

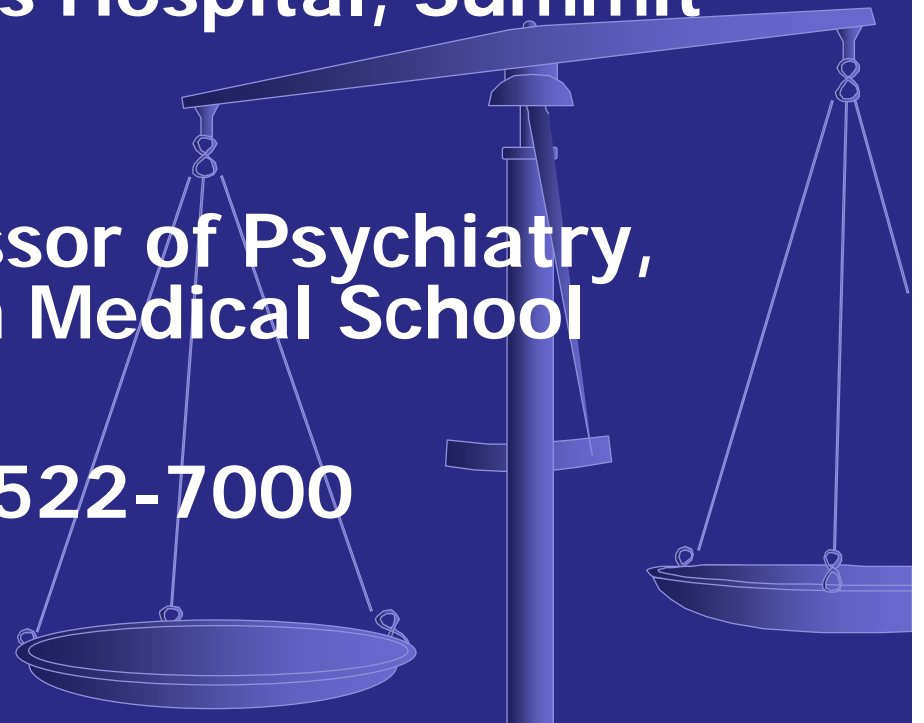
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# CO-OCCURRING MENTAL AND SUBSTANCE ABUSE DISORDERS

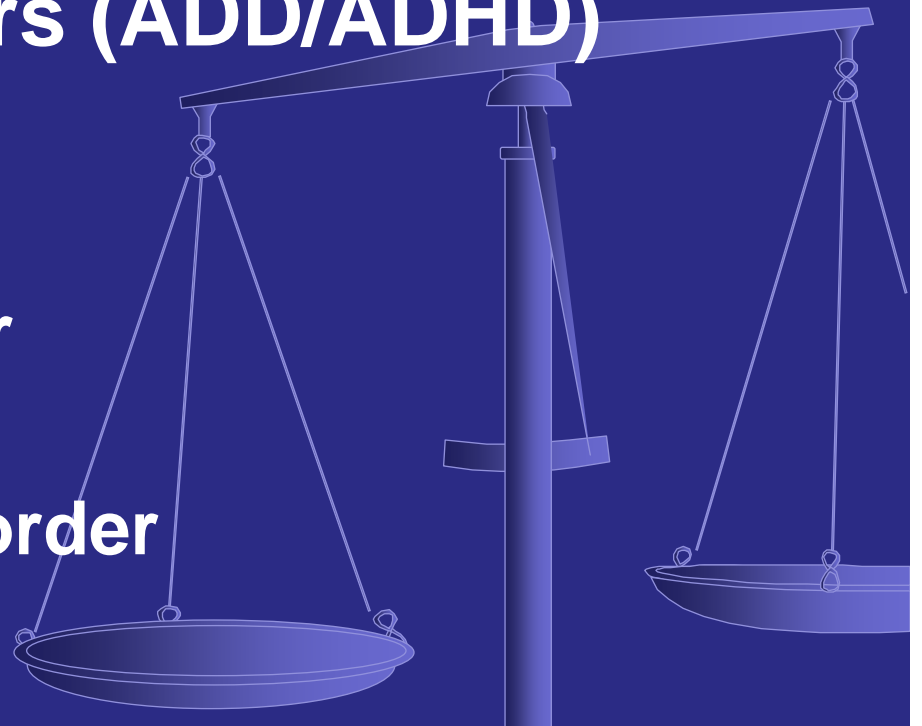
## Basics of Co-Occurring Disorders and Treatment

**BJA** Bureau of Justice Assistance  
Office of Justice Programs U.S. Department of Justice



# Addiction Risk Factors

- **Genetics**
- **Young age of onset**
- **Childhood trauma (violent, sexual)**
- **Learning disorders (ADD/ADHD)**
- **Mental illness**
  - **Depression**
  - **Bipolar disorder**
  - **Psychosis**
  - **Personality disorder**



# Three C's of Addiction

**Control** - impaired

**Compulsion** to use

**Continued** use  
despite problems

# Three C's for Family

I (we) didn't or can't

Cause Addiction

Control Addiction

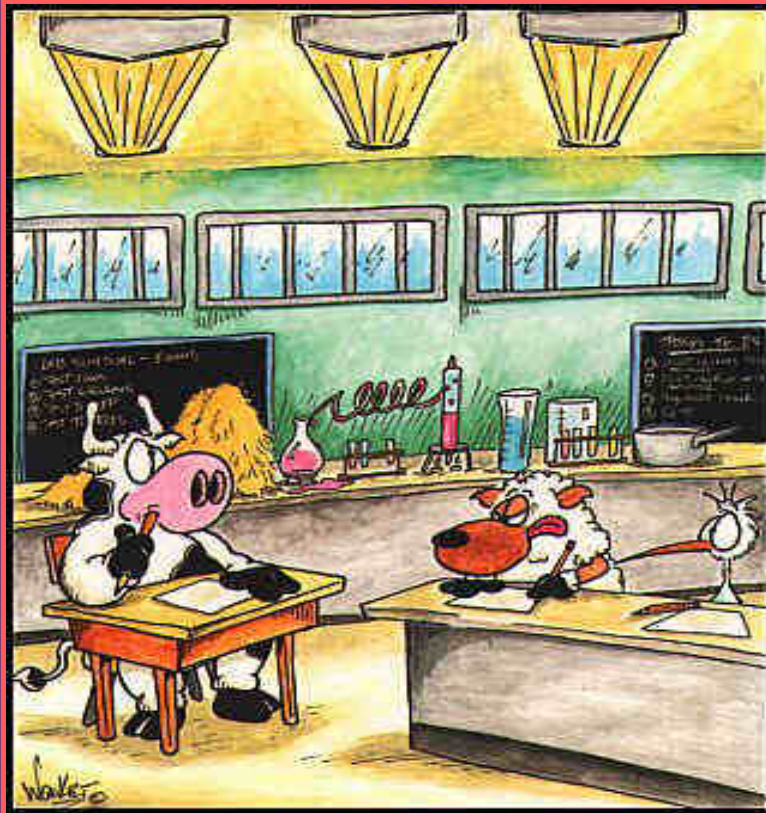
Cure Addiction

# Addicts

- Practice addiction most of the time
- Continue use despite adverse consequences
- Deny there's a problem
- Have a strong tendency to relapse after withdrawal
- Have lost control
- Have altered brain chemistry & function

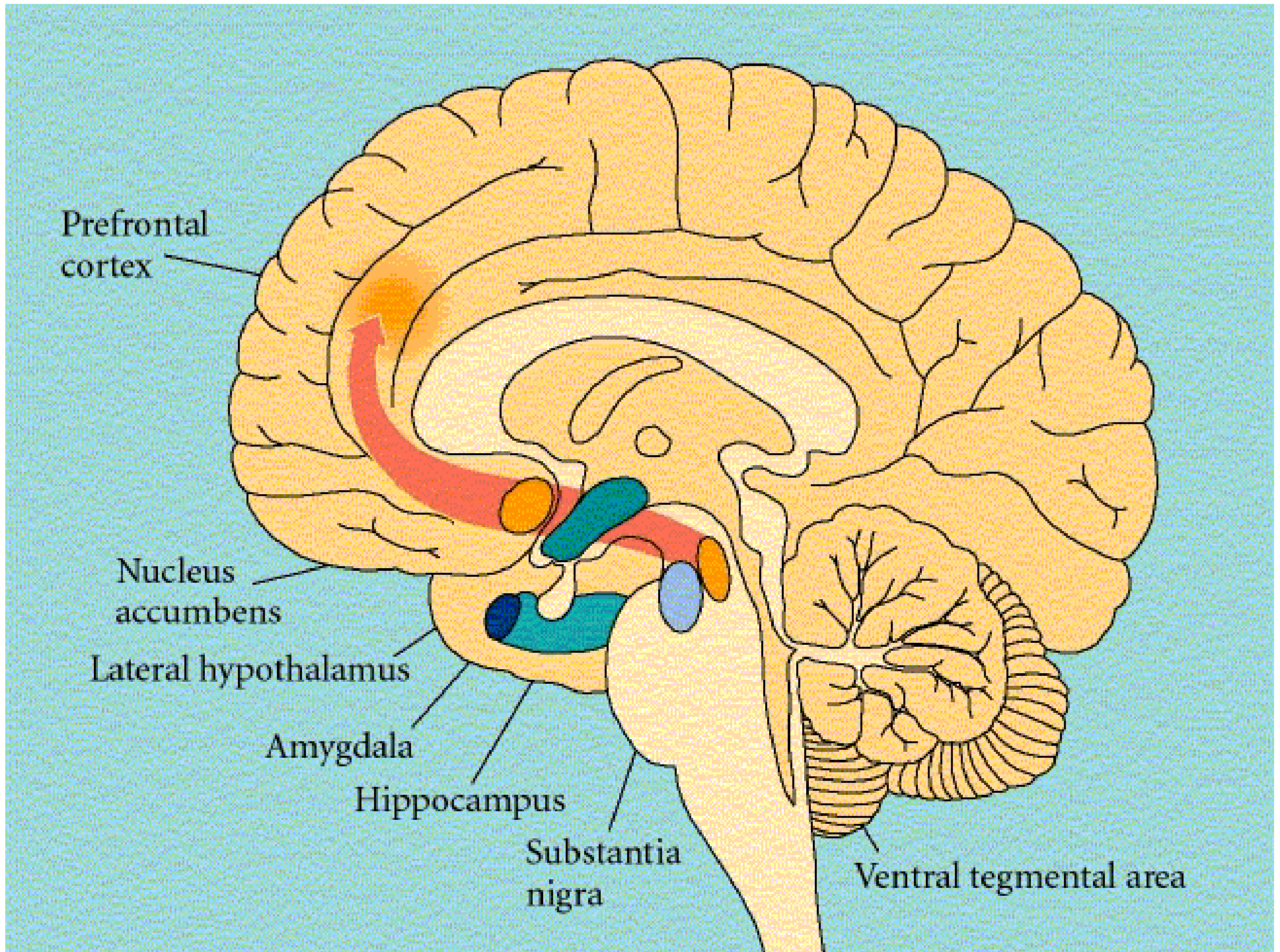


# Pathophysiology

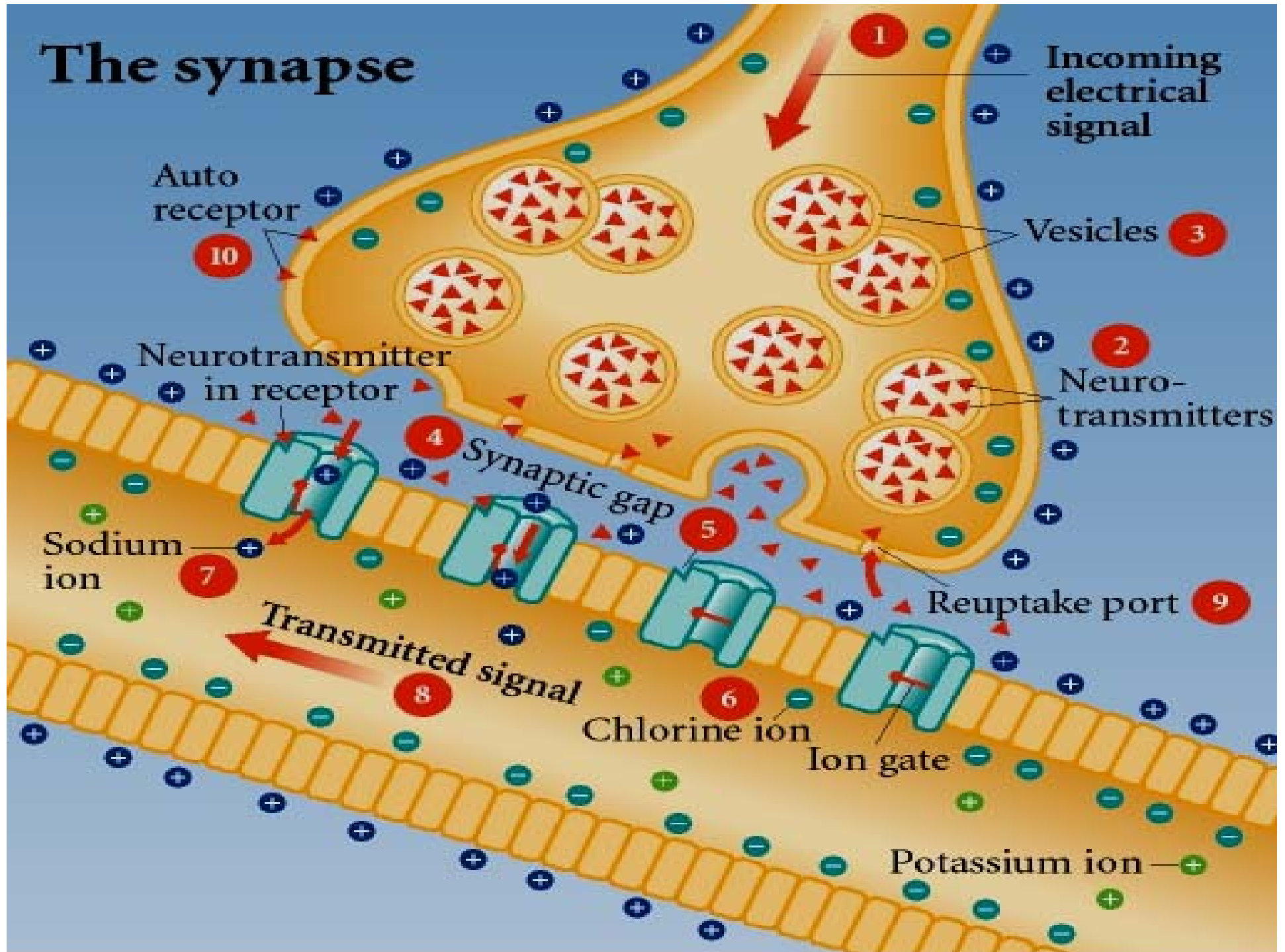


The controversial and untalked about laboratory experiments commonly known as "Animal Testing".

Animals will ignore need for water, rest, and food if lever press stimulates dopamine system.



# The synapse



# Natural History Alcoholism

<b>1<sup>st</sup> Drink</b>	<b>12-14 years</b>
<b>1<sup>st</sup> Intoxication</b>	<b>14-18 years</b>
<b>1<sup>st</sup> Problem</b>	<b>18-25 years</b>
<b>3+ Problems (Dx)</b>	<b>23-33 years</b>
<b>Enter treatment</b>	<b>40 years</b>
<b>Age of death</b>	<b>55-60 years</b>
<b>Abstinent in any year</b>	<b>24-33%</b>
<b>Controlled drinking</b>	<b>1-5%</b>

# Diagnostic and Statistical Manual of Mental Disorders

Fourth Edition, TR (Text Revised) 2000

American Psychiatric Association



# Multiaxial Diagnoses

<b>Axis I</b>	<b>Clinical Disorders</b>
<b>Axis II</b>	<b>Personality Disorders &amp; MR</b>
<b>Axis III</b>	<b>Medical Conditions</b>
<b>Axis IV</b>	<b>Psychosocial Factors</b>
<b>Axis V</b>	<b>Global Assessment of Functioning (GAF)</b>

# What Is a “Mental Disorder”?

“A clinically significant behavioral or psychological syndrome or pattern associated with present distress or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom...”

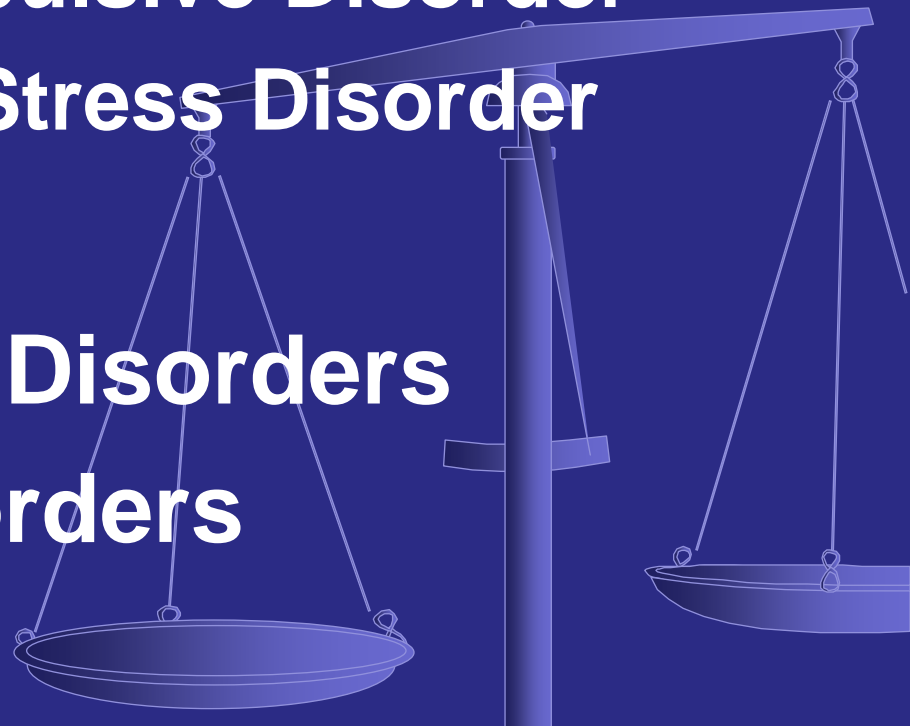
# Axis I

- **Substance-Related Disorders**
- **Psychotic Disorders**
  - **Schizophrenia**
  - **Delusional**
- **Mood Disorders**
  - **Major Depression**
  - **Bipolar: mania/hypomania & depression**



# Axis I

- **Anxiety Disorders**
  - **Social Phobia**
  - **Obsessive Compulsive Disorder**
  - **Post Traumatic Stress Disorder**
- **Paraphilias**
- **Impulse-Control Disorders**
- **Adjustment Disorders**



# Personality Disorders

- **Antisocial**
- **Borderline**
- **Histrionic**
- **Narcissistic**
- **Paranoid**
- **Avoidant**
- **Schizoid**



# Co-Occurring Disorders

**“Only [since 1987] . . . have epidemiological data and various studies begun to demonstrate the high degree of comorbidity between psychiatric and substance related disorders.”**

# Co-Occurring Disorders Patients

- Use greater treatment resources
- Have a more complicated course
  - Higher rates of relapse
  - Higher rates of re-hospitalization
  - More frequent ER visits
  - Violence, suicide, homelessness,
  - Increased morbidity and mortality
- Poorer treatment compliance
- More contact with criminal justice

# Co-Occurring Disorders

**Each disorder affects the course of the other and the outcome of treatment.**



# Implications for Co-Occurring Disorders

Both disorders are associated with

- Negative mood states
- Poor object relations
- Poor impulse control
- More rapid progression
- Poor bonding to treatment staff
- Rapid relapse from a slip

# Treatment Provider

- **Psychiatrist (MD)**
- **Psychologist (PhD)**
- **Psychiatric Social Worker (LCSW)**
- **Marriage and Family Therapist (MFT)**
- **Substance Abuse Counselor (CADAC)**



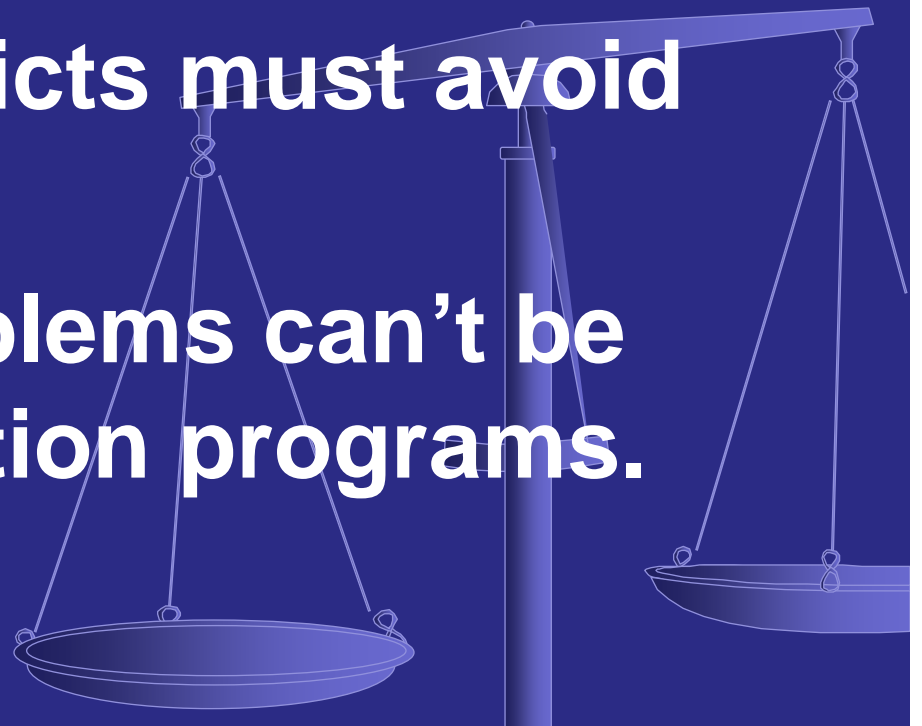
# Barriers in Mental Health

- **Addiction is secondary to a mental disorder.**
- **AA/NA are religious and non-scientific.**
- **Addiction will respond to directives to stop using.**



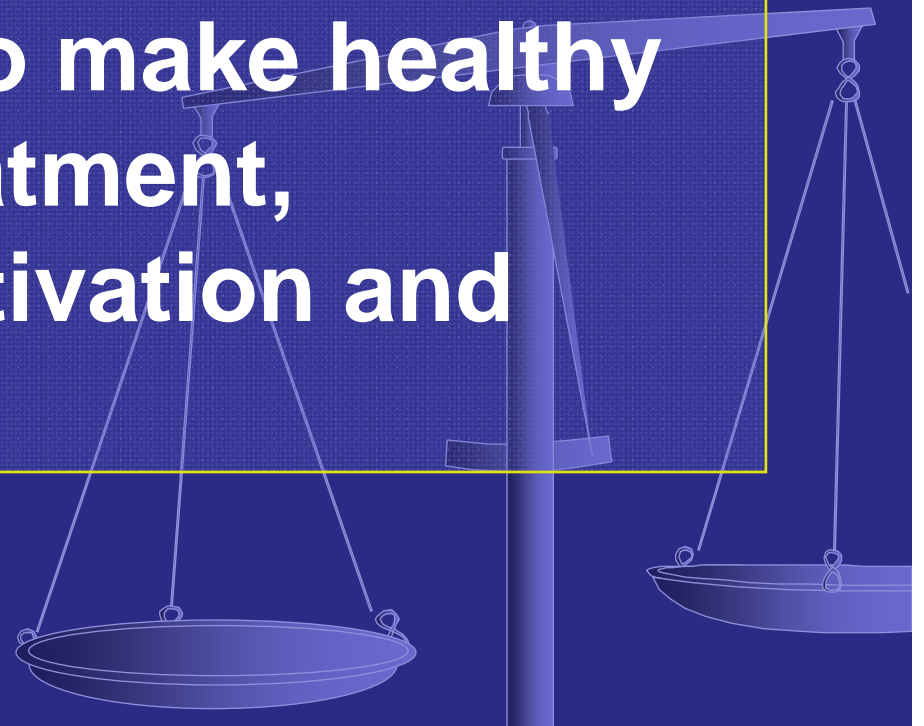
# Barriers in Addiction Treatment

- A 12-step program will relieve most mental disorders.
- Recovering addicts must avoid all medications.
- Psychiatric problems can't be treated in addiction programs.



# Recovery

A process of inner growth that is associated with increased acceptance of illness, increased ability to make healthy choices about treatment, and increased motivation and hope.



# Methods of Treatment

- **Serial (consecutive)**
- **Parallel (concurrent)**
- **Linked**
- **Integrated**



# Treat Both Disorders

**“Ample evidence in the literature supports the notion that inadequately treated psychiatric symptoms interfere with addiction treatment.”**

# Treat Both Disorders

- Requires BOTH addiction and mental health treatment
- Treatment professionals have difficulty with this need.
- Problems
  - Ignorance
  - Poor communication
  - Lack of respect and cooperation



# **Treat Both Disorders**

**Professionals on both sides agree to:**

- 1. No use of dependence-producing medication after detox without agreement**
- 2. Require patient attendance at 12 Step program**
- 3. Order psychological evaluation on all patients**

# Treat Both Disorders

4. Require patient attendance in family treatment
5. No discharge until aftercare plans complete
6. Follow all program rules, e.g. urine test, screens, passes, visits, levels, etc.

# Pharmacotherapy Contract

All patients agree to:

1. Pharmacotherapy is part of the treatment package; it will discontinue if psychosocial components are neglected.
2. Urine or blood testing may be done at any time.
3. Medication will be used only as prescribed; changes will be discussed with clinicians.

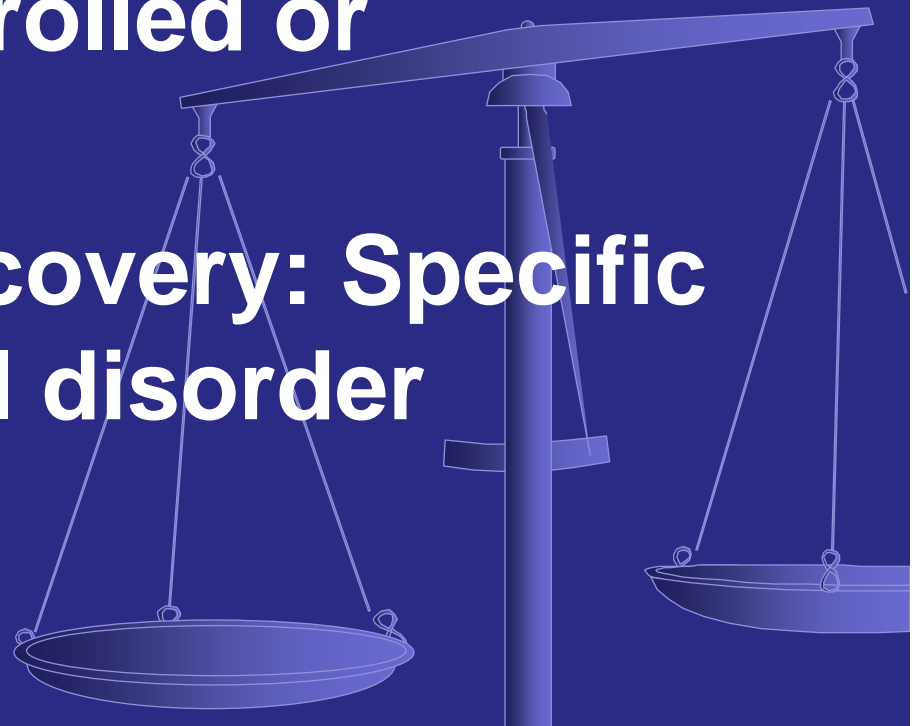
# Pharmacotherapy Contract

4. Medication changes will be prescribed one at a time, not two.
5. Medication is for target symptoms; if ineffective, it is discontinued.

# Medication in Treatment

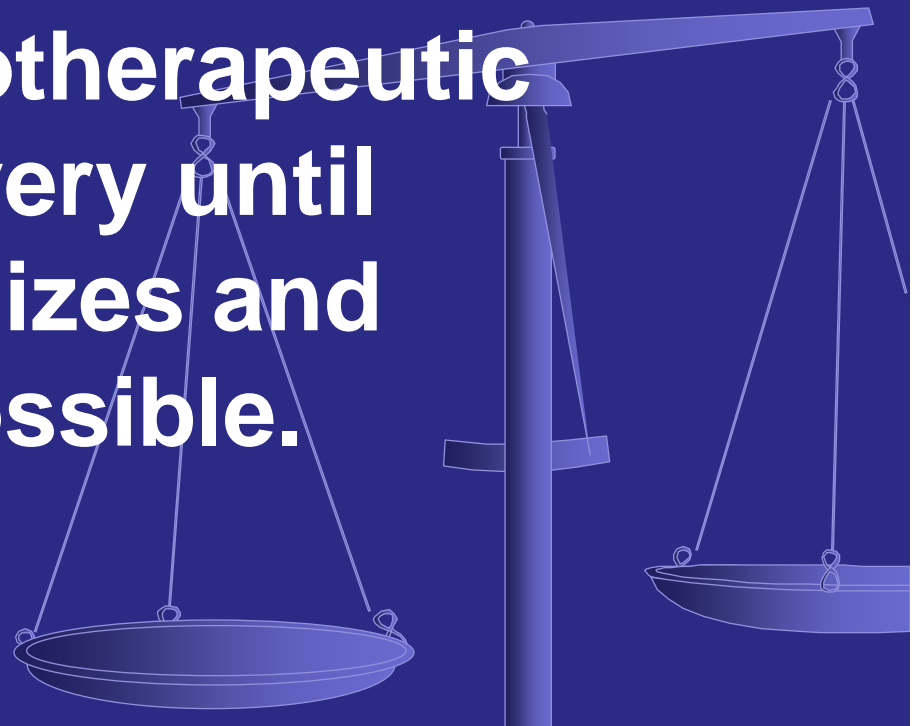
## A Double-Edged Sword

- A trap for relapse:  
addicting = controlled or  
scheduled C<sub>II</sub> - v
- A support for recovery: Specific  
help for a mental disorder



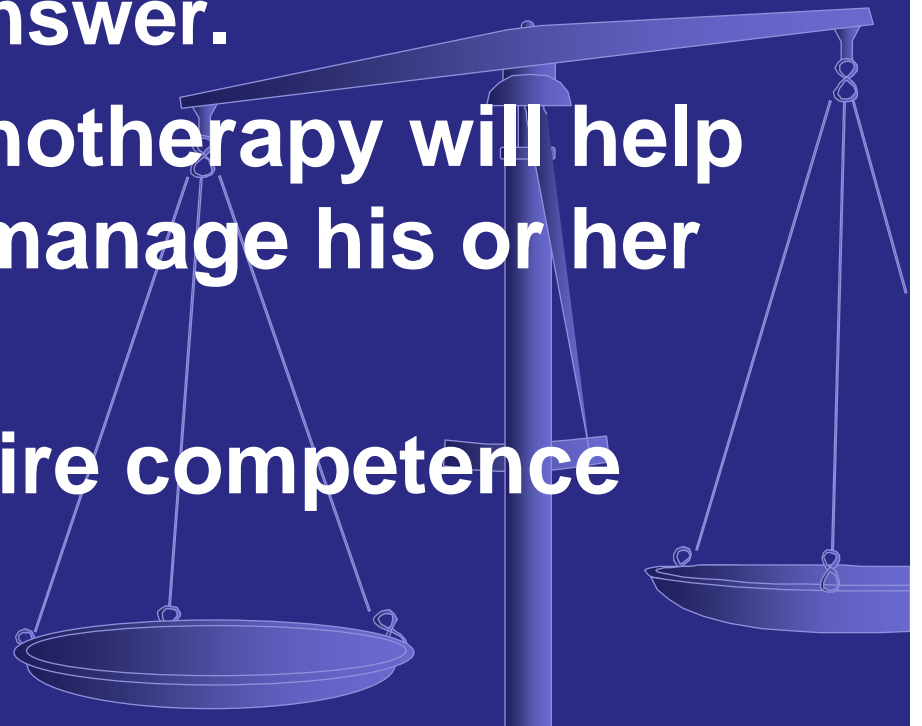
# Noncompliance with Medication

- Do NOT discharge from treatment
- Withhold medication
- Focus on psychotherapeutic issues and recovery until abstinence stabilizes and compliance is possible.



# Philosophies in Conflict

- **Biomedical/Neurobiological**
  - “Chemical imbalance” replaces “The devil made me do it.”
  - Medication is the answer.
- **Psychosocial: Psychotherapy will help the person learn to manage his or her disorder.**
- **Cultural issues require competence**



# Psychosocial Treatment

## Counselor Effectiveness

- Empathy
- Positive therapeutic relationship
- Client-centered non-confrontational style
- A well specified treatment approach, e.g. using manuals



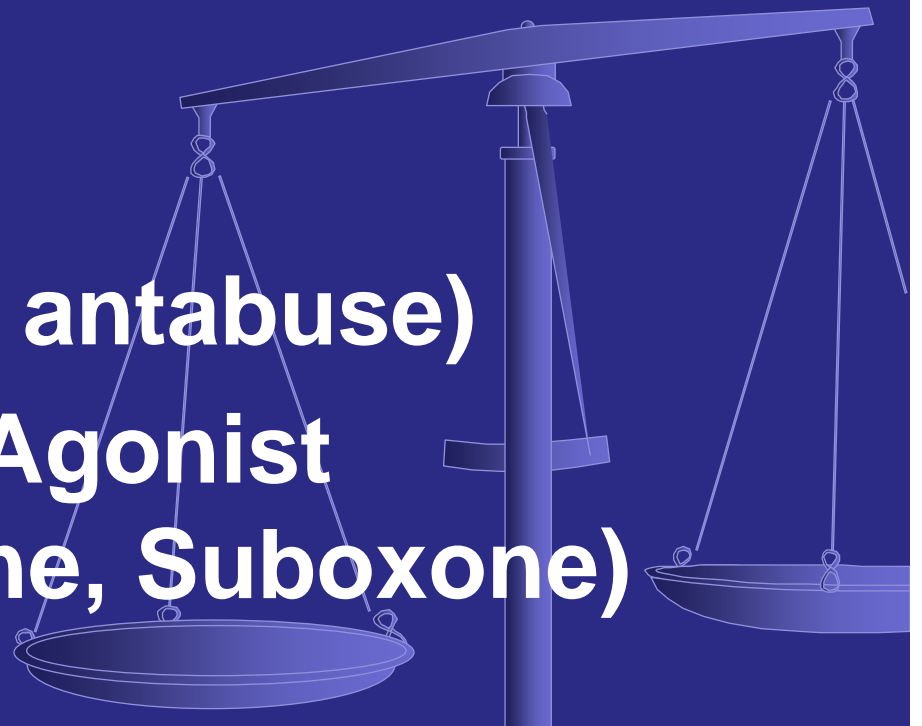
# Psychotherapies

- **Types:**
  - **Psychodynamic**
  - **Cognitive Behavioral**
  - **Interpersonal**
  - **Hypnotherapy**
  - **Biofeedback**
- **Individual, Group, Marital, or Family**



# Psychopharmacology

- **Antianxiety**
- **Antidepressant**
- **Antimanic**
- **Antipsychotic**
- **Aversive (e.g., antabuse)**
- **Replacement-Agonist  
(e.g., methadone, Suboxone)**



# Biological Therapies

- Exercise
- Light
- Acupuncture
- Placebos
- Sleep Deprivation
- Electroconvulsive (ECT)
- Psychosurgery



# Benefits of Treatment

- **Reduced alcohol use**
- **Reductions in**
  - **Other drug use**
  - **Medical complications**
  - **Psychiatric complications**
  - **Relational problems**
  - **Legal problems**
  - **Crime**



# Problems in Treatment

- **Poor medication & psychotherapy adherence**
- **Early dropout**
- **Relapse: should be considered evidence of treatment effectiveness, not treatment failure**



# Phases of Treatment

- **Stabilization**
- **Engagement**
- **Persuasion**
- **Active Treatment**
- **Relapse Prevention**



# Treatment Settings

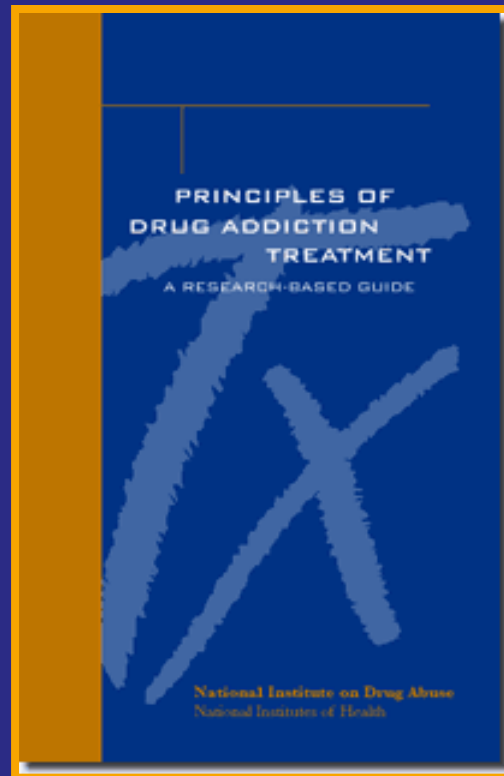
## Levels of Care – Move to Least Restrictive

- Inpatient Care
- Residential
- Partial Care
- Outpatient
- Aftercare

# Principles of Drug Addiction Treatment

National Institute on Drug Abuse

NIH Pub No 99-4180, 1999



# Motivate & Work with Resistance

- Recovery-oriented therapies
  - Individual
  - Group
  - Family
- Caring pressure
  - Peer
  - Family
  - Staff, legal, etc.
- Recovery role models



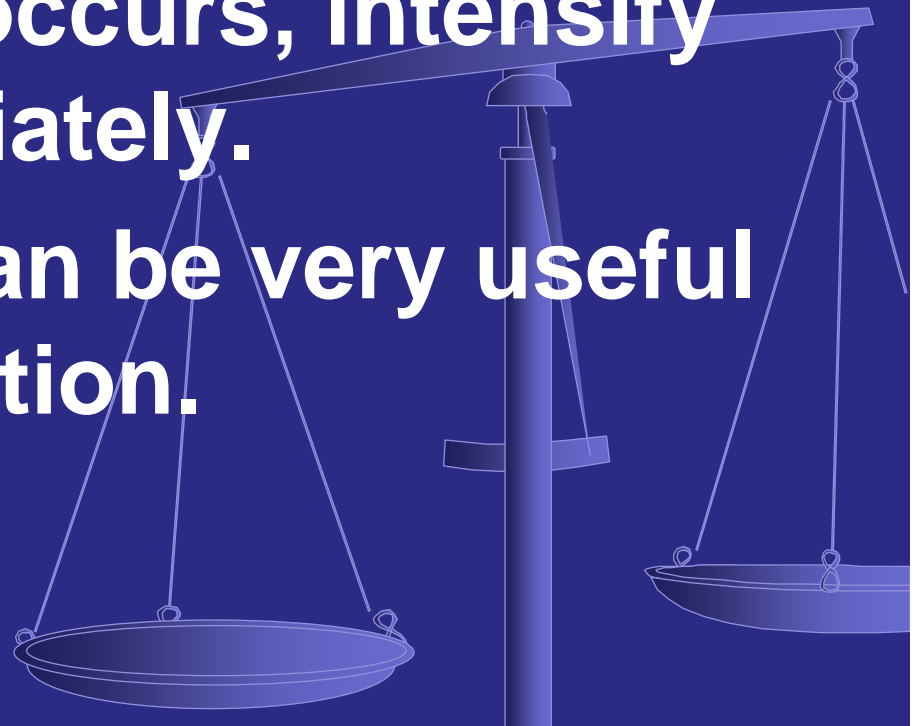
# Relapse Prevention

- Avoid “slippery” persons, places, and things.
- Become aware of sensory, relational, or effective triggers for craving or using.
- Learn to deal with peer pressure.
- Encourage requests for intensification of treatment.



# Relapse Prevention

- Use urine drug screens and breathalyzer testing.
- If a use episode occurs, intensify treatment immediately.
- Legal pressure can be very useful in relapse prevention.

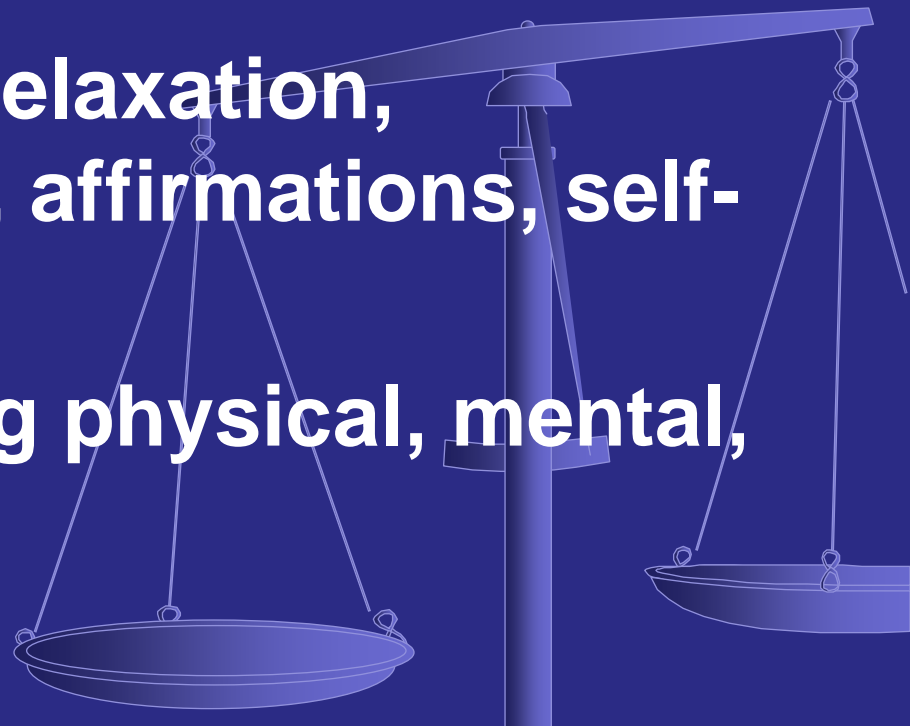


# Develop a Recovery Support System

- Educate family and friends
- Be aware of enabling and codependent behaviors
- Use 12 Step programs including:
  - Dual Recovery Anonymous
  - Dual Diagnosis Anonymous

# Alternatives to AOD

- Exercise, hobbies, reading, nutrition, music, relationships, 12 step meetings, prayer
- Personal stressors & stress reactions
- Systematic muscle relaxation, meditation, imaging, affirmations, self-hypnosis
- Skills for maintaining physical, mental, and spiritual health



# “Harm Reduction”

Professional or organized activity which attempts to reduce the harm done by problematic behavior

- Anything above “zero tolerance”
- Controversial due to values conflicts



# Harm Reduction: IV Drug Use

- Opioid Replacement Therapy
- Needle Exchange
- Tolerance Houses
  - Holland & Vancouver
  - Pharmaceutical heroin & clean needles



# Legal Harm Reduction

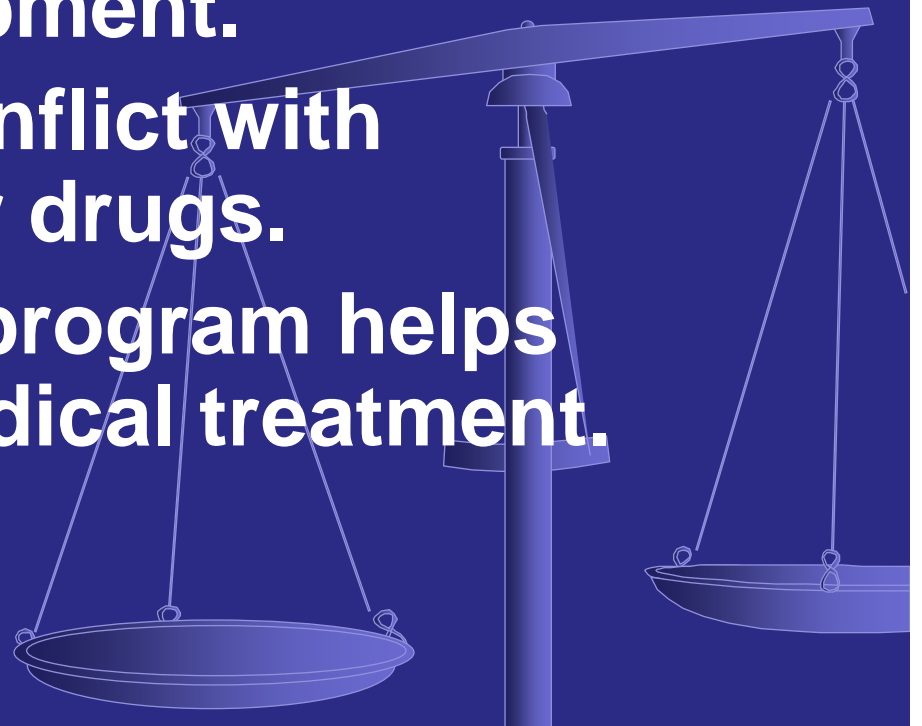
- **Civil Commitment/Legal Holds**
  - **Harm to self – Usually suicidal**
  - **Harm to others – Usually homicidal intent**
  - **Gravely disabled – unable to care for self**
  - **Variable times: 24 – 72 hours to six months**
- **Denial of rights: forcing medication**

# History of AA

- 1935 two “hopeless drunks”, Bill W. and Dr. Bob S., stayed sober by talking to each other.
- They worked with other alcoholics.
- Developed as a method of maintaining sobriety
- Three years of empirical field study

# 12-Step Program

- The most effective way to maintain long-term sobriety
- Working a 12-step program promotes growth and development.
- They are NOT in conflict with medication or other drugs.
- Working a 12-step program helps psychiatric and medical treatment.



# Coercion and AA

	No Court	Court	P Value
>90 meetings lifetime	37.9%	57.2%	P<.0001
Spiritual experience	29.0%	38.1%	P<.05

# Aspects of AA

- AA attendance
- Choosing a sponsor
- Choosing a home group
- Working the steps



# Gitlow's Rule of 10

1. 1+ meetings daily
2. Find a group you like & attend regularly.
3. Arrive first, leave last.
4. Sit in the front row.
5. Introduce yourself to others.

# Gitlow's Rule of 10

6. Share in each meeting.
7. Ask chair for a service task.
8. Talk to someone every meeting.
9. Ask someone for further dialogue.
10. Choose a sponsor.



**“AA provides cognitive strategies, compensatory psychological mechanisms, and intra-personal and interpersonal resources to assist addicted persons in successfully negotiating the vicissitudes of human living.”**



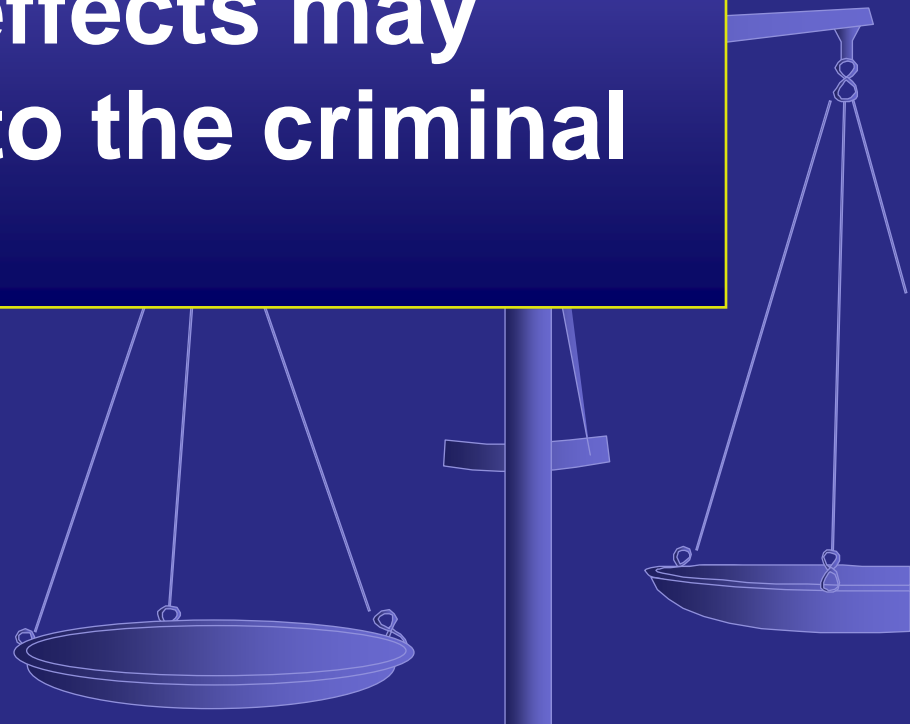
# 5 Steps of Dual Diagnosis



- 1. We admitted we had a mental illness in addition to our substance abuse & we accepted our dual diagnosis.**
- 2. We became willing to accept help for both of our diseases.**
- 3. We understood the importance of medical management, clinical interventions and therapies and accepted the need for total abstinence and sobriety from all non-prescribed drugs and alcohol in our program.**

- 4. We came to believe that when our own efforts are combined with the help of others and God as we understand Him, we will develop healthy drug and alcohol free lifestyles and learn to live at peace with unresolved problems, which is the basic principle of serenity.**
- 5. In following the 12 plus 4 Steps of Dual Diagnosis Anonymous, and with the guidance of our Higher Power, a loving God of our own understanding, combined with the help and direction of our fellow D.D.A., we will maintain healthy drug and alcohol free lifestyles and help others to achieve abstinence.**

**Co-occurring disorders can have a profound effect on human behavior. These effects may bring a person into the criminal justice system.**



**Punishment may relieve guilt, but otherwise has no beneficial effect on the suffering associated with mental disorders.**

