UNDERSTANDING DUAL DIAGNOSIS AND ITS ROLE IN EFFECTIVE ADDICTION TREATMENT
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If you or someone you love is seeking treatment for a substance abuse related disorder in addition to a psychiatric disorder, you will come across two terms in your research: co-occurring disorders and dual diagnosis. Right off you may be more concerned about simply getting help for your addiction. Maybe it has caused you to lose your job and your family is in tatters. It’s important to note that when substance abuse and mental illness co-occur specialized treatment is needed. First, however, you must understand the relationship between mental health and addiction in order to find the best treatment facility for your needs.
A co-occurring disorder is substance abuse and a mental illness occurring at the same time.

WHAT ARE CO-OCCURRING DISORDERS?

Co-occurring disorders refers to the presence of both a substance abuse disorder and a mental disorder. These disorders, while affecting one another, exist and can be diagnosed independently of each other and the symptoms are not merely features or clusters of one specific disorder.[1]

This means that a person may fully meet the criteria for alcohol use disorder and depression, rather than depression merely occurring as a feature of alcoholism. This individual has, at least, two separate illnesses that both require treatment.
Another phrase mentioned in conjunction with co-occurring disorders is dual diagnosis. Co-occurring disorders and dual diagnosis are essentially one and the same. With dual diagnosis, a person has been diagnosed with at least one psychiatric disorder and at least one substance disorder at the same time.

In order for the person to get better, a dual treatment plan which takes both conditions into account must be developed by the mental health provider. Just because a person has both disorders does not mean they are equivalent in their impact. In fact, these conditions can vary in how severe and how long the symptoms cause impairment in functioning. Furthermore, one condition may be mild at one point while the other is severe and vice versa.
In terribly incapacitated individuals, both disorders may be extreme in severity, causing major problems in all areas of life. These terms become even more confusing when they are used to refer to other conditions occurring at the same time such as post-traumatic stress disorder and bipolar disorder.

However, for the purposes of this guide, co-occurring disorders and dual diagnosis will be referred to strictly within the context of a mental disorder and a substance use disorder existing concurrently.

**An effective treatment plan must take both conditions into account.**
When trying to get a grasp on exactly how dual diagnosis takes place, the best comparison is the chicken or the egg phenomenon. Researchers and practitioners find it difficult, for the most part, to determine which one may have occurred first. The National Institute on Drug Abuse (NIDA) offers three plausible possibilities for how a psychiatric disorder and an addiction may impact a person.[2]

1. The use of either drugs or alcohol can result in your experiencing the symptoms of a mental illness.

2. The presence of an untreated mental illness with severe symptoms may cause you to self-medicate with alcohol or drugs.

3. Lastly, both psychiatric disorders and addiction are grounded in brain abnormalities, genetic sensitivities, and childhood events that cause trauma or excess stress like abuse or neglect.
Different people might have a higher susceptibility, or risk, of developing either a mental illness or a substance abuse problem depending on these factors. For example, having a father with schizophrenia may leave one genetically predetermined to have the disorder although early onset may occur as a result of long-term substance use. In the instance of a pharmacological risk, chronic pain may cause one to develop depression and the drugs used to treat chronic pain can lead to an opiate addiction. Environmentally, an anxious teen may start experimenting with drugs early in life because his or her parents were drug users[3].

Co-occurring disorders can be influenced by:

- Environment
- Lifestyles
- Pharmacological
- Genetics

Now that you understand the complex relationship between mental health and addiction, keep reading to find out how prevalent dual diagnosis is, which disorders tend to occur simultaneously, and the indicators of co-occurring disorders.
Sadly, the existence of a mental disorder and a substance abuse disorder occurring at the same time is quite common. According to the Substance Abuse and Mental Health Services Administrations (SAMSHA), approximately 8.9 million adults in America suffer from co-occurring disorders.

What’s worse is that 55.8 percent of these individuals won’t get any treatment for these conditions at all. Incidence of co-occurring disorders increases when an individual has a severe mental disorder, with nearly half of this population reporting a simultaneous drug or alcohol problem. Dual diagnosis is also more likely to be found in men, in addition to veteran populations and in people with a number of general medical conditions.
Dual diagnosis can take place with virtually any psychiatric disorder and any substance disorder. Nonetheless, some conditions have been found to co-occur more frequently.

Substance abuse is referred to in the updated Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) as the recurrent use of alcohol and/or drugs that results in clinical and functional impairments with an individual’s health, disability, and the ability to fulfill demands at work, school, or home. These disorders are diagnosed by severity depending on whether a person meets a number of specific criteria.[6]
According to the latest drug trends data reported by NIDA, alcohol and marijuana have the highest incidences of abuse of all substances. Approximately 17.3 million people met the criteria for alcohol abuse in 2013. 4.2 million met the criteria for marijuana abuse in that same year. Common substance use disorders that co-occur with mental disorders include:

- Alcohol Use Disorder
- Opioid Use Disorder
- Stimulant Use Disorder
- Cannabis Use Disorder
- Hallucinogen Use Disorder
- Tobacco Use Disorder

Which disorders co-occur cont.
Mental illnesses are characterized by changes or distortions in thought, behavior, and/or emotional patterns that disrupt a person’s ability to function in work, school, relationships, or social activities. These disorders are divided into various categories: anxiety disorders, mood disorders, psychotic disorders, eating disorders, personality disorders, etc.[8]

Based on data from the National Institute of Mental Health, in 2013, roughly 10 million adults in the United States over the age of 18 suffered from a serious mental illness in the past year.[9]
Common mental disorders that co-occur with substance use disorders include:

- Depression
- Bipolar Disorder
- Generalized Anxiety Disorder
- Panic Disorder
- Obsessive-Compulsive Disorder
- Attention Deficit Hyperactivity Disorder
- Post-Traumatic Stress Disorder
- Schizophrenia
- Eating Disorders
If you are worried that you or someone you know may be suffering from co-occurring mental and substance use disorders, you need to know how to read the signs. Below are some common indicators of both substance abuse and mental illness.

INDICATORS OF CO-OCCURRING DISORDERS

• sudden or rapid changes in their mood or personality
• trouble focusing or concentrating
• increase or decrease in appetite and sleep
• irritability
• slurs in speech and tremors in hands
• become withdrawn from friends or family

SIGNS AND SYMPTOMS OF SUBSTANCE ABUSE

Individuals with a drug or alcohol problem may exhibit:

• drop out of school or miss several days of work
• neglect grooming and hygiene
• start getting in trouble like fights or theft
• engaging in risky behaviors
• bad smells or odors on the person or his/her belongings
Warning signs of substance abuse may include: an individual persistently trying to quit but being unable to; experiencing withdrawal symptoms after suddenly stopping use; having to use more and more of the substance to achieve the same desired effect; constantly thinking about using substances or obtaining substances; failing to fulfill responsibilities; and continuing to use even though it causes negative consequences in the person’s life.[10] In some cases, mental illnesses may present in a physical, or somatic, way in the form of persistent headaches, backaches, or other pains.[11]
There are additional warning signs that correlate with co-occurring disorders, and often complicate the assessment, diagnosis, and treatment process. Individuals with a co-existing substance abuse problem and mental health condition typically are at risk of:

- Financial difficulties
- HIV and other diseases
- Legal problems
- Having a relapse
- Hospitalized
- Family/marital discord
- Violence
- Isolating from others
- Homelessness
- Incarceration
- Premature death
If you are concerned that you or a family member or friend may have co-occurring conditions, you probably feel uncertain about how to access the services you need. The only way you can ensure you get adequate treatment is to identify and confirm the presence of co-occurring disorders. This is the first and most central step towards your recovery.

Many substance use disorders involve symptomatology patterns that overlap with various mental disorders. You need to see an experienced psychiatrist or other trained mental health provider that can perform a differential diagnosis to determine what, if any, mental illnesses or substance problems you are suffering from.
Only after verifying your diagnosis can you conduct thorough research to figure out which treatment facilities meet your unique needs. If you are, indeed, suffering from co-occurring substance use and psychiatric disorders, you will require specialized treatment that focuses on both conditions. This type of treatment lends a better prognosis and also costs less than entering two separate treatment programs.

Treatment programs that cater to people like you must cross a two-fold barrier: individuals with drug or alcohol problems that have not quit will have trouble following traditional treatment approaches for mental illnesses; on the other hand, a person with an untreated mental illness will lack the cognitive and emotional ability to recover from a substance problem.[12] Therefore, the best outcomes require that a person enter a facility that will provide the necessary services to safely and effectively detox from substances and alleviate the symptoms of a mental disorder concurrently.
Your loved one may not recognize the need for help with co-occurring disorders. If you can see that this person is in trouble, it may be necessary to intervene on their behalf. The risks of co-occurring disorders—homelessness, job loss, financial difficulty, HIV, etc.—are too high for you to just stand by and watch your loved one continue down a dark path.

Plus, considering that nearly half of individuals with a dual diagnosis receive no treatment at all, the only way your loved one may end up getting help is through you. Brief interventions, although not an aspect of treatment, have been shown to be effective in helping an individual recognize the need for help and possibly gaining the motivation needed to seek help.[13]

Once you or your loved one has made the decision to go into treatment, you should start looking up facilities in your area that assist those with a dual diagnosis. Since treating both an existing mental disorder and substance use disorder requires complex training, these centers may be difficult to find.
STAGING AN INTERVENTION

Some tips for staging an effective intervention include:

1. **SECURE A NEUTRAL LOCATION TO HOLD THE INTERVENTION.**
   If the person is violent, make sure there are no potential weapons within reach.

2. **ASK A PASTOR OR THERAPIST TO HELP**
   Have a professional facilitate the intervention to be able to de-escalate any hostility.

3. **REQUEST THAT KEY FAMILY MEMBERS OR CLOSE FRIENDS BE PRESENT DISCREETLY.**
   The purpose of the gathering should be a surprise to the individual who needs help.

4. **ALLOW EACH PERSON PRESENT TO EXPRESS CONCERN**
   Give everyone involved a chance to express their concern about the behavior of the individual and how he/she has harmed them. The facilitator should decide the appropriate way to share these concerns while minimizing anger or feelings of betrayal.

5. **POINT OUT HOW MUCH YOU CARE ABOUT THE PERSON.**
   Let the individual know how much you care about them and how you are willing to support them through treatment.
The most effective treatment approach for co-occurring disorders is called integrated dual diagnosis treatment, or IDDT. The IDDT approach is directed at treating an individual’s substance abuse within the context of their mental illness.

The core focus of integrated dual diagnosis treatment strives to provide both clinical and rehabilitative services at the same time with the objective of: enhanced management of psychiatric conditions; decreased substance abuse; less hospitalizations; less arrests;
greater housing stability; and an overall better quality of life for individuals with co-occurring disorders.[4]

When a mental illness and substance abuse occur at the same time, the symptoms are intertwined. Therefore, in order to effectively treat these conditions, the interventions, too, must be intertwined. Researchers have found that looking at the two disorders separately proves to be mostly ineffectual.

IDDT aims at treating the whole person in an attempt to regulate the psychological, emotional, social, and environmental factors that may have led to an addiction. All areas of a person’s life are examined and considered during treatment. IDDT incorporates approaches from a multidisciplinary team of providers who work collaboratively at treatment planning.[1]
Integrated dual diagnosis treatment approaches are structured so that, no matter where an individual enters the system (for treatment of either the substance abuse or the mental illness, or some other condition), you can get access to the care you need. When you take advantage of this treatment approach, you can expect to receive a combination of the following eight services[3]:

### SUPPORT GROUPS

1. Dual diagnosis treatment facilities typically offer you access to Double Trouble groups on-site that last from 60-90 minutes. Adapted from traditional 12-step programs, these groups allow clients to interact and handle personal problems in a group setting with the facilitation of a therapist or counselor. Many facilities may also feature family or marital support groups, in which loved ones may attend and discuss strategies for assisting the individual through recovery and also self-care tips for living with and loving someone with dual diagnosis.
2. GROUP THERAPY

Group therapy provides you with the chance to work through issues relating to recovery with others who are currently experiencing the same difficulties. This type of therapy helps dual diagnosis patients recognize that they are not alone in their suffering and allows them to witness others’ progress in recovery as it happens.[17]

3. REFERRAL AND CONSULTATION

After gaining the initial information, a referral is made to a qualified mental health provider. The initial consultation involves working with the client to establish tentative treatment goals and the precise services needed for your condition, taking into consideration individual strengths and weaknesses as well as social support.

4. MEDICATION MANAGEMENT WITH AN ON-SITE PSYCHIATRIST

The most ideal IDDT facilities will offer access to a staff psychiatrist who can prescribe medications that help with either detoxification from substances, prevention of acute withdrawal symptoms, and/or stabilization for psychiatric symptoms. The on-site psychiatrist will constantly monitor and review your progress to evaluate the risk level for abuse, the severity of the mental disorder, and how the dual disorders interact with one another.[12]
PSYCHOTHERAPEUTIC INTERVENTION

In addition to pharmacological interventions, IDDT presents an opportunity for dual diagnosis clients to receive much-needed cognitive behavioral therapy techniques targeted towards helping an individual develop adaptive coping mechanisms for preventing relapse and managing the mental illness in addition to altering maladaptive thought patterns or behavior patterns that contributed to both. Therapy can be conducted in an individual, group, or family format. While virtually every client will participate in one-on-one therapy with a provider, other formats you participate in will depend on your personalized treatment needs.

FAMILY IMPACT

Both substance abuse and psychiatric disorders can have profound impacts on the family. Viewing the family as a system, in which each individual is innately connected to all other individuals, family therapy gives you and your loved ones a safe place to discuss how co-occurring disorders have changed that family dynamic. Therapists also educate families about the nature of dual diagnosis and everyone learns helpful strategies that contribute to your recovery, and, ultimately, the recovery of the whole system.[18]
7. **PSYCHOEDUCATION**

Basic IDDT programs provide access to educational classes in which you can learn the foundations of both addiction and mental illness, how drug use can exacerbate a pre-existing psychiatric disorder, and how to identify and overcome relapse triggers that give you an urge to drink or use drugs. Psychoeducation arms the individual with the knowledge needed to take an active and informed role in their recovery from co-occurring disorders.

8. **INITIAL SCREENING AND ASSESSMENT**

Your initial point of contact may be when seeking help for either the substance abuse or the mental illness. Regardless, effective programs involve thorough screening through inventories and/or questionnaires of behavioral and emotional symptoms to identify whether co-occurring disorders are present. Another facet of the initial intake process is assessment.

The aim of assessment is to determine the severity of the co-occurring disorders; collect essential background information on the individual, including family and personal medical and psychiatric history, history of abuse, financial, legal, and education status, as well as resources the individual has available; and serve as the foundation for treatment. You may go through the assessment process several times during the course of treatment to determine progress.[15]
In addition to the treatment approaches, dual diagnosis facilities may also offer a number of alternative treatments. Similar to the overall goal of integrated dual diagnosis treatment, these methods strive to treat the whole individual, maximizing on strengths and talents inherent in the individual. These holistic treatment options improve the mind, body, and soul of the individual, helping you build upon the progress made with traditional medications and psychotherapy. Some alternative treatments that may work well with dual diagnosis include:

- Yoga
- Prayer
- Acupuncture
- Nutrition
- Meditation
- Exercise

Having access to soothing activities such as these can be a motivator for getting treatment. These approaches are not effective at treating co-occurring disorders alone, but they can serve as positive activities for coping to take home after treatment ends.
Addiction is present in nearly half of all individuals with serious mental illness, and vice versa. This means there's a 50/50 chance that if you are struggling with either a substance use disorder or a psychiatric disorder, you could develop the other.

First, you need to see a doctor to determine if you are suffering from co-occurring disorders. Then, either through referral or your own research, locate an integrated dual diagnosis facility with experts trained in treating the unique needs of individuals with both substance abuse and psychiatric problems. These are the first steps towards achieving the recovery you long for.
sources

The Ascend Difference, simply defined, is that it’s a treatment program driven by values and a true passion for recovery. This starts with the vision of Ascend’s founder, Ryan Salter. Ascend is owned and operated by clinicians who work directly with clients to deliver this value-based expertise in a way not seen at larger corporate programs. When your loved one comes to Ascend they will become part of a family, not just part of a program. This difference is what empowers our clients to achieve sobriety.

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