

Co-Occurring Disorders

Kristina Pacheco, LADAC TLPI
Tribal Wellness Court Specialist

Jill Campoli, MA, LPCC, Pueblo
of Pojoaque

Lori Vallejos, LMSW Pueblo of
Laguna Behavioral Health

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What is Comorbidity

- ▶ When a person has two or more disorders at the same time or one after the other, this occurs frequently with substance use and mental disorders. Comorbidity also means that interactions between these two disorders can worsen the course of both

Who is affected?

- ▶ *7.7 million adults have co-occurring mental and substance use disorders. This doesn't mean that one caused the other and it can be difficult to determine which came first.
- ▶ *Of the 20.3 million adults with substance use disorders, 37.9% also had mental illnesses.
- ▶ *Among the 42.3 million adults with mental illnesses, 18.2% also had substance use disorders.

Who gets treatment

- ▶ *52.5% received neither mental health care nor substance use treatment
- ▶ *34.5% received mental health care only
- ▶ *9.1% received both mental health care and substance use treatment
- ▶ *3.9% received substance use treatment only

Barriers to Getting Treatment

- ▶ Among adults with co-occurring disorders who did not receive mental health care, their reasons for not receiving it were:
- ▶ *52.2% Could not afford the cost
- ▶ *23.8% Did not know where to go for treatment
- ▶ *23.0% Could handle the problem without treatment
- ▶ *13.6% Fear of being committed
- ▶ *12.4% Might cause neighbors/community to have negative opinions
- ▶ *11.1% Did not think treatment would help
- ▶ *10.6% Did not have time
- ▶ *10.1% Concerned about confidentiality

Among adults with co-occurring disorders who did not receive substance use care, their reasons for not receiving it were:

- *38.4% Not ready to stop using
- *35.1 Had no health insurance and could not afford cost
- *13.1% Might cause neighbors/community to have negative opinion
- *13.0% Might have a negative effect on job
- *11.5% Did not know where to go for treatment
- *9.9% Had insurance, but did not cover treatment cost
- *9.0% No program had the treatment type.

**respondents could provide more than one response.

NIDA, 2018 *Comorbidity: Substance Use and Other Mental Disorders*

Vignette 1:

- ▶ James Blue House is a 49yo Pueblo/Navajo male. He was arrested by Tribal Police for his 16th Public Intoxication charge in 2 years. At the time of his arrest his BAC was .36; according to the criminal complaint he was found laying in the middle of the Sub-division road. James also has a history of breaking & entering. On two previous arrests, he was discovered in the houses passed out. James also has a history suicidal gestures (i.e. laying in the middle of the road or rail road tracks) and verbalizations (i.e. calling the mother of his children & having her tell his children good bye); these have been while he is intoxicated. James identifies himself as Pueblo, but does not participate in the traditional practices.

Vignette 2:

- ▶ Shannon is a 32 year old single Laguna/Hopi female who is a referral from Laguna Tribal Court for the charge of Disobedience Lawful Order to the Court. At a recent Child in Need of care review hearing Shannon tested positive for methamphetamine. Shannon is the mother of two children, ages 3 and 8 who are with relative placement. In the initial screening Shannon reports that she has been using methamphetamine for 2 years, with route of administration progressing from smoking to IV drug use. Shannon also reports drinking alcohol at time when she wants to “come down”. Shannon also reports that she has had a series of unstable intimate partners and at this time is living with different friends. Shannon says that she has tried stopping her use on numerous occasions, with no success. At this time she is wanting to get clean and return back with her family and be reunited with her children. Your observations about Shannon are pressured speech, a flight of ideas and being easily distracted during the assessment.

Entry into Wellness Court

- ▶ Screening and Assessment

 - PHQ 9

 - GAD 7

Biopsychosocial

- ▶ Family History/Living Arrangements

- ▶ Developmental History

- ▶ Education

- ▶ Military

(cont.)

- ▶ Cultural/Spiritual
- ▶ Employment
- ▶ Legal
- ▶ Substance use
- ▶ Prior treatment History
- ▶ Abuse (Physical, Emotional, Sexual, Domestic Violence)
- ▶ Hospitalizations
- ▶ Socio-Cultural

Physical pain



Historical trauma



Common modalities of treatment for co-occurring disorders

- ▶ Cognitive Behavioral therapy CBT
- ▶ Dialectical Behavior Therapy DBT
- ▶ Therapeutic Communities
- ▶ Seeking Safety
- ▶ Contingency Management or Motivational Incentives

Questions?

Thank you