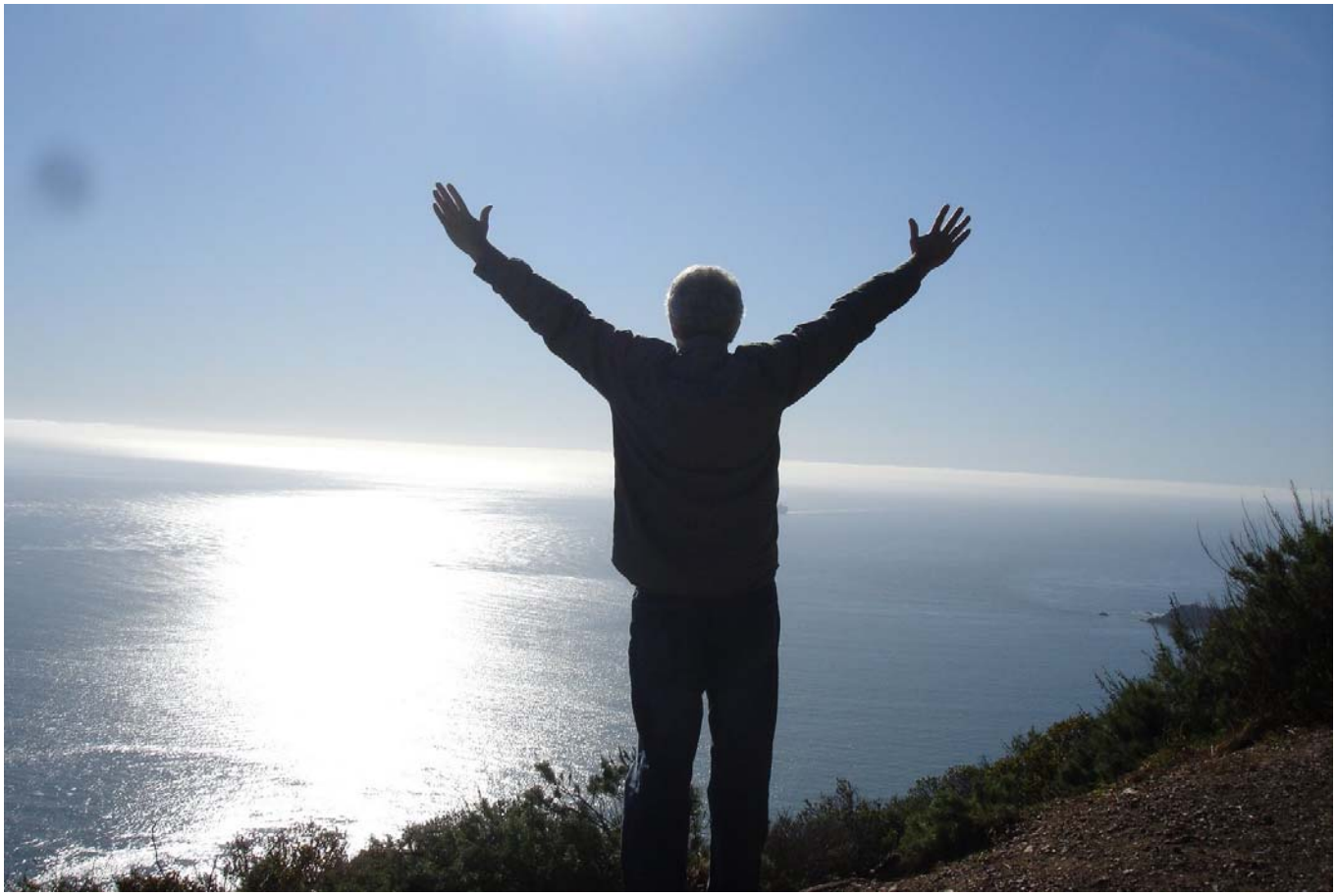

# Co-Occurring Disorders at LACDMH:

# Caring for the Whole Person

*We don't always know the whys when people have mental illness. We know the symptomatology, we know what to do when someone starts showing the symptoms; but we don't always know the whys and sometimes it can be indicated by or triggered by drug usage. It used to be separate – if you're drinking and doing drugs, you're over there; and then you get the mental health over here. So now we have it together. Now we're calling it co-occurring disorders and one does really affect the other. – Heidi Wedekind, Licensed Psychiatric Technician, Arcadia*

As many as 80% of clients who seek help from LACDMH directly-operated clinics have a substance abuse problem – a co-occurring disorder (this term is preferred to "dual diagnosis," as there may be multiple substance or psychological issues). A client may have turned to drugs or alcohol to help them deal with the symptoms of personality disorder, depression, panic disorder, schizophrenia or post-traumatic stress disorder; or substance abuse may have exacerbate an undiagnosed mental health issue and make it more difficult to manage. COD clients have some of the highest levels of service utilization and often the poorest outcomes – unless both the substance disorder and the mental illness can be addressed.

In the early 1990s, the extent and nature of co-occurring disorders was not clearly recognized. Clients might be sent to drug rehab programs with the recommendation to get sober first before getting mental health treatment, or the drug rehab program might refer them away for mental health services; few therapists attempted to treat both problems together. A mental health client would be given benzodiazepines (such as Valium) to relieve anxiety symptoms, without awareness of an existing problem with substance use. An individual who had completed rehab might relapse due to worsening mental illness; or addiction relapse could trigger psychiatric decompensation.

Dr. Marvin Southard, who had worked with substance abusers in his earlier career, brought a new approach to the problem when he became Director of LAC-DMH in 1998.

*Really segregating out addiction issues from mental health issues just makes no sense in terms of effective treatment. So I've been trying to transform our clinics in such a way that they all become co-occurring capable; that if somebody comes in there, their addiction, as well as their mental illness, can be dealt with. – Dr. Marvin Southard, Director*

In 1999, LACDMH received SAMHSA funding to begin an Integrated program and a Co-Occurring Disorders coordinator was appointed in each Service Area. The First Annual Statewide Conference on Co-Occurring Disorders was held in Los Angeles in 2002.

As of 2012, all directly-operated clinics provide COD services: screening and assessment, substance abuse counseling, and group therapy. Wellness Centers may host Narcotics Anonymous groups. Many substance abuse counselors and peer workers are former abusers who have achieved sobriety themselves and can speak from lived experience.

*I am a community worker. I help run the Dual Diagnosis group at the main [Arcadia] clinic. I run the Narcotics Anonymous group at Wellness, and I help my clients try to stay clean, because that's my passion. I do one-on-one counseling with a couple of my clients that I'm helping to*

*stay clean and I've told them that if I could do it, they can do it too. If they have a problem, they've got my cell phone, they know my work number and they can call me 24 hours a day. I'm there for them. It makes me feel really good. I know when I leave work at the end of the day, knowing that I've helped somebody is a big inspiration for me and a big accomplishment. – Erin Gilbert-Gorham, Community Worker, Arcadia*

**Narcotics Anonymous Group at Arcadia Wellness Center, May 2012**

It is crucial, in the view of John Sheehe, LACDMH Countywide COD Coordinator in the office of the Medical Director since 2006, that all DMH clinicians be aware of substance abuse and address this disorder in medication management and in supporting client self-management.

*I think, in terms of the treatment of substance use, that there are some very simple and basic skills that we can provide our clients. This is not rocket science we're talking about. This is, I think, the idea of being able to demystify treatment of clients with COD for our clinicians. That it really is no different dealing with someone who's struggling with schizophrenia and not wanting to get on their medication. – John Sheehe*

In 2011, LACDMH began a three-year training collaboration with the Integrated Substance Abuse Program at UCLA to develop system-wide trainings in COD treatment for all clinicians in all age-group systems of care, as well as for new projects under MHSA Innovations funding. Dr. Rod Shaner, DMH Medical Director, has commented that "The emerging standard for health care systems is full integration of substance abuse services along with mental health and primary care."

The trainings stress the Motivational Interviewing method developed in the early 2000s to help clients gain awareness of the circumstances and situations that promote their using and develop recovery strategies. There may be an extended period of outpatient counseling before the COD client is ready to enter a residential treatment program, or before a placement can be found for them; the number of residential facilities is finite, although it increased between 2000 and 2010. During this time, DMH staff can help by encouraging reduction of substance use, working with

the client on strategies to mitigate harm, and simply by making the client feel welcome and supported.

**Downtown Mental Health Center Client receiving his certificate at a SCORE Graduation ceremony, May, 2011**

*If you met the majority of the people in this place, they were at one time doing things in their lives, and they can once again do those things and achieve goals, and dreams. My biggest challenge here is motivating patients to want to get sober, to want to do the work that it takes to not just achieve sobriety, but to maintain it. It's a very difficult population to work with. But you can't give up; you just have to keep chipping away. If any improvement happens, you just have to take that as you are improving the quality of their life. Therefore you're improving everything for society, because society is impacted on all levels. – David Loaiza, Substance Abuse Counselor, Edelman*