

CO-OCCURRING DISORDERS (DUAL DIAGNOSIS)

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- ▶ A state of mental/emotional being including choices and actions that affect wellness.
- ▶ Behavioral Health Disorder
 - ▶ Mental health and Substance Use disorders
 - ▶ Behavioral health disorders are common, serious (sometimes life threatening) and persistent challenges to people but are treatable.

BEHAVIORAL HEALTH



▶ **Short Definition of Addiction:**

- ▶ Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
- ▶ Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

ASAM DEFINITION OF ADDICTION

DSM 5 CRITERIA FOR SUBSTANCE USE DISORDER

▶ **DSM 5 Criteria for Substance Use Disorder**

- ▶ Continued use despite persistent or recurring social or interpersonal problems caused or made worse by substance use
- ▶ Stopping or reducing important social, occupational, or recreational activities due to substance use
- ▶ Recurrent use of substances in physically hazardous situations
- ▶ Consistent use of substances despite acknowledgment of persistent or recurrent physical or psychological difficulties from using substances
- ▶ *Tolerance as defined by either a need for markedly increased amounts to achieve intoxication or desired effect or markedly diminished effect with continued use of the same amount. (Does not apply for diminished effect when used appropriately under medical supervision)
- ▶ *Withdrawal manifesting as either characteristic syndrome or the substance is used to avoid withdrawal (Does not apply when used appropriately under medical supervision)
- ▶ *This criterion is not considered to be met for those individuals taking substances solely under appropriate medical supervision.

▶ Most definitions with certain features in common:

▶ “The Four Ds”

▶ **Deviance**

▶ **Distress**

▶ **Dysfunction**

▶ **Danger**

▶ Useful starting point BUT has key limitations

WHAT IS ABNORMAL

DEVIANCE

- ▶ From what?
 - ▶ behaviors, thoughts, emotions that differ from societal norms
 - ▶ Stated and unstated rules for proper conduct
 - ▶ Examples?
 - ▶ They also depend on specific circumstances
 - ▶ Examples?

DISTRESS

- ▶ Behavior, ideas, or emotions usually have to cause distress before they can be labeled abnormal
 - ▶ Not always the case
 - ▶ Examples?

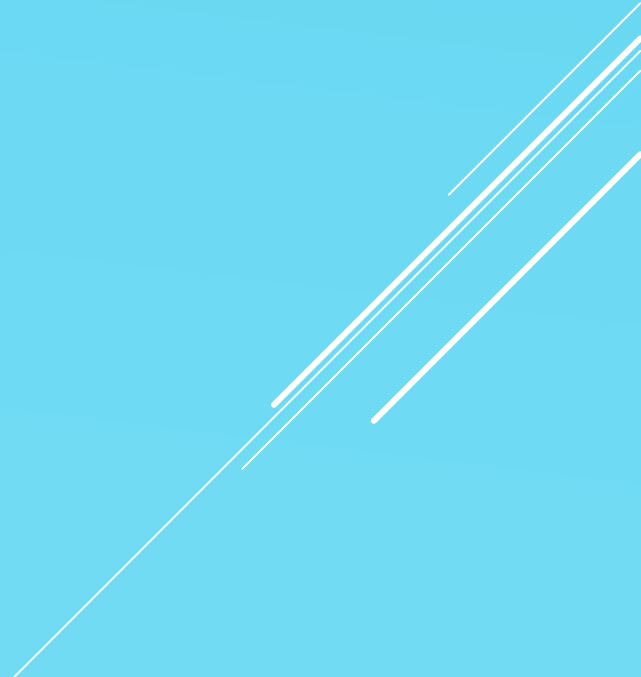
DYSFUNCTION

- ▶ Abnormal behavior tends to be dysfunctional – Interferes with daily functioning
 - ▶ Culture matters

DANGER

- ▶ Behavior - dangerous to oneself or others
 - ▶ Consistently careless, hostile, or confused
- ▶ Stereotypic feature of psychological abnormality
 - ▶ BUT research suggests that dangerousness is the exception NOT the rule

COMORBID (CO-OCCURRING) DISORDERS

- ▶ Two or more disorders or illnesses occurring in the same person.
 - ▶ They can occur at the same time or one after the other.
 - ▶ Involves interactions between the illnesses that can make both worse.
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ADDICTION AS A HEALTH ISSUE

ALCOHOL

HARMFUL EFFECTS

- BRAIN DAMAGE ADDICTION & STROKE**
- BLURRED VISION**
- BLURRED SPEECH**
- BLEEDING THROAT**
- BREATHING MAY STOP**
- HEART DISEASE IRREGULAR HEART BEAT**
- STOMACH ULCERS**
- LIVER DISEASE LIVER FAILURE**
- MUSCLE WEARINESS**
- INTESTINAL CANCER**
- INTESTINAL ULCERS**
- IMPOTENCE (MEN) & INFERTILITY (WOMEN)**
- OSTEOPOROSIS**

CNS Stimulants Signs & Symptoms

- Central Nervous System**
 - Fast pulse
 - Fast Respirations
 - Hyperactive
 - Irritability
 - Possible Hallucinations
 - Paranoia
- Eyes**
 - Dilated Pupils
 - Retracted Eyelids
 - Pupils Have Slow Reaction to Light
- Mouth**
 - White Coating on Tongue
 - Crack pipe causes burns on lips and tongue
 - Advanced Tooth Decay
- Body**
 - Sweating
 - Muscle Rigidity
 - Meth Sores
 - Tremors
- Misc Symptoms**
 - Anxiety
 - Restlessness
 - Misperception of Time and Distance
 - Irritability

DAR Cornerstones

Horizontal Gaze Nystagmus	Not Present
Vertical Gaze Nystagmus	Not Present
Lack of Convergence	Not Present
Pulse	Fast
Romberg Stand	Fast
Pupils Size	Dilated
Pupillary Reaction To Light	Slow

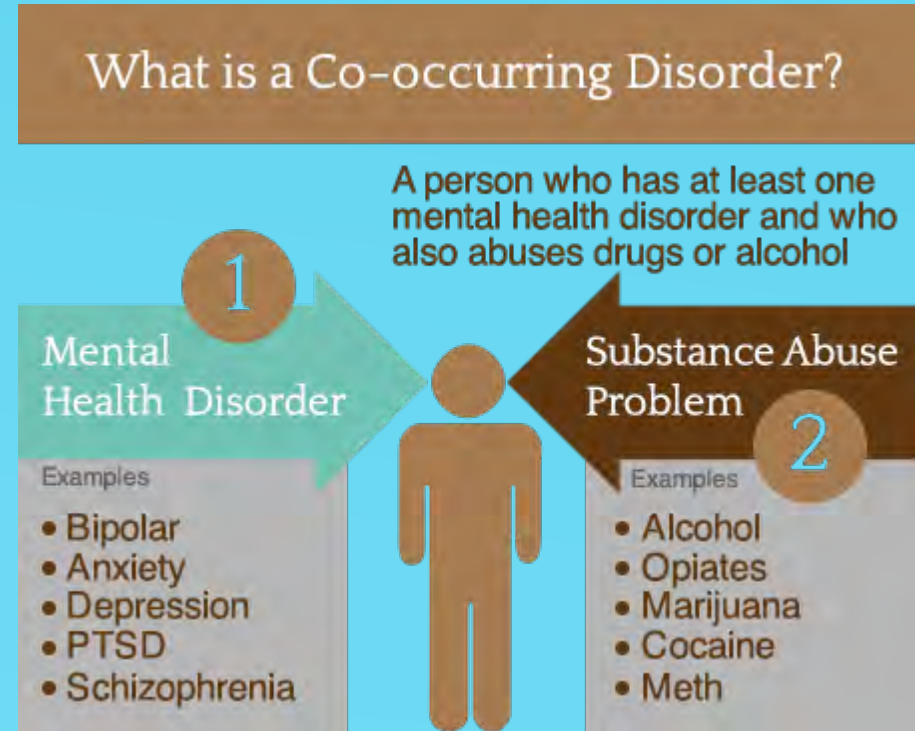
*Long term stimulant users may have constricted pupils or normal size pupils that react slowly/minimally to light.

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Harmful effects of Heroin

- Brain**
 - Addiction and withdrawal
 - Brain damage
 - Overdose, coma, and death
 - Loss of memory
 - Depression
 - Insomnia
- Eyes**
 - Reduced vision and watery
- Nose**
 - Irritated nostrils from snorting
- Lungs**
 - Breathing may stop, then death
 - Respiratory illnesses (like pneumonia and tuberculosis)
- Heart**
 - Infections of the heart lining and valves
 - Heart disease, heart failure, and death
- Stomach**
 - Loss of appetite and weight loss
 - Vomiting
- Blood vessels**
 - Scarred and/or collapsed arteries and veins
 - Blood clots
- Bones**
 - Arthritic pain
- Skin**
 - Sores and scars (tracks) from injections
 - Bruises
 - Infections
- Liver**
 - Disease/damage caused by Hepatitis C and/or HIV (from sharing contaminated needles)
- Kidneys**
 - Disease and possible failure
- Intestines**
 - Abdominal pain
 - Diarrhea
 - Nausea
 - Chronic constipation
- Reproductive system**
 - Miscarriages
 - Still births
 - Birth defects
 - Menstrual problems
 - Inability to achieve orgasm (women and men)
 - Impotence in men

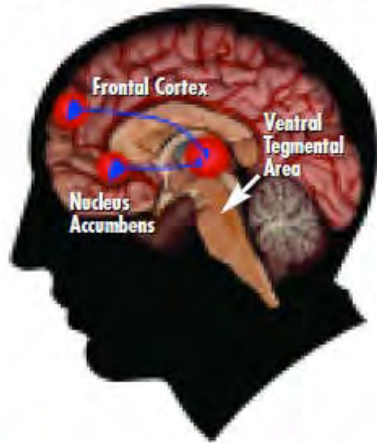
- ▶ According to SAMHSA's 2014 National Survey on Drug Use and Health (NSDUH) (PDF | 3.4 MB), approximately 7.9 million adults in the United States had co-occurring disorders in 2014.
- ▶ People with mental health disorders are more likely than people without mental health disorders to experience an alcohol or substance use disorder.



ADDICTION AS A CO-OCCURRING DISORDER

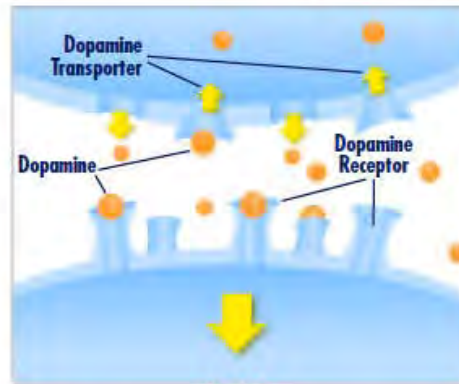
DRUGS OF ABUSE TARGET THE BRAIN'S PLEASURE CENTER

Brain reward (dopamine) pathways

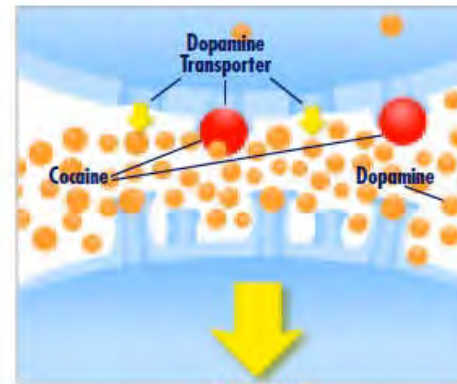


These brain circuits are important for natural rewards such as food, music, and sex.

Drugs of abuse increase dopamine



FOOD

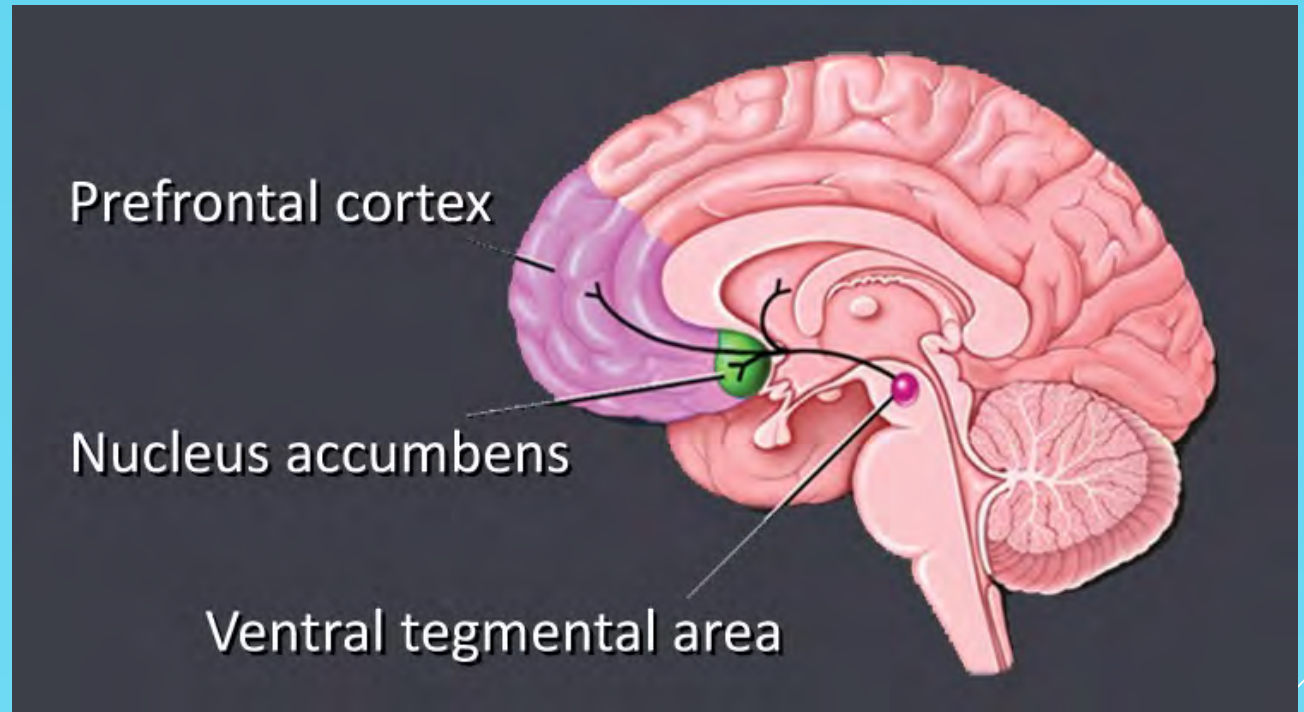


COCAINE

Typically, dopamine increases in response to natural rewards such as food. When cocaine is taken, dopamine increases are exaggerated, and communication is altered.

ADDICTION AND THE REWARD PATHWAY

- ▶ Disordered gambling
- ▶ Kleptomania
- ▶ compulsive buying
- ▶ pathologic skin picking
- ▶ sexual addiction
- ▶ excessive tanning
- ▶ computer/video game playing
- ▶ internet addiction



BEHAVIORAL ADDICTIONS SIMILAR TO SUBSTANCE ADDICTIONS

- ▶ What distinguishes fear from anxiety?
 - ▶ Fear: a perceived threat
 - ▶ Anxiety: vague sense of threat
 - ▶ Both have the similar physiological features; increased...
 - ▶ Respiration
 - ▶ Perspiration
 - ▶ Muscle tension
 - ▶ Others

ANXIETY

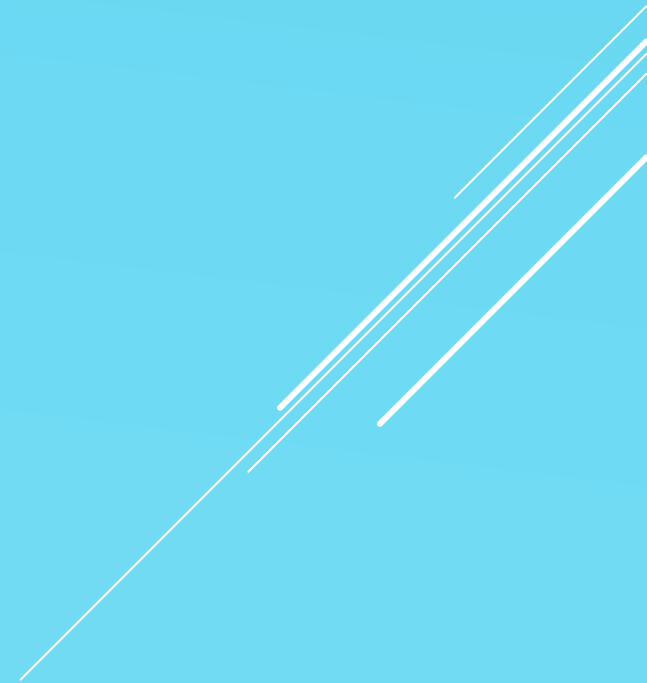
- ▶ Unpleasant, but fear and anxiety are useful in proper context
 - ▶ Help us prepare for action
 - ▶ Some people: discomfort is too severe, frequent, extended, or triggered too easily
 - ▶ Anxiety or related disorder

ANXIETY

- ▶ Most common mental disorders in the U.S.A
 - ▶ Annually, 18% of U.S. adults (40 million) experience one
 - ▶ Lifetime: Up to 29%
 - ▶ 20% of those seek treatment
- ▶ Co-occurring disorders common

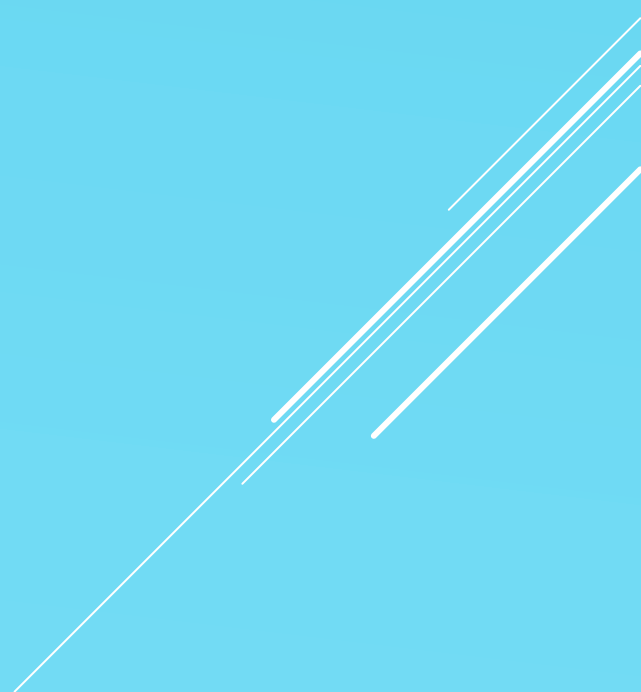
ANXIETY DISORDERS

POST TRAUMATIC STRESS DISORDER (PTSD)

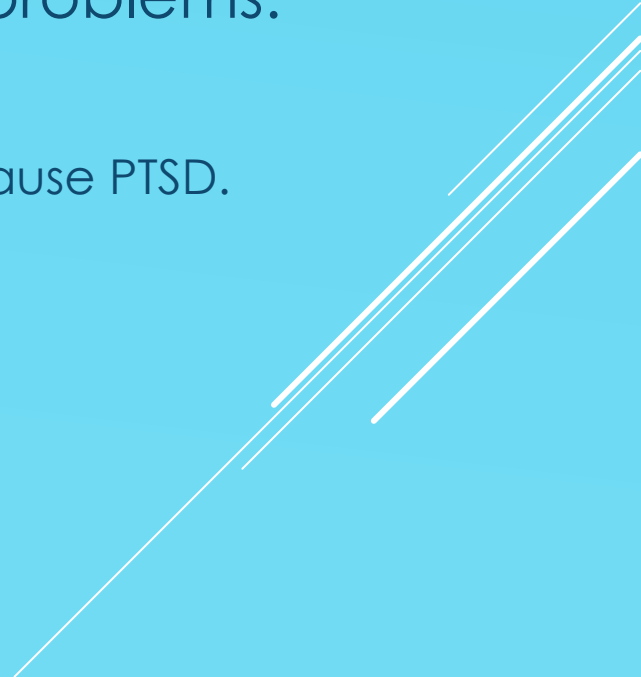


- ▶ Fear triggers instant reactions -“fight-or-flight”- that protect, defend or avoid .
- ▶ Nearly everyone will experience a range of reactions after trauma, most people recover from initial symptoms naturally.

POST-TRAUMATIC STRESS DISORDER (PTSD)



POST-TRAUMATIC STRESS DISORDER (PTSD)

- ▶ Experience a traumatic event and continue to have problems.
 - ▶ May feel stressed or frightened even when they are not in danger.
 - ▶ Sometimes, sudden, unexpected death of a loved one, can also cause PTSD.
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POST-TRAUMATIC STRESS DISORDER (PTSD)

▶ Symptoms

- ▶ Must last more than a month and be severe enough to interfere with relationships or work
- ▶ Usually begin early, within 3 months of the traumatic event
 - ▶ Sometimes begin after years
- ▶ Some people recover within 6 months, others take much longer. Sometimes PTSD becomes chronic.

POST-TRAUMATIC STRESS DISORDER (PTSD)

- ▶ A range of symptoms for at least 1 month:
 1. **Re-experiencing symptoms**
 - ▶ flashbacks, bad dreams, frightening thoughts; triggers
 2. **Avoidance symptoms**
 - ▶ avoiding thoughts, feelings, places, objects related to traumatic event
 3. **Arousal and reactivity symptoms**
 - ▶ Constant tense, easily startled state; difficulty sleeping, angry outbursts
 4. **Cognition and mood symptoms**
 - ▶ Memory difficulties of trauma event; negative mood; guilt/blame; isolation

PTSD: RISK & RESILIENCE FACTORS

Risk Factors:

1. Getting physically hurt
2. Seeing another hurt, or a dead body
3. Childhood trauma
4. Feeling helplessness or extreme fear
5. Little social support afterwards
6. Dealing with additional stressors
7. HX of mental or substance disorder

Resilience factors:

1. Seeking out support from others
2. Support group involvement
3. Learning to feel good about one's own actions in the face of danger
4. Positive coping strategies
5. Being able to act and respond effectively despite feeling fear

- ▶ Medications, psychotherapy or both.
- ▶ PTSD affects people differently so no "one size fits all"
- ▶ Finding an effective treatments that "fits" best can take some time.

- ▶ If there is ongoing trauma that MUST also be resolved

- ▶ Other ongoing problems can include panic disorder, depression, substance abuse, and feeling suicidal.

PTSD: TREATMENT

- ▶ Two key emotions in mood disorders:
 - ▶ Depression
 - ▶ Low, sad state in which life seems dark and its challenges overwhelming
 - ▶ Mania
 - ▶ State of breathless euphoria or frenzied energy

DISORDERS OF MOOD

- ▶ Depressive disorders: only depression called unipolar depression
 - ▶ No history of mania
 - ▶ Mood returns to normal when depression lifts
- ▶ Bipolar disorders: periods of mania alternating with periods of depression

DISORDERS OF MOOD

- ▶ What is “depression”?
- ▶ General sadness or unhappiness?
- ▶ This loose use of the term confuses a normal mood swing with a clinical syndrome

- ▶ Clinical depression: severe & long-lasting psych distress that may intensify as time goes by

DEPRESSION

HOW COMMON IS DEPRESSION?

- ▶ Severe depression, incidence: ~8% of adults
 - ▶ Add 5% suffering from mild forms
- ▶ Depression in lifetime: ~19%

- ▶ Females 2x as likely than males severe depression
 - ▶ Lifetime : 26% of women vs. 12% of men

- ▶ Approximately 85% of people with depression recover, some without treatment
 - ▶ Around 40% will experience another episode later in their lives

- ▶ Wide range of symptoms but NOT everyone who is depressed experiences every symptom.
 - ▶ Some people experience a few symptoms, others may experience many.
- ▶ Severity and frequency of symptoms and how long they last vary across people
 - ▶ Gender
 - ▶ Age
 - ▶ Culture
 - ▶ Co-occurring disorders
- ▶ People with only a few distressing symptoms may not be diagnosed BUT may benefit from treatment.

DEPRESSION


DEPRESSION: RANGE OF SIGNS & SYMPTOMS

- ▶ Most of the day, nearly every day, for at least two weeks:
 1. Persistent sad, anxious, or “empty” mood
 2. Feelings of hopelessness, or pessimism
 3. Irritability
 4. Feelings of guilt, worthlessness, or helplessness
 5. Loss of interest or pleasure in activities
 6. Decreased energy or fatigue
 7. Moving or talking more slowly
 8. Feeling restless or having trouble sitting still
 9. Difficulty concentrating, remembering, or making decisions
 10. Difficulty sleeping and/or oversleeping
 11. Appetite and/or weight changes
 12. Aches or pains, headaches, cramps, or digestive problems without a clear physical cause
 13. Thoughts of death or suicide, or suicide attempts

1. *I'd drink and I'd drink just to get numb. I'd get numb to try to numb my head. You're talking many, many beers to get to that state when you can shut your head off. But then you wake up the next day, and it's still there. You have to deal with it. It doesn't just go away.*
2. *My friends keep asking what's wrong with me. I have a great job and a wonderful family. But nothing seems fun anymore. I'm tired all the time. I'm trying to force myself to be interested in my kid's activities, but I'm just not anymore. I feel lonely, sad, and don't have the energy to get things done. I feel like I'm being a bad mom.*

CASES OF DEPRESSION: GENDER

DEPRESSION: TREATMENT AND THERAPIES

- ▶ Even the most severe cases of depression can be treated.
 - ▶ Earlier the treatment the more effective
 - ▶ Treated usually involves medications, psychotherapy, or a combination.
 - ▶ Depression is experienced as differently as people are.
 - ▶ So there is no "one-size-fits-all" for treatment
 - ▶ It may take time and several attempts to identify a treatment "fit"
- 

DEPRESSION: SUPPORTING TREATMENT

▶ **Help** people with depression to...

1. Be social; spend time with people
 - ▶ Avoid social isolation
 - ▶ Communicate with trusted friends or relatives
2. Remain physically active and mentally engaged
3. Expect gradual improvement of mood (treatment takes time)
4. Avoid big (stressful) changes or decisions until symptoms recede

- ▶ More than 40,000 people die by suicide annually in the USA
 - ▶ 10th ranked cause of death overall
- ▶ Suicide is complicated but it is often preventable
- ▶ Learning the warning signs and how to get help can help save lives

SUICIDE

- ▶ Many people have some risk factors but do not attempt suicide.
- ▶ Suicide is NOT a normal response to stress.
 - ▶ It is a sign of extreme distress
 - ▶ Not a harmless attempt to get "attention"

SUICIDE: RECOGNIZING RISK

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The main risk factors for suicide are:

1. Depression, other mental disorders, or substance abuse disorder
2. A prior suicide attempt
3. Family history of a mental disorder or substance abuse
4. Family history of suicide
5. Family violence, including physical or sexual abuse
6. Having guns or other firearms in the home
7. Incarceration, being in prison or jail
8. Exposed to others' suicidal behavior; family, peers, celebrities

SUICIDE

- ▶ What about gender?

- ▶ Men are more likely to die while women are more likely to attempt

- ▶ What about youth?

- ▶ Second leading cause of death for ages 15 to 34

- ▶ What about older adults?

- ▶ Older adults (65+) have had the highest suicide rates (white males 80%)

SUICIDE

1. **Ask:** “Are you thinking about killing yourself?” Asking at-risk individuals if they are suicidal does not increase suicides or suicidal thoughts.
2. **Keep them safe:** Reduce an at risk person’s access to dangerous items, places or behaviors.
3. **Be there:** Listen carefully and learn what the individual is thinking and feeling.
4. **Help them connect:** Always have the National Suicide Prevention Lifeline’s number available: 1-800-8255 (TALK). Help the person connect with a mental health professional. - Rhode Island 211 -
5. **Stay Connected:** Staying in touch after a crisis or after being discharged from treatment can make a difference.

SUICIDE: 5 ACTION STEPS FOR HELPING SOMEONE

- ▶ Although it is common in very elderly individuals, dementia is not a normal part of the aging process.
- ▶ Dementia is not a specific disease.
- ▶ Range of symptoms via a number of disorders influencing the brain

DEMENTIA

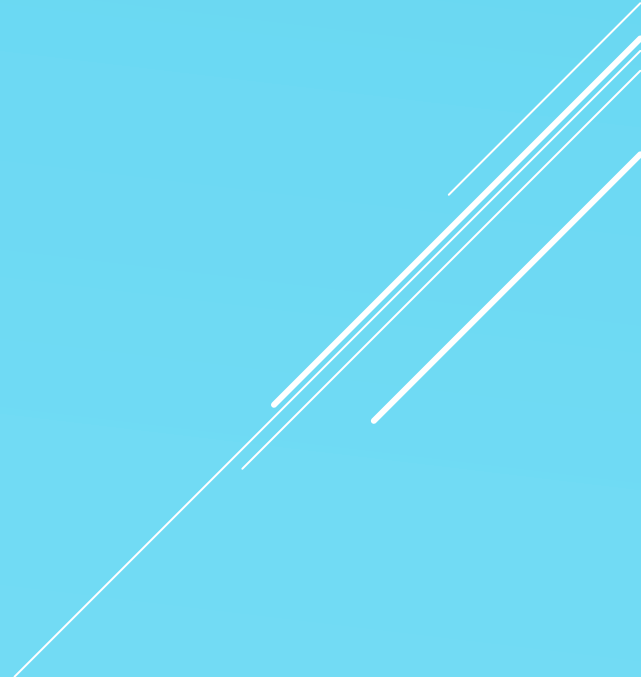


- ▶ Memory loss is common BUT does not indicate dementia on its own
- ▶ Impaired intellectual functioning
 - ▶ Interferes with normal activities and relationships
 - ▶ Difficulties solving problems and maintaining emotional control
- ▶ May experience personality changes
- ▶ Behavioral problems (agitation, delusions, hallucinations)

- ▶ Moderate or advanced dementia typically constant care and supervision.

DEMENTIA

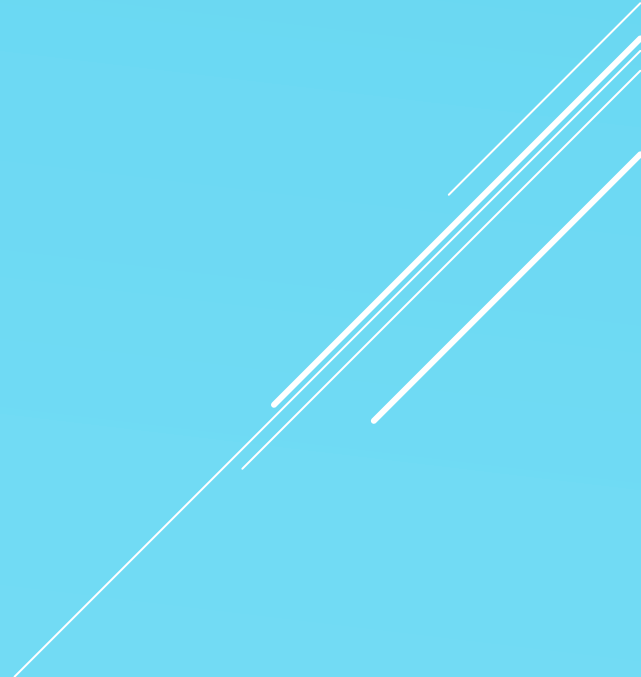
DEMENTIA

- ▶ Alzheimer's disease is the most common cause of dementia among adults 65+
 - ▶ 20-40% of dementia due to other conditions
 - ▶ Reactions to medications
 - ▶ Nutritional deficiencies
 - ▶ Infections
 - ▶ Brain tumor, injury
 - ▶ Heart and lung problems
- 

DEMENTIA TREATMENT

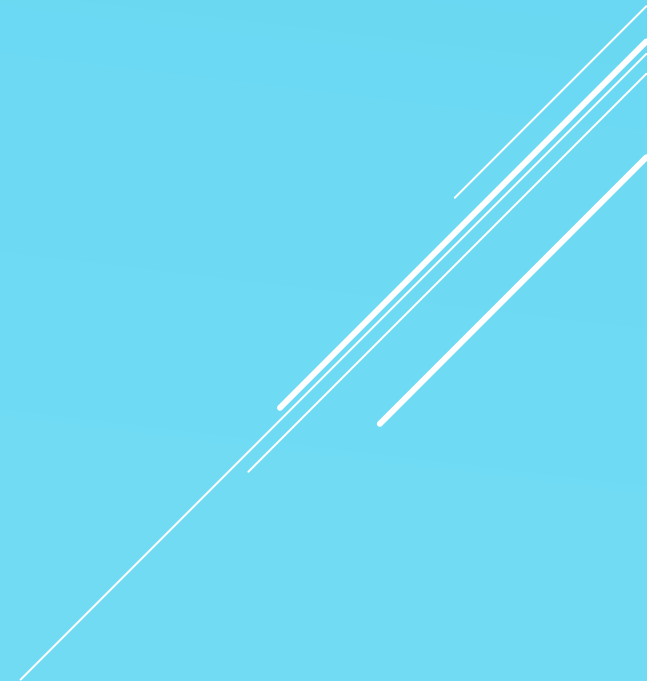
- ▶ Drugs for Alzheimer's and other dementia related diseases are available.
 - ▶ Do not cure or reverse damage
 - ▶ Can improve symptoms and slow the progression.
 - ▶ May improve quality of life or delay admission to a nursing home.
- ▶ Other types of dementia can be halted or reversed with treatment.
- ▶ People with dementia may benefit from practicing cognitive tasks
 - ▶ For example, memory aid strategies, technology, note taking.

SCHIZOPHRENIA

- ▶ Chronic
 - ▶ Severe
 - ▶ Affects how a person thinks, feels, and behaves
 - ▶ May seem like they have lost touch with reality
 - ▶ Not as common as other mental disorders BUT the symptoms can be very disabling.
 - ▶ Onset of symptoms between ages 16 to 30
 - ▶ Three categories of symptoms : positive, negative, and cognitive
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"POSITIVE" SYMPTOMS OF SCHIZOPHRENIA

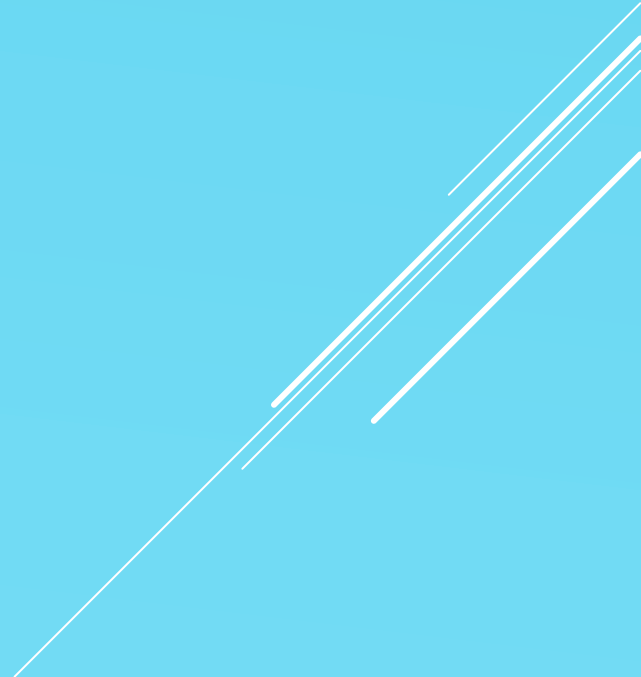
- ▶ Positive symptoms: Disrupt a person's experience of reality. "Positive" in they are psychotic behaviors not usually see in healthy people.
 - ▶ Hallucinations
 - ▶ Delusions
 - ▶ Thought disorders (unusual or dysfunctional ways of thinking)
 - ▶ Movement disorders (agitated body movements)



"NEGATIVE" SYMPTOMS OF SCHIZOPHRENIA

- ▶ Negative symptoms: Disruptions to normal emotions and behaviors.
 - ▶ “Flat affect” - Reduced (facial/voice) expression of emotions
 - ▶ Reduced feelings of pleasure in everyday life
 - ▶ Difficulty beginning and sustaining activities
 - ▶ Reduced speaking

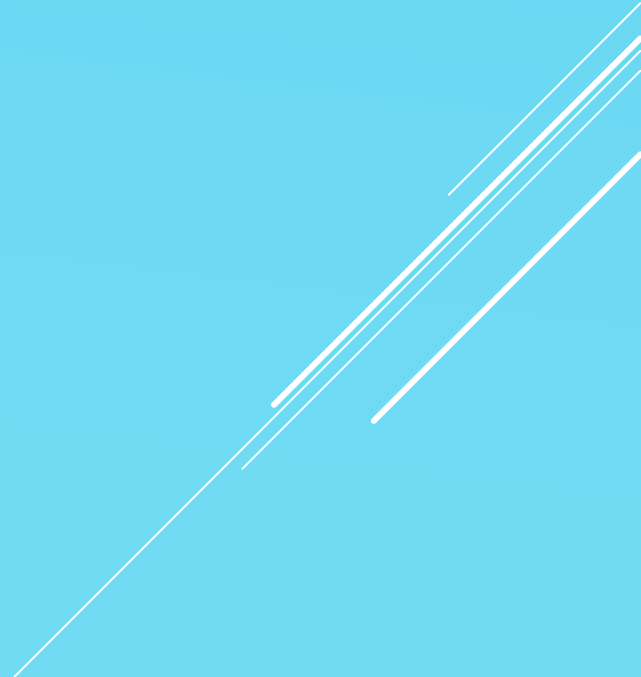
COGNITIVE SYMPTOMS OF SCHIZOPHRENIA

- ▶ Cognitive symptoms: Subtle or dramatic (severe) changes in memory or other aspects of thinking.
 - ▶ Poor executive functioning
 - ▶ Trouble focusing or paying attention
 - ▶ Problems with working memory
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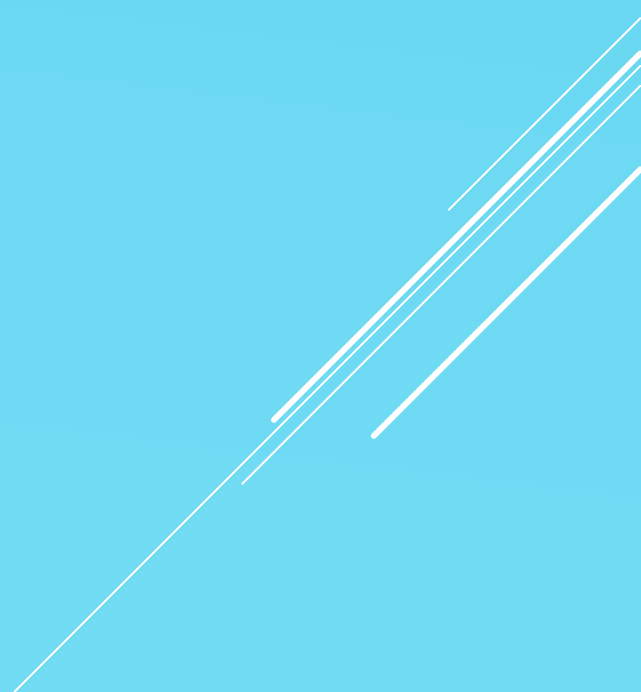
ARE PEOPLE WITH SCHIZOPHRENIA DANGEROUS?

- ▶ No, much more likely to harm themselves than others
- ▶ Risk is greatest when untreated
- ▶ Important to help a person with schizophrenia symptoms get treatment as soon as possible
 - ▶ Support staying in treatment

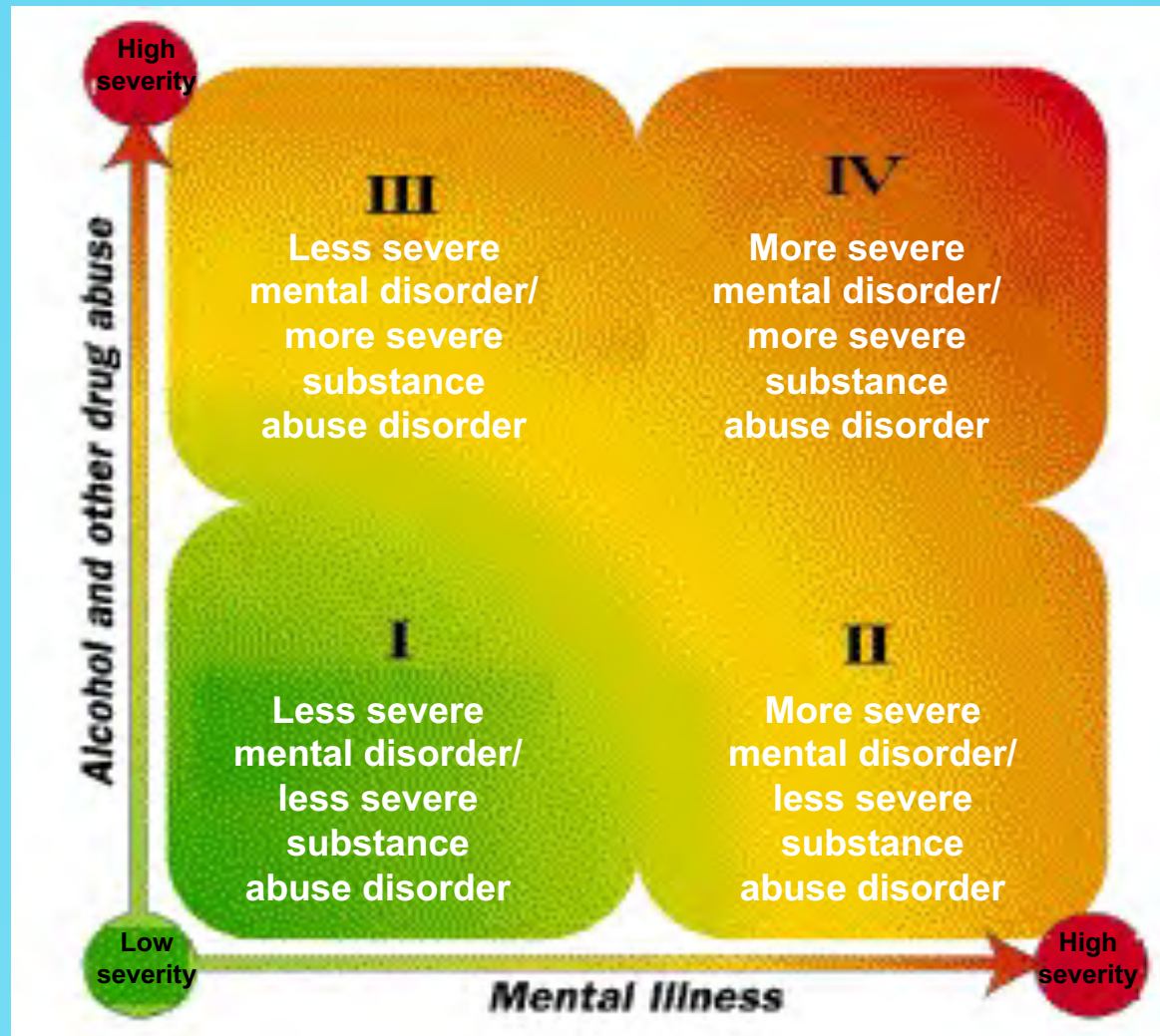
SCHIZOPHRENIA AND SUBSTANCE ABUSE?

- ▶ Common for people with schizophrenia to have problems with drugs and alcohol.
 - ▶ WHY?
 - ▶ Treatment that focuses on both illnesses is critical for recovery
 - ▶ Drug and alcohol abuse can interfere with treatment for schizophrenia.
- 

SCHIZOPHRENIA: TREATMENT

- ▶ Medication to help manage symptoms
 - ▶ Psychosocial treatment to support learning and using coping skills
 - ▶ Staying engaged in school, work, social contexts
 - ▶ Regular psychosocial treatment decreases relapses and hospitalizations
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THE FOUR QUADRANT FRAMEWORK FOR CO-OCCURRING DISORDERS



A four-quadrant conceptual framework to guide systems integration and resource allocation in treating individuals with co-occurring disorders (NASMHPD, NASADAD, 1998; NY State; Ries, 1993; SAMHSA Report to Congress, 2002)