



Co-Occurring Disorders

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DISCLAIMER

- “This project was supported by Grant No. 2019-DC-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice’s Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justices, The Office of Juvenile Justice and Delinquency Prevention, the Office of Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.”

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.
- 74% of Vietnam Veterans with PTSD had comorbid SUD
- According to VA administrative data, 63% those diagnosed with Alcohol Use Disorder(AUD) and other Substance Use Disorder(SUD) also had a diagnosis of PTSD. (Study related to Operation Enduring Freedom/Iraqi Freedom/New Dawn.

Who gets treatment (General Population)

- *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(General Population)

- 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*

Treatment of Co-Occurring PTSD and Substance Use Disorder in VA

- Posttraumatic stress disorder(PTSD) and substance use disorder(SUD) often co-occur among Veterans Affairs(VA) care.
- Patients with PTSD and SUD can tolerate and benefit from evidence-based trauma focused PTSD treatment such as Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT)
- Per VA policy, patients with PTSD and SUD should be offered evidence-based treatment for both disorders. Having one should not be a barrier to receiving treatment for the other.

Vignette 1

Ernest is a 44yo Santa Clara Pueblo male. He has a long history of alcohol related charges through the tribal court in Santa Clara Pueblo including multiple DUI's and public intoxication charges. He is an Iraq veteran who saw combat as an Army EMT. Ernest was discharged with a less than honorable status. Ernest has severe medical issues that limit physical mobility and he struggles with chronic pain. He also has COPD and Diabetes. When Ernest consumes alcohol for several days in a row, he tends to cause problems in the community; which often looks like "flashbacks" his time in combat. He struggles to engage with medical services through the VA in Albuquerque. Ernest lacks the resources (car, working cell phone, family support) to coordinate and attend appointments with his medical providers at the VA hospital. Ernest frequently complains that his health issues (chronic pain, PTSD) create triggers for use of alcohol. With the current COVID-19 concerns and the Pueblo of Santa Clara having tribal stay at home orders; Ernest is at higher risk. The Healing to Wellness Court Team is concerned about his medical and mental health well being; also public safety.

Vignette 2

Mike is a 28 year old Laguna male who has recently returned from his last enlistment in the military. On this specific enlistment he received a discharge that was less than honorable. Mike is being seen at Laguna Behavioral Health Services due to recent charges of Intoxication (public/private) and Assault. He also has 1 prior intoxication charge and a probation violation charge for testing positive for meth. In talking with Mike about his military experience he can recall leaving for the military at 18 years old and says this was his first time leaving the reservation. Mike says that he remembers the first years enlisted and the drinking that went along with his military time. In the last years of enlistment, Mike tried meth while stationed in California. Since his return to Laguna, Mike has been isolating from family and the community and his substance use has continued.

Vignette 3

Janet Stands With Fist, is a 49 Lakota/Ojibway recently divorced female and a Navy Veteran. Lt. Stands With Fist was a nurse and has been retired for approximately 18 months. She has had some difficulty adjusting to civilian life. She has recently begun having flashbacks to an incident that occurred early on in her career. She was sexually assaulted by one of her superior officers while at sea. She did not report this assault, instead she threw herself into her work & career. Lt. Stands With Fist has always consumed alcohol, but recently she has begun drinking to the point she passes out on a regular basis. While in the Navy, she was able to work with her male counterparts; but recently she has become very fearful of men. She was recently arrested for a DUI, which she entered a not guilty plea. While awaiting trial, she violated her pre trial conditions by obtaining new charges and testing positive for alcohol.

Screenings and Assessment

- PHQ 9 (Depression)
- GAD 7 (Anxiety)
- ACE (Trauma)
- SOGS (Gambling)
- DSM V
- PLC-5 (VA- PTSD)
- Brief Addiction Monitor (VA-SUD)

Bio-psychosocial Assessment



Cultural Identity

- It is important for the provider to assess the cultural identity of clients to in order to best serve. Some presenting problems may stem from the clients traditional beliefs. It is also important to identify if the problems are rooted in the culture of the military. And even so, there may be a combination of both, and interventions may involve both traditional healing and evidenced based practices in order to best meet treatment goals
- Know your tribal resources. Traditional healers and ceremonies that could benefit clients should be offered as part of treatment when desired by clients.

Medical Considerations

- It is common for Veterans with co-occurring disorder to face barriers for proper medical care.
- Medical issues such as chronic pain can instigate or support greater use of substances.
- Engagement with the medical system can be intimidating for Veterans who are struggling with mental health and substance use disorders if they are not ready to address these concerns but need medical care.
- Medical concerns can go unaddressed when a Veteran is active in their addiction and struggling with mental health concerns.
- Medical concerns can put a Veteran at higher risk amid our “new normal” with Covid-19.¹⁵

Historical trauma

- Tribal Historical Trauma
- Historical Trauma of Native Americans serving in the military

Common modalities of treatment for co-occurring disorders

- Cognitive Behavioral therapy CBT
- Dialectical Behavior Therapy DBT
- Therapeutic Communities
- COPE (Prolonged Exposure Therapy)
- Cognitive Processing Therapy



Questions?



Thank you

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