

Co-Occurring Disorders

Elizabeth Black, LADC



C4
Innovations

Co-Occurring Disorders: Agenda



- Identify common psychiatric disorders, prevalent symptoms, and effective treatment interventions
- Identify the 3 major components of effective treatment for substance use disorders
- Explain the relationship between mental health and substance use disorders and how they can impact one another
- Describe risk factors that make a person vulnerable to the development of co-occurring disorders
- Discuss person-centered care and how it works to supports recovery in persons with co-occurring disorders

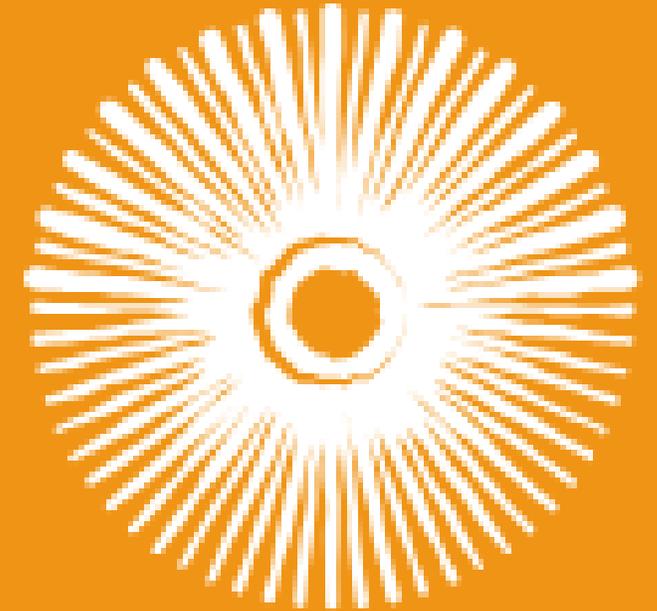


Co-Occurring Disorders

- Condition in which an individual has both a mental health and substance use disorder
- About half of people who experience a mental illness will also experience a substance use disorder at some point in their lives and vice versa (SAMHSA, 2019)
- More than 8 million Americans have a co-occurring disorder
- *Co-occurring disorders are the expectation, not the exception*



Mental Health Disorders



Mental Health Disorders



Mood Disorders

- General emotional state is inconsistent with circumstances and interferes with a person's ability to function; difficulty regulating emotions
- Common conditions:
 - Major Depressive Disorder
 - Postpartum Depression
 - Seasonal Affective Disorder
 - Bi-Polar Disorder
- Most commonly treated with psychotherapy (counseling) and psychotropic medication known as antidepressants



Mental Health Disorders



- Antidepressants work to increase neurotransmitters in the brain
 - Neurotransmitters are chemical messengers between nerve cells in the brain that define our mood and emotional health
 - A healthy mind depends on a constant, adequate, and balanced supply of various neurotransmitters



NOREPINEPHRINE

STRESS RESPONSE CHEMICAL
MOBILIZES THE BODY FOR ACTION
INCREASES BLOOD PRESSURE



DOPAMINE

REWARD CHEMICAL
MEDIATES MOTIVATION AND DESIRE
HIGHLY ADDICTIVE

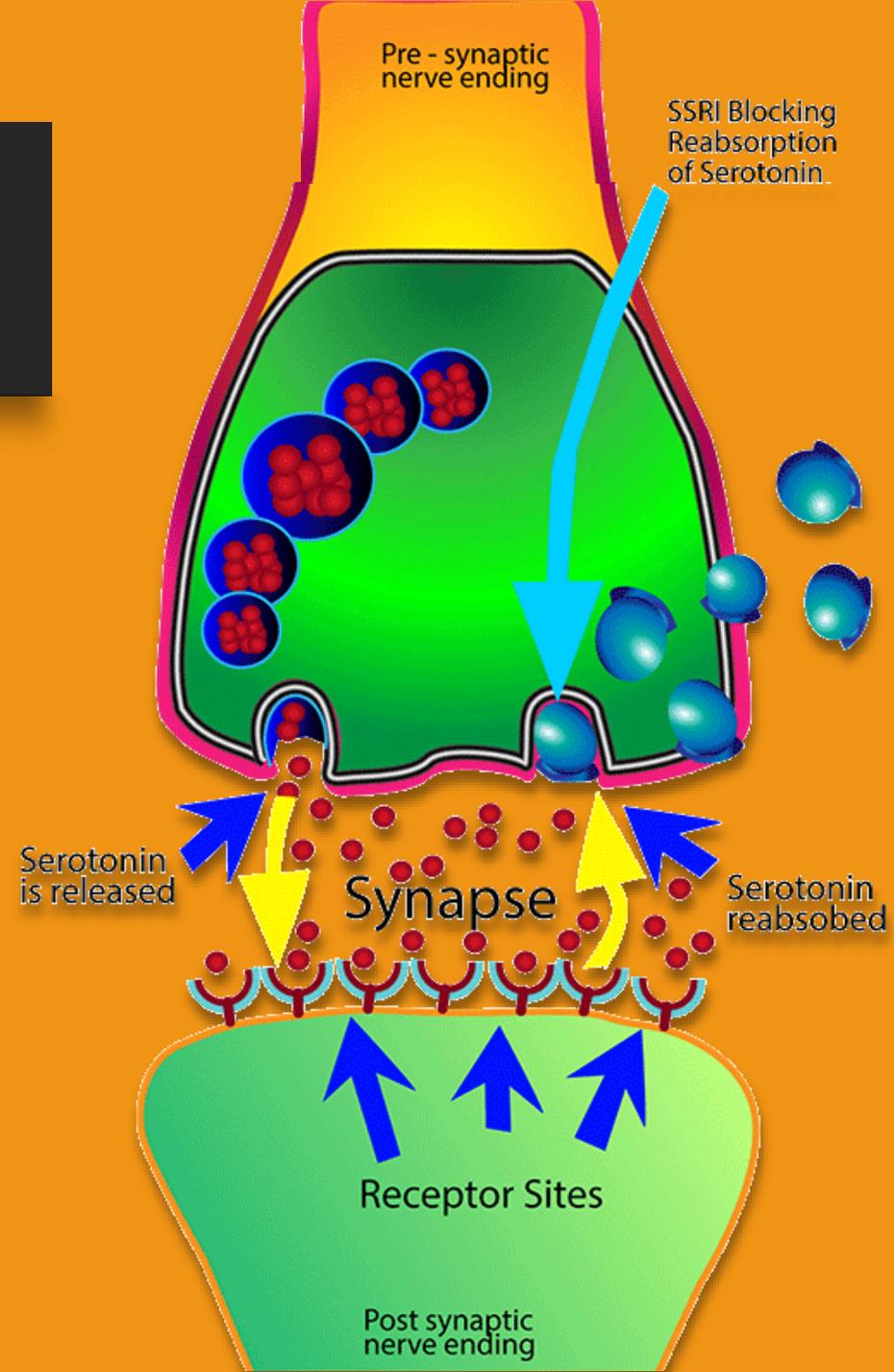


SEROTONIN

LOVE CHEMICAL
BRINGS WELL-BEING AND HAPPINESS
REGULATES MOOD, APPETITE AND SLEEP

Mental Health Disorders

- Some of the most commonly prescribed antidepressants are called reuptake inhibitors
 - Reuptake is the process in which neurotransmitters are naturally reabsorbed back into nerve cells in the brain after they are released to send messages between nerve cells
 - A reuptake inhibitor prevents this from happening.
 - The belief is that keeping levels of the neurotransmitters higher improves communication between the nerve cells
- Reuptake Inhibitors: SSRIs, SNRIs, and NDR



Mental Health Disorders



Anxiety Disorders

- Characterized by persistent and extreme fear or worry, even when a threat isn't present
- Most common of mental health disorder affects nearly 30% of adults at some point in their lives (APA, 2019)
- Most commonly treated with counseling and psychotropic medication including:
 - Antidepressants
 - Beta blockers
 - Antianxiety medication

Common Conditions:

- Generalized Anxiety Disorder
- Panic Disorder
- Post Traumatic Stress Disorder
- Obsessive Compulsive Disorder
- Phobias

Mental Health Disorders



Psychotic Disorders

- Characterized by abnormal thinking and perceptions
- Two of the main symptoms are **hallucinations** and **delusions**
- Approximately 3 percent of the people in the U.S. (3 out of 100 people) will experience psychosis at some time in their lives
- Researchers believe that psychotic experiences are caused by the brain producing too much dopamine
- Treated with antipsychotic medication, which blocks dopamine receptors in the brain, as well as psychotherapy and psychosocial interventions to address functioning deficits



Common Conditions

- Schizophrenia
- Schizoaffective Disorder
- Delusional Disorder

Mental Health Disorders

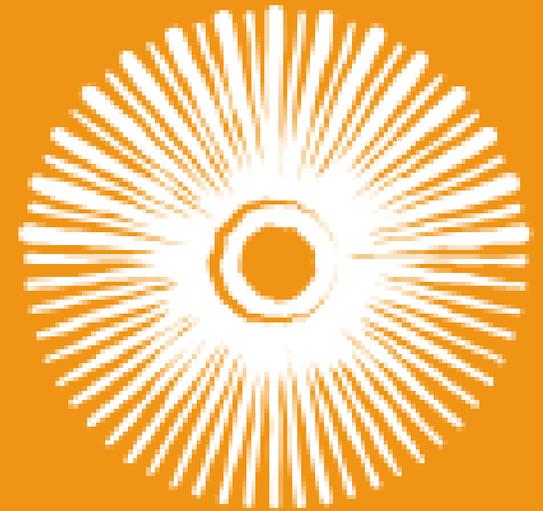


Personality Disorders

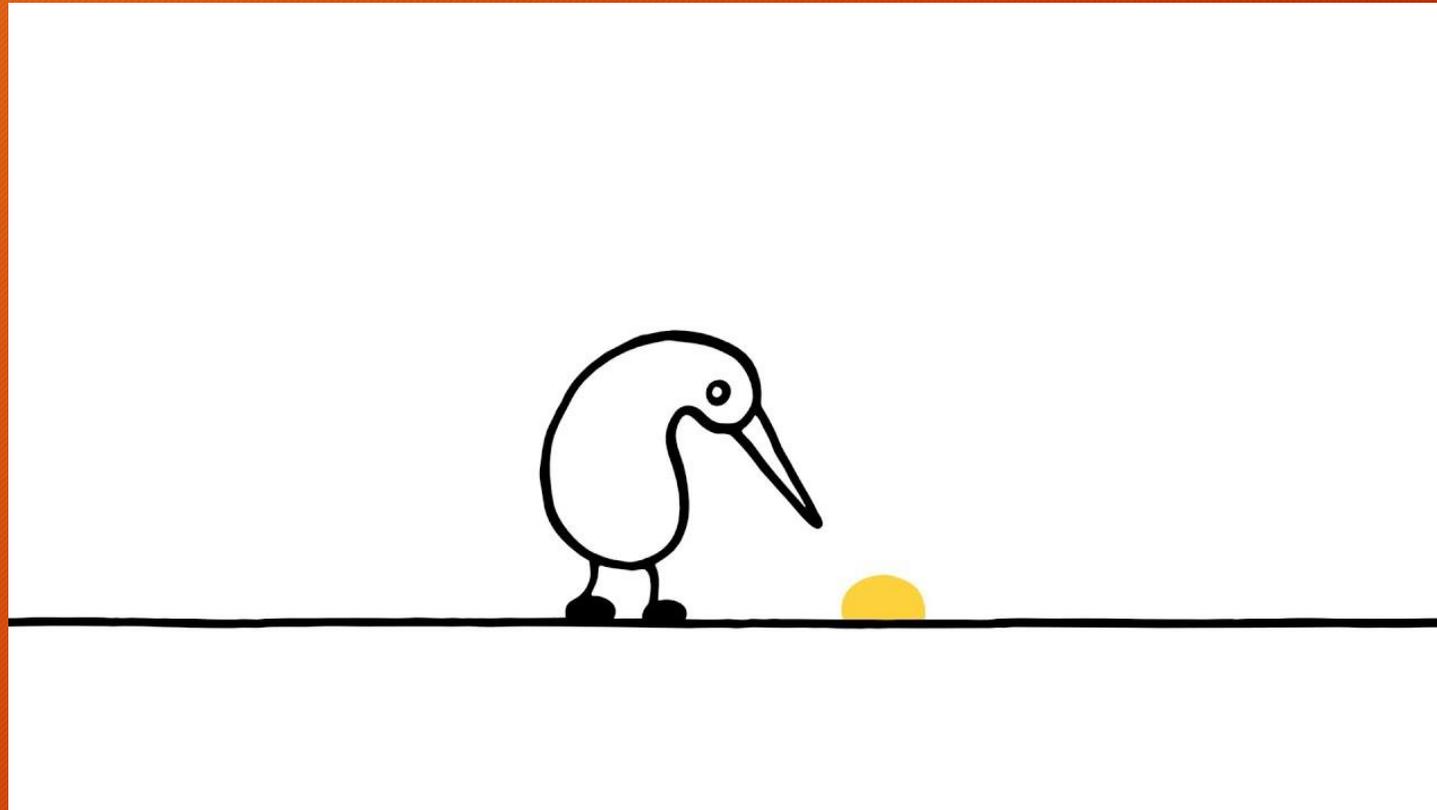
- A personality disorder is a pervasive way of thinking, feeling and behaving that deviates from cultural norms and causes personal distress and problems functioning
- 9.1% of U.S. adults have a personality disorder (NIMH)
- Majority of PWPD have a co-occurring MHD
- Common Conditions:
 - Anti-social Personality Disorder
 - Narcissistic Personality Disorder
 - Paranoid Personality Disorder
 - Borderline Personality Disorder
- Medication may help reduce accompanying symptoms, such as depression or anxiety, but does not address problematic core personality traits and behaviors. As such, psychotherapy remains the mainstay of treatment for personality disorders



Substance Use Disorders



Substance Use Disorders



Substance Use Disorders



Four Main Categories of Substances

Category	Use and Effects	Examples	Street Names
Opioids	Pain killer which can elicit sedation and feelings of euphoria	Heroin, Morphine, Percocet, Vicodin	Dillies, Perks, H, Dope, Smack, Fetty
Stimulants	Stimulate the nervous system increasing mood, attention, and energy	Adderall, methamphetamine, cocaine	Speed, Ice, Crank, Blow, Snow, Powder
Hallucinogens	Alter a person's perception and may result in illusions or sensory distortions	MDMA, LSD, Cannabis, PCP, Mushrooms	Ecstasy, Molly, Acid, Pot, Weed, Grass, Dust, Shrooms
Depressants	Depresses the nervous system; commonly prescribed for anxiety	Alcohol, Xanax, Klonopin, Valium, Ativan, Neurontin	Benzos, Xannys, Bars, Chill Pills, Footballs, Johnnies

When does use go from recreational to disordered?

Substance Use Disorders



DSM V Diagnostic Criteria

SEVERITY: 2-3: mild 4-5: moderate 6 or more: severe

Impaired control

1. Taking the substance in larger amounts or for longer than originally intended
2. Wanting to cut down or stop using the substance but not being able to do so
3. Spending excessive time getting, using, or recovering from the use of the substance
4. Cravings and experiencing urges to use the substance

Social problems

5. Neglecting primary roles because of substance use (home, work, school, etc.)
6. Continuing to use despite interpersonal problems
7. Giving up important social, occupational, and recreational activities because of substance use

High-Risk Behaviors

8. Using in physically dangerous situations
9. Continuing use despite physical or psychological problems caused or exacerbated by the substance

Pharmacology

10. Increasing amount of substance use to achieve desired effect
11. Development of withdrawal symptoms which can be relieved by taking more of the substance

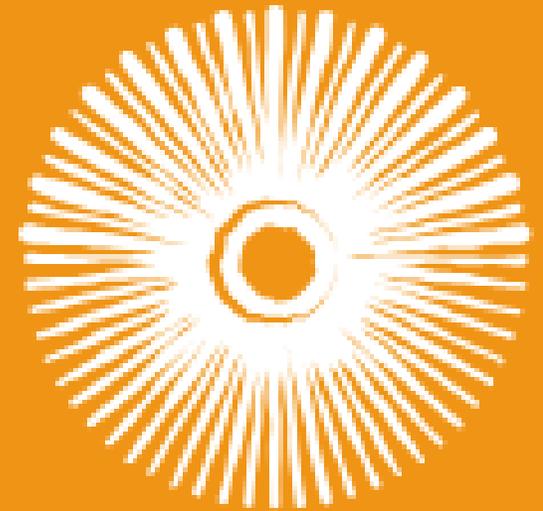
Substance Use Disorders



Effective substance use disorder treatment consists of 3 major elements:



Co-Occurring Disorders



Which comes first?



Establishing which came first or why can be difficult as they influence each other

- Substance use can contribute to the development of mental illness
 - Substance use may change the brain in ways that make a person more likely to develop a mental illness
- Mental illnesses can contribute to substance use
 - Some people with mental illness may use substances to self-medicate
- Both share common risk factors
 - Including genetics and environmental factors

Establishing sequence is unnecessary as best practices have determined both need to be treated simultaneously

Common Risk Factors for COD



Nature vs
Nurture?

Both!



SUD Risk Factor: Genetics



- Like other chronic health conditions, genetics contribute to the risk for developing substance use disorders
- It is estimated that up to 60 percent of an individual's vulnerability to addiction is attributable to genetics ([NIDA, 2014](#))
- Genes may impact our risk, as when
 - A protein influences how a person responds to a drug (e.g., pleasurable or not)
 - Neurobiology determines the level of neurotransmitters produced
 - Determining how an individual responds to stress (which can contribute to maladaptive and risk-taking behaviors)



SUD Risk Factor: Environment

- Factors in a person's environment can increase their risk of developing a substance use disorder
- Environmental influences may include:
 - Socio-economic status
 - Access to healthy foods and physical activity
 - Early access to substances
 - Peer group
 - Exposure to abuse or trauma



ACE Study



People who experience physical or emotional trauma are at greater risks for mental health and substance use disorders ([SAMHSA, 2022](#))

- Adverse Childhood Experiences (ACE) Study
 - Found correlation between trauma and poor health outcomes in later life
 - People with SMI and SUD die up to 20 years earlier than the general population ([NIMH, 2019](#))
 - ACEs are measured by experiences in 10 categories of potential trauma

ACE Categories

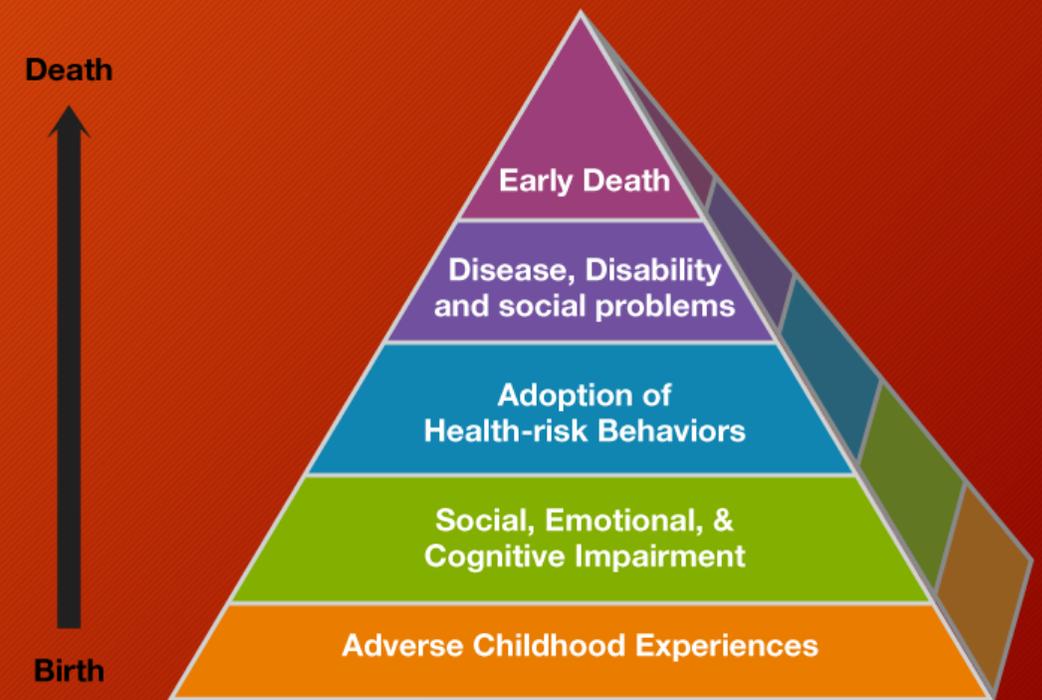
- Verbal Abuse
- Physical Abuse
- Sexual Abuse
- Physical Neglect
- Emotional Neglect
- Divorce/Death/Loss of a family member
- Incarceration of a parent/household member
- Substance abuse by a parent/household member
- Mental Illness in a parent/household member
- Domestic violence

ACE Study



People who have an ACE score of 4 are:

- 242% more likely to smoke
- 222% more likely to be obese
- 298% more likely to contract an STD
- 443% more likely to become addicted to illicit drugs
- 555% more likely to develop alcohol use disorder
- 1220% more likely to attempt suicide



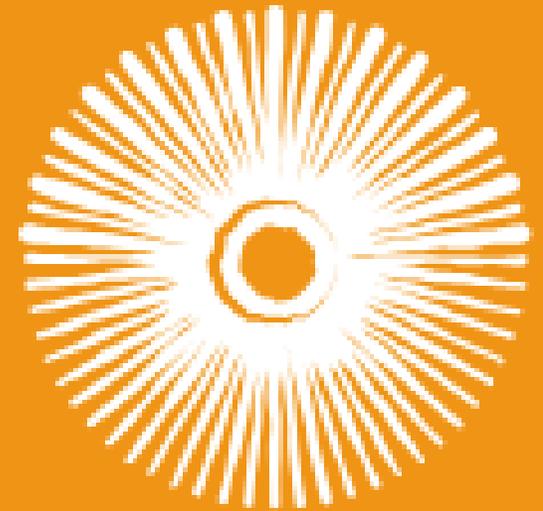
AJPM, 1998

COD Risk Factor: Trauma

- What we perceive to be bad decisions or coping skills are actually survival skills (to numb and avoid)
- Attempting to stop substance use without addressing the underlying causes will set clients up for failure
- Gives context to behavior outside of being “broken/junkie/weak/etc.”
- Reminder that addiction is frequently a symptom, not the actual problem itself



Compassionate Support for Co-Occurring Disorders

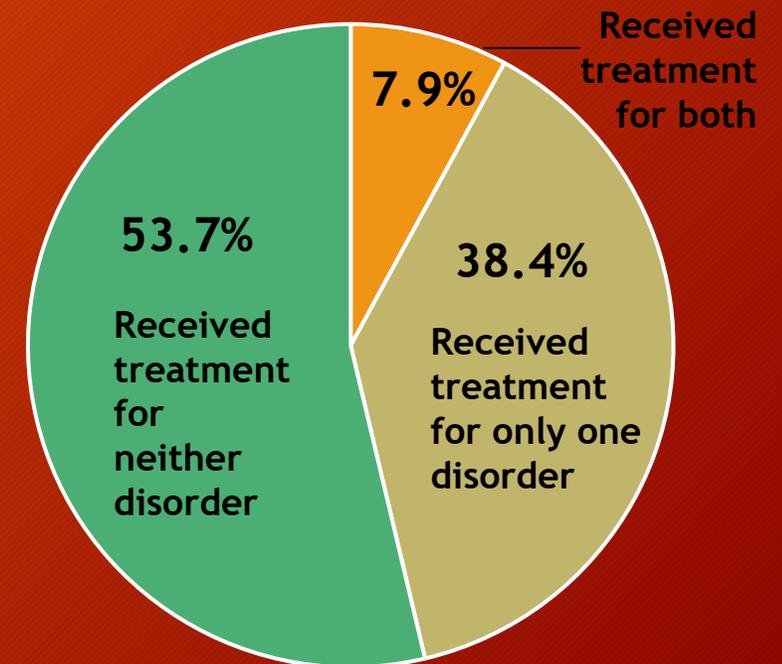


Co-Occurring Disorders



- Persons with CODs tend to have symptoms that are more persistent and severe than those with only one or the other
- Co-occurring disorders are associated with a variety of negative outcomes including high rates of:
 - Relapse
 - Hospitalization
 - Homelessness
 - Incarceration
 - Infectious diseases (HIV, HCV, etc.)
- Over 90% of PWCOD receive treatment for only one condition or no treatment at all

**COD Treatment in the U.S.
(NIMH, 2018)**



Co-Occurring Disorders



Treatment Approaches

- **Single model of treatment** - Focuses on primary mental health disorder in belief that the substance use disorder will resolve itself
- **Sequential model of treatment** - Acknowledges the presence of co-occurring disorders but treats them one at a time.
- **Parallel model of treatment** - Disorders are treated at the same time but by separate treatment professionals and often at separate treatment facilities.
- **Integrated model of treatment** - One competent treatment team at the same facility addresses all mental health and substance use disorders at the same time.

Co-Occurring Disorders: Our Role



Our role is to:

- *Recognize and Refer*
- Know what resources are available and develop relationships with partner providers
- Coordinate care to create a comprehensive treatment team
- Monitor symptoms and make frequent inquiries on symptoms and concerns
- Include goals for managing the co-occurring disorder in the treatment plan
- Offer person-centered care

Person Centered Care

- Person-centered care is the collaborative process where care recipients participate in the development of treatment goals and services provided, to the greatest extent possible
- Person-centered care is strength-based and focuses on individual capacities, preferences, and goals
- Effective person-centered care works to meet the person “where they’re at,” while fostering resiliency and recovery



Person-Centered Care



Traditional Services:

- Places authority with provider
- Assumes providers know best
- Expects total compliance
- Expects total abstinence
- Provides universal formula for success

Person-Centered Care:

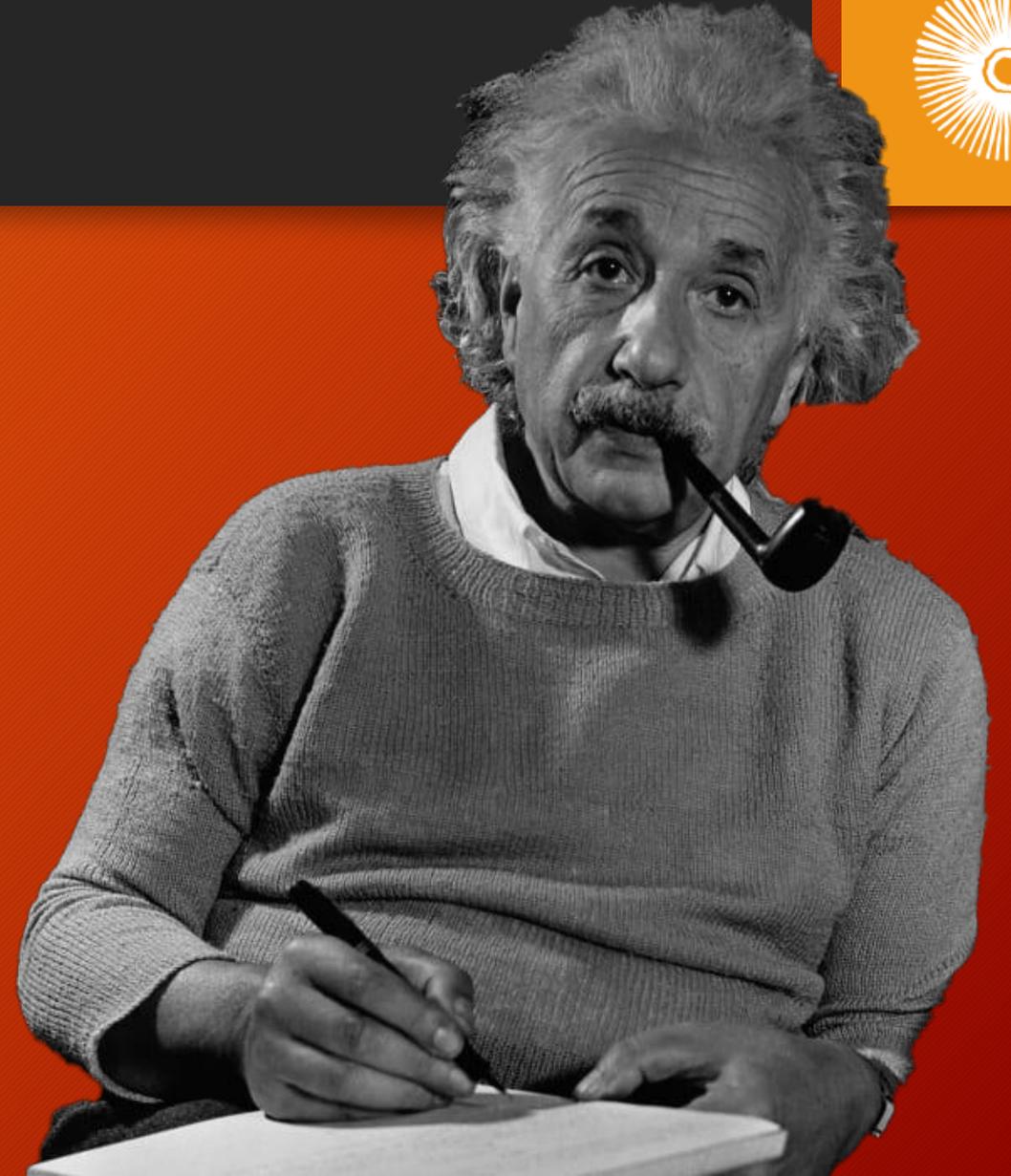
- Attempts to meet clients where they are
- Provides non-judgmental, compassionate care and consistent positive regard
- Sees client as the expert on themselves and the leader in the process
- Defines success as ANY movement towards positive behavior change
- Recognizes that people are doing the best they know how
- Acknowledges recovery is nonlinear

Person-Centered Care



If you judge a fish by its
ability to climb a tree, it will
spend its whole life thinking
that it is stupid

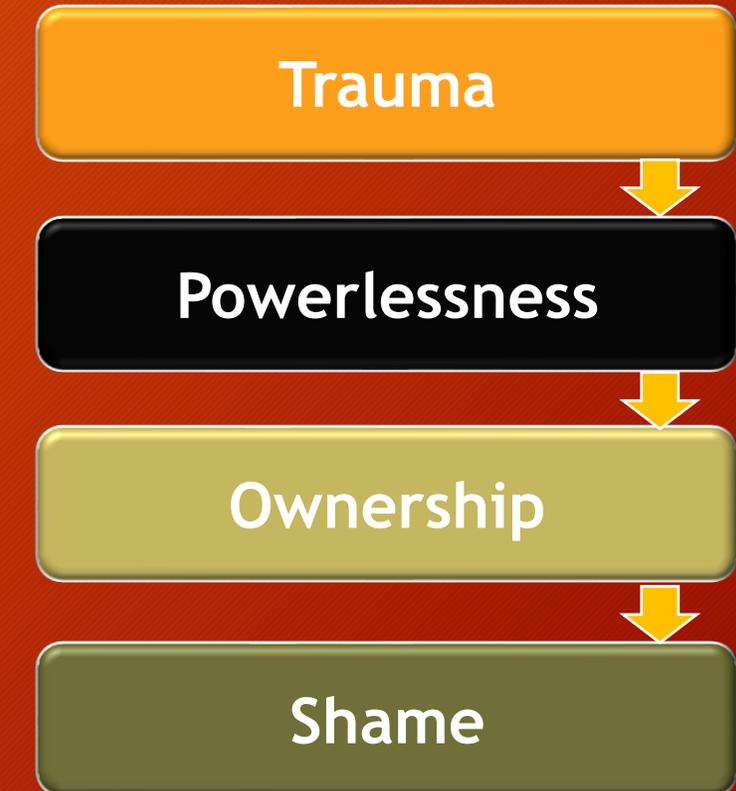
- Albert Einstein



Person-Centered Care



In families where addictions or other dysfunction is an issue, it is easy for children to see themselves as unloved, unworthy, or inadequate, creating a **pervasive sense of internal shame**



Person-Centered Care



- Individuals with a deep sense of shame are linked to higher rates of substance use which often starts as a form of self-medication
- However, the use of alcohol and drugs (or other addictions) creates further feelings of shame, creating a downward spiral
- Providing non-judgmental, compassionate care works to reduce resistance and break the cycle of shame



Supporting Recovery



SAMHSA's four major dimensions of The Recovery Process:

- **Health-** Managing one's disease(s) and symptoms and making informed, healthy choices that support physical and emotional wellbeing
- **Home-** A stable and safe place to live
- **Purpose-** Meaningful daily activities and the independence, income and resources to participate in society
- **Community-** Relationships and social networks that provide support, friendship, love, and hope



Our most important role is:



To believe in
and see the
potential!



Thank You!

Please visit us at:
C4Innovates.com

Email:
Eblack@C4Innovates.com

