

# ASSESSMENT OF CO-OCCURRING DISORDERS DURING A CRISES ?

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# WHAT IS A CRISIS ?

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# CRISIS INTERVENTION

Those services which respond to an individual's needs during acute emotional and/or physical distress.



# CRISIS SERVICES – THREE COMPONENTS

1. Evaluation and Assessment
2. Crisis Intervention and Stabilization
3. Follow-up Planning



# GOALS OF CRISIS SERVICES

1. Intervening Immediately
2. Providing brief and intensive treatment
3. Involving families/significant others in treatment
4. Linking clients and families/significant others with other community support services
5. Averting visits to the emergency department or hospitalization by stabilizing the crisis situation



# EVALUATION AND ASSESSMENT

- Engage the client (the extent to which the client feels heard, respected, and understood)
- Identify and contact collaterals to gather additional information
- Determine level of care
- Identify strengths and supports
- Determine stage of change
- Plan treatment/intervention



## SUBSTANCE ABUSE PROBLEMS

- Older adults are at increased risk for alcohol related problems and accidental or intentional misuse of prescription drugs.
- Older adults are more susceptible to the effects of alcohol on the brain and that physiological changes in the body keep alcohol in an older adult's system longer.
- Age brings with it changes in the absorption, distribution, metabolism, and excretion of psychotropic drugs.
- It is likely that the next generation of retired older persons will have increasing rates of co-occurring illicit drug abuse.
- Older adults in need of substance abuse treatment is est. to more than double for 1.7 million in 2000 and 2001 to 4.4 million in 2020.



## MENTAL HEALTH PROBLEMS

- One in four older adults has a significant mental disorder (26%).
  - 16 per cent with a primary psychiatric illness
  - 3 per cent with dementia complicated by significant psychiatric symptoms
  - 7 percent with uncomplicated dementia
- The most common mental health problems in older persons are depression, anxiety disorders, and dementia.
- Older have the highest suicide rate of any age group, with greater risk associated with men, and with the presence of alcohol use and depressive symptoms.



# CO-OCCURRING SUBSTANCE ABUSE AND MENTAL ILLNESS AMONG OLDER ADULTS

- 29 percent of individuals with a mental illness have a substance abuse disorder at some time in their lifetime, and 37 percent of individuals with a substance abuse diagnosis have a lifetime prevalence of psychiatric illness.
- One fifth (20%) of older adults (age 60+) receiving treatment in a specialty psychiatric geriatric psychiatry outpatient clinic were found to have a substance abuse disorder, including 11 percent with benzodiazepine dependence and 9 percent with alcohol dependence.
- Over one-third of older (60+) psychiatric inpatients had co-occurring psychiatric and substance abuse disorders, consisting of 71 percent with alcohol abuse and 29 percent abusing alcohol and other substances. The most common psychiatric diagnosis was depression (71%).

## SIX GUIDING PRINCIPLES IN TREATING CLIENTS WITH COD

- Employ a recovery perspective.

Develop a treatment plan that provides for continuity of care over time.

Devise treatment interventions that are specific to the tasks and challenges faced at each stage of the co-occurring recovery process (stages of change/motivational enhancement).

- Adopt a multi-problem viewpoint.

People with COD generally have an array of mental health, medical, substance abuse, family, and social problems.

Services should be comprehensive to meet the multi-dimensional problems presented by clients with COD.



## SIX GUIDING PRINCIPLES CONT.

- Develop a phased approach to treatment.

Generally three to five phases are identified, including engagement, stabilization, treatment, and aftercare or continuing care.

These phases are consistent with, and parallel to, stages identified in the recovery perspective.
- Address specific real-life problems early in treatment.

Recognizing that co-occurring disorders arise in a context of personal and social problems, with a corresponding disruption of personal and social life.



## Six guiding Principles Cont.

- Plan for the client's cognitive and functional impairments.  
Interventions presented are compatible with client needs and functioning.  
Frequently calls for relatively short, highly structured treatment sessions that are focused on practical life problems.
- Use support systems to maintain and extend treatment effectiveness.  
Ensuring that the client is aware of available support systems and motivated to use them effectively.



# Older Adults

- Account for 1/3 of all medications prescribed in the U.S.
- More likely to be prescribed long-term and multiple prescriptions
- Also use over-the-counter medications and dietary supplements
- More adverse health consequences
- Increased risk for cognitive impairment



# What are the Most Commonly Abused Prescription Drugs?

- **Opioids**
  - Most often prescribed to treat pain
- **Central Nervous System Depressants**
  - Used to treat anxiety and sleep disorders
- **Stimulants**
  - Prescribed to treat narcolepsy and attention-deficit hyperactivity disorder



# Opioids

- Effective pain-relievers
  - Codeine
  - Oxycodone
  - Hydrocodone
  - Morphine
  - Oxycontin
  - Meperidine



# How do Opioids Affect the Brain and Body?

- Block the perception of pain
- Drowsiness
- Nausea
- Constipation
- Depress respiration
- Euphoria



# What are the Consequences of Opioid Use and Abuse?

- Taken as directed, opioids can be used to manage pain effectively
- Properly managed, short-term medical use is safe and rarely causes addiction



# Withdrawal Symptoms

- Restlessness
- Muscle and bone pain
- Insomnia
- Diarrhea
- Vomiting
- Cold flashes with goose bumps (cold turkey)
- Involuntary leg movements



- Long-term use of opioids can lead to physical dependence
- Taking a large single dose of an opioid can cause severe respiratory depression that can lead to death



# Is it Safe to Use Opioids with Other Medications?

- Only under a physician's supervision can opioids be used safely with other drugs
- Typically, they should not be used with other drugs that depress the central nervous system as these combinations increase the risk of life-threatening respiratory depression
  - Alcohol
  - Antihistamines
  - Benzodiazepines



# Central Nervous System Depressants

- Sedatives and Tranquilizers
  - Barbiturates
  - Benzodiazepines



# Barbiturates

- Sodium Pentothal
- Amytal
- Nembutal
- Seconal
- Tuinal
- Butisol
- Luminal



# Benzodiazepines

- Valium
- Ativan
- Librium
- Klonopin
- Dalmane
- Restoril
- Versed



# How do Depressants Affect the Brain and Body?

- Decrease brain activity
- Produce a calming effect
- Drowsiness/sedation
- Slurred Speech
- Slow normal brain functioning



# What are the Consequences of Depressant Use and Abuse?

- High potential for abuse
- Tolerance develops with continued use
- Paradoxical excitation (a stimulant-like effect in some people)
- Obesity
- Decreased muscle tone



# Withdrawal

- Potential for seizures
- Sleeplessness/restlessness
- Anxiety
- Irritability



# Is it Safe to use Depressants with Other Medications?

- Should be used in combination with other medications only under a physician's close supervision
- Should not be combined with any other medication/substance that can cause central nervous system depression
  - Opioids
  - Over-the-counter cold and allergy medications
  - Alcohol



# Stimulants

- Dextroamphetamine
- Amphetamine
- Methamphetamine
- Biphphetamine
- Phenteramine
- Methlypenidate



# How do Stimulants Affect the Brain and Body?

- Enhance the effects of chemicals in the brain
- Increase blood pressure, and heart rate
- Constrict blood vessels
- Increase blood glucose
- Open up the pathways of the respiratory system
- Euphoria
- Increase alertness, attention, and energy
- Historically used to treat asthma, other respiratory problems, obesity and neurological disorders
- High potential for abuse
- Now used to treat only a few health conditions
  - Narcolepsy
  - ADHD
  - Depression that has not responded to other treatments

# What are the Consequences of Stimulant Use and Abuse?

- Boost alertness but also promote overconfidence
- Tolerance develops quickly
- Dizziness
- Panic reactions
- Hallucinations
- Restlessness
- Aggressiveness



# Withdrawal

- Fatigue
- Depression
- Disturbance of sleep patterns
- Hostility or paranoia
- Dangerously high body temperature
- Irregular heartbeat
- Cardiovascular failure
- Lethal Seizures



# Is it Safe to Use Stimulants with Other Medications?

- Should be used in combination with other medications only under a physician's supervision
- Should not be used in combination with OTC cold medications that contain decongestants
  - Dangerously high blood pressure
  - Irregular heart rhythms

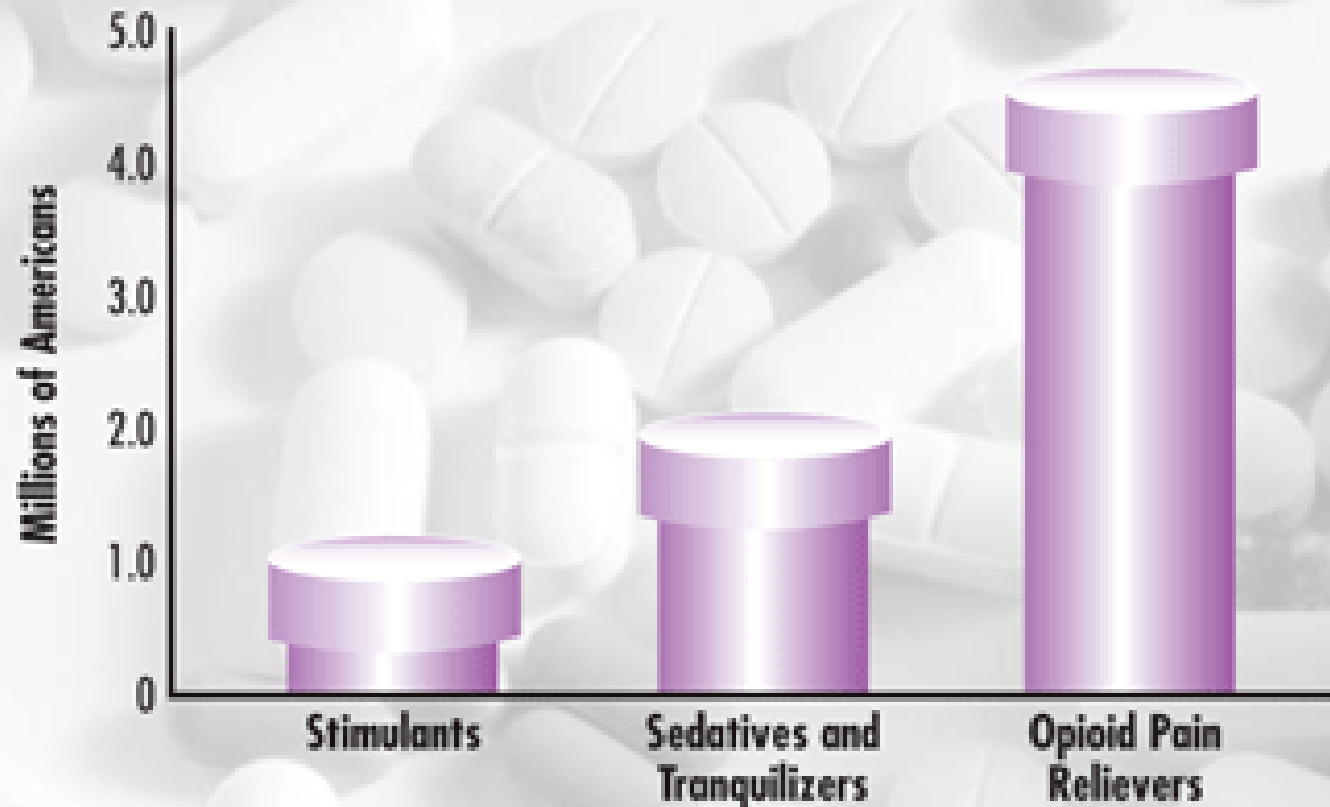


# Trends in Prescription Drug Abuse

- In 2003 4.7 million Americans used prescription drugs non-medically for the first time
  - 2.5 million used pain relievers
  - 1.2 million used tranquilizers
  - 761,000 used stimulants
  - 225,000 used sedatives



## More than 6.3 Million Americans Reported Current Use of Prescription Drugs for Nonmedical Purposes in 2003



Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration. *National Survey on Drug Use and Health, 2004.*

# Most Frequently Reported Prescription Medications in Drug Abuse-Related Cases

- **Benzodiazepines**
  - Diazepam
  - Alprazolam
  - Clonazepam
  - Lorazepam
- **Opioids**
  - Oxycodone
  - Hydrocodone
  - Morphine
  - Methadone
  - Combinations that include these drugs

THANK YOU FOR YOUR ATTENTION

