



# Co-Occurring Disorders:

## Substance Use Disorders and Mental Health

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# Highlights

- Substance use disorders most common co-morbid disorder for adults with mental illness
- Dual Diagnosis is misleading
- Data
- High rate of negative outcomes
- Difficulty navigating multiple systems
- Importance of integrated care



# DSM 5

- 22
- Substance-Related and Addictive Disorders



# Substance-Use Disorders

- 11 total criteria:
  - Tolerance
  - Withdrawal
  - Taken in larger amounts or over longer period than intended
  - Persistent desire or unsuccessful attempts to cut down or stop
  - Lot of time spent using or recovering from substance
  - Important activities given up or reduced because of use
  - Use continued despite knowledge of harm
  - Failure to fulfill major role obligations due to use
  - Recurrent use in situations in which it is physically hazardous
  - Craving
  - Use despite social problems



# Disease of Addiction

- Continuum with specific symptoms and behaviors associated with the progression of the disease.
- Parts of the continuum as it relates to substance use
  - Non-Use
  - Use
  - Abuse
  - Dependence



# Disease of Addiction

- *Obsessed* (constantly thinks of) the object, activity, or substance.
- They will seek it out, or *engage in the behavior even though it is causing harm*
- The person will *compulsively engage* in the activity, that is, do the activity over and over even if he/she does not want to and find it difficult to stop.
- Upon cessation of the activity, *withdrawal* symptoms often occur. These can include irritability, craving, restlessness or depression.
- The person does not appear to have control as to when, how long, or how much he or she will continue the behavior
- He/she often *denies problems* resulting from his/her engagement in the behavior, even though others can see the negative effects.
- Person *hides the behavior* after family or close friends have mentioned their concern.



# Addiction

- Addiction the eventual result of the continuum of the disease of addiction characterized by several factors
  - “Addiction is a **primary, progressive, chronic disease** with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often **progressive and fatal**. It is characterized by impaired control, preoccupation, engaging in the behavior despite adverse consequences, and distortions in thinking.”



# Addiction

- Everyone of us has an addiction potential
- Genetics and environment are both factors in that potential
- Behaviors, life-style, choices contribute to the developments of the disease





# Addiction

- Addiction is a lifelong illness
  - No cure, but treatments that manage the disease
- Stabilizing addiction(s) is often a gradual process
- Helpful to roll with resistance



# Prevalence

- National rates among adults with a history of at least one disorder—SAMHSA National Survey on Drug Use and Health 2014 data
  - 20.2 million adults with past use substance use disorder
    - 39.1% also had past year any mental illness (AMI)
    - 16.2% of adults without SUD had past year AMI
  - 43.6 million adults with past year AMI
    - 18.2% also had past year SUD
    - 6.3% of adults without AMI who had past year SUD
  - Serious Mental Illness(SMI) and Substance Use Disorder
    - 20.2 Million with past year SUD 11.3% had SMI
    - 9.8 million with past year SMI 23.3% also had past year SUD
  - Rates compared to total population
    - 7.9 million with past year SUD and AMI – 3.3% of total adult population
    - 2.3 million with past year SUD and SMI – 1.0% of total adult population



# Why?

- “I use because I’m depressed and I’m depressed because I use”
- Attempts to self medicate
- Substance use precipitant of mental illness
- Substance use to relieving unpleasant medication side-effects
- As a precipitant – intoxication leads to violence, depression, suicide, psychosis, mania, and panic
- Withdraw leads to anxiety, depression, psychosis



# Negative Outcomes

- Mental illness and Substance Use Disorders alone increase the risk of negative outcomes. Combined further increases that risk.
  - Relapse
  - Hospitalization
  - Violence
  - Incarceration
  - Homelessness
  - Serious Infections; Hepatitis, HIV, etc.



# Separate Treatment

- Care in the US is frequently
  - Separate
  - Fragmented
  - Ineffective
- Different messages from the MH and CD treatment systems
  - Confusing for patients
  - Difficult to navigate
- Integrated care is essential for more positive outcomes
  - Not just MH and CD but also with Primary Care



# Integrated Care

- One system
- One location if possible
- One team is essential
  - A coherent package of interventions
  - Higher likelihood of compliance
- Recovery Goals address both major illnesses
- If the treatment for Co-Occurring disorders can be integrated with Primary Care potential for positive outcomes it increased



# Integrated Care

- Essential Components of Integrated Care
  - Staged Interventions
  - Assertive Outreach
  - Motivational Interventions



# Integrated Care

- Essential Components of Integrated Care
  - Counseling
  - Social Support
  - Long Term Perspective
  - Family Psychoeducation
  - Illness Management and Recovery





# Integrated Care

- **Motivational Interviewing**
  - Directive, client centered counseling style for eliciting behavioral change by helping clients explore and resolve ambivalence.
  - Assumes that motivation is fluid and can be influenced
  - Is focused and goal oriented, helping resolve ambivalence by increasing discrepancy between current behaviors and desired goals while minimizing resistance.
- **Harm Reduction**
  - A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.



# Integrated Care

- Substance abuse counseling, using a cognitive-behavioral approach, is used to treat consumers in the active treatment and relapse prevention stages
- Multiple formats for services are available, including individual, group, self-help, and family
- Medication services are integrated and coordinated with psychosocial services



# Integrated Care

- Hope is critical
- Services and treatment goals are patient-driven
- Unconditional respect and compassion for patients is essential
- Integrated treatment specialists are responsible for engaging patients and supporting their recovery



# St. Vincent Stress Center

- Outpatient Programs
  - Dual Treatment
  - Adolescent, Young Adult, and Adult
  - Access to prescriber as all levels
  - Family Involvement



# Questions and Wrap -Up

- Questions
- Thank you



# Questions and Wrap -Up

- **References**

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