues must not ever be ignored.

Therefore, whether the Escalator approach is being used by a substance using/abusing individual or a counselor or other helper, part of the daily progress "check in" should always include the consideration of COI's, and how they may be impacting the change process.

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