
Dual Diagnosis (Co-Occurring Mental and Substance Use Disorders): Assessment Dilemmas

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A Word About Terminology

- Terminology – Co-Occurring Mental and Substance-Related Disorders; “dual diagnosis”
- MICA; CAMI; MISA; SAMI; MICD; ICOPSS; dual disorders; dual diagnosis; coexisting; co-morbid; co-occurring; multiple vulnerabilities
- Increased federal, state and county focus on identifying dual diagnosis

Mental health and addiction treatment settings

- During 1980's and 1990's substance abuse treatment programs typically reported that 50 to 75% of clients had co-occurring mental disorders
- Clinicians in mental health settings reported that between 20 and 50% of their clients had co-occurring substance use disorders

(Center for Substance Abuse Treatment. "Substance Abuse Treatment for Persons With Co-Occurring Disorders" Treatment Improvement Protocol (TIP) Series 42. DHHS Publication No. (SMA) 05-3992. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005.)

- 21.3% of those with serious mental illness had past year substance dependence or abuse of alcohol or any illicit drug

(National Epidemiologic Survey on Alcohol and Related Conditions, 2004)

SAMHSA Definition

People with co-occurring disorders: “individuals who have at least one mental disorder as well as an alcohol or drug use disorder. While these disorders may interact differently in any one person...at least one disorder of each type can be diagnosed independently of the other”

SAMHSA Definition (cont.)

“Co-occurring disorders may include any combination of two or more substance abuse disorders and mental disorders identified in the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV). There are no specific combinations of....disorders that are defined uniquely as co-occurring disorders.”

(In “A Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders”)

Ideological Differences that Affect Assessment

- Lack of training in addiction treatment – blind to addiction
- Past bad experiences with mental health – dismiss mental health issues
- Overcoming attitudinal and training barriers to improve assessment

Prerequisite Concepts for Dual Diagnosis Work

3 D's

Deadly Disease

Denial

Detachment

3P's

Psychiatric Disorders

Psychopharmacology

Process

Why Diagnostic Confusion?

- Alcohol/drugs can cause psychiatric symptoms in anyone (acute toxicity)
- Prolonged A/D use can cause short or long-term psychiatric illness
- A/D use can escalate in episodes of psychiatric illness
- Psychiatric symptoms and A/D use can occur in other psychiatric disorders
- Independent addiction and psychiatric illness

(Marc A. Schuckit: Am. J Psychiatry, 143:2 p. 141 – modified)

Why Lack of Consensus?

- Lack of consistency in research findings; research methodologies; prevalence rates
- Different training and experience
- Different patient populations
- Different research methodologies

Assessment Strategies, Methods and Priorities

- Pharmacological and psychosocial aspects of addiction can mimic psychiatric disorders
- Decision tree for “Addiction versus Psychiatric Disorders: Either or Both?”
- Take a good history –Timelines; Drug-free periods
- Observe the client for a sufficient time drug-free
- Strategies for severe and persistently mentally ill

Adolescent Specific Assessment Issues

- 3 D's – Deadly Disease; Denial; Detachment
- **Adolescent drug use as a developmental stage** – from experimentation to dependence

Adolescent Specific Assessment Issues (cont.)

Diagnostic Indicators – High likelihood of Substance Use Disorder if...

- Someone raises a question about drug usage
- Social or psychological problems the adolescent presents with, later than beginning of drug problems
- Social or psychological problems closely associated, time-wise with substance use
- Adolescent cannot stay drug-free without difficulty

February 18

- ? Primary alcohol dependence or primary psychiatric interventions needed
- ? Level of care and treatment plan, given three hospitalizations since age 15 and current admission involved high risk suicidal behavior
- 19 y.o., white, single, unemployed tire worker admitted Feb. 13 intoxicated on alcohol; positive for marijuana; depressed, suicidal; had cut chest and written "Die" on chest; overdose of Prozac