

# Co-Occurring Disorders

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# Conflicts of Interest

None.





# Objectives

Participants will be able to:

- Explain the etiology of co-occurring disorders
- Name 2 forms of treatment for co-occurring disorders





# Co-Occurring Disorders



When a person has two or more mental health disorders.

# The Chicken & the Egg

- Before
- Simultaneously
- After
- During Recovery



Non-Substance Use  
Disorder



Substance Use  
Disorder



(APA, 2013; Guintivano & Kaminsky, 2016)

Substance Use  
Disorder



Non-Substance Use  
Disorder

(APA, 2013; Guintivano & Kaminsky, 2016)

Recovery



Non-Substance Use  
Disorder/Substance  
Use Disorder

(APA, 2013; Guintivano & Kaminsky, 2016)



a

## Anxiety Disorders

- Downers
- Craving intensity

d

## Depressive Disorders

- Uppers
- Craving intensity

t

## Trauma Disorders

- Severity of  
distress
- Dangerous  
Environments

p

## Personality Disorders

- Risk taking
- Sensation  
seeking
- Social needs

S

## Schizophrenia Spectrum Disorders

- Distress severity
- Community
- Vulnerable to exploitation

e

## Eating Disorders

- Weight loss
- Self-medicating for another dx

f

## Fetal Alcohol Spectrum Disorders (FASDs)

- Community
- Impulsivity
- Family modeling



a

## ADHD

- Self-medicating for sleep, concentration

(APA, 2013; De Alwis et al., 2014; Hartz et al., 2014)

# Care for Co-Occurring Disorders



## Treat Simultaneously (Integrated Tx)

- We need both to reduce
  - Some treatments hit two birds with one stone
  - Tends to be more effective
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## Treat One at a Time

- One needs to reduce before the other can
  - Can feel less overwhelming
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## Best Practice: Have clients direct treatment

- Greater engagement from client

(Davindson et al., 2012; De Alwis et al., 2014)



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