Foundations of Addictions

Week 9

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Dual Diagnosis

• From the beginning, social, cultural and religious forces in US society have resisted seeing mental health and addictions disorders as overlapping and co-occurring.

• Many temperance and fraternal organizations were suspicious of medical approaches.
Dual Diagnosis

- Psychiatry did not establish credibility with the temperance movements, etc.
- Medicine was more supportive in recognizing addiction as a disease.
- AA and the Minnesota models organized about the disease concept and their thinking evolved into tx as a spiritual journey.
- American psychiatry steeped in psychoanalytic theory.
Evolution of dual diagnosis in the 70’s and 80’s

• Professionalization of the addictions field in the 1970’s further reinforced the division from mental health
• Certified addictions counselors considered any mind altering drugs to stand in the way of recovery
• Mental health professionals ignored substance abuse in tx planning
Evolution of Addictions Counseling in 70’s and 80’s

• Legislation and policy created separate bureaucracies for mental health and addictions tx in most states

• Bureaucracies thrive by making exclusive rules; controlling funding; creating constituencies

• Mental health and substance abuse each have separate federal agencies and funding sources
Dual diagnosis in the 90’s

• Some policy makers and providers began to push for the integration of mental health and substance abuse counseling

• Arguments for:
  Less expensive
  Treats the patient as a whole person
  Integrates tx to improve outcomes
  Allows for better coordination with medicine
Dual Diagnosis in the 90’s

• Arguments against:
  - Lack of properly trained providers
  - Loss of identity and integrity of substance abuse counselors
  - Mental health models tend to not be supportive of recovery concepts and the use of naturalistic support systems
Cultures in collision

• Mental health providers have a long history of licensure and scope of practice rights
• Graduate programs have ignored or minimized the role of addiction in mental disorders
• Substance abuse counselors tend to be certified, not licensed and until recently to come from recovery backgrounds
Cultures in collision

• Mental health providers have been trained in psychotherapy with broad long term and usually not clearly defined goals
• Addictions counselors have been trained in behavioral models
• Managed care has pushed for the final step in professionalization of addictions counseling and for behavioral outcomes
Definitions of dual diagnosis

• Axis I
  Two or more Axis I dx
  A substance abuse and other Axis I dx

• Axis II
  Axis II dx and one or more Axis I dx

• Axis III
  Medical conditions that interact with Axis I and II disorders
Dual Diagnosis in the 90’s

• Models of dual diagnosis or co-occurring disorders
  Separate but equal tx facilities
  Down the hall integrated tx
  Co-management of the patient
  Integrated tx provided by trained counselor
Co-Morbidity Between Mental Disorders and Substance Use Disorders

• Any Substance Use Disorder and:
  – Schizophrenia 47%
  – Anxiety Disorder 23.7%
  – Antisocial Personality Disorder 83.6%
Co-Morbidity Between Mental Disorders and Substance Use Disorders

• **Any Mental Disorder and:**
  – Any Alcohol 36.6%
  – Any Drug 53.1%

• **Schizophrenia and:**
  – Any Alcohol 3.8%
  – Any Drug 6.8%

• **Affective Disorder and:**
  – Any Alcohol 13.4%
  – Any Drug 26.4%

• **Anxiety Disorder and:**
  – Any Alcohol 19.4%
  – Any Drug 28.3%
What to treat first?

• Treat the addiction first, then the co-occurring mental disorder

• Stabilize the co-occurring disorder then refer for AOD treatment

• Treat both dx simultaneously
Minkoff Model

• No one type of dual diagnosis program
• Proper tx intervention depends on:
  Type of dual dx
  Phase of recovery
  Level of acuity, severity and disability
  Motivation for tx
• Service model is less important than assessing for proper tx intervention
Minkoff

- Integration of mental health and addiction treatment
- Addiction as the primary problem requiring stabilization
- Mental health problems need to be reassessed as the patient is abstinent
Strengths Based Approach

- Focus is on strengths, interests, abilities, not dx
- Relationship between consumers and providers is essential
- Consumers are directors of tx

- All human beings have the capacity to learn, grow and change
- Helping activities occur in the community, not the clinic
- Entire community is the resource for change