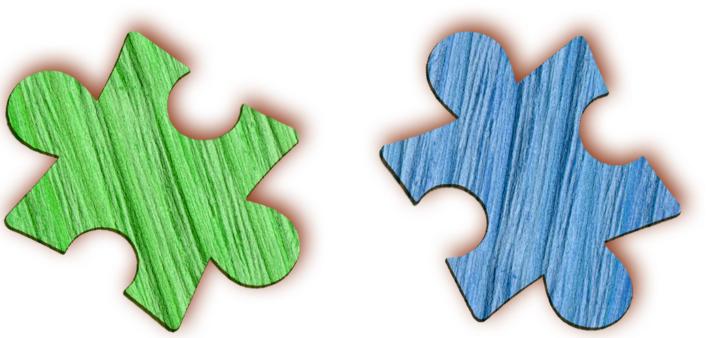


# Co-Occurring Disorders

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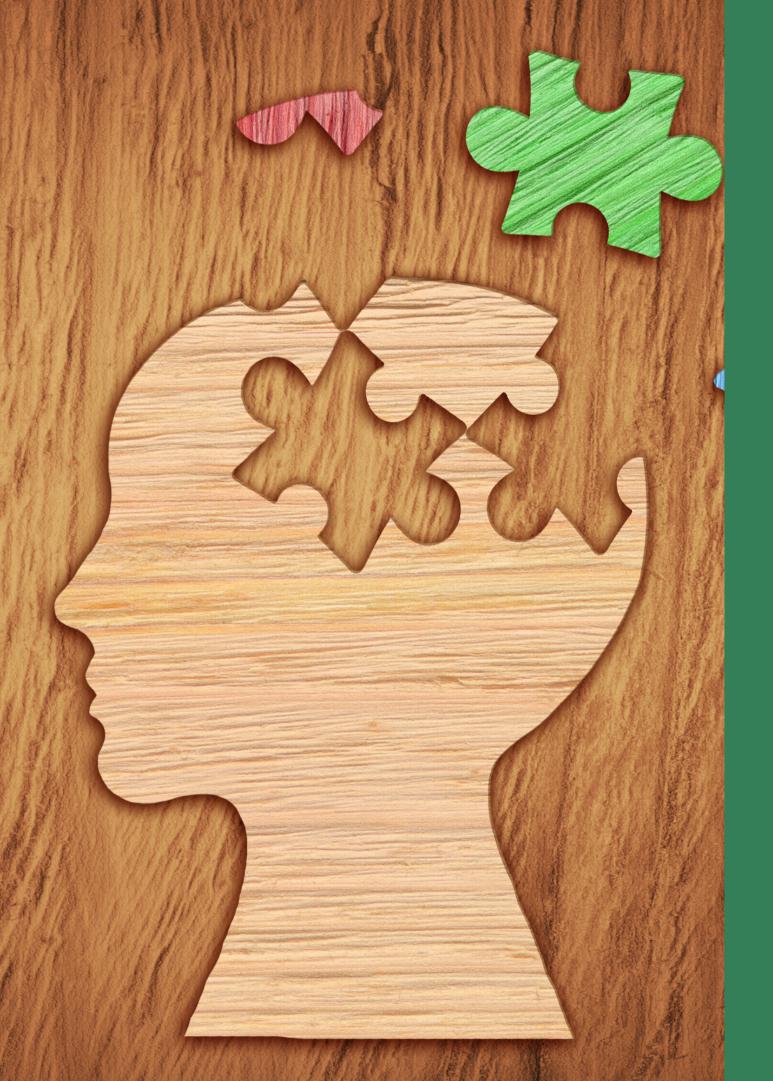






## Conflicts of Interest

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

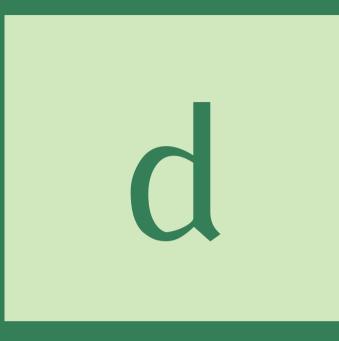
(APA, 2013; Guintivano & Kaminsky, 2016)



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

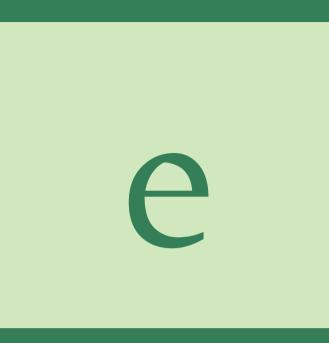


#### Personality Disorders

- 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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