

**Southern Illinois Drug Awareness Conference**  
*Back Bigger Better*

**Identifying and Developing a Treatment  
Strategy for Dual Diagnosis**

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## Historical treatment of Substance Use Disorders and Co-occurring Disorders

*Co-occurring or dual diagnosis is defined as having a substance use disorder and mental health disorder simultaneously.*

Historically seen as separate/ mental health was often minimized.

Fix the most severe first

Discontinue medication to treat SUD

Discontinue SUD treatment and move to MH if symptoms worsen



## Changes in the industry:

It started to shift in the early 1990's, but it would take a decade to really start to see changes

Adding MH education to classes and training

Psychiatric services to traditional SUD treatment

Training continues to be an issue with Mental Health professionals often seeing substance use disorder as a separate concern

Counselors may try to "treat" patients with SUD and MH without having knowledge or understanding of one or the other



# Seeing all Parts of a person as a whole person -

Which came first? SUD or mental health issue

Is substance use a response to MH or is the mental health diagnosis due to substance use

How does trauma fit in and how much of it is environment and learning



## ASSESSING FOR CO-OCCURRING DISORDERS

Complications in assessment include:

- \*Substance use can cause symptoms that look like MH, including things like drug induced anxiety or psychosis.
- \*Substance use can be masking symptoms of mental health disorders such as drinking to overcome social anxiety, using amphetamines to manage ADHD or depression.
- \*Substance is mood altering and can cause symptoms such as depression, impulsive behavior, mania.
- \*It can be intertwined and make it difficult to understand what is happening, for example with bi-polar disorder individuals may abuse different substance related to the phase of bi-polar they are experiencing.



## ASSESSMENT CONTINUED...

Adolescence creates a unique circumstance due to the nature of this stage of life. Assessment becomes more difficult.

Some behaviors associated with adolescence can also be symptoms

*Social withdrawal*

*Behavioral changes*

*Irritability*

*Risk taking*

This can lead to not addressing the symptoms at all, or miss diagnosis and treatment.



According to the World Health Organization:

It is estimated that globally 1 in 7 (14%) 10-19 year olds experience a mental health condition.

Anxiety affects approximately 4.6% aged 15 - 19

Depression affects about 2.8% of adolescents aged 15-19

Behavioral disorders, ie. ADHD, Conduct disorder affect about 4.8% of adolescents aged 15-19. Risk taking behaviors are prevalent in this group, including drinking or drug use.

Conditions that include symptoms of psychosis emerge in late adolescence. Depression, sleep issues, and stress can cause symptoms such as auditory or visual hallucinations and many adolescents (like adults) will not report this.



Continued....

Suicide and self harm is high among adolescents. Suicide is the fourth leading cause of death in teens aged 15-19 and third leading cause in ages 15-24.

Estimates from APA indicate that more than 20% of teens have seriously considered suicide.

Teens, more than any other group are affected by outside factors:

- \* Stigma of seeking help
- \* Poverty
- \* Environment
- \* Risk taking behavior
- \* poor physical health, sleep, school attendance, etc. that exacerbate the conditions
- \* Hormonal and emotional changes and development





Due to the question of what comes first, these are crucial times to identify and treat emerging co-occurring disorders.

*(the younger a person begins when they begin abusing substances, the more likely they will develop disordered use as they become adults)*

Adult stats: National Institute on Mental Health (NIMH) estimates 1 in 5 US adults live with a mental illness.

This data is estimated based on data collected in 2021:

The prevalence of ANY mental health disorder among US adults  
= 22.8%



According to NIMH, in the years between 2021 & 2023  
9.7% of US adults suffered from any mood disorder  
*(21.4% experience any mood disorder at some point in  
their lives)*

19.1% of adults in the US had any anxiety disorder in the past  
year with 31.1% experiencing anxiety in their lifetime

*NOTE that ANY mental health disorder includes substance use disorder.*



## Prevalence of Substance Use Disorder (SAMHSA.gov)

Between the years of 2015-2019 the prevalence of SUD remained consistent:

Heavy alcohol use among people 18 - 25 = 9.6%

Heavy alcohol use among people 26 or older = 6%

Illicit drug use among people 18-25 = 37.5%

Illicit drug use among people 26 or older = 16%

Co-Occurring disorders among adults 18 and older: (SAMHSA.gov 2019)

\* 24.5% had either a SUD or any mental health disorder

\* 16.8% had mental health dx, but not SUD

\* 3.9% had SUD but no Mental Health Diagnoses

\* 3.8% had both any MH diagnosis and a Substance Use Disorder



## Comorbidity

Refers to a when a person has two or more disorders at the same time or one the other. Frequently this occurs with Substance use disorders and mental health. It also means that the interactions between these two disorders can worsen the course of both. - NIDA 2018

- *30.9% of adults with SUD also have a mental illness*
- *18.2% of individuals with mental health disorders also have a substance use disorder. (NIDA)*



## Treatment for Co-occurring disorders

According to a 2018 study by National Institute on Drug Abuse, not everyone gets the treatment they need.

- 52% of individuals with co-occurring disorders received treatment for neither
- 34.5% of individuals with co-occurring disorders receive mental health treatment only
- 3.9% of individuals with co-occurring disorders receive only substance use treatment
- 9.1% of those with co-occurring disorders receive both mental health care and substance use disorder treatment



## Barriers to treatment:

- \* Cost
- \* Stigma
- \* Fear of being committed
- \* Hopeless that it would help
- \* Lack of awareness of treatment resources\*

It can be difficult for individuals to remain in treatment due to difficult symptoms of mental illness, cravings, lack of staff training, personality disorders that affect their ability to integrate into the program.



## Back to assessment and treatment

Be willing to see the whole person, aside from the diagnoses.

History of behaviors/ illness can be helpful. Where did substance use start and how was it viewed or used in the family of origin.

What has worked and what hasn't (success is subjective, has there been any periods of "success").

Treating both mental illness and SUD at once with adjusted expectations.



Reduce the stigma (through education).

Evaluate the trauma - if the person is willing to do so.

### Using Motivational Interviewing

- \* Builds rapport and trust
- Allows the person to be the expert on themselves and what works and what doesn't
- Elicits goals and plans that are realistic to an individuals' circumstance and abilities.





Continued...

- Puts responsibility for success or failure back on the individual.
- Creates a partnership whereby the individual can seek guidance and support.
- Meets the person where they are and allows them to build confidence by meeting self determined goals.



Education throughout the process

- How does mental health impact desire to use
- How does substance use impact mental health

Continued...

- What is trauma and how does it affect both mental health and substance use
- What does support look like for this individual and how can it help
- Medication for both mental illness and substance use disorder or cravings - pros and cons. This is an individual choice
- How healthy lifestyle affects mental illness and SUD, ie. Good sleep, healthy diet, exercise, stress reduction

### Symptom management

- Happens throughout treatment. You may teach coping skills for relaxation and stress reduction



Continued...

- Addressing trauma. It should be addressed when the client is ready. However, education on how trauma affects coping skills, substance use or mental health should be ongoing

Moving toward addressing trauma can be steps such as:

- \* Normalizing symptoms associated with trauma, ie disassociation, fight or flight, substance use
- \* Building resources by educating on ways to decrease nervous system distress such as mindfulness, relaxation, tapping, yoga, etc. and identifying support systems
- \* Building healthy coping skills and emotional regulation and teaching assertive through self awareness and learning to set boundaries



Comprehensive treatment includes:

Support groups - 12 steps, or something that is more in line with the individuals needs, beliefs, etc.

Education: on health, effects of substances, coping skills, medication, expectations.

Client centered counseling - such as Motivational Interviewing

Trauma informed care and ongoing assessment of needs



## Treatment modalities

- Group Therapy
  - Good to provide education and normalize experiences
  - Teaching coping skills and learning skills from others
  - Social support and accountability
- Individual Therapy
  - Focus on individual trauma
  - Build resources and skills before being vulnerable in group setting
  - Direct feedback on plans and goals
  - Some individuals feel unsafe in group settings



## References

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