Identifying and Treating Dual-Diagnosed Substance Use and Mental Health Disorders

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Overview

• What is Dual Diagnosis?

• How Common is Dual Diagnosis?

• What are Substance Use Disorders?

• Symptoms of Common Co-Occurring Mental Illnesses

• Causes of Dual Diagnosis

• Increased Risk of Danger to Self and Others

• Treatment for Dual Diagnosis Clients
What is Dual Diagnosis?

When a person has symptoms of a substance use disorder and a mental health disorder. This can be any drug or alcohol diagnosis, combined with any mental health diagnosis (depression, anxiety, post traumatic stress disorder, etc.). In most cases, the symptoms and issues related to one can worsen the issues of the other.

AKA- Co-Occurring Disorders
What is Dual Diagnosis?

- Drug and alcohol addiction is a mental illness.

- “It is a complex brain disease characterized by compulsive, at times uncontrollable drug craving, seeking, and use despite devastating consequences—behaviors that stem from drug-induced changes in brain structure and function.” – National Institute of Drug Abuse

- These brain changes take place in the same areas of the brain that are affected by other mental illnesses.

- Some Examples
  - Alterations in the structure of neurons in the reward pathways
  - Increase in dopamine receptors
  - Increases/Decreases in production of neurotransmitters
How Common is Dual Diagnosis?

According to The Substance Abuse and Mental Health Association (SAMHSA):

- It is estimated that about 17.5 million Americans over the age of 18 (or 8 percent of the adult population) had a serious mental health disorder in the past year. Of these, about 4 million people also struggled with a co-occurring drug or alcohol dependency.

- In the span of six years, the percentage of patients in drug rehab seeking help for addiction issues who were also diagnosed with a co-occurring mental health disorder increased from 12 percent to 16 percent.
How Common is Dual Diagnosis?

According to the Journal of the American Medical Association

- Roughly 50 percent of individuals with severe mental disorders are affected by substance abuse.

- Thirty-seven percent of alcohol abusers and 53 percent of drug abusers also have at least one serious mental illness.

- Of all people diagnosed as mentally ill, 29 percent abuse either alcohol or drugs.
Substance Use Disorders
Substance Use Disorders

A problematic pattern of alcohol/drug use leading to clinically significant impairments or distress, such as:

1. **Lack of control** over amount used and/or time spent focused on drugs or alcohol

2. **Inability to stop** on their own

3. **Craving**, or a strong desire or urge to use.

4. Effects **ability to fulfil responsibilities** in one or many areas of their lives
5. Continued use despite having social or interpersonal problems caused or exacerbated by the effects of drugs or alcohol.

6. Important social, occupational, or recreational activities are given up or reduced because of use.

7. On-going use in situations in which it is physically hazardous, and despite psychological problems resulting from use.
10. **Tolerance** - Need to use more of the drug or alcohol to get the same effect

11. **Withdrawal** - Physical or psychological symptoms that begin when the person stops using the drug or alcohol, or continued use to avoid experiencing these symptoms

The **severity** of these symptoms are evaluated on a continuum ranging from **Mild to Severe**.
Mental Illness
Symptoms of Depression
Symptoms of Depression

- Persistent sad, anxious or “empty mood”
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest
- Decreased energy; feeling fatigued
- Difficulty concentrating, making decisions, remembering
- Difficulty sleeping, early morning wakening, over-sleeping
- Appetite and/or weight change
- Thoughts of death or suicide, attempt at suicide
- Restlessness, irritability
- Persistent physical symptoms
- National Institutes of Mental Health
Symptoms of Anxiety
Symptoms of Anxiety

- Anxiety is **stress** that continues **after the stressor is gone**

- Excessive worry or anxiety about multiple issues which lasts 6 months or more could indicate **generalized anxiety disorder**

  - US National Library of Medicine
Symptoms of Bipolar Disorder

- **Onset before age 30**
- **Mood:** Elevated, Expansive, Irritable
- **Speech:** Loud, Rapid, Punning, Rhyming, Clanging, Vulgar
- **Weight Loss**
- **Grandiose**
- **Delusions**
- **Distracted**
- **Hyperactive**
- **Need for sleep**
- **Inappropriate**
- **Flight of ideas**
- **Begins suddenly, escalates over several days**

**Preceding Manic Episodes**
- **Mood:** Dysphoric, Depressive, Despairing
- **Interest in pleasure**
- **Negative views**
- **Fatigue**
- **Appetite**
- **Constipation**
- **Insomnia**
- **Libido**
- **Suicidal Preoccupation**
- **May be agitated or have movement retardation**
Symptoms of Bipolar Disorder

- May not be easy to recognize at first since the symptoms may appear to be separate problems.
- **Intense emotional states** during "mood episodes".
- Overly joyful or overexcited states are **manic episodes**.
- Very sad or hopeless states are **depressive episodes**.

- Mood episodes that contain symptoms of both manic and depressive episodes are called **mixed states**.
- People can be explosive and irritable during a mood episode.
- **Extreme changes** in energy, sleep, and behavior.
- Symptoms can prevent a person from functioning normally.

-National Institute of Mental Health
Symptoms of Attention Deficit Hyperactivity Disorder

Self-Control
ADHD
executive functions
memory
Disorder

lack of working memory
neuro-biological consequences
unrelenting neuro-chemical
causes of impulsivity
impulsive behavior
Neuro-Biological thinking
chronic Attention Hyperactivity
solving school work
first work problem without consequences
havoc of self-control
Symptoms of Attention Deficit Hyperactivity Disorder

- “One of the most common neurobehavioral disorders of childhood” - CDC.gov
- Trouble paying attention
- Difficulty controlling impulsive behavior
- Trouble staying still
- Tendency to interrupt others
Symptoms of Post Traumatic Stress Disorder

PTSD
Symptoms of Post Traumatic Stress Disorder, Continued

- An **anxiety disorder** that some suffer after seeing or experiencing a dangerous or traumatic event
- **Anyone** can get it at any age
- **Risk factors** make a person more likely to suffer PTSD
- **Resilience factors** help reduce the risk

3 Categories of Symptoms

- **Re-experiencing symptoms**
  - Flashbacks
  - Nightmares
  - Frightening thoughts

- **Avoidance symptoms**
  - Loss of interest
  - Emotional numbness
  - Staying away from triggers or reminders of event
  - Guilt, depression, worry

- **Hyper-arousal symptoms**
  - Tense, easily startled
  - Angry outbursts, difficulty sleeping
  - Usually constant rather than being triggered
Other Common Mental Illnesses Linked to Substance Use

- Personality Disorders
- Conduct Disorders
- Schizophrenia
- Among others
Causes of Dual Diagnosis
Self-Medication of Mental Health Symptoms

- Drugs and Alcohol temporarily relieve these mental health symptoms for many people.
- Oftentimes, psychiatric medications have negative side effects that are uncomfortable for the client. This leads to them ceasing prescribed medications and resorting to alternative solutions.
  - The irony is that drugs and alcohol have more severe negative side effects than do psychiatric medications.
  - However, the thought processes of a person who is addicted are not logical or rational. (The drug controls their decisions) This becomes a terrible cycle.
Which Drugs are Commonly Associated with Which Mental Health Diagnosis?

- **Bipolar Disorder**- Alcohol or Cocaine (depending on if they are in a manic or depressed cycle)

- **Post Traumatic Stress Disorder**- Alcohol, Benzodiazepines, Opiates and Sleep Pills to find relief from symptoms

- **Attention Deficit Hyperactivity Disorder**- Alcohol and/or stimulant abuse creates a heightened sense of focus or relaxation to decrease the ADHD symptoms.
Which Drugs are Commonly Associated with Which Mental Health Diagnosis?

- **Obsessive Compulsive Disorder**: Alcohol or marijuana to slow down obsessive thoughts.

- **Depression**: Alcohol slows down and depresses sensation to mask mood. Molly and Ecstasy create a sense of euphoria. Methamphetamines and Cocaine increase mood, energy, and motivation in depressed people.

- **Anxiety**: Alcohol, Benzodiazepines, and occasionally Cocaine to compensate for anxiety. An anxious person continues to use alcohol or other drugs to avoid discomfort.
Other Causes of Dual Diagnosis?

Overlapping Genetic Predisposition and Vulnerabilities
There is growing knowledge that the genes that predispose individuals to develop addiction are the same genes that predispose them to other mental illnesses, or that they lead to a greater risk of a second disorder occurring after the first appears. “It is estimated that 40–60 percent of an individual’s vulnerability to addiction is attributable to genetics.”

Environmental Factors and Stressors
Genetics also affect a person’s decision making and risk-taking behaviors which in turn “could influence the development of drug use disorders and other mental illnesses.”
Involvement of Similar Brain Regions

Developmental Stage

- *Adolescence—A Vulnerable Time*
  - Prefrontal Cortex is still developing. This is the region of the brain responsible for executive functions, such as problem solving and critical thinking.

- *Early Occurrence Increases Later Risk*
  - “Strong evidence has emerged showing early drug use to be a risk factor for later substance abuse problems; additional findings suggest that it may also be a risk factor for the later occurrence of other mental illnesses.”
Potential Danger To Self and Others
Potential for Harm to Self

• "Suicidality is a major concern for many clients with COD" - National Center for Biotechnology Information, National Institutes for Health

• 10 times greater risk for suicide for those with mental disorders than the general population

• 90 percent of those who commit suicide have a mental disorder
  – Frequently a major affective illness or PTSD

• Alcohol and substance abuse
  – Often associated with suicides
  – Represent major risk factors

• Clients with COD (especially those with affective disorders) have two of the highest risk factors for suicide - National Institutes of Health
Potential for Harm to Others

- Persons with a co-occurring disorder have a statistically greater propensity for violence.

- “16% of jail and prison inmates are estimated to have severe mental and substance abuse disorders.”

- “Among detainees with mental disorders, 72 percent also have a co-occurring substance abuse disorder.”

- Substance misuse and mental illness are risk factors for domestic violence. These 2 factors combined increase the likelihood of domestic violence.

- Lowered inhibitions, inhibited decision making skills, and lowered impulse control are some of the reasons why dual diagnosis clients are more likely to be violent toward loved ones.
Addiction and other Mental Illnesses were originally treated separately.

Why do you think this didn’t work?
Integrated Treatment

The Treatment Team **MUST** include professionals and other supports from **EVERY** part of the client’s life and **concurrently** treat **ALL** of the client’s symptoms and struggles.

- Psychiatrist
- Psychologist
- Therapists trained to treat both illnesses
- Primary Care Physicians
- School Counselors
- Child Protective Services
- Other Social Services
- Probation Officers and Judges
- Alcoholics Anonymous/Narcotics Anonymous
- Family Members
- Etc.
Integrated Treatment

- Individual Psychotherapy
- Group Psychotherapy
- Support Groups
- Family Therapy
- Taking Medications
- Diet
- Exercise
- Life Skills
- Coping Skills
- Education about Substance Abuse and Mental Illness
- Cultural Sensitivity and Competence
WHICH CAME FIRST IS DIFFERENT FOR EVERYONE.

ADDICTION + BIPOLAR DISORDER

But treating them at the same time is key to your successful recovery.
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