

CO-OCCURRING DISORDERS

by Rev. Barbara F. Meyers, Mental Health Minister, Mission Peak UU, Fremont, CA

Co-Occurring Disorders (COD) an individual having one or more substance abuse disorders and one or more psychiatric disorders at the same time. Recent studies:

- 50%+ diagnosed with *alcohol* abuse/dependence also had a mental disorder at some time.
- 60% of people with a history of *other drug* abuse/dependence also had a mental disorder.
- Mental health problems can predate or postdate substance abuse problems

Integrated Services: With integrated services, one clinician or treatment team provides services for both mental illness and substance use at the same time.

Assessment of Co-Occurring Disorders¹ There are 3 diagnostic possibilities:

1. The person may be self-medicating a psychiatric disorder with substance use.
2. The mental health problems may be symptoms of the addiction e.g., depression because of the crash after a cocaine binge
3. The person may have both a co-occurring mental and substance use disorder.

How clinicians tell what might be going on:

- Addiction came before the mental illness: first focus on the addiction and observe mental health.
- Mental Illness came before addiction: first focus on the mental health problem and observe what happens to the substance use. The person could be self-medicating a mental disorder.
- If both came together this could be a possible Substance-Induced Mental Disorder.
- Check for any drug-free periods in the person's life. If the psychiatric problems dissipated after some drug-free periods of weeks to months, then the mental health problems may be substance-induced.

Current State of the Practice for Co-Occurring Disorders²

Recent Innovations in treating COD

- Screening, Brief Intervention, Referral and Treatment
- Research-based Prevention strategies
- Many evidence-based practices
- Genetic testing
- For many agencies, co-occurring is now the expectation rather than the exception

Current Problems with treating COD

- High cost of care
- Lack of information given to clients/families
- Medications not widely used
- Few adequate treatment facilities
- Intervention often not adequate
- Education needed on outcome success
- Many need but don't receive treatment

Effective Approach: Based on Stages of Change

- Meet people where they are
- May be ready to deal with one issue, but in denial on the other. Need to adjust approach

Stage	Strategy
1. Pre-contemplation - Not yet ready to change behavior	<ul style="list-style-type: none"> ● Establish rapport, trust ● Express concerns <ul style="list-style-type: none"> ○ Perception of problem with substance and/or mental health ○ Suggest trial abstinence followed by a psych evaluation ○ Give factual information on addiction / mental health ● Explore person's perception of psych / addiction problem ● Important to see the person again

¹ Mee-Lee, D. *Tips and Topics*: <http://www.changecompanies.net/blog/?p=1436>

² Mee-Lee, D. *Tips and Topics*: <http://www.changecompanies.net/blog/?p=1408>

2. Contemplation- Acknowledges concerns, considers change, ambivalent	<ul style="list-style-type: none"> • Normalize ambivalence • Help person decide: <ul style="list-style-type: none"> ○ Pros and cons of use and/ or psych symptoms ○ Discrepancies between personal values and actions ○ Consider trial abstinence and / or psychological evaluation ○ Free choice for each of co-occurring disorders
3. Preparation- Committed to change, but still considering what to do	<ul style="list-style-type: none"> • Acknowledge significance of seeking treatment • Affirm ability to seek treatment successfully for each of the co-occurring disorders • Give options for action for each disorder • Caution that road ahead is tough but important • Ask what has worked in the past
4. Action- Actively taking steps but hasn't reached a stable state	<ul style="list-style-type: none"> • Encouragement and support wherever they are • Realistic view of change – uncomfortable aspects to withdrawal and / or psychological problems • Reinforce importance of staying in recovery for both problems
5. Maintenance- Achieved initial goals, working to maintain gains	<ul style="list-style-type: none"> • Help find new pleasures, Support lifestyle changes; Go with them to new activities. • Recognize struggle with either or both problems • Maintain supportive contact • Review long-term goals • Help planning for relapse prevention
6. Recurrence- Recurrence of symptoms, coping with consequences and what to do next	<ul style="list-style-type: none"> • Help re-enter change cycle • Recurrence as learning opportunity for either substance use or mental disorder • Alternative coping strategies • Maintain supportive contact

Motivational Enhancement Approaches to Co-occurring Disorders ³

Basic Mental Health Assessment Questions⁴

Use your own words, natural, not clinical conversation. Don't ask what they aren't ready to hear.

- Have you ever felt you needed help with an emotional problem? If so, have you gotten help?
- Have you ever heard voices that other people cannot hear, or seen things others don't see?
- Have you ever been depressed for a prolonged period of time? Have you felt suicidal?
- Have you had nightmares or flashbacks as a result of some terrible, traumatic event?
- Have you ever had strong fears – e.g. heights, animals, dirt, being in a crowd... ?
- Do you feel that people are against you without their saying so?
- Do you worry excessively about gaining weight, severely limit eating, or vomiting after a meal?
- Have you had a time of excessive energy, racing mind, little sleep, talking non-stop?
- Have you had spells when you suddenly felt very anxious, frightened, heart beating rapidly?
- Have you ever had a troubling, persistent impulse to do something over and over without reason?

Questions to determine substance abuse problem⁵ One "yes" answer suggests a problem.

- Have you ever felt you should cut down on your drinking or use of other drugs?
- Have people annoyed you by criticizing your drinking or drug use?
- Have you ever felt bad or guilty about your drinking or drug use?
- Have you ever had a drink or taken a drug first thing in the morning to steady your nerves?

³ Substance Abuse Treatment for Persons with Co-Occurring Disorders, SAMHSA TIP 42, p 117-118.

⁴ Summarized from *Mental Health Screening Form –III* by J. Carroll and John McGinley, Project Return Foundation, 2000.

⁵ Adapted from the CAGE Questionnaire for alcohol abuse counsellingresource.com/quizzes/alcohol-cage/index.html

Suggestions for Pastoral Care

- Invite people to activities not associated with drinking
- Suggest Alcoholics Anonymous, Narcotics Anonymous or other program. Some UUs are uncomfortable with AA's "higher power" and find that other programs such as the Buddhist Recovery Network or Save Ourselves work better for them.
- Suggest Al-Anon, Alateen or Adult Children of Alcoholics for family members
- Ensure that congregational teen groups get education on alcoholism, drug use and mental health
- Talk to recovering alcoholics and addicts to gain insights and to learn what works for them

Resources for Co-Occurring Disorders

Books

1. Bucciarelli C. *Addicted and Mentally Ill. Stories of courage, hope, and empowerment.* Binghamton , Haworth Press. 2005.
2. Daley Dennis, *Coping with Dual Disorders: Addiction and Psychiatric Illness*, Center City , MN . Hazelden. 2003.
3. Daley DC & Spears J. *A family guide to coping with dual disorders.* Center City , MN : Hazelden. 2003
4. Ekleberry, SC. *Co-occurring Disorders: Personality Disorders and Addiction*, Routledge, 2008.
5. Miller, WR & Rollnick S. *Motivational Interviewing*, 2nd Edition. Guilford Press, New York, 2002.
6. Peters RH & Hills HA. *Intervention strategies for offenders with co-occurring disorders. What works?.* National GAINS Center , Delmar , NY . 1997.

On-Line Information

1. Co-occurring Center for Excellence (COCE): *Overview Papers*: SAMHSA, Rockville, MD. 2006-2007. coce.samhsa.gov/ .
2. Dual Recovery Anonymous. www.draonline.org
3. Mee-Lee, D. *Tips and Topics*: an on-going series on co-occurring disorders. www.changecompanies.net/
4. National Center for Trauma-Informed Care. mentalhealth.samhsa.gov/nctic
5. National Institute of Alcohol Abuse and Alcoholism. *Helping patients who drink too much: a clinician's guide.* NIAAA. 2005. www.niaaa.nih.gov/guide .
6. National Institute of Drug Abuse , *The science of addiction, drugs, brains, behavior.* www.drugabuse.gov . Rockville, MD, NIH Publication 07-5605, 2007.
7. Substance Abuse and Mental Health Services Administration. *Substance Abuse Treatment for Persons with Co-Occurring Disorders*, www.samhsa.gov .