

# Concurrent Disorders

An Introductory Learning Module for  
Post Secondary Institutions



camh

Centre for Addiction and Mental Health  
Centre de toxicomanie et de santé mentale

Concurrent Disorders

Training Strategy Project

# *Overall Learning Objectives*

## You will:

- Be able to define a concurrent disorder (CD)
- Understand the importance of addressing CD
- Examine your own attitudes and values
- Have a basic knowledge of treatment considerations
- Appreciate the importance of the therapeutic relationship



# *Topics in this Module*

## *PART I: OVERVIEW of MENTAL HEALTH & SUBSTANCE USE DISORDERS*

- Mental Health Disorders (MHD) and Substance Use Disorders (SUD)

## *PART II: OVERVIEW of CONCURRENT DISORDERS*

- What is CD?
- Attitudes & Values
- Prevalence
- Stigma

## *PART III: SCREENING*

- Why screen for substance use/for mental health/for CD
- Asking a few direct questions

## *PART IV: ASSESSMENT & TREATMENT CONSIDERATIONS*

- Assessment and Treatment Planning
- Diagnostic Assessment
- Desired Treatment Outcomes
- What Works
- Themes for Success
- Your community

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# PART I: OVERVIEW OF MENTAL HEALTH & SUBSTANCE USE DISORDERS

At the end of part I, you will be able to:

- define mental health disorders
- define substance use disorders
- understand the continuum of severity of substance use



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# ***Mental Health Disorders (MHD)***

- a disturbance in thoughts and emotions that decreases a person's capacity to cope with the challenges of everyday life.
- Examples include: mood disorders, anxiety disorders, psychotic disorders, personality disorders, eating disorders.

# ***Substance Use Disorder (SUD)***

“Diagnostic term that refers to a habitual pattern of alcohol or illicit drug use that results in significant problems related to aspects of life such as work, relationships, physical health, financial well-being, etc.”

-Best Practices, Health Canada (2002)

Substances used may include alcohol, non-medical use of prescription drugs, illegal drugs, solvents

# *Continuum of Severity of Substance Use*

**USE**

**MISS-M**

**ABUSE**

**ADDICTION**

**DSM IV**

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# **PART II: OVERVIEW of CONCURRENT DISORDERS**

**At the end of part II, you will be able to:**

- describe concurrent disorders**
- understand the prevalence, effects of and stigma relating to concurrent disorders**



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# ***What is a Concurrent Disorder (CD)?***

**Any combination of:**

**mental health disorders (MHD)  
+ substance use disorders (SUD)  
= concurrent disorder (CD)**

# ***Prevalence of Concurrent Disorders in the Community***

- 19% of people in the general population of Ontario between ages 15-54 met criteria for CD in the last year (Offord et al., 1996)
- *about 55%* of people who experienced an alcohol use disorder at some point in their lives also had a MHD (Ross, 1995)

# *Lifetime Prevalence of SUD for Each MHD*

<b>Bipolar Disorder</b>	<b>56%</b>
<b>Schizophrenia</b>	<b>47%</b>
<b>Major Depression</b>	<b>27%</b>
<b>Any Anxiety Disorder</b>	<b>24%</b>
<b>PTSD</b>	<b>30-75%</b>
<b>Borderline Personality Disorder</b>	<b>23%</b>
<b>Eating Disorder</b>	<b>23-55%*</b>

# ***Why are Concurrent Disorders Important?***

- Poorer treatment outcomes than if person has either a mental health disorder or a substance use disorder
- Concurrent disorders affect many areas of a person's life
- People living with concurrent disorders are common in every treatment setting – they are the expectation not the exception.

People with co-occurring disorders  
are **people first**...

***What It Feels Like For the  
Person Who Needs Help...***

There are enormous costs to the individual, families, and society of not treating CD effectively. Each of us needs to be part of the solution.

# *Attitudes*

How we feel about people with CD influences how we work with them.

We can be helpful in engaging people or our views can act as barriers.

# “Who Wears the Label?”



SECTION 3  
STIGMA-BUSTING ACTIVITIES

ACTIVITY 5  
WHO WEARS THE LABEL?

Famous people with mental health and/or substance use problems

LUDWIG  
VAN BEETHOVEN

ROBERT DOWNEY, JR.

*NICOLAS CAGE*

JOHN NASH

HOWARD HUGHES

WINSTON CHURCHILL

*Ted Turner*

*Oprah Winfrey*

*Elizabeth Manley*

PATTY DUKE AGTIN

VINCENT  
VAN GOGH

ERNEST HEMINGWAY

EMILY CARR

JUDY GARLAND

MATHEW PERRY



# *Stigma*

The stigma attached to mental illness and to addiction represents one of the most common and serious barriers for people

The stigma attached to concurrent disorders is compounded.

$1+1 = 3,4,5\dots$

# ***Why Does Stigma Occur?***

(1) Fear

(2) Myths about the disorder

- depression seen as a character flaw
- persons who use substances are manipulative, unmotivated and using out of weakness

(3) Society's attitudes

(4) Media

# ***How to Combat Stigma:***

- (1) Reflect on your attitudes, values & beliefs
- (2) Promote understanding tolerance and support
- (3) Dispel myths

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# *PART III: SCREENING*

At the end of part III, you will be able to:

- explain the importance of screening
- know what questions to ask to identify possible substance use or mental health problems



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# *Why Screen?*

The function of 'screening' is to raise '**red flags**' for more detailed assessment and treatment/support planning

# ***Brief Screening-Asking a Few Direct Questions:***

## **Screening for mental health:**

- Have you ever been given a mental health diagnosis by a qualified health professional?
- Have you ever been hospitalized?
- Have you ever harmed yourself or thought about harming yourself but not as a direct result of alcohol or drug use?

## **Screening for substance use:**

- Have you ever had any problems related to your use of alcohol or other drugs?
- Has a relative, friend, doctor or other health worker been concerned about your drinking or other drug use, or suggested cutting down?
- Have you ever said to another person, “No, I don’t have an alcohol or drug problem ,when around the same time, you questioned yourself and FELT, “Maybe I DO have a problem?”

**\*A “yes” response to any of these warrants further investigation.**

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# Part IV: ASSESSMENT and TREATMENT CONSIDERATIONS

At the end of part IV, you will be able to:

- describe the purposes of assessment
- identify who can perform detailed assessment
- list factors that influence success
- describe the primary treatment outcome goals
- identify community services or resources



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# ***Assessment and Treatment Planning***

As the service provider moves from screening to assessment, the tools used to gain more in-depth information become more complex and assist in treatment planning



# ***Diagnostic Assessment***

Who can Diagnose?

- **Psychiatrist**
- **General practitioner**
- **Registered psychologist**

If person has screened positive for mental health problems, a referral must be made to a medical professional for further assessment and possibly a diagnosis.

There are three factors that increase the likelihood that there is a “true” MHD:

- **Abstinent intervals**
- **Family history**
- **Order of onset**

# ***Desired Treatment Outcomes:***

Signs of progress may include:

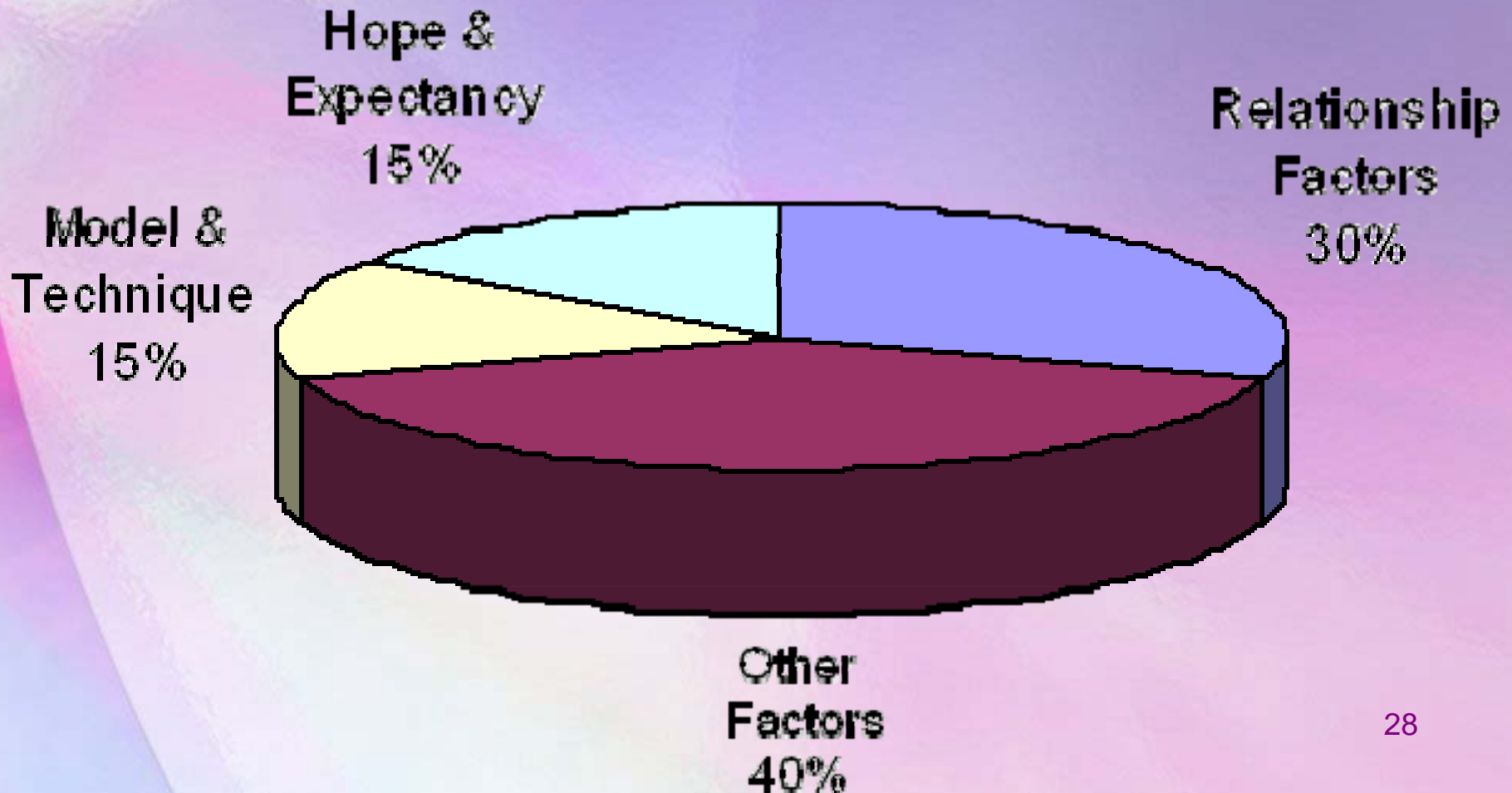
- Reduction/abstinence in substance use
- Reduction/elimination of mental health symptoms
- Use of adaptive strategies (rather than substances) as an alternative to deal with negative emotions
- Increase in self-care behavior, independent living, self-esteem, self-efficacy, and level of functioning
- Enhanced relationships (family, friends)

# *Themes for Success*

“The most significant predictor of treatment success is an EMPATHIC, HOPEFUL, CONTINUOUS TREATMENT RELATIONSHIP, in which integrated treatment and co-ordination of care can take place through multiple treatment episodes.”

*-Ken Minkoff*

# ***“What Works” in Therapy: Making Sense of 40 Years of Outcome Data***



# ***Who Provides Concurrent Disorders Services in your Community?***

Identify the resources within your community that offer services to people with a Concurrent Disorder

# Key Points to Take Away

- Know that CD can be any combination of mental health and substance use disorders
- Expect to work with CD since it exists in virtually every clinical setting
- Understand the importance of working with CD
- Know your own attitudes and values
- Understand the effects of stigma
- Know what questions to ask to screen for CD
- Know when and where to refer for assessment and treatment
- Maintain the therapeutic relationship with the person

# *Recommended Resources*

- [http://www.camh.net/about\\_addiction\\_mental\\_health/concurrent\\_disorders.html](http://www.camh.net/about_addiction_mental_health/concurrent_disorders.html)
- **Book: “Treating Concurrent Disorders: A Guide for Counsellors” (2005) edited by Skinner, W., CAMH.**
- **CAMH McLaughlin Information Centre: a toll-free, province-wide information service re: addiction and mental health issues: 1-800-463-6273 (ON) or (416) 595-6111 (GTA)**
- **Addiction Clinical Consultation Service: 1-800-720-2227**
- **ConnexOntario provides information about alcohol and other drugs, gambling, and mental health services in Ontario [www.connexontario.ca](http://www.connexontario.ca)**