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CO-OCCURRING DISORDERS BEST PRACTICES LITERATURE REVIEW

Various sources on co-occurring disorders (also called dual diagnosis) agree that although there is no one “correct” approach to the treatment of persons who experience both substance abuse and mental illness, there are a number of promising programs and some general principles/practices to be used. For the purposes of this review, we focus on the principles/practices as the evidence-based programs would be too numerous to list and summarize in this document. However, some general findings are:

- Screening for both disorders is essential. There are a number of well-respected screening tools for both.
- Persons experiencing co-occurring disorders should receive integrated services for both issues (i.e., both are primary conditions and should be treated at the same time).
- Case-management (i.e., providing persons with co-occurring disorders connections to help stabilize them in all aspect of their lives) is essential.

Basic Principles of Evidence Based Practices for COD

1. Co-morbidity is an expectation, not an exception.
2. Treatment success derives from the implementation of an empathic, hopeful, continuous treatment relationship, which provides integrated treatment and coordination of care through the course of multiple treatment episodes.
3. Within the context of the empathic, hopeful, continuous, integrated relationship, case management/care and empathic detachment/ confrontation are appropriately balanced at each point in time.
4. When substance disorder and psychiatric disorder co-exist, each disorder should be considered primary, and integrated dual primary treatment is recommended, where each disorder receives appropriately intensive diagnosis-specific treatment.
5. Both major mental illness and substance dependence are examples of primary mental illnesses which can be understood using a disease and recovery model, with parallel phases of recovery, each requiring phase- specific treatment.
6. There is no one type of dual diagnosis program or intervention. For each person, the correct treatment intervention must be individualized according to diagnosis, phase of recovery/treatment, level of functioning and/or disability associated with each disorder, and level of acuity, dangerousness, motivation, capacity for treatment adherence, and availability of continuing empathic treatment relationships and other recovery supports.

Basic components of integrated COD/dual disorders treatment

Providing effective integrated dual disorders treatment involves the following:

- *Knowledge about alcohol and drug use, as well as mental illnesses*

Clinicians know the effects of alcohol and drugs and their interactions with mental illness.

- *Integrated services*

Clinicians provide services for both mental illness and substance use at the same time.

- *Stage-wise treatment*

People go through a process over time to recover and different services are helpful at different stages of recovery.

- *Assessment*

Consumers collaborate with clinicians to develop an individualized treatment plan for both substance use disorder and mental illness.

- *Motivational treatment*

Clinicians use specific listening and counseling skills to help consumers develop awareness, hopefulness, and motivation for recovery. This is important for consumers who are demoralized and not ready for substance abuse treatment.

- *Substance abuse counseling*

Substance abuse counseling helps people with dual disorders to develop the skills and find the supports needed to pursue recovery from substance use disorder.

Specific Interventions with Some Evidence Base (CSAT TIP 2004)

- Motivational Interventions
- Cognitive/Behavioral Approaches
- Modified Therapeutic Communities
- Assertive Community Treatment (ACT)
- Intensive Case Management
- Contingency Management

RESOURCES

SAMHSA's Co-Occurring Disorders Center for Excellence website includes several resources on evidence-based practices for co-occurring disorders.

http://coce.samhsa.gov/cod_resources/cod_presentations.aspx

“Understanding Evidence-Based Practices for Co-Occurring Disorders” provides an overview of research-based practices which is linked to the Co-Occurring Disorders website:

<http://download.ncadi.samhsa.gov/prevline/pdfs/SMA07-4278.pdf>

CSAT Inventory of Effective Substance Abuse Treatment Practices webpage (linked to the SAMHSA's website) includes multiple links to literature on best practices for substance abuse treatment.

<http://csat.samhsa.gov/treatment.aspx>

“Substance Abuse Treatment for Persons with Co-Occurring Disorders” is a very comprehensive (590 page) document that covers areas of appropriate screening and assessment, therapeutic approaches, tips for clinicians, etc.

<http://download.ncadi.samhsa.gov/prevline/pdfs/bkd515.pdf>

“Knowledge Application Keys for Clinicians” is a greatly shortened version of the previous document (“Substance Abuse Treatment for Persons with Co-Occurring Disorders.”)

http://kap.samhsa.gov/products/tools/keys/pdfs/KK_42.pdf