

# Beyond Sobriety: How To Effectively Treat Clients with Co- Occurring Disorders (COD)

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# Living with COD

[Video:](#)

[Living with COD](#)



# Video Reflection

- How would this impact their ability to care for their children?
  - Neglect
  - Loss of job
  - Legal problems
  - Unpredictable mood swings
  - Abuse

# What Does “Co-Occurring Disorders (COD)” Mean?

- “The coexistence of both a mental health and a substance use disorder...”  
(SAMHSA.gov)



- About 7.9 million adults had COD in 2014

(SAMHSA.gov)

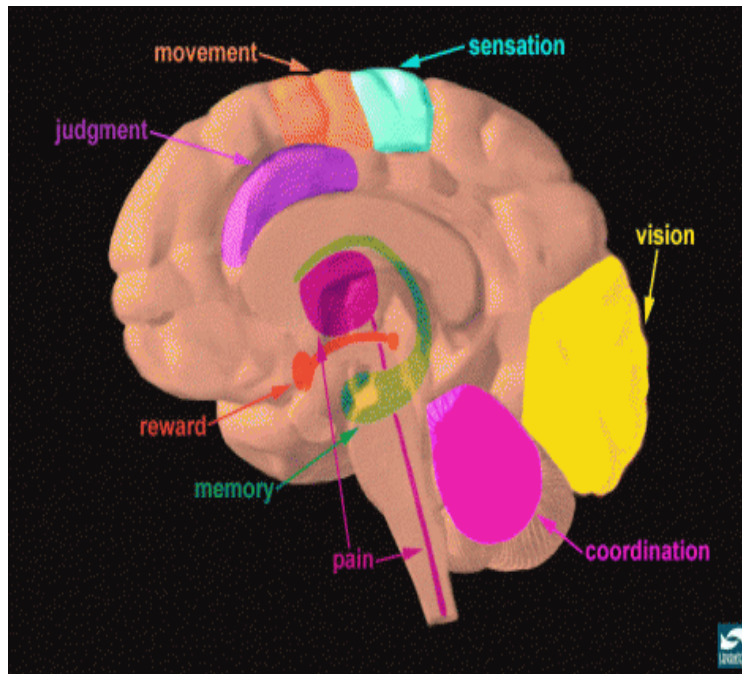
# Co-Occurring Disorders and Child Welfare



- Children with parents experiencing COD are at a higher risk of:

- Neglect
- Poverty
- Domestic violence
- In utero drug exposure
- Parentification
- Exposure to suicidal threats or drastic mood swings

# Pre-frontal Cortex



- Pre-frontal cortex controls functions such as
  - Mood
  - Decision making
  - Strategizing/  
planning
  - Focus
  - Organizing thoughts
  - Impulse control
  - Problem solving

# When Mental Illness Occurs



- Different systems of the brain are impacted, including the pre-frontal cortex
- The result of this could lead to serious behavioral health issues

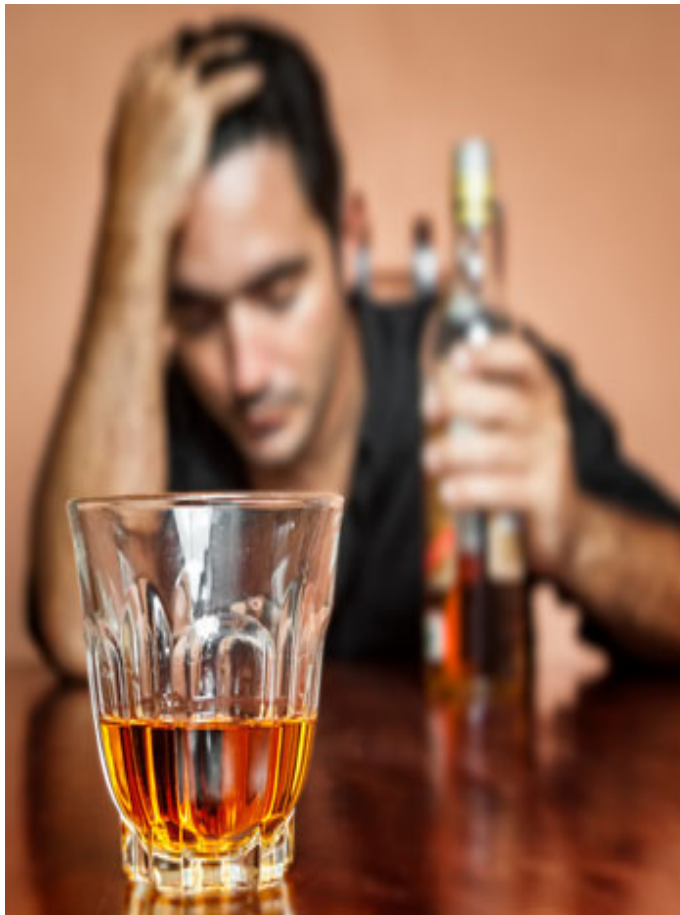
# How Medication Works

- Medication can be prescribed by a physician to assist providers in treating both mental illness and substance use disorder.
- This is called Medication Assisted Therapy (MAT)





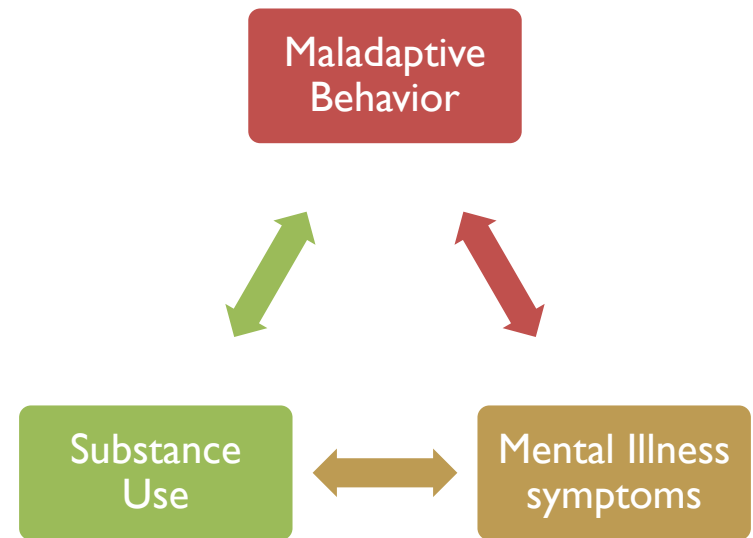
# How Does Medicine Differ From Self Medicating



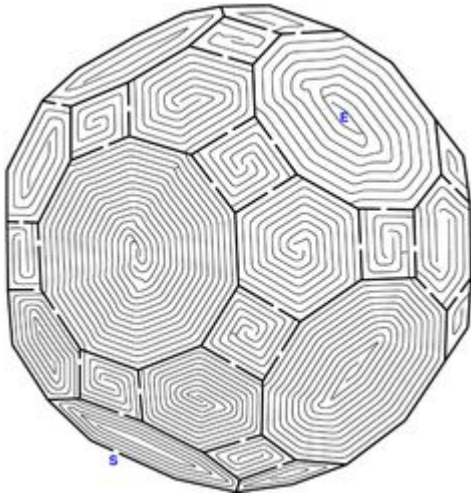
- Controlled
- Prescribed
- Targeted on specific receptors
- Is much “cleaner”

# How Mental Illness and Substance Use Relate

- Brain chemistry is fragile
- People will sometimes self medicate to alleviate symptoms of mental illness
- Both mental illness and substance use can alter brain chemistry exacerbating COD symptoms
- It's a perpetual cycle

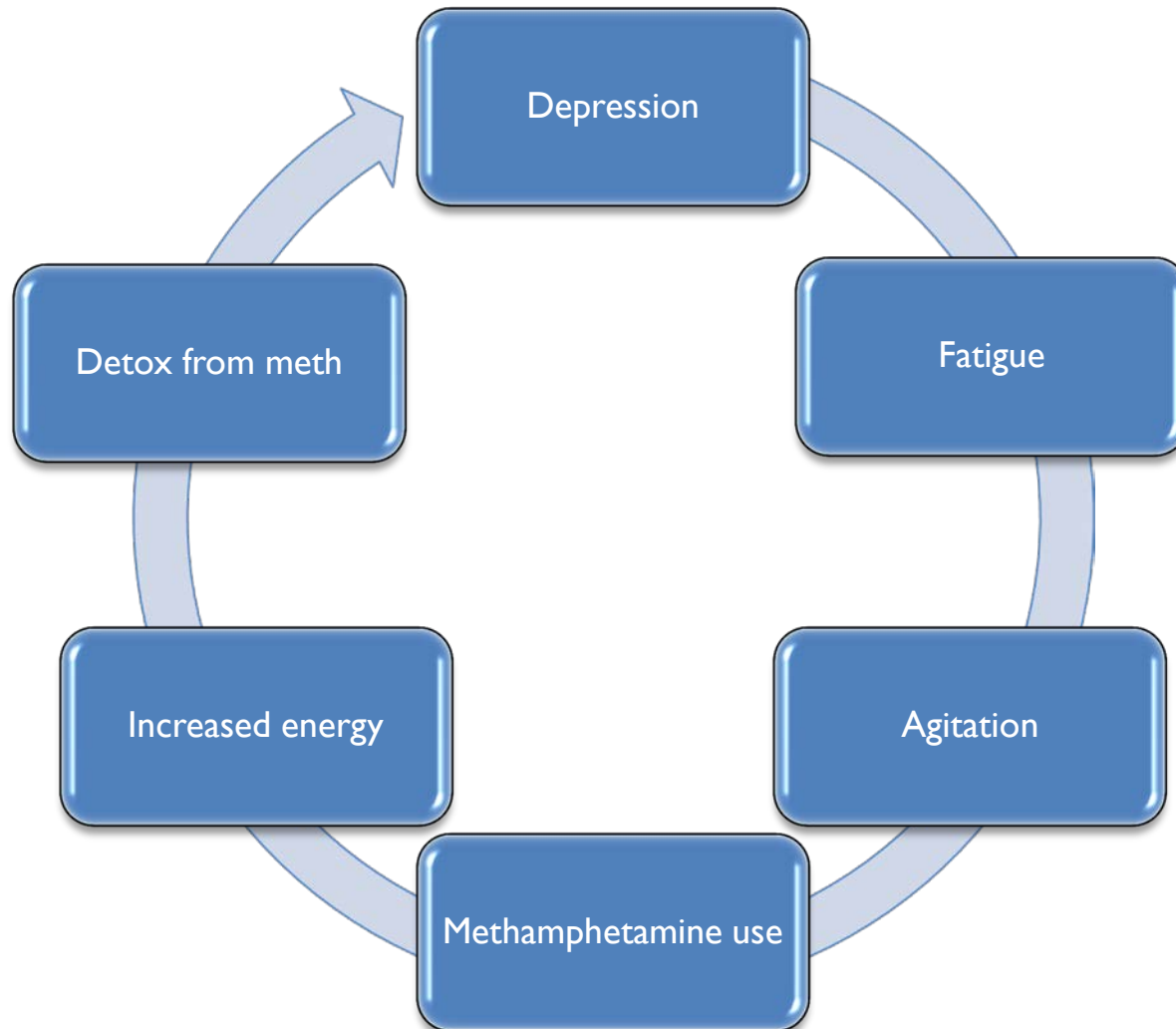


# Why Diagnosing COD Can Be Difficult

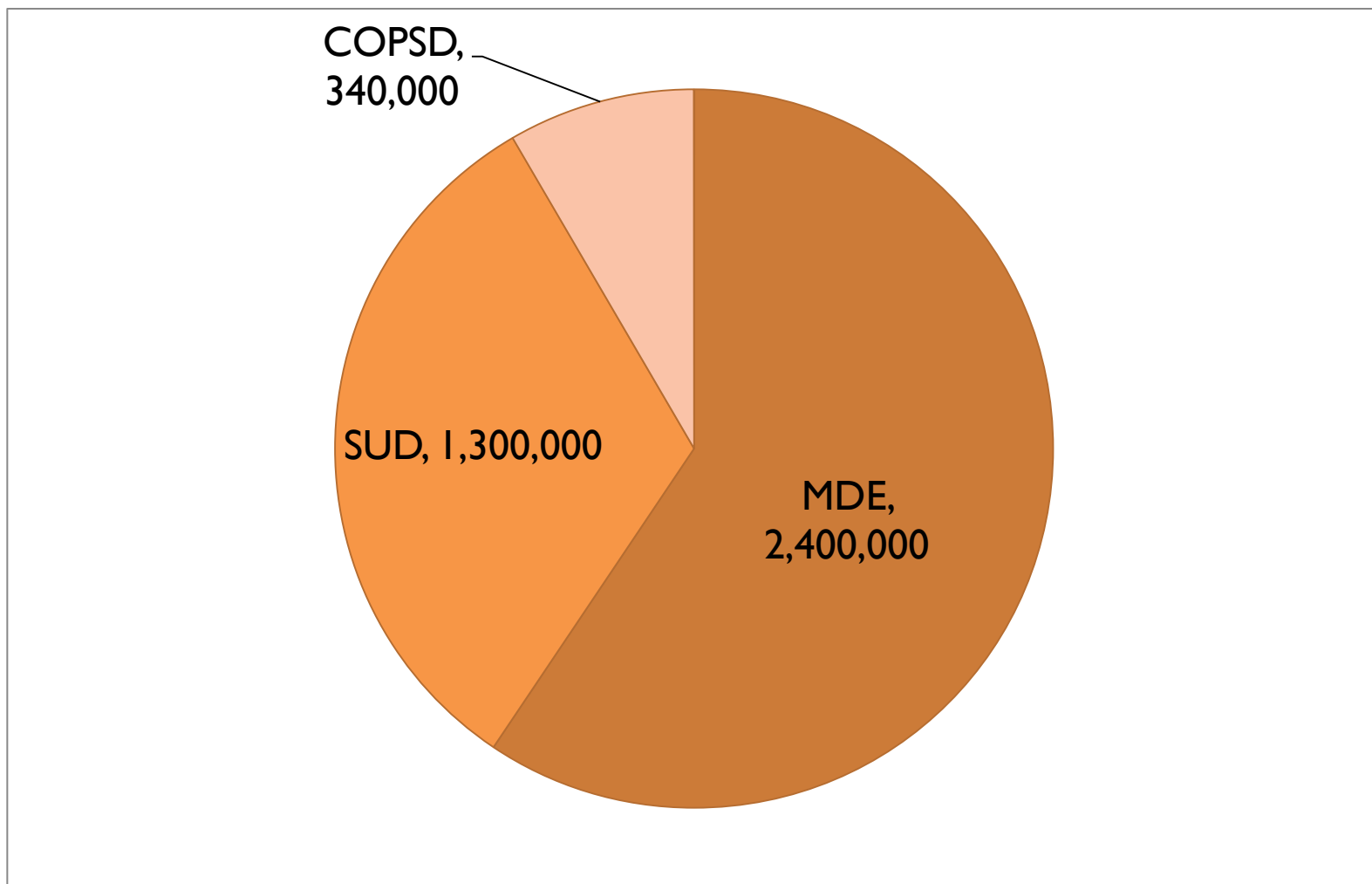


- Difficult to diagnose mental illness/mood disorders while under the influence of substances.
- Some drug induced episodes mimic mental illness.
- With altered brain chemistry there may be present a new mental illness that was not previously diagnosed.

# Let's Take Methamphetamine Use...

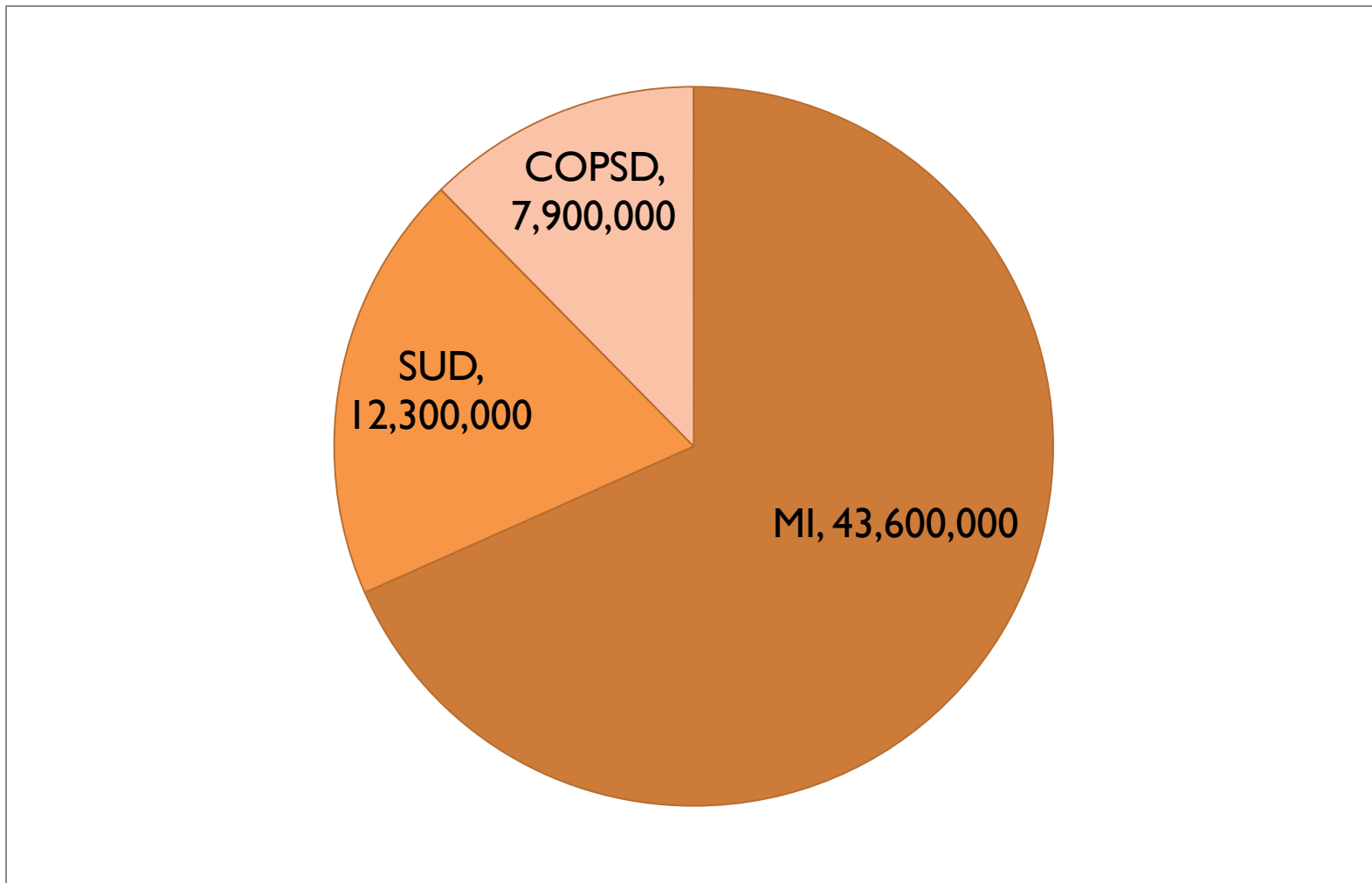


## Past Year Substance Use Disorder (SUD) and Major Depressive Episode (MDE) in the Past Year among Youths Aged 12-17: 2014\*



\* Source: SAMHSA.gov Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health

## Past Year Substance Use Disorder (SUD) and Mental Illness (MI) among Adults Aged 18 and older: 2014\*



\* Source: SAMHSA.gov Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health

# Adverse Childhood Experiences (ACE)

- 9,346 adults surveyed about 9 ACE experiences
  - Childhood emotional abuse,
  - Physical abuse,
  - Sexual abuse
  - Witnessing domestic violence
  - Parental separation or divorce
  - Growing up with drug abusing, mentally ill, suicidal, or criminal household members
- What they learned was:
  - Children in alcoholic homes were more likely to experience adverse experiences
  - Risk of alcoholism and depression in adulthood increased as the number of ACE events increases regardless of parental alcohol abuse
  - Depression among adult children of alcoholics is likely due to having ACE experiences AND alcohol abusing parents



# How Does This Impact Community

- People with co-occurring disorders are disproportionately represented in the criminal justice system. (Peters, Lurigio, & Wexler)
  - They are more likely to re-offend if they do not receive treatment
  - Treatment in jail is often inadequate
- Increased homeless population with co-occurring disorders (National Coalition for the Homeless)
  - Use substances to self medicate
  - Increased risk for violence
  - Cycle between jail, emergency rooms, and the street



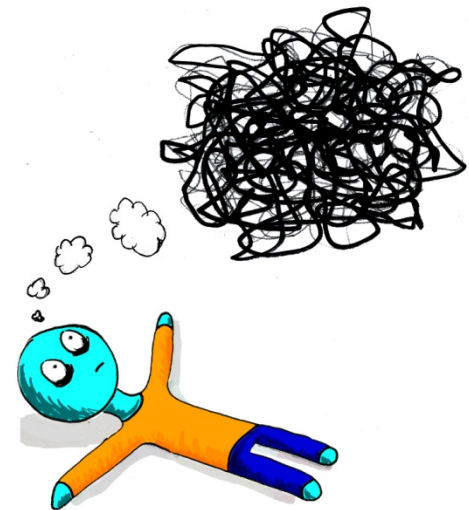


# Screening Tools

- CAGE screening for alcohol use



- CRAFFT for adolescent substance use
  - BECK Depression scale



- Generalized Anxiety Disorder 7 item scale (GAD-7)

# What Can Be Done

- Promote protective factors
- Identify at-risk families early
- Priority access to treatment
- Gender specific treatment
- Family centered services
- Recovery coaches or mentors
- Shared family care



# Ask The Right Questions

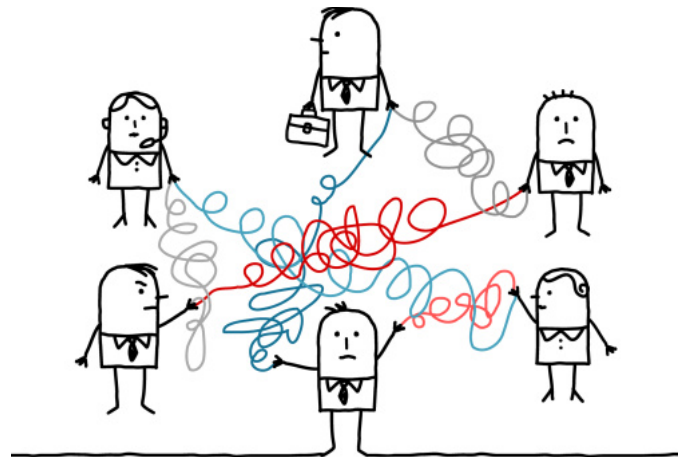
- Clients may minimize drug use so it's important to ask specific questions



- Often mental health and substance use treatment providers do not screen for co occurring disorders or general medical health problems ([ncbi.nlm.nih.gov](http://ncbi.nlm.nih.gov))

# Internal Communication

- Communication begins within your own agency/organization first.
  - Staff with direct contact need to be trained to recognize symptoms of COD



- Treatment plans must be individualized to meet the goals of clients based on their specific set of symptoms
  - “Maintain Sobriety” and “Manage Mental Health Symptoms” are not sufficient goals

# Collaboration

- Collaboration exists on a spectrum
  - There is no clear cut measurement
- **Collaboration MUST include the CLIENT**
  - They have a right to have knowledge of their own diagnosis and prognosis and what their goals are
- Clients with COD have an increased need for coordinated care



# Make the Right Referrals

- Clients should be referred to the most appropriate provider.
- A diagnosis is not needed for a referral to be made.
- This will look different for each provider.
- Networking is crucial to making appropriate referrals.
- Consider the client's basic needs
  - What will make them successful
- Consider both substance use and mental health



# Communicate With Providers



- Clients are at increased risk if providers fail to collaborate on multiple health conditions (ncbi.nlm.nih.gov)
  - This can require clients to have multiple interactions with multiple providers.
  - At Lena Pope this happens at intake
- Best practice for collaborating providers (ncbi.nlm.nih.gov):
  - Shared understanding of goals and roles
  - Effective communication
  - Shared decision making

# Medication Is Not Enough

- Individual and/or group therapy is recommended with any medication
- Medication assists the client in making healthier choices
  - They still need the guidance to learn better skills





# Healthy Support



- Healthy Support and accountability are critical
- Support groups for children
  - Skill development such as communication, relaxation, and learning to be assertive
- Support for parents
  - They don't always have supportive friends or family
- Encourage family togetherness
  - Help supportive family learn to set healthy boundaries

# Defining Recovery

- **Recovery**- “a return to a normal state of health, mind, or strength.”- Google Dictionary
- **Recovery**- “the act or process of returning to a normal state after a period of difficulty”- Miriam-Webster
- **Recovery**- “the regaining of or possibility of regaining something lost or taken away.” - Dictionary.com



# What Recovery Means in the Real World



- Peer Support
- Honesty about one's recovery
- Recognizing triggers for both mental illness and substance use
- Medication compliance to avoid relapse
- Having a relapse prevention plan
  - Includes who you will call and where you will go for help

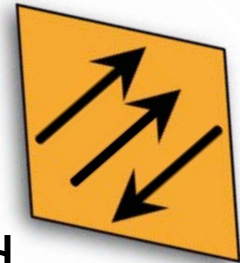
# Barriers to Recovery

- Relapse
- Lack of support
- Unmanaged mental illness and/or substance use
- Lack of client education as it relates to COD
- Involuntary participation in treatment
- Access to insurance
- Lack of transportation



# Relapse

- Relapse
  - Can be with both mental illness and substance use
    - Thought stopping takes work
    - Journaling
    - Staying clean
    - Open communication
- Relapse can affect both Mental illness and substance use
  - Discontinuing meds can also lead to mental health relapse
- ER treatment if someone is suicidal
- Tough to get a baseline if you've been using more often than not



# Erasing the Stigma

- People may more readily accept mental illness than a substance use disorder
  - i.e. depression has to do with brain chemistry while most people tend to think substance use is all about bad choices.
- Mental Health has a stigma as well that leads clients to leave it untreated
  - “I don’t want anyone to think I’m crazy”
- Mental health and Substance Use need to be clearly defined as a combination of factors that lead to specific behaviors.



# Recovery Oriented Systems of Care (ROSC)

- ROSC is a truly collaborative effort on all community providers to create continuity of care to include:
  - Prevention
  - Treatment
  - Intervention
  - Post Treatment
- Breaks down provider silos



# Recovery Support Services (RSS)

- Non-clinical services to help clients and families work toward recovery
- Can be offered before, during, or after treatment
  - Differs from 12 step groups
- Can include services such as
  - Housing
  - Child care
  - Life skills training
  - Employment readiness





# Peer Recovery Support

- Peer Recovery Support



# References

- “Co-Occurring Substance Use and Mental Disorders in the Criminal Justice System: A New Frontier of Clinical Practice and Research” (Peters, Lurigio, and Wexler; Psychiatric Rehabilitation Journal 2015 Vol. 38, No 1, 1-6)
- Child Welfare Information Gateway Bulletin for Professionals October 2014
- National Abandoned Infants Assistance Resource Center “Research to Practice Brief” June 2012
- [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov) Coordinating Care for Better Mental Health, Substance Abuse, and General Health
- National Coalition for the Homeless “Substance Abuse and Homelessness July 2009
- [www.samhsa.gov](http://www.samhsa.gov)
  - Behavioral Health Barometer United States, 2015
  - Information on Medication Assisted Therapies (MAT)
- Adverse childhood experiences, alcoholic parents, and later risk of alcoholism and depression. <http://www.ncbi.nlm.nih.gov/pubmed/12161676>

# Resources

- Substance Abuse and Mental Health Services Administration (SAMHSA) has many online resources to screen both mental health and substance use:
  - <http://www.integration.samhsa.gov/clinical-practice/screening-tools>
- National Institute on Drug Abuse (NIDA) has an online screening tool for drug use:
  - <https://www.drugabuse.gov/nmassist/>
- Screening Tools:  
[https://www.omh.ny.gov/omhweb/resources/providers/co\\_occurring/adult\\_services/screening.html](https://www.omh.ny.gov/omhweb/resources/providers/co_occurring/adult_services/screening.html)

# Questions



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