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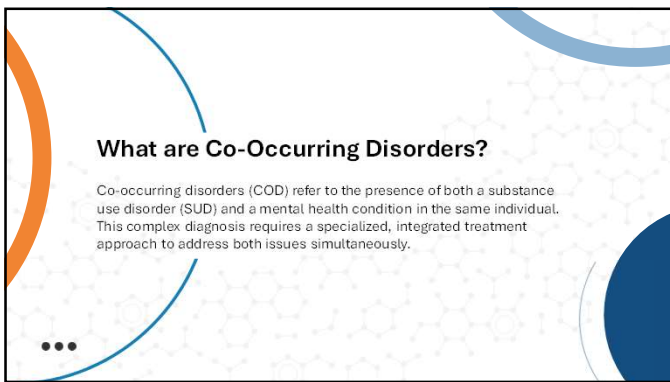
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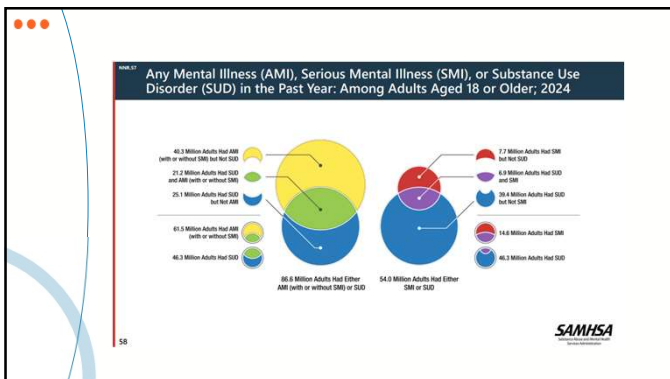
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**Common Co-occurring Disorders**

(Any of the below disorders combined with one or more substance use disorder)

- Depressive Disorders
- Bipolar and Related Disorders
- Anxiety Disorders
- Post-traumatic Stress Disorders
- Attention Deficit Hyperactivity Disorders
- Personality Disorders
- Psychotic Disorders (e.g., Schizophrenia)

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**Depression and It's Link to Addiction**

Depression is one of the most common mental health disorders globally. People with depression often self-medicate with alcohol or drugs to cope with feelings of hopelessness, sadness, or fatigue.

Unfortunately, substance use worsens the symptoms of depression, creating a vicious cycle that is hard to escape without proper treatment.

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**Bipolar Disorder and the Impact of Addiction**

Bipolar disorder is characterized by extreme mood swings, alternating between manic highs and depressive lows.

During manic episodes, individuals may engage in risky behaviors, including substance use, to intensify their elevated mood.

In depressive episodes, substances may be used to self-medicate feelings of hopelessness and despair.

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**How Anxiety Disorders Co-Occur with Addiction**

- Generalized Anxiety Disorder (GAD)
- Panic Disorder
- Social Anxiety Disorder

People with anxiety often turn to alcohol or drugs to manage overwhelming feelings of fear, panic, or unease.

While substances may provide temporary relief, they often worsen anxiety symptoms over time and lead to dependency.

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**The Relationship Between PTSD and Addiction**

PTSD develops after experiencing or witnessing traumatic events, leading to flashbacks, nightmares, and a constant sense of danger.

Individuals with PTSD may turn to alcohol or drugs to cope with overwhelming emotions, intrusive memories, and anxiety. Unfortunately, substance use can delay the healing process and intensify PTSD symptoms.

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**ADHD and the Risk of Dependency**

Attention-Deficit/Hyperactivity Disorder (ADHD) is characterized by inattention, hyperactivity, and impulsiveness. Individuals with ADHD may use substances as a form of self-medication to manage symptoms like restlessness, impulsiveness, and difficulty focusing.

However, substance use often leads to increased dependency and worsened ADHD symptoms over time.

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## Personality Disorders

Personality disorders, such as Borderline Personality Disorder (BPD), are marked by unstable moods, behaviors, and relationships.

These disorders often lead to impulsivity, emotional instability, and difficulty coping with stress.

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## Schizophrenia

Schizophrenia is a chronic mental health disorder that affects how a person thinks, feels, and behaves. It is characterized by symptoms such as delusions, hallucinations, disorganized thinking, and impaired functioning.

Using substances can intensify the difficulty to distinguish reality from imagination, which can impact their ability to manage daily life and relationships.

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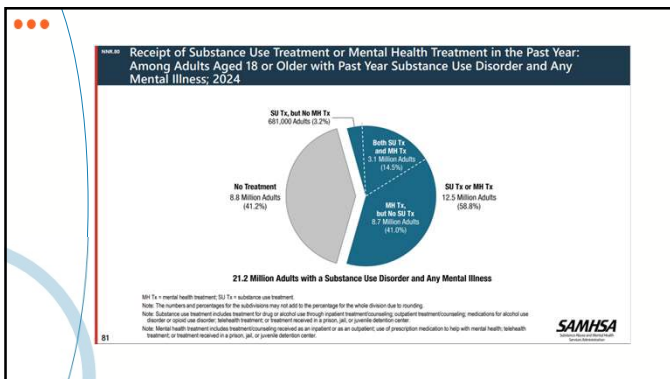
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**Patients being treated for mental health disorders often misuse the following types of substances:**

- Alcohol
- Tobacco
- Opioids
- Stimulants
- Hallucinogens
- Prescription drugs
- Cannabis

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**Challenges of Co-Occurring Disorders**

Individuals with co-occurring disorders face unique challenges such as:

- Difficulty in diagnosis due to overlapping symptoms.
- Increased stigma related to both substance use and mental health conditions.
- Barriers to accessing appropriate, integrated treatment.
- Higher risk of exacerbating symptoms and increased physical health issues.

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**Impact on Daily Life**

Co-occurring disorders can severely impact various aspects of life:

- Physical
- Relationships
- Employment
- Legal issues

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### Adolescents

- 65% of youth with substance use disorders also have a mental health disorder
- Anxiety, depression, ADHD, PTSD most common and increase risk of SUD's
- Early education is key
- Engage family in treatment if possible

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### Geriatrics

- Lack of knowledge regarding physiologic changes with aging
- Clinicians may not consider diagnosis or may feel uncomfortable asking (fear of being disrespectful)
- Symptoms may be confounded by physical or cognitive decline
- Social isolation

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### Impact of Co-occurring Disorders on Addiction Treatment

Some ways in which co-occurring disorders can impact addiction treatment include:

- Increased risk of relapse
- Difficulty in diagnosis
- Complex treatment
- Longer treatment duration
- Specialized care may be required

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**Prevalence and Risk Factors**

About 45% of individuals with a mental health condition also have a co-occurring substance use disorder. Some of the key risk factors are:

- Family history of Substance Use Disorder (SUD) or mental illness.
- Exposure to substances, toxins, or viruses during prenatal development.
- Self-medication to cope with mental health symptoms such as anxiety or depression.
- Trauma, including past abuse or adverse life events.
- Stressful life circumstances, such as financial instability or loss.
- Lack of access to supportive resources and early intervention.
- Males are more prone to developing co-occurring disorders than females.

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**Integrated Treatment Leads to Better Outcomes**

Together with early detection, integrated treatment can improve outcomes and quality of life for people with co-occurring disorders, including:

- Reduced or discontinued substance use
- Improvement in psychiatric symptoms and functioning
- Increased chance for successful treatment and recovery for both disorders
- Improved quality of life
- Decreased hospitalization
- Reduced medication interactions
- Increased housing stability
- Fewer arrests

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**Strategies for Evaluation**

- Consider the whole person
- Start with the problem of greatest concern to the patient
- Thorough initial and subsequent assessments to accurately diagnose disorders
  - Include full mental health, substance use and trauma history
  - Create a timeline of symptoms and behaviors
- Perform a full risk assessment at each visit (suicidal and homicidal risk): Assess risk for withdrawal
- Avoid Stigmatizing language

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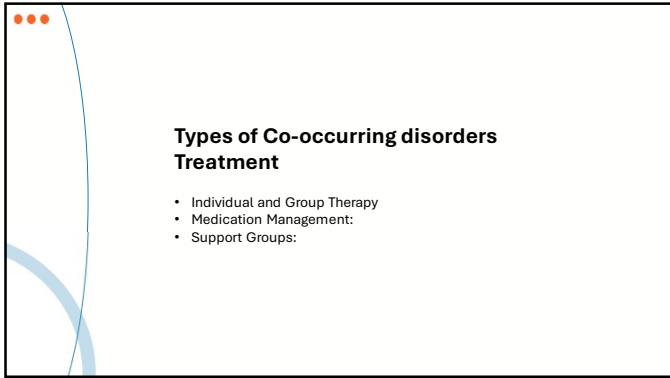
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**Types of Co-occurring disorders Treatment**

- Individual and Group Therapy
- Medication Management:
- Support Groups:

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**Motivational Interviewing**

Motivation Interviewing (MI) is a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence. MI involves accepting an individual's level of motivation, whatever it is, as the only possible starting point of change. The five stages of change are:

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance

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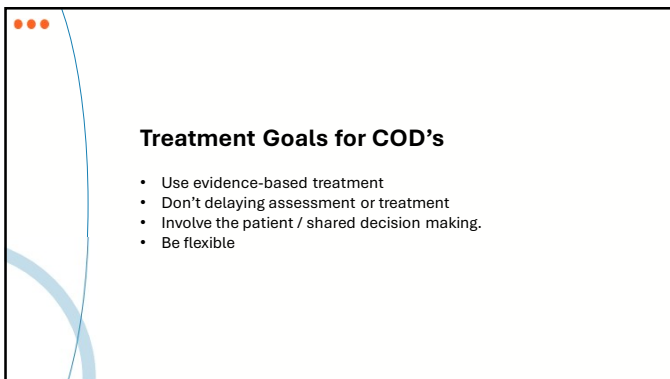
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**Treatment Goals for COD's**

- Use evidence-based treatment
- Don't delaying assessment or treatment
- Involve the patient / shared decision making.
- Be flexible

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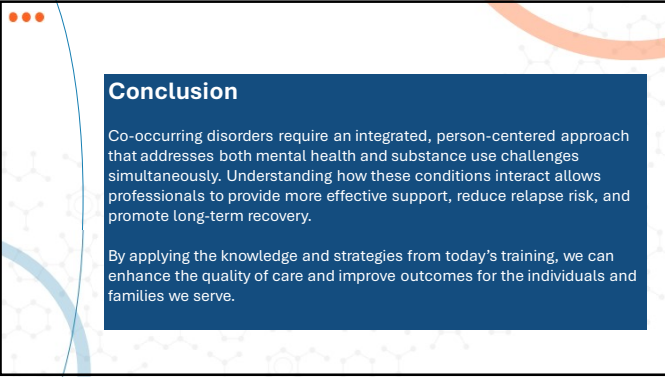
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**Conclusion**

Co-occurring disorders require an integrated, person-centered approach that addresses both mental health and substance use challenges simultaneously. Understanding how these conditions interact allows professionals to provide more effective support, reduce relapse risk, and promote long-term recovery.

By applying the knowledge and strategies from today's training, we can enhance the quality of care and improve outcomes for the individuals and families we serve.

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