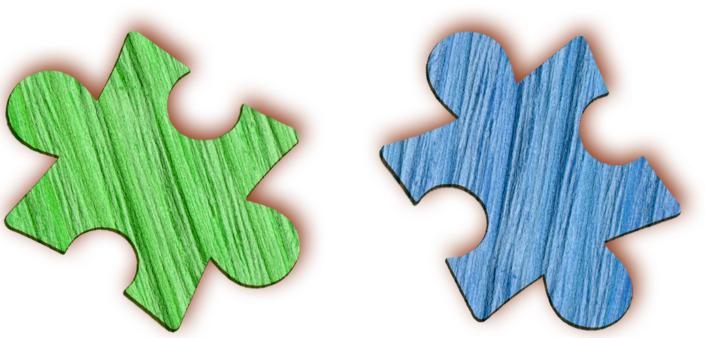


Co-Occurring Disorders

Lucia Grauman Neander, PhD

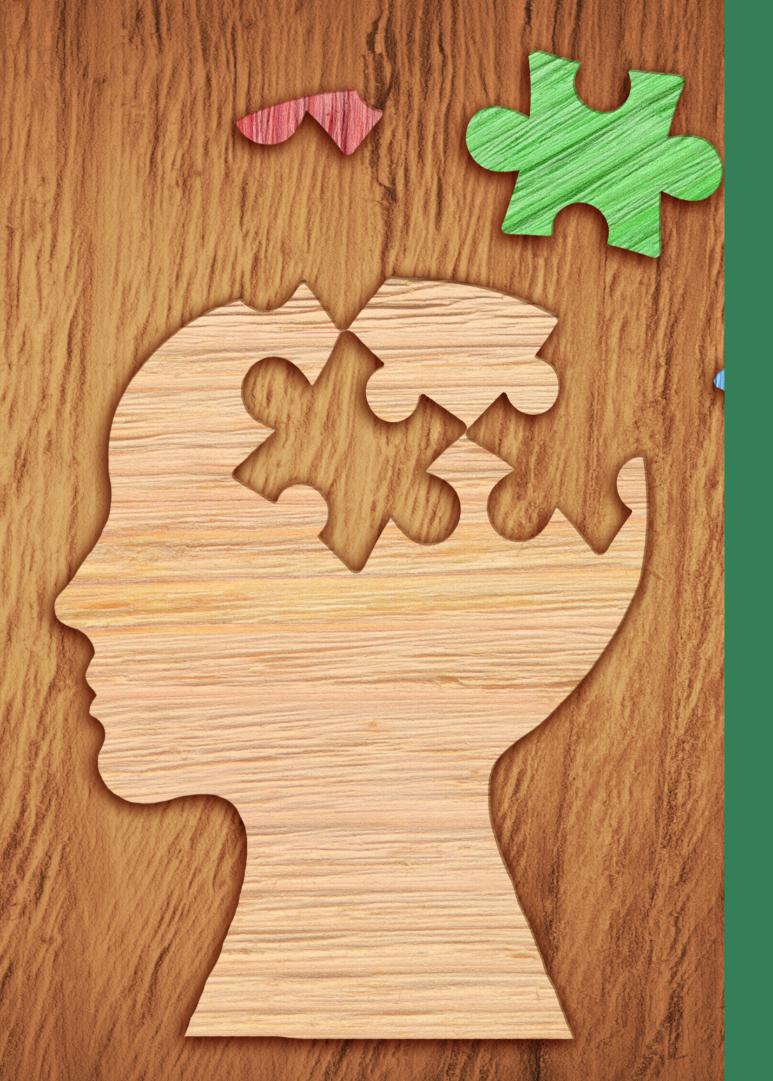






Conflicts of Interest

None.



Objectives

Participants will be able to:

- disorders
- Name 2 forms of treatment for cooccurring disorders

- Explain the etiology of co-occurring

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

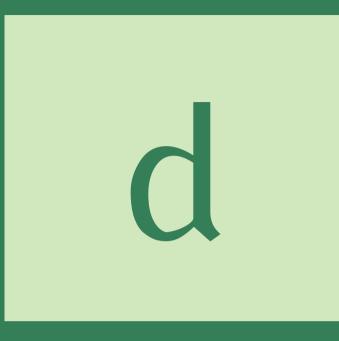
(APA, 2013; Guintivano & Kaminsky, 2016)



Non-Substance Use Disorder/Substance Use Disorder

(APA, 2013; Guintivano & Kaminsky, 2016)







Anxiety Disorders

- Downers
- Craving intensity

Depressive Disorders

• Uppers Craving intensity

- Trauma Disorders
- Severity of
 - distress
- Dangerous
- Environments



Personality Disorders

- Risk taking
- Sensation
 - seeking
- Social needs

(APA, 2013; Fatseas et al., 2018)







Schizophrenia Spectrum Disorders

- Distress severity
- Community
- Vulnerable to exploitation

Eating Disorders

- Weight loss
- Self-medicating for another dx

- Fetal Alcohol Spectrum Disorders (FASDs)
 - Community
 - Impulsivity
 - Family modeling



ADHD

• Self-medicating for sleep, concentration

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

Care for Co-Occurring Disorders

Treat Simultanesouly (Integrated Tx)

- We need both to reduce
- Some treatments hit two birds with one stone • Tends to be more effective

Treat One at a Time

- One needs to reduce before the other can Can feel less overwhelming

Best Practice: Have clients direct treatment • Greater engagement from client

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

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