



Q&A

What Are Co-occurring Disorders?

Some people suffer from a psychiatric or mental health disorder (such as depression, an anxiety disorder, bipolar disorder, or a mood or adjustment disorder) along with substance use of alcohol or other drugs. Or, a person may have had a substance use disorder at one time in his or her life (e.g., alcohol use in college), but may currently suffer from only one disorder (e.g., depression). This combination of health disorders is often referred to as a dual diagnosis, dual disorders, or co-occurring disorders. Co-occurring disorders are common in the general population and are even more prevalent among persons seeking treatment in medical, mental health, or addiction treatment settings.

How Many People Suffer from Co-occurring Disorders?

Researchers estimate that about half of the people treated in mental health settings have at least one substance use problem in their lifetime, if not within the past year. Approximately 25 to 33 percent of the people treated in mental health settings also suffer from past-year or current substance use problems. In addiction treatment settings, these estimates are similar if not higher. As many as 50 to 75 percent of people in addiction treatment centers also suffer from a current psychiatric disorder, with an even higher percentage of people having suffered from a psychiatric disorder at some point in their lives.

What Is the Difference between Severe and Non-severe Mental Health Disorders?

Co-occurring substance use disorders occur in people with severe and non-severe mental health disorders. Severe disorders include schizophrenia, bipolar disorder, schizoaffective disorder, and major depressive disorders. Non-severe mental health disorders include mood disorders, anxiety disorders, adjustment disorders, and personality disorders. Of course, severity can vary substantially within any given diagnostic condition.

Does Having a Co-occurring Disorder Affect Treatment Outcomes for Either Disorder?

Research shows that persons with co-occurring disorders (treated in either mental health or addiction treatment settings) have less favorable outcomes than persons who suffer from only addiction or only a psychiatric disorder. This means that if an alcoholic who is

clinically depressed is admitted to an addiction treatment center, it's likely that he or she will receive less adequate treatment for depression than a non-addicted person who seeks depression treatment from a mental health provider. On the other side of the coin, if a depressed alcoholic and an ordinary alcoholic both enter an addiction treatment center, it's likely that the ordinary alcoholic will have a better chance at recovery from alcoholism than the depressed alcoholic.

Not all people with co-occurring disorders report poor treatment outcomes, but most experts agree that having a co-occurring disorder is best viewed as a "risk factor" that can lead to a negative treatment experience. Examples of poor outcomes that have been identified through research include dropping out of treatment early, frequent transfer of the patient between clinicians within treatment settings, recidivism and return to treatment, no decline in substance use, no improvement of psychiatric symptoms, suicide, victimization, increased use of medical services (including hospitals and emergency services), legal problems including incarceration, work and school problems, and less satisfaction with treatment. These negative treatment outcomes have not been lost on policymakers, research scientists, and treatment providers who are still looking for ways to help individuals and families who suffer with co-occurring disorders.

What Are the Basic Approaches to Treating Persons with Co-occurring Disorders?

Historically, the treatment of co-occurring disorders could be classified into four models, which are listed here in the order they have evolved. The first model (single model) offers the lowest level of care, while the integrated model offers the highest level of care.

The four models of care for co-occurring disorders are

1. Single model of care: The "primary" disease and treatment approach
2. Sequential model of care: Treating one disorder at a time
3. Parallel model of care: Concurrent treatment of both disorders (i.e., both disorders are treated at the same time but in different places)
4. Integrated model of care: Treating both disorders (i.e., both disorders are treated at the same time and at the same place, or by the same providers)

Despite the widespread use of the first three models, current research shows that an integrated approach to co-occurring disorder treatment results in the best possible patient outcomes. Integration requires the active collaboration of both addiction and mental health services providers in the development of a single treatment plan to

address both disorders. It also requires the continuing formal interaction and cooperation of these providers in the ongoing reassessment and treatment of the patient.

How Can I Tell What My Level of Readiness to Treat Co-occurring Disorders Is?

There are four basic levels of readiness that you can use as a thumbnail guide:

Addiction-Only Services (AOS)

These addiction treatment programs cannot accommodate patients with co-occurring mental health disorders that require ongoing treatment, no matter how stable or functional the patient.

Mental Health-Only Services (MHOS)

These psychiatric treatment programs cannot accommodate patients with co-occurring substance use disorders that require ongoing treatment, no matter how stable or functional the patient.

Dual Diagnosis Capable (DDC)

Addiction treatment programs at the DDC level have a primary focus on treating substance use disorders. These programs are also capable of treating patients who have relatively stable diagnostic or sub-diagnostic co-occurring mental health disorders related to an emotional, behavioral, or cognitive disorder.

Mental health treatment programs at the DDC level have a primary focus on treating psychiatric disorders. These programs are also capable of treating patients who have relatively stable diagnostic or sub-diagnostic co-occurring substance use disorders.

Dual Diagnosis Enhanced (DDE)

These addiction treatment programs are designed to treat patients who have unstable or disabling co-occurring mental health disorders in addition to a substance use disorder. These mental health treatment programs are designed to treat patients who have unstable or disabling co-occurring substance use disorders in addition to a psychiatric disorder. In DDE-level programs, both mental health and substance use disorders are treated at the same time and at same place, or by the same providers.

How Will the Hazelden Co-occurring Disorders Program (CDP) Help My Organization?

The goal of Hazelden CDP is to help addiction treatment programs implement effective, integrated services for persons with non-severe mental health disorders that co-occur with a substance use disorder. However, the program can be used to treat these patients in mental health settings as well. Most addiction treatment providers recognize that patients with non-severe mental health disorders are already under their care. The program offers information and tools that will help you develop program policy, practice, and workforce resources in order to deliver the best care possible to all patients with co-occurring disorders in any setting.

Is Hazelden CDP Evidence-Based?

Hazelden CDP combines best practices in substance use and mental health therapies into a comprehensive treatment program for patients with non-severe mental health disorders that co-occur with substance use disorders. The interventions in this program are primarily drawn from evidence-based therapies, such as cognitive-behavioral therapy, motivational interviewing, and Twelve Step facilitation. The program is also based on the evidence-based principles of Integrated Dual Disorder Treatment (IDDT), developed by faculty from the Dartmouth Medical School for treating people with severe co-occurring disorders.

The program evaluation information provided in Hazelden CDP is based on findings, observations, and studies of more than 200 addiction treatment programs using the Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index, which was developed to assess the capacity of an addiction treatment program to provide evidence-based treatment services to persons with co-occurring disorders. A list of twenty-five research abstracts and six full research articles are available on this CD-ROM under the Research tab.

Who Can Use Hazelden CDP?

The seven components of Hazelden CDP are designed to be used by agency directors, administrators, supervisors, and clinicians. The program is designed for use with adult patients, as well as their family members, who are participating in a residential or outpatient treatment and/or mental health program for substance use and non-severe mental health disorders. These materials have been developed within the context of addiction treatment programs, but are equally useful when applied in a mental health program that would like to offer integrated treatment for co-occurring disorders.

Hard copies of handouts for patients (or forms for clinicians) are included in the three-ring binder for each curriculum. Reproducible copies of these handouts or forms are also available on the CD-ROM included with each curriculum. Hazelden CDP is suitable for individual or group therapy. Family members, friends, and other loved ones of patients are encouraged to participate in this program. Research shows that when family members are involved in the program, recovery for the patient is more likely.

How Is Hazelden CDP Different from Other Programs?

Hazelden CDP is specifically designed as an effective treatment program for patients with non-severe mental health disorders. The interventions in this program are evidence-based and primarily drawn from current best practices in cognitive-behavioral therapy, motivational interviewing, and Twelve Step facilitation. The *Clinical Administrator's Guidebook* offers an overview of co-occurring disorders treatment. Each of the five curricula include comprehensive guides for clinicians, as well as all the support tools necessary to implement an integrated treatment program to fulfill the needs of patients, family members, clinicians, team members, and other stakeholders.

Aside from Integrated Dual Disorder Treatment (IDDT), which is designed for severe mental illness (SMI), no other comprehensive manualized program exists for people with non-severe mental health disorders that co-occur with substance use disorders.

How Are the Tools in Hazelden CDP Different from the Integrated Dual Disorder Treatment (IDDT) Program Available from SAMHSA?

The IDDT was developed and standardized for use in mental health settings with persons with severe mental illness, such as schizophrenia, schizoaffective disorder, severe major depression, and bipolar disorders. The IDDT was not developed for and does not fit in most addiction treatment settings.

Hazelden CDP was created for use in addiction treatment settings for use primarily with persons with non-severe psychiatric disorders who also suffer from any level of substance use disorder. Non-severe mental health problems include depression and dysthymic disorders, and anxiety disorders including post-traumatic stress disorder (PTSD) and social phobia.

For severe mental illnesses, IDDT would be the model of choice. People using the IDDT program may chose to use the Hazelden Co-occurring Disorders Program to expand their organization's capabilities to offer integrated treatment for people with non-severe mental health disorders.

Is Hazelden CDP Compatible with Twelve Step Recovery?

For the program to be consistent with principles set forth in Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and other recovery fellowships, the clinician should advocate and support the idea that the patient's best interest is for *abstinence* from *all* mood-altering substances, including alcohol, drugs, and any pharmaceuticals that the patient may be taking *without* a prescription. Patients are also encouraged to attend other peer recovery support groups, such as Dual Recovery Anonymous (DRA) or Double Trouble in Recovery (DTR). It is also recommended that patients in this program purchase or be allowed to borrow copies of AA or NA publications. Furthermore, Twelve Step facilitation is covered in curriculum ② *Integrating Combined Therapies*, as one of the three recommended evidence-based addiction treatment models.

What Special Issues Might Arise When Dealing with Different Cultural Groups?

The use of Hazelden CDP interventions is not limited to certain races, ethnicities, or cultures. The educational information and inspirational stories included in the program guides and in the program DVD depict and honor individual and cultural diversity.

This aspect of Hazelden CDP makes it very appealing to people in many cultures. The delivery of information can be tailored to a particular population to make it as culturally specific as desired. The use of illustrations that depict diversity helps make the material more acceptable by a wide range of cultures and makes the information more easily understood by patients whose drug use and mental states have resulted in reduced cognitive abilities.

Is Training Necessary to Implement Hazelden CDP?

Implementation training developed by Hazelden with faculty of the Dartmouth Psychiatric Research Center to help addiction treatment and mental health centers develop greater capacity, skills, and processes to treat non-severe mental health patients with substance use disorders is available.

Fidelity of implementation of Hazelden CDP is vital to attaining effective outcomes. It is recommended that you and/or your facility receive additional training and support from Hazelden Publishing and the Dartmouth Psychiatric Research Center to ensure efficacy of the model.

For information on training, customers may contact Hazelden Publishing at 800-328-9000 or visit hazelden.org/cooccurring.

Who Can Use the Different Components of Hazelden CDP and How Do I Know Which Components to Purchase?

The program guidebook, the *Clinical Administrator's Guidebook*, is designed to direct and support implementation of the entire Hazelden CDP program, which includes five curricula and a DVD. Additional copies of the *Clinical Administrator's Guidebook* can be purchased to meet customers' program administration staffing needs. For outcome fidelity and consistency of delivery by all staff, it is recommended that customers use the complete Hazelden CDP package of seven components. However, if you are already delivering integrated treatment of co-occurring disorders but need to fill in or enhance specific missing or under-developed elements of your program with one or more of the five curricula components, then the components can be purchased separately. Customers may also purchase additional copies of the clinician's guides found in curricula ①, ②, ③, and ⑤ for their staff.

Clinical Administrator's Guidebook

This guidebook is appropriate for the program or agency director, board of directors, CEO, CFO, and other key agency leaders.

Curriculum ① *Screening and Assessment*

This curriculum is appropriate for therapists, counselors, or clinicians.

Curriculum ② *Integrating Combined Therapies*

This curriculum is appropriate for therapists, counselors, or clinicians.

Curriculum ③ *Cognitive-Behavioral Therapy*

This curriculum is appropriate for therapists, counselors, or clinicians.

Curriculum ④ *Medication Management*

The primary audience for this curriculum is medical directors, but it is also appropriate for therapists, counselors, or clinicians.

Curriculum ⑤ *Family Program*

This component is appropriate for therapists, counselors, or clinicians.

A Guide for Living with Co-occurring Disorders: Help and Hope for Clients and Their Families

This 90-minute DVD is appropriate for therapists, counselors, or clinicians who will use the video to educate patients and their families. It is included in curriculum ⑤ *Family Program* or can be purchased separately.