Co-Occurring Disorders: Prevalence, Challenges, and Strategies

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Presenter Introduction

"When there is an elephant in the room, introduce him."

--Randy Pausch, The Last Lecture

Presentation Focus

- Co-Occurring Mental Health and Substance Use Disorders in Adults (CODs)
- COD prevalence
- Common disorders encountered
- Challenges with assessment
- Strategies for assessment
- Best practices in service provision

What are Co-Occurring Disorders (CODs)?

- Co-Occurring disorders, co-morbidities, "MICA"
  - The presence of two or more mental health disorders or medical illnesses.
    - Timing?
    - Interactions between the two disorders?

Commonly Encountered Disorders

- Most likely to occur together:
  - Mental Health and Substance Use Disorders:
    - Depressive Disorders
    - Bipolar I Disorders
    - PTSD
    - Personality Disorders
    - Anxiety Disorders
    - Schizophrenia & Other Psychotic Disorders
    - ADHD
    - Eating & Other Feeding Disorders
  - *All are likely to be seen in addiction treatment settings.

Commonly Encountered Substances

- Alcohol
- Cocaine
- Opiates
- Methamphetamine
- Marijuana
- Over the Counter Medications (DXM)

Prevalence Rates (Adults)

- Research by Han et al (2017), funded by NIDA:
  - 7.7 million are affected by CODs
  - 42.1 million are affected by Mental Health Disorders
    - (18.2%, Substance Use Disorders)
  - 20.3 million are affected by Substance Use Disorders
    - (37.9%, Mental Health Disorders)

Prevalence Rates (CHILDREN/ADOLESCENTS)

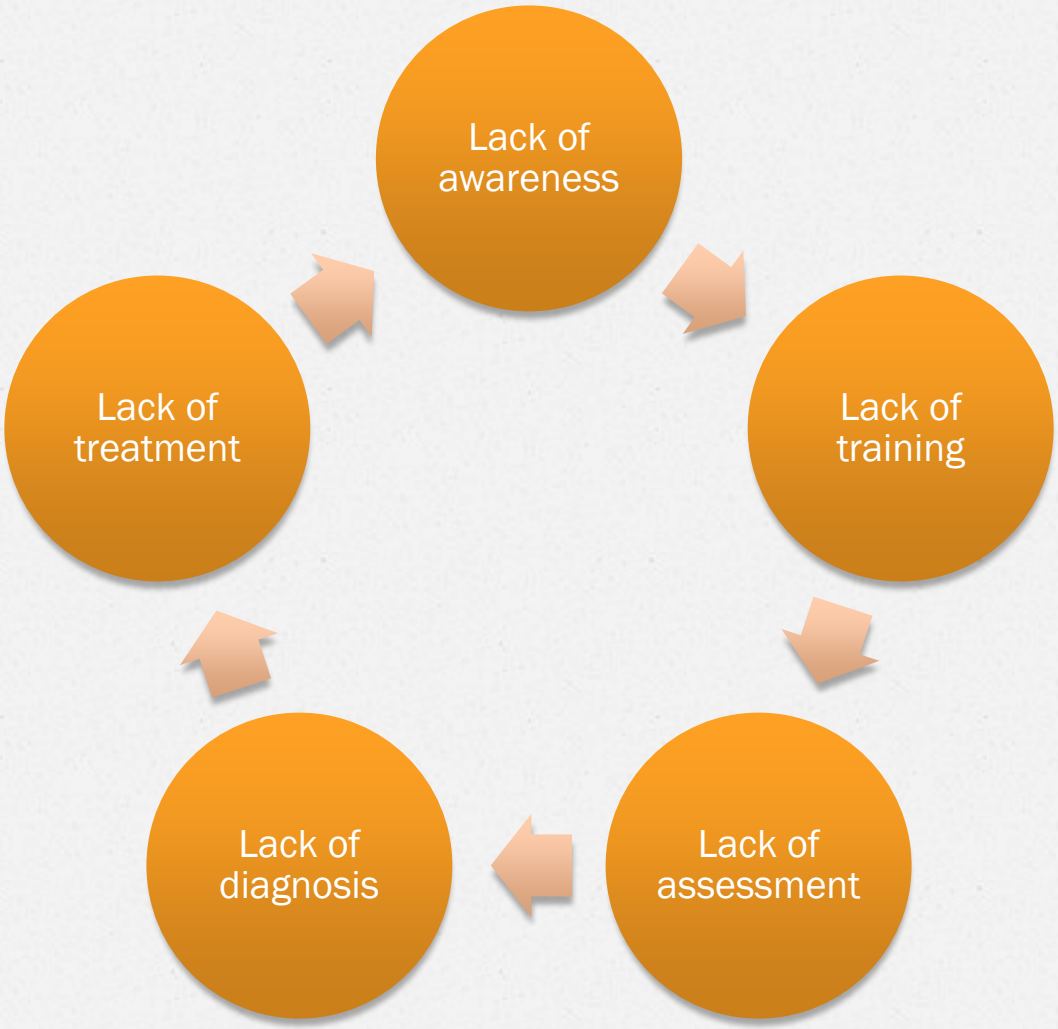
- 2019 YOUTH RISK BEHAVIOR SURVEY (YRBS) RESULTS:
  - Estimated rates of CODs: 60-75%
    - Youth with major depressive episodes: twice as likely to use alcohol or other illicit drugs
    - 29% with no prior drug/alcohol use began using after experiencing a major depressive episode.

Seeking Treatment with CODs

- Research shows significant gaps in treatment/service needs and actual care received.
  - Han et al, 2017:
    - 52.5% receive neither MH or SUD treatment
    - 34.5% receive MH treatment only
    - 9.1% receive both SUD and MH treatment
    - 3.9% receive SUD treatment only

Barriers to Seeking Treatment

- Research has identified:
  - Stigma regarding mental health and substance use
  - Client gaps in awareness of symptoms/conditions
  - Provider/field gaps in knowledge
    - Creates a cycle (next slide)
  - Systematic barriers
    - Labor shortages
    - Professional burnout


Lack of awareness
Lack of training
Lack of assessment
Lack of diagnosis
Lack of treatment

Preventing the Cycle

- Providers can work to:
  - Understand why screening is important.
  - Educate clients on CODs and normalizing their occurrence to remove stigma.
  - Learn how to perform a full, accurate, ongoing assessment.
  - Learn how to recognize symptoms of both mental health disorders and SUDs.
  - Educate clients on symptoms of MH and SUDs.

Assessment Challenges

- Complexity/holistic assessments
- Overwhelming
  - Explore:
    - Mental health symptoms/history
    - Substance use symptoms/history
    - lethality risk
    - Physical health/history
    - Family history
    - Trauma history
    - Strengths/supports
    - Cultural needs
    - Readiness for change
- Difficult to differentiate diagnoses
- Current substance use

Overcoming Assessment Challenges

- Work on engagement and building a therapeutic alliance with your client.
- Include the client in the process whenever reasonable/possible.
- Explain the rationale for screening and assessment.
- Start with a screening: informal, not punitive.
- Use validated and evidence-based screening tools for formal screening.
- Assessment should be on-going.

Overcoming (cont'd)

- An effective assessment can:
  - Build a strong therapeutic alliance with your client
  - Allow your client to learn about their symptoms
  - Foster shared decision-making
  - Empower the client to make change

Best Practices for COD Service Provision

- Treat both disorders *at the same time.*
- Services *are person-centered and comprehensive.*
- Services and staff *are trauma-informed*.
- Services are *culturally responsive.*
- Services are continually offered at *all levels of care* and *at all courses of the disease.*

Transitional Services, Inc.

- Transitional Living on the Strip— "TLOTS" Program
  - Co-Occurring Disorders Residential Rehabilitation Program
  - Focus: increasing daily living skills, application of coping strategies, integration into the community
  - Program provides apartment living with:
    - Medication management
    - Assessment of current status of diagnoses
    - Peer support groups
    - Licensed staff-run relapse prevention groups (MH & SUD)
    - Social-recreational activities
    - Required linkage to outpatient/psychiatric providers
    - Community Integration Activities
    - Facilitating residents' recovery identity formation

Conclusions

- CODs are complex and require comprehensive treatment methods that can appear overwhelming.
- With effective supports and treatment interventions, COD clients can recover.
- With experience, clinicians develop skills in this area to empower COD clients' ability to change and grow.

Thank you!

- Opportunity and audience are much appreciated! ☺

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Presentation References

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