Dual Diagnosis or Co-Occurring Disorders

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History of Dual Diagnosis

• United States – 1980s
• An effort to identify cause and effect relationship between mental illness and substance use. DSM-IV-TR
• Mood and Personality Disorders
• Substance Induced Mood Disorders
• Substance Dependence and Substance Abuse
Theories

- Causality
- Attention-deficit hyperactivity disorder
- Autism spectrum disorder
- Past exposure to psychiatric medications theory
- Self-medication theory
- Alleviation of dysphoria theory
- Multiple risk factor theory
- The supersensitivity theory
Treatment

- Partial
- Sequential
- Parallel
- Integrated
- Total Abstinence vs. partial abstinence
Some Considerations for SU/MH Disorders

- Prevalence of the disorder
- How the disorder develops and progresses
- Functional consequences of the disorder
- Gender differences that could impact the course of the disease
- Cultural issues that might impact the diagnosis
Current Trend

• DSM 5. Substance-Related and Addiction Disorders
  – Mild 2+ Symptoms
  – Moderate 4+ Symptoms
  – Severe 6+ Symptoms

• Addiction

• Trauma or PTSD

• Recovery and Neuro Atypical
Key Criteria of SUD in the DSM-5

- Missing school, work or other responsibilities due to substance use
- Building up a physiological tolerance to the effects of a substance
- Craving the substance
- Failing to quit using despite multiple times of trying to do so
Addiction

- American Society of Addiction Medicine (ASAM)

“Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one’s behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.”