SUBSTANCE DEPENDENCE AND CO-OCCURRING PSYCHIATRIC DISORDERS

Best Practices for Diagnosis and Clinical Treatment

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To our mentor, Frederic M. Quitkin, M.D.

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Introduction and Overview

by Edward V. Nunes, M.D., Jeffrey Selzer, M.D., Petros Levounis, M.D., M.A., and Carrie A. Davies, B.S.

CALL TO CLINICIANS TREATING SUBSTANCE-DEPENDENT PATIENTS TO LEARN ABOUT PSYCHIATRIC COMORBIDITY

This book was written to teach clinicians who treat patients with alcohol and drug dependence about the psychiatric disorders that commonly co-occur with addictive disorders. Potential readers include anyone working in alcohol and drug treatment programs or specializing in treatment of addictive disorders—from counselors and medical staff to supervisors and program directors—including clinicians and managers with little or no prior training in psychopathology or psychiatric diagnosis and treatment. This book was written to serve as a primer that will stimulate interest in co-occurring psychopathologies and inspire confidence that achievement of a working knowledge of this topic is within the grasp of any clinician and will yield more effective clinicians. We also hope that clinicians from mental health care settings, psychiatrists, psychologists, and social workers will refer to this book as they seek to broaden their knowledge of the special issues involved in psychiatric diagnosis and treatment planning for patients with co-occurring mental disorders and addictive disorders.

As readers learn more about psychiatric disorders, we hope that they not only gain familiarity with the academic literature and broaden their knowledge base, but also acquire skills necessary for screening and treating psychiatric disorders including mastery of the skills required for conducting a psychiatric diagnostic interview, making

tentative diagnoses, and identifying patients who should be referred for specialty care. One does not need to become a specialist in treating psychiatric disorders to be able to tailor a treatment plan to the unique needs of dually diagnosed patients. Clinicians can better serve their patients simply by becoming familiar with the treatment options for psychiatric disorders in order to facilitate proper referral of patients to specialty care (e.g., psychotherapy, medication treatment), monitor patients, and provide follow-up.

We believe that any motivated clinician can learn to conduct a basic psychiatric diagnostic interview, understand how psychiatric disorders may impact treatment of addictions, and successfully refer patients to specialty care. By acquiring the skills to diagnose and treat patients with co-occurring psychiatric and substance use disorders, clinicians can improve their treatment alliance with their patients and the overall outcome of their patients' treatment.

IMPORTANCE OF ADDRESSING PSYCHIATRIC COMORBIDITY

Psychiatric comorbidity, most notably the co-occurrence of a psychiatric disorder and substance use disorder, is a common condition that results in tremendous suffering and costs. The presence of a psychiatric disorder increases the risk for the presence of an addictive disorder and vice versa. Much evidence suggests that when these disorders occur together, a patient's prognosis is worse than when the disorders occur alone; evidence also suggests that treatment of both disorders simultaneously in one facility or in a coordinated effort with another facility results in better treatment outcome.

While the caseloads of clinicians in substance abuse treatment programs often contain numerous patients who suffer from one or more psychiatric disorders in addition to a substance use disorder, few of these clinicians have substantial training in diagnosis and treatment of psychiatric disorders. Thus, this book aims to teach clinicians about the diagnosis and treatment of co-occurring psychiatric and substance use disorders. With this knowledge clinicians should be able to more effectively screen dually diagnosed patients, collaborate with mental health care specialists, and improve quality of care for patients with both addictions and other psychiatric disorders.

BRIEF HISTORY OF RESEARCH ON PSYCHIATRIC COMORBIDITY

Attention to co-occurring psychiatric disorders (i.e., a substance use disorder plus another psychiatric disorder) represents a sea change in the mental health field that has occurred over the last decade or two. Historically, the treatment systems for psychiatric disorders and substance use disorders have operated (and largely continue to operate) separately from one another. These two treatment systems have been operated by different state agencies, have offered different treatment programs, have employed different clinicians with different backgrounds in education and training, and have received funding from different sources. Psychiatric clinicians, including psychiatrists, psychologists, and clinical social workers, historically have received little training in diagnosis and management of substance use disorders; similarly, clinicians who treat substance use disorders historically have received training that has focused mainly on diagnosis and treatment of substance use disorders (with little attention to other co-occurring disorders). Dually diagnosed patients have been required to navigate the

two separate treatment systems with little assistance from treatment professionals and often receive inadequate treatment for either or both of their disorders.

Increased interest in co-occurring psychiatric disorders began to emerge in the 1980s. A series of large surveys of the general population documented a high prevalence of psychiatric disorders in the general population and a high rate of co-occurring psychiatric disorders, particularly a combination of substance use disorders and other mental disorders, such as mood and anxiety disorders (Grant, 1995; Grant et al., 2004; Kessler, 1995; Kessler et al., 1994; Regier et al., 1990). The presence of alcoholism or another substance dependence disorder was found to increase a patient's risk of having other psychiatric disorders by a factor of two or more. These findings echoed results from studies that documented high rates of co-occurring psychiatric disorders in samples of patients in treatment for substance use disorders (for a review, see Hasin & Nunes, 1998). Studies also indicated that the presence of co-occurring psychiatric disorders often predicted poor outcome and, interestingly, that psychiatric disorders might play a role in motivating patients to enter treatment for problems with addictions. Later studies suggested that treatment that integrates psychiatric and substance abuse treatment modalities leads to better outcomes for patients with both a psychiatric disorder and substance use disorders (Drake & Mueser, 2001; Hellerstein, Rosenthal, & Miner, 2001; Nunes & Levin, 2004; Weiss, 2004). Over the past decade treatment programs that had focused exclusively on substance use disorders have begun to routinely involve psychiatric consultants in patients' care and to set up services for patients with co-occurring disorders.

GENESIS OF THIS BOOK

The inspiration for this book grew out of our participation in the National Institute on Drug Abuse (NIDA) Clinical Trials Network (CTN). The CTN, which was spearheaded by NIDA director Dr. Alan Leshner to "improv[e] the quality of drug abuse treatment throughout the nation using science as the vehicle" (A. Leshner, personal communication, March 14, 2001), was a bold step in addictions treatment research. Funded by the National Institutes of Health/National Institute on Drug Abuse, the CTN is a nationwide network of research centers and community-based substance abuse treatment programs; the CTN was established in response to a landmark study by the Institute of Medicine (1998) that showed that new innovations in treatment for addictions were not being adopted by treatment providers in routine clinical care of patients with alcohol and drug dependence. New treatment approaches had been developed and rigorously tested in clinical trials, which were funded by the National Institutes of Health and were expensive and painstaking to conduct, but these approaches were rarely used in clinical practice. The CTN conducts rigorous research to test the effectiveness of new treatments for substance dependence in real-world treatment settings (e.g., inner-city methadone clinics). The CTN consists of researchers, clinicians, and program directors from across the United States who are interested in conducting research to improve the quality of care of their patients. The diagnosis and treatment of co-occurring disorders has been an abiding theme in the CTN, which aims to integrate psychiatric treatment into substance abuse treatment (and vice versa) and to ensure that treatment approaches that have proven effective in clinical trials are disseminated to the substance use treatment community.

Inspiration for this book arose from discussions by the editors and many of the contributors during meetings of a working group of the CTN: the Co-Occurring

Disorders Special Interest Group. The Co-Occurring Disorders Special Interest Group was formed within the CTN to identify important problems related to comorbidity that were confronting clinicians and treatment programs in the field and that should be addressed with research. Members of the Co-Occurring Disorders Special Interest Group included individuals whose careers had been devoted to clinical research and many program directors and clinicians from community-based substance abuse treatment programs. One issue that emerged repeatedly during discussions was the need to help clinicians who work in substance abuse treatment settings to learn more about co-occurring psychiatric disorders. Members agreed that while there already was a wealth of evidence suggesting that co-occurring disorders are prevalent among substance-dependent patients and are associated with worse outcome and that integrated treatment approaches (i.e., treatment approaches that address substance abuse and other psychiatric disorders in a coordinated fashion) are effective, further research was needed. This book, which represents the first step in addressing the burning need in the field to make coordinated treatment efforts standard practice, should serve as a practical resource for clinicians who wish to learn about diagnosis and treatment of co-occurring disorders.

ROLE OF SPECIALISTS AND CONSULTANTS AND RISING NEED FOR GENERALISTS

In their book *Freakonomics: A Rogue Economist Explores the Hidden Side of Everything,* Levitt and Dubner (2005) present an iconoclastic view of American society through the lens of economic theory, and they challenge Americans' tendency to rely on experts in a range of fields from real estate sales to parenting. The authors argue that the services that experts provide may not always match the needs of their clients and that often the information that experts provide is accessible to anyone who is willing to spend time seeking it. Similarly, we believe that knowledge of psychiatric disorders that co-occur with substance use disorders is easily obtainable and that clinicians can better serve their substance-dependent patients by undertaking the psychiatric diagnosis and treatment planning process that might otherwise be delegated to mental health experts. Clinicians and treatment programs that serve substance-dependent patients should not rely solely on psychiatric consultants and specialists for the treatment of patients with psychiatric disorders, and clinicians who work in substance abuse treatment programs should not limit themselves as specialists in only addiction treatment. Instead, clinicians from substance abuse treatment programs should become generalists and acquire a working knowledge of psychiatric diagnosis and treatment that allows them to recognize psychiatric disorders in their patients, adapt their treatment approaches accordingly, and make appropriate referrals for specialized treatment.

We do not intend to dismiss the role of specialists. Indeed, a specialist's skill in treatment and in the fine points of diagnosis results from study, repetition of tasks (e.g., performing numerous psychiatric evaluations), and specialization. Instead, we simply wish to encourage clinicians in substance abuse treatment programs to expand the boundaries of their competencies, become informed about psychiatric disorders, and become more discriminating in referring patients to specialists.

ORGANIZATION OF THIS BOOK

Chapters on Psychiatric Disorders

Chapters 1 through 12 provide a primer on the diagnosis and treatment of psychiatric disorders that most commonly co-occur in patients with substance abuse problems, including depression, bipolar disorder, anxiety disorders, schizophrenia, attention deficit hyperactivity disorder, and other disorders of cognition, personality disorders, impulse control disorders, and eating disorders. Each chapter follows the following structure:

- *Case Examples:* These descriptions of cases, which are drawn from the authors' clinical experiences, introduce the psychiatric disorder covered in the chapter and illustrate how the disorder manifests itself in substance-dependent patients.
- *Diagnostic Criteria:* This section describes the *Diagnostic and Statistical Manual of Mental Disorders,* 4th edition (*DSM-IV*) criteria (American Psychiatric Association, 1994) for the disorder that is covered in the chapter and discusses difficulties and special issues that arise in making a diagnosis in substance-dependent patients. Substance abuse can cause psychiatric symptoms, thereby making an accurate diagnosis of some psychiatric disorders in substance-dependent patients difficult. This section also contains tables that summarize the *DSM-IV* criteria, briefly discusses issues that complicate the evaluation of each criterion among substance-dependent patients, and suggests interview questions for each criterion from semistructured interviews, namely the Psychiatric Research Interview for Substance and Mental Disorders (PRISM; Hasin, Samet, Nunes, Meydan, Matseoane, & Waxman, 2006) or the Structured Clinical Interview for DSM-IV-TR Axis I Disorders (SCID-I; First, Spitzer, Gibbon, & Williams, 2002).
- *Natural History and Etiology:* This section discusses the course of the psychiatric illness covered in the chapter (both the course of the illness when it occurs alone and the course of the illness when it occurs in the presence of a substance use disorder), as well as presumed causes of the psychiatric disorder and risk factors for developing the disorder.
- *Issues Involved in Making a Diagnosis in Substance-Dependent Patients:* This section examines the potential for confusing symptoms of substance toxicity or withdrawal with symptoms of a psychiatric syndrome.
- *Instruments and Methods for Screening and Diagnosis:* This section provides descriptions of screening and diagnostic instruments, with suggestions on how they might be used by clinicians in substance use treatment programs. The book highlights use of one of the most sophisticated diagnostic instruments for application in dually diagnosed populations–the PRISM. The PRISM quotes *DSM-IV* criteria for twenty Axis I disorders and two Axis II disorders, and it includes interview questions that help clinicians to elicit information from

patients about their symptoms and to evaluate each symptom separately in terms of its relationship to substance abuse. For each psychiatric disorder, the PRISM provides a list of substances with intoxication or withdrawal symptoms that mimic the psychiatric disorder. The PRISM may be administered by interviewers with different professional backgrounds (e.g., degree in nursing, bachelor's degree in psychology) and typically requires approximately 120 minutes to administer. Hasin and colleagues began development of the PRISM in 1990 and have revised it several times in order to improve reliability and usability; studies have shown that the PRISM is reliable in making a *DSM-IV* diagnosis in research participants who have substance use disorders (Hasin et al., 1996). Although the PRISM, to date, has been used primarily in research settings, clinicians are encouraged to obtain the instrument and practice using it in order to become familiar with *DSM-IV* diagnostic criteria and the procedure for evaluating comorbid symptoms and syndromes. Information on the PRISM, including instructions on how to obtain copies of it, a review of its uses, and a copy of the *PRISM Training Manual,* is available at http://www.columbia.edu/~dsh2/prism. A computerized version of the PRISM is under development.

- *Differential Diagnosis and Overlapping Disorders:* This section briefly discusses the frequency with which the psychiatric disorder covered in the chapter co-occurs with other psychiatric disorders (e.g., panic disorder with major depression or bipolar disorder), medical problems, or substance use disorders.
- *Treatment Options:* This section provides a brief overview of options for treatment of the psychiatric disorder covered in the chapter and offers hints on how clinicians might tailor a treatment plan to simultaneously treat the psychiatric disorder and a substance use disorder, including suggestions on when to elicit the help of a mental health specialist or consultant. This section also discusses what response can be expected from treatment and how to tell if patients are responding well to treatment or are not responding.

Chapters on Special Issues and Directions for Future Research

Chapters 13 through 20 are devoted to issues that are important for clinicians to consider in the management of substance-dependent patients with co-occurring psychiatric disorders, including nicotine dependence, common medical problems, adolescents and children, pain, suicide, and drug interactions. The last two chapters—Chapters 19 and 20—cover future directions for the field, including organization of treatment services and areas of further research.

Self-Exam

A sixty-question Continuing Education and Clinical Skills Examination (CECSE) appears at the end of the book as a tool for assessing reading comprehension and the ability to apply and synthesize the information provided in the chapters. Questions were designed to query readers about clinically relevant aspects of diagnosis and treatment of co-occurring psychiatric and substance use disorders, not esoteric details or DSM trivia.

The CECSE consists of three multiple-choice questions for each chapter (Chapters 1 through 20) about information presented in the book. The sixty-question CECSE

was "test-piloted" on a group of resident physicians in training in the psychiatry residency program at St. Luke's and Roosevelt Hospitals in New York City. The "correct answers" to questions reflect the editors' collective recommendation rather than the definitive word on diagnosis and treatment. At least one question for each chapter includes a clinical vignette that is based upon a case from our clinical experiences and that tests the reader's ability to apply the clinical skills discussed in the book. Questions assess competence in the following ten clinical areas:

1. *Epidemiology*—for example, which disorders commonly co-occur with posttraumatic stress disorder?
2. *Assessment*—for example, which questions are most likely to elicit an accurate answer when assessing a patient for anorexia nervosa?
3. *Psychiatric Symptoms*—for example, what are the vegetative symptoms of depression?
4. *Substance Abuse Symptoms*—for example, is there such a diagnosis as nicotine withdrawal?
5. *Medical Symptoms*—for example, can heroin intoxication or cocaine intoxication result in seizures?
6. *DSM-IV Terminology*—for example, is pathological gambling classified as an addiction, an impulse control disorder, a variant of obsessive compulsive disorder, or a mood disorder?
7. *Differential Diagnosis*—for example, how does one distinguish between substance-induced anxiety and social anxiety disorder (formerly called social phobia)?
8. *Pharmacotherapy*—for example, antipsychotic medications are best for the relief of (a) cognitive symptoms, (b) positive symptoms, or (c) negative symptoms of schizophrenia?
9. *Psychotherapy*—for example, what is the primary dialectic in Dialectical Behavior Therapy (DBT) for borderline personality disorder?
10. *Twelve-Step Programs*—for example, what is the relationship between mutual help groups like Alcoholics Anonymous (AA) and the use of psychiatric medications?

In order to permit readers to receive continuing education credits, an answer key to the CECSE has not been included with the book. Readers may obtain the answer key free of charge by contacting The Addiction Institute of New York by e-mail or snail mail:

The Addiction Institute of New York
St. Luke's and Roosevelt Hospitals
Attention: CECSE
1000 Tenth Avenue
New York, New York 10019
e-mail: CECSE@AddictionInstituteNY.org

The New York State Office of Alcoholism and Substance Abuse Services and other national and state accreditation organizations that certify addiction counselors, rehabilitation counselors, and social workers will award continuing education credits for studying this textbook and successfully passing the CECSE (more information about obtaining continuing education credits can be found on the Web site of The Addiction Institute of New York: http://www.AddictionInstituteNY.org/CECSE). Readers who answer 75 percent of the questions correctly are eligible to receive free of charge a certificate of completion. To receive a certificate of completion (and a copy of the answer key) mail the answer sheet to The Addiction Institute of New York at the address listed above; note that only an original answer sheet (i.e., the sheet found in the back of this book, not a photocopy) can be accepted.

APPLICATION OF ACQUIRED SKILLS AND CONTINUED STUDY

Benefits of Practice in Using Structured Diagnostic Interviews

Study of the chapters included in this book should allow readers to improve their knowledge of psychiatric disorders and their treatment among substance-dependent patients. Since knowledge must be reinforced with practice, we encourage readers to obtain training in use of one of the standard semistructured psychiatric interviews, particularly the PRISM. Through the process of learning to use this instrument, readers will increase their familiarity with *DSM-IV* criteria and can become skilled in psychiatric evaluation.

Benefits of Clinical Practice

Clinicians and treatment programs should take steps to expand the scope of their practice by learning to evaluate and provide treatment for dually diagnosed patients. This book may be used as a resource. Clinical skill improves with practice and is guided by supervision and feedback on one's clinical work. Clinicians and treatment programs should consider engaging a consultant who is an expert in diagnosis and treatment of dually diagnosed patients and who is willing to see specific patients with co-occurring disorders, provide guidance on diagnosis and treatment planning, participate in case conferences, or help to provide services to specific cases. Clinicians and treatment programs should also consider looking for opportunities to develop formal liaisons between substance abuse treatment services and psychiatric treatment services, to expand services, or to open new services that are tailored to the treatment needs of patients with co-occurring disorders. Through these services, substance abuse treatment staff members can work side-by-side with psychiatrists and psychologists, and staff members may learn from each other. Patients will benefit from these expanded efforts to address their problems with substance abuse and psychiatric disorders.

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