# LESSON PLAN COVER SHEET

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| **COURSE NAME:** Georgia Crisis Intervention Team (CIT) Training | | **UNIT CODE:** |
| **LESSON TITLE:** Co-occurring Disorders | | **HOURS:** 01 |
| **PREPARED BY:** Patrice Harris, M.D. | **DATE:**12-01-04 | **APPROVED BY:** |
| **REVISED BY:** Neil Kaltenecker, Barbara D'Orio, M.D. | | **DATE(S):** 12-01-05 |
| **INSTRUCTIONAL METHODS:** Lecture | | **CLASSROOM SETTING:** Academic |

**TERMINAL PERFORMANCE OBJECTIVE (TPO):** Students should be able to identify what co-morbidity means, understand the prevalence of the problem, barriers to treatment, and effect of substances on the behavior of a person with a previously diagnosed mental illness.

**ENABLING OBJECTIVES (EO):**

1. Identify the signs and symptoms of co-occurring disorders.
2. Understand what co-morbidity means and the issues that arise.
3. Demonstrate awareness of treatment programs and techniques.

**TRAINING MEDIA (see Appendix A):** ***[check each that apply to your lesson plan]***

□ **Transparencies** □ **Videotape** □ **Chalkboard**
□ **Flip chart** □ **Audiotape** □ **Other:**
√ **Slides** □ **Poster**

**EQUIPMENT/MATERIALS (description and quantity):**

**HANDOUTS (see Appendix B):** PowerPoint Presentation

**REFERENCES:**

**STUDY ASSIGNMENTS:**

# Co-Occurring Disorders

## Overview

Patients or Consumers with co-occurring disorders have one or more disorders relating to the use of alcohol and/or other drugs of abuse, one or more mental disorders, and one disorder of each type that can be established independently of the other.

The national Co-morbitity study speaks to the lifetime prevalence of two diagnostic disorders occurring over time. Statistics indicate that any alcohol or drug abuse or dependence occurs in the 26.6% of the population, alcohol dependence is 14.1% and drug dependence at the rate of 7.5%. Any anxiety disorder occurs at the rate of 24.9%. Major Depressive episodes occur at the rate of 17.1%. Dysthymia occurs at the rate of 6.4%. Manic episodes occur at the rate of 1.6%. Non-affective psychosis occurs at the rate of 0.7%.

The Epidemiological Catchment Area Study found that the community lifetime prevalence of alcoholism is 13.8%. For persons with schizophrenia the lifetime prevalence of alcoholism is 33.7%. But among alcoholics, the lifetime prevalence of schizophrenia is only 3.8%. This study also determined that 29% of people with psychiatric illnesses have also had a substance use disorder at some time during their lives. The odds are 3:1 that a person with one substance use disorder will meet the lifetime criteria for another psychiatric or substance use disorder.

Other studies have indicated that overall, approximately 50% of persons in psychiatric clinical settings will have a substance use disorder: 30% of depressed patients, 50% of bipolar patients, 50% of schizophrenic patients, 80% of antisocial personality disorder patients, 30% of anxiety disorder patients, and 23% of phobic disorder patients. Study results depend on the population studied, methodology, perspectives of examiner, and length of follow-up. In addiction settings, the prevalence rates of psychiatric disorders are generally similar to those found in the general population. Overall, there is not much evidence of an increased rate of psychiatric disorders in addicted persons, or vice versa. However, there are exceptions to this in persons with Antisocial Personality Disorder, Bipolar Disorder, and Schizophrenia.

In the Justice System, the rates of mental health disorders are four times higher among prisoners than in the general population. The rates of substance use are four to seven times higher than in the general population. An estimated 3-11% of individuals in correctional settings have co-occurring disorders. The rates of co-occurring disorders are particularly high among those in the Criminal Justice system diagnosed with bipolar disorder and schizophrenia.

## I. Individuals at High-Risk of Co-Occurring Disorders

A. Males
B. Youthful offenders
C. Low education level
D. History of unstable housing or homelessness
E. History of legal difficulties and/or incarceration
F. Suicidality
G. History of emergency room or acute care visits
H. High rates of relapse to substance abuse
I. Peers/associates who are drug users or who have antisocial features
J. Poor relationships with family
K. Family history of substance use and/or mental health disorders
L. Poor adherence to treatment
M. Disruptive behavior

## II. Types of Disorders

**A. Substance Induced Disorders** *(many psychiatric symptoms can be caused by drugs*) including

1. depression
2. psychosis

**B. Primary Psychiatric Disorder**: *(symptoms separate from drug use)*

1. Major Depression
2. Schizophrenia

You can not always know if symptoms are due to a primary psychiatric disorder, intoxication, withdrawal or a substance induced disorder at first glance; it requires further assessment. The symptoms should be reviewed related to the DSM-IV mental health and substance use disorders. A summary of the pattern of current symptoms and their relation to drug use is helpful, you can assess this by interviewing, testing, reviewing records, and interviews with significant others. Diagnosis helps to determine the focus of the treatment: mental health, substance abuse, or both. Many substance induced symptoms resolve rapidly with detoxification and/or abstinence with no or short-term use of medication. Primary psychiatric disorders often require extended treatment with medication.

**III. Signs and Symptoms of Co-Occurring Disorders**:

A. Unusual affect, appearance, thoughts, or speech
B. Suicidal thoughts or behavior
C. Paranoia
D. Impaired judgment and risk-taking behavior
E. Agitation and tremors
F. Impaired motor skills
G. Dilated or constricted pupils
H. Elevated or lowered vital signs
I. Hyper-arousal or drowsiness
J. Muscle rigidity
K. Evidence of current intoxication
L. Needle track marks/injection sites
M. Inflamed or eroded septum
N. Burns on the inside of the lips

Alcohol is the most commonly abused substance by the mentally ill, although individuals with mental health disorders are more likely than the general population to be poly-drug users. Substance abuse and dependence increase the risk of developing a psychiatric illness. Psychiatric illnesses increase the risk of developing substance abuse and dependence. Psychiatric symptoms may affect onset, duration, or response to treatment of substance abuse and dependence. Psychiatric symptoms may arise as a direct result of chronic substance use and/or withdrawal. Even small doses of alcohol or other drugs can cause problems in a person with chronic or severe mental illness. Symptoms of psychiatric illness may be indirect results of substance use. Over time, symptoms of substance use disorders and psychiatric illness may become linked or interrelated. It is also possible that dual (or multiple) disorders may develop independently at different times. Psychiatric disorders can mask substance use disorders and conversely, substance use disorders can mask psychiatric disorders.

**III. Mental Illness and Addiction Parallels (**There are many similarities in these illnesses)

**A.** Both are biological illnesses
**B.** Hereditary plays a role
**C.** Chronic, incurable, but not hopeless
**D.** Cause a loss of control of behavior and emotions
**E.** Affects the whole family
**F.** Disease of denial
**G.** Facing the disease can lead to depression
**H.** Symptoms respond to treatment
**I.** Disease progresses without treatment
**J.** Often seen as moral issue or weakness
**K.** Feelings of guilt, failure, shame, stigma
**L.** Physical, mental, and spiritual disease

## IV. Stages of Change for Persons With Co-Occurring Disorders

**A.** Acute Stabilization
**B.** Engagement – Identifying potential sources of motivation
**C.** Persuasion – Developing commitment to treatment and recovery
**D.** Active Treatment – Significant changes in behavior and lifestyle
**E.** Relapse Prevention – Focus on maintaining prolonged abstinence
**F.** Rehabilitation

## V. A Vision for treatment of Co-Occurring Disorders

**A.** The client participates in one program that provides treatment for both disorders.
**B.** The client's mental and substance use disorders are treated by the same clinician.
**C.** The clinicians are trained in psycho-pathology, assessment, and treatment strategies for both mental and substance disorders.
**D.** The clinicians offer substance abuse treatments tailored for clients who have severe mental disorders.
**E.** The focus is on preventing anxiety rather than breaking through denial.
**F.** A Vision for Treatment of Co- Occurring Disorders (cont'd).
**G.** Emphasis is placed on trust, understanding, and learning.
**H.** Treatment is characterized by a slow pace and a long-term perspective.
**I.** Providers offer stage-wise and motivational counseling.
**J.** Supportive clinicians are readily available.
**K.** 12-step groups are available.
**L.** Medication therapies are indicated according to clients' psychiatric and other medical needs.

*Source: Adapted from Drake et al, 1998*

## Wrap Up and Review

As a result of your participation in this lesson you should now be able to identify the signs and symptoms of co-occurring disorders, understand what co-morbidity means and the issues that may arise and ultimately, demonstrate awareness of treatment programs and techniques to assure a safe resolution for all concerned parties.