



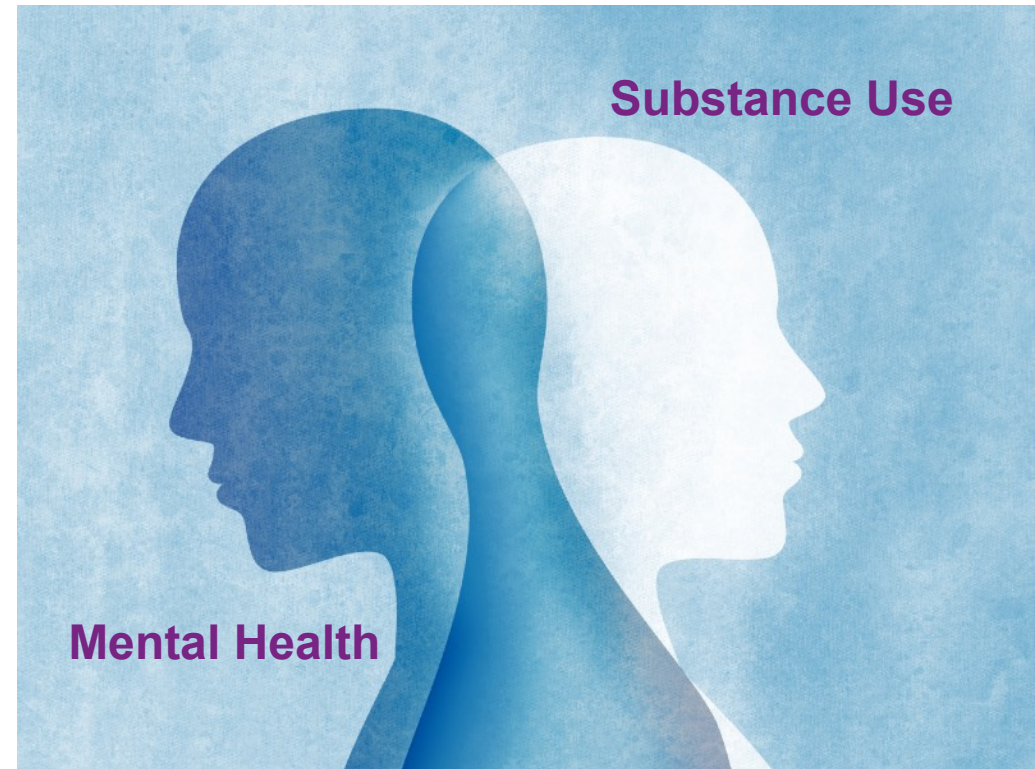
Partnership to End Addiction

Co-Occurring Disorders
October 4, 2021

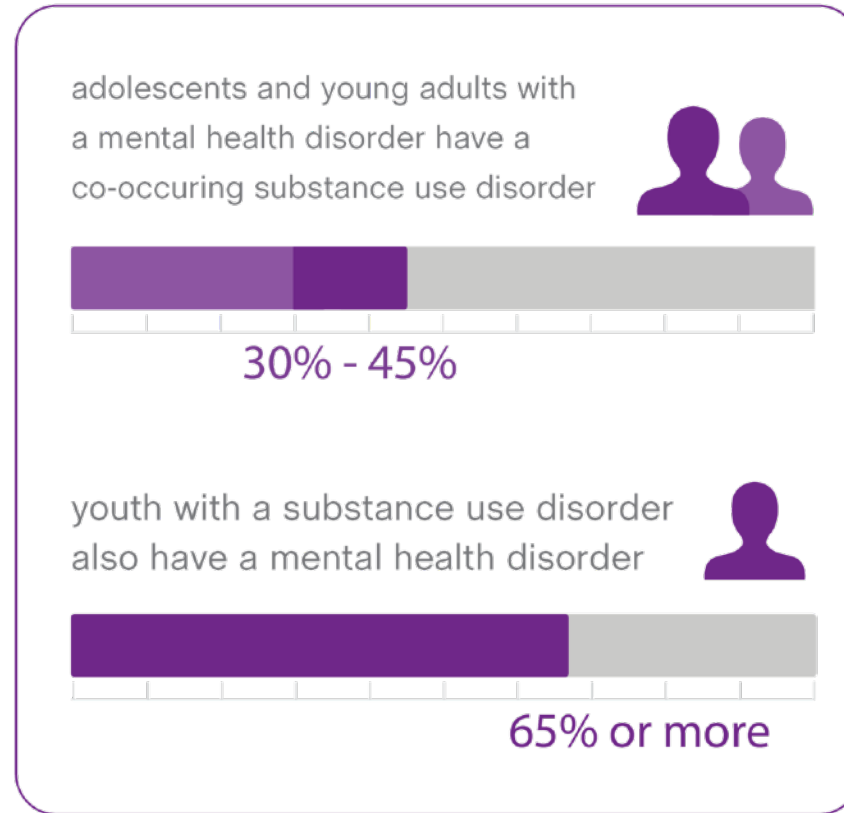
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What are co-occurring disorders?

- Co-occurring disorders are defined as having a substance use and mental health disorder **at the same time**.
- Co-occurring = Dual Diagnosis = Comorbid



How common are co-occurring disorders?



Source: <https://drugfree.org/wp-content/uploads/2019/02/Substance-Use-Mental-Health-in-Teens-and-Young-Adults.pdf>

Why is it important to recognize co-occurring disorders?

- If untreated, can lead to self-harm
- Mental health disorders may lead to self-medication
- Symptoms of substance misuse and mental health disorders mimic each other

What are the risk factors?

DISORDER OF 1ST DEGREE RELATIVE (E.G., PARENTS, SIBLINGS)	INCREASED CHANCE TO DEVELOP DISORDER
Major Depressive Disorder	1.5 to 3 times more likely to develop Major Depressive Disorder
Panic Disorder	4 to 7 times more likely to develop Panic Disorder
Bipolar I Disorder	4% to 24% more likely to develop Bipolar I Disorder
Bipolar I Disorder	4% to 24% more likely to develop Major Depressive Disorder
Schizophrenia	10 times more likely to develop Schizophrenia

Family Tree



Source: Co-occurring Disorders Treatment Workbook, 2002

What impacts how the brain works?

Changes in genes and environment

- Genes: Many factors can cause changes in gene expression, which can alter the way the brain works and ultimately impact behavior.
- Environmental factors:
 - Chronic stress
 - Trauma
 - Abuse
 - Drug exposure during pregnancy
 - Other adverse childhood experiences

How important is age?

- Substance use often starts in adolescence, a period when the first signs of mental illness commonly appear.
- A mental disorder in childhood or adolescence can increase the risk of later drug use and the development of a substance use disorder.

What are clues to look for?

- A **family history** of substance use or other mental health disorders
- Behavioral or emotional **problems as a child** or adolescent
- **Symptoms that seem to persist** during earlier periods of abstinence or decreased use
- **Prior psychiatric treatment** that appears independent of substance use



How is it diagnosed?

- Providers tend to diagnose based on their own areas of expertise
- Example: Carl presents with restlessness, agitation, anxiety
 - Mental health providers may suspect a manic episode or an anxiety disorder
 - Substance use providers may suspect cocaine intoxication or sedative withdrawal
- **Effective treatment requires a detailed evaluation**

Mental health disorders can mimic the effects of substance use and vice versa

Psychiatric symptoms in intoxication

- **Alcohol/Sedatives:** overly sexual, aggression, mood swings, poor judgment, poor attention
- **Stimulants:** anxiety, tension, anger, restlessness, increased alertness, relationship sensitivity
- **Cannabis:** excitement, anxiety, sensation of slowed time, poor judgment, social withdrawal
- **Hallucinogens:** anxiety, depression, fear, paranoia, hallucinations
- **Opioids:** excitement, apathy, depression, poor concentration

Mental health disorders can mimic the effects of substance use and vice versa (continued)

Psychiatric symptoms in withdrawal

- **Alcohol/Sedatives:** Sleeplessness, anxiety, physical restlessness
- **Stimulants:** Low energy, depression, irritability, poor concentration, insomnia, increased appetite
- **Cannabis:** Irritability, anger, aggression, anxiety, insomnia, restlessness, depressed mood
- **Opioids:** Sleeplessness, feelings of dissatisfaction, restlessness, irritability, anxiety
- **Tobacco:** irritability, frustration, anger, anxiety, poor concentration, increased appetite, restlessness, depressed mood, sleeplessness

Source: DSM-V 2013



A Pill is Not a Fix....



Finding the right treatment program

- Treatment for both disorders (<https://findtreatment.samhsa.gov>)
- Clinical staff is trained in psychopathology, assessment, treatment strategies and medications for *both* mental and substance use disorders
- Integrated treatment for both disorders
- Family involvement
- Support groups (NAMI, DBSA, CHADD)
- Attendance to all needs (physical, housing, work/school, transportation, etc.)

Staying on track with medications

- Find a provider well-versed in mental health and substance use and meet with them regularly
- Start low and slow
- Know common side effects: dry mouth, weight gain, lower sex drive, fatigue
- Take as prescribed
- Both an art and science

Some medications are cautionary

- Benzodiazepines: Xanax, Klonopin, Ativan, Valium
- ADHD: Adderall, Concerta, Ritalin
- Sleep: Ambien, Lunesta
- Opioids: Oxycontin, Vicodin, Tylenol with codeine

What does successful treatment look like?

- Stable as determined by the provider
- Belief that treatment is useful
- Ability to explain key elements of both disorders
- Know relapse triggers/patterns
- Structured routine
- Daily recovery activities
- Coping plan for high-risk situations
- Use of social supports

Typical relapse thinking patterns

- “I was feeling better so I thought it was okay to stop taking the medication.”
- “I really didn’t think I was that sick – it was just a passing problem.”
- “The meds made me feel bad and the (fill in the substance) made me feel much better.”
- “Nobody appreciated the effort I was making.”
- “I don’t like taking pills. I want something natural.”
- “I took it for a few days and it didn’t help.”

What can go wrong with treatment?

- **Harry** is in treatment for addiction, but also has schizophrenia and finds it difficult to sit in groups, fit in and go to AA meetings.
- **Sabrina** is in treatment for bulimia. The treatment team views her amphetamine use as part of her eating disorder instead of as co-occurring amphetamine use disorder.
- **Riccardo** has co-occurring polysubstance and major depressive disorder, but is denied medication by his psychiatrist until he returns to the mental health clinic having been abstinent for 30 days.

Family support is even more important

- Encourage treatment
- Provide emotional support and encouragement
- Participate in education
- Attend individual and family counseling
- Assist with medications
- Help with structure, routine and social supports
- Attend family support group meetings
- Know relapse signs

Build your own resilience

- **CRAFT** communication and behavior skills to encourage treatment
- Problem-solving
- Self-care
- Meaningful daily routine
- Hobbies and other interests
- Support system
- Coping skills

Learn more about CRAFT: <http://the20minuteguide.com>

Resources

Substance Use & Mental Health in Teens and Young Adults Guide includes individual sections covering specific mental health disorders <https://drugfree.org/article/substance-use-mental-health-your-guide-to-addressing-co-occurring-disorders/>

Co-occurring Disorders Workbook contains worksheets for individual in recovery from both substance and mental health issues.

https://treatmentandrecoverysystems.com/wp-content/uploads/2019/09/co-occurring_disorders_workbook.pdf



Questions?

Contact:

[The Partnership To End Addiction](#)



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