

An Empirically-Based Rationale for the Importance of Specialty Training in Co-Occurring Disorders

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Prevalence, Impact, and Current Practice Related to Co-Occurring Disorders

Services for individuals with co-occurring disorders are an international priority (Hughes et al., 2008; SAMHSA, 2002). Community surveys have consistently shown substantial rates of comorbidity in the general population (e.g. Grant et al., 2001; Kessler, Chiu, Demler, & Walters, 2005), and these rates are even greater among treatment-seeking samples (e.g. Compton et al., 2000; Timko et al., 2003). A recent study of nearly 7,000 individuals seeking treatment across 77 different national addiction treatment centers found that 2 of every 3 participants had at least one mental health problem combined with their substance use disorder (Chan, Dennis, & Funk, 2008).

2 of every 3 individuals seeking addiction treatment have a co-occurring disorder

Patients with co-occurring disorders are less likely to complete treatment, and have higher rates of relapse

that individuals with co-occurring disorders have more brief stays in treatment, are less likely to complete addiction treatment, and have higher rates of relapse than persons without dual diagnoses (cf. Mangrum, in press). Together, the prevalence and relative impact of co-occurring disorders on treatment merit specific attention.

Despite the elevated presence and potential deleterious effects on treatment of co-occurring disorders, treatment services for individuals with dual diagnoses are substantially lacking. SAMHSA's (2002) report to congress on co-occurring disorders from the National Comorbidity Survey - Replication sample provided a seminal review of this treatment gap. This report showed that rates of any treatment provision for individuals with a serious mental illness and either substance abuse or dependence is relatively low (29%-51%), that when treatment is received it is most often for the mental disorder alone, and that less than 1 in 5 individuals with a serious

mental illness and a co-occurring substance use disorder receive treatment for both disorders. These numbers are even more striking among clients who have other mental disorders (e.g. anxiety, depression, PTSD) in addition to a comorbid substance use disorder: 3 in 4 of these individuals receive no treatment, and virtually all treatment received is for mental health only. The treatment gap for these consumers is perhaps best illustrated by the finding which showed that less than 1 in 20 in this subgroup receive treatment for both disorders. Together, these figures clearly show a high level of unmet service need for individuals who have co-occurring substance use and mental health disorders.

Between 1 in 5 and 1 in 20 individuals with co-occurring disorders receives treatment for both disorders

Gap in Competence

Research has indicated that a gap in competence for understanding, assessing, and treating co-occurring disorders among many treatment systems and providers is a large factor in explaining the mismatch between service need and services provided for these clients. Along these lines, McGovern et al. (2006) reported in

Lack of specialty-trained professionals is a critical barrier in providing effective care

a study of 453 addiction treatment providers that a lack of trained psychiatrists or physicians was the greatest barrier to providing effective care for individuals with co-occurring disorders. This study also highlighted the need for enhanced education and training in evidence-based practices for co-occurring disorders, and suggested that treatment providers may be interested in obtaining further education and training if these resources were available.

Notably, these findings complement the emphasis placed on the lack of trained clinicians and training resources as significant program barriers to providing effective treatment for co-occurring disorders in SAMHSA's (2002) report to congress. Perhaps most important, however, are findings which show that training in co-occurring disorders can yield positive results when it is given. In a demonstration of its value to addiction

Counselors trained to treat co-occurring disorders have increased knowledge, positive attitudes, and job satisfaction

counselors, Hunter et al. (2005) showed that counselors who received specialty training in treating co-occurring disorders had increased knowledge, positive attitudes, and job satisfaction at 1-year follow-up when compared to counselors at two sites which did not receive the training. Collectively, the results on the gap in competence for treating co-occurring disorders suggest that more training in this area is both highly needed and potentially efficacious to those who receive enhanced education in this area.

Best Practice Guidelines

Expert consensus suggests that competency development for providers who treat individuals with co-occurring disorders requires instruction in developing informed attitudes, values, knowledge, and skills related to the unique needs of this consumer group (Center for Mental Health Services, 1998). These include basic (e.g. perform a basic screening for co-occurring disorders), intermediate (e.g. differential diagnosis and crisis intervention), and advanced (e.g. enhanced awareness of how co-occurring disorders interact and the need for integrated treatment) levels of proficiency (Center for Substance Abuse Treatment, 2005).

The Medical University of South Carolina's Institute of Psychiatry is offering the present Day of Discovery to provide attendees with an introduction to the attitudes, values, knowledge, and skills related to understanding, assessing, and treating co-occurring disorders. Attention will be given to basic, intermediate, and advanced levels of proficiency in these areas, with the goal of assisting providers at all skill levels enhance their ability to treat individuals who have co-occurring disorders.

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