



## Co Occurring Disorders (COD)

- What is a COD? – Two diagnosable problems that are inter-related and occur simultaneously in a person. Most common use of this term is with regard to Co-Occurring Substance Abuse (SA) and Mental Health (MH) issues
- History of COD treatment:
  - Early in the substance abuse field, MH was minimized if not totally ignored. MH symptoms would prevent admission to treatment. Meds were not allowed and just seen as “using drugs to treat drugs” which was forbidden. AA shunned any use of medication
  - Time passed, at it became evident that some people had serious mental illness but they still needed substance abuse treatment. MICA programs began, however they usually only catered to people with serious, obvious MH issues.
  - More recently, it has become evident that there is a large portion of people needing substance abuse treatment that still need MH treatment that are too high functioning for MICA programs, however there was a divide with regard to how to treat them. The MH field focused on treating the MH, with the idea that the addiction will get better if the MH improves, however the SA field believed treat the SA and the MH will get better.
  - **GROUP QUESTION – What is the problem with this approach? (Answer – often, when doing MH treatment, if SA ignored, the MH treatment is ineffective and if only treating the SA but not the MH, then people relapse due to inability to cope with MH despite being sober)**
  - Next came the concurrent services approach (Parallel Treatment) MH providers referring out to SA specialists for SA issues and SA providers referring out to MH specialists for MH issues.
  - **GROUP QUESTION: What problems occurred? (Answer – it is difficult to treat people in two different settings. Communication and coordination of services between two sites is a barrier)**
  - Finally – The Integrated Treatment Model – Treating both MH and SA issues simultaneously at the same facility. What is needed?
    - Psychiatrists who understand addiction on staff
    - Dual trained clinicians and supervisors (both MH and SA)
    - Acceptance of psychotropic meds in treatment
    - Dual focused group curriculum
    - Recovery oriented treatment – Client-centered treatment seen as an ongoing process (as opposed to rapid discharges for “noncompliant” clients)
  - Issue – Which came first the chicken or the egg? Is the SA causing the MH issue or is an underlying MH issue causing SELF MEDICATION – (Using alcohol and/or unprescribed drugs as a means to cope with problems such as depression, anxiety, feelings, etc.)
  - **GROUP QUESTION – What is the problem with Self-Medication? (Answer – it may work at first but over time usually makes problem worse. It can foster dependency)**



- Time is needed to resolve chicken/egg issue. For example a person may come to treatment depressed and abusing drugs. If over time, the person gets sober and the depression is lifted, then likely the SA was causing the depression.
- **GROUP QUESTION – What if someone gets sober still feels depressed even after a significant clean period? (Answer – obviously a MH issue underlies the SA issue)**

➤ Why COD's are challenging to diagnose and treat: Many symptoms can be related to by EITHER MH or SA issues.

What are some examples of symptoms that can be present as part of both MH and SA disorders:

<ul style="list-style-type: none"><li>• Mood swings</li><li>• Anger issues</li><li>• Depressed mood or sadness</li><li>• Isolation</li><li>• Feelings of worthlessness</li><li>• Feelings of helplessness</li><li>• Low self esteem</li><li>• Racing thoughts</li><li>• Paranoia</li><li>• Delusions</li><li>• Poor concentration</li><li>• Decrease in motivation</li><li>• Insomnia or hypersomnia</li><li>• Poor appetite</li></ul>	<ul style="list-style-type: none"><li>• Weight loss</li><li>• Decline in work or school performance</li><li>• Difficulty focusing</li><li>• Family arguments</li><li>• Social problems and relationship problems (fights)</li><li>• Irritability</li><li>• Unmanageability</li><li>• Impulsivity</li><li>• Poor judgment, Reckless behavior and poor decisions</li><li>• Anti-social or oppositional-defiant behavior/attitude</li><li>• Etc....</li></ul>
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➤ Overview of a few common MH disorders that may often co-occur with SA disorders:

- Depressive Disorders – Characterized by depressed mood, poor motivation, sleep and appetite problems, decreased motivation, suicidal thoughts, hopelessness or worthlessness
- Bipolar – Characterized by severe mood swings, impulsivity, out of control pleasure seeking
- Anxiety Disorders – Racing thoughts, excessive worry, poor concentration, restlessness – Specific types: Generalized, OCD, Social Phobia, Panic Disorder
- ADHD – poor attention, difficulty focusing, distractibility, restlessness

**GROUP QUESTIONS** what are some substances someone may use to self-medicate the symptoms of the above disorders?

**What Co-occurring MH and SA issues have you seen in your experience and what has worked for you in treating them?**



**What is Addiction/Substance Abuse?** Some factors to consider in identifying substance abuse in MH setting:

1. People often get hung up on the term “addiction”. Addiction can often be incorrectly looked at as a “black and white issue”
2. Medically, addiction is viewed as disease like cancer or diabetes due to some of the following similarities:
  - Diagnosable Signs and Symptoms
  - Progressive in Nature
  - Genetic Factors
3. A better analogy than comparing addiction to diseases like diabetes or cancer, is to view addiction more like a cold: As opposed to cancer or diabetes which you either have or don’t have, a cold is more commonly viewed along a spectrum: from “the sniffles” as far as pneumonia.
4. What makes substance abuse so much more difficult to assess and treat is that many people we meet in MH setting are in the earlier stages (especially young people) or they are in later stages but minimizing use or not telling the whole story.
5. Important to note is that the majority of people who use drugs are not and will not become addicted. The problem with substance abuse is that it can be difficult to discern between the early stage “addict” and the person who is just going through a “phase”
6. What matters much more than amount and frequency of substances used, is the consequences and how the user reacts to them. Things to look for:
  - How does the person react to consequences? – Do they keep using or try to stop?
  - Family/relationship complaints – These are a big red flag
  - Loss of control of amount or frequency used – Does the person end up using more than they planned or more often than intended? Blackouts?
  - Repeated consequences – Do problems keep on happening related to substance use?
  - Efforts to control use – If the person keeps trying to set “rules” for use (like only using on the weekends) that can indicate a potential lack of ability to control it (especially if they don’t stick to their rules)
  - Acknowledgement of past problem (for example if someone went to rehab in the past, even many years ago, that is a red flag if there are problems coming up again with substance use today – even if in the past it was for a different substance)
  - “Addictive Personality” – Some individuals, by nature tend to be more compulsive with their behavior



7. Some other basic risk factors to consider and things to look for – Don't be afraid to ask (Respectfully Suspicious)
- Family History of substance abuse
  - Early onset of use
  - Current support system/environment/peer group
  - Preoccupation – Talking about substance use all the time and/or loss of interest in activities not related to substance use
  - Once again – Self Medication – How and why does a person use? (Managing stress, anger, depression or anxiety?)
  - Appearance – Does the person look high? Do they look “strung out”? Don't ignore it
  - Attitude - Does the person glorify use? Are they “street smart” - .Do they know the terminology and the lifestyle?
  - Legal – past DUI's or other legal problems related to substance use
  - “Tip of the iceberg” phenomenon – if you or others are seeing something, it often may be much, much more going on.
  - Drug testing – If reasonable suspicion of a substance abuse issue why not give it a shot. Even if a person refuses the conversation can tell you a lot.
  - Working with kids – ask parents about what they are seeing



## Tools for Recovery for Both SA and MH issues - Recovery is a not an event, it is a PROCESS

This process, to varying degrees involves healing and growing PHYSICALLY, EMOTIONALLY and SPIRITUALLY.

Discuss some aspects of recovery in each realm:

- Physically – Overcoming withdrawal, getting sleeping and appetite back, nutrition, exercise, taking care of medical/dental issues caused by or neglected by drug use, quitting smoking and other unhealthy practices, decreasing health risks
- Emotionally – Alleviating depression, anxiety, concentration problems, out of control emotions (anger, frustration, shame), healing from pas abuse, healing relationships, making amends, letting go of resentments, relaxation, managing moods, self-esteem building
- Spiritually – Often, many people have trouble with this area but it should not be ignored. Whether or not you believe in god, whether or not you have specific spiritual beliefs or none at all, we can all try to grow spiritually. Spirituality involves looking both within and outside yourself in a quest for meaning and awareness. Recovery involves filling any void in life with something meaningful. Simply put, people who find meaning in their lives do better with regard to recovery from MH and SA issues

A major part of the recovery process in each area is acquiring **TOOLS**

What is a TOOL? - Anything used as a means of accomplishing a task or purpose: *Education is a tool for success.*

Some tools for recovery (Notice that some tools are effective for healing/growth in more than one realm?)

Self Help

One Day at a Time

Consequential Thinking

Assertiveness

Medication

Education/Employment/Volunteering

Parenting

Stress Management

Budgeting/Fiscal Responsibility

Greif/Loss

Social Skills

Managing Environment

Relapse Prevention

Prayer

Meditation

Education

Volunteer work

Conflict Resolutions Skills

[www.takingtheescalator.com](http://www.takingtheescalator.com)

Reading/Learning

Exercise

Time Out

Goal Setting

Communication Skills (Feelings)

Pain Management/Medical care

Anger Management

Sharing/Risk Taking

Acceptance

Nature/Hobbies

Prayer/Meditation

Forgiveness/Letting go of Resentment

Structure

Budgeting/Fiscal responsibility

Sharing/Risk Taking

Nature

Sober Hobbies

Other – BE CREATIVE – Brainstorm