

SWK 3805: Co-Occurring Problems

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Contents

vii

Module 13: Introduction

viii

Main Body

Ch. 1: What Are Co-Occurring Problems?

1

Ch. 2: Comorbidity with Addiction

3

Ch. 3: More About Post-traumatic Stress Disorder (PTSD)

4

Ch. 4: Summary

6

Key Terms

7

References

8

Module 13: Introduction

The reading for our final course module introduces concepts essential for understanding some of the problems that co-occur with substance use, substance misuse, and substance use disorders. These readings also address a few additional final points about our course topics. This online coursebook includes content prepared by the book's author, as well as several readings from the published literature.

Module 13 Reading Objectives

After engaging with these reading materials and learning resources, you should be able to:

- Explain the relationships between substance misuse/substance use disorders and several mental health, physical health, behavioral health, and social problems that often co-occur
- Identify how co-occurring problems interact to affect outcomes
- Identify ways to become aware of co-occurring problems and to modify intervention strategies to be more responsive
- Define several key terms related to co-occurring problems in the field of substance use, substance misuse, and substance use disorders.

Ch. 1: What Are Co-Occurring Problems?

The first reading provides you with an overview of what we are talking about in terms of co-occurring problems: specifically, problems that often co-occur with substance use, substance misuse, and substance use disorders. While this content emphasizes mental disorders and disability, remember that there are many other types of problems that may co-occur with substance misuse, as well. These include:

- Incarceration, involvement with the criminal justice system, and legal problems
- Exposure to, witnessing, or perpetrating violence and other forms of exploitation (physical, sexual, emotional, intimate partner, community violence, as well as child maltreatment)
- Housing instability or homelessness
- Unemployment, underemployment, and worker exploitation (including sex trafficking)
- Physical health problems that are both acute and chronic or have long-term consequences (infectious disease exposure, infections, reduced resistance, lack of preventive health or prenatal care, malnutrition, injury, death)
- Compromised mental health (mental disorders, stress, anxiety, depression, suicide risk)
- Behavioral addictions (gambling, for example)

The first reading comes from a textbook about addiction; we will not be reading the entire piece, only an excerpt from: van Wormer, K., & Davis, D.R. (2013). Substance misuse with a co-occurring mental disorder or disability. In *Addiction treatment: A strengths perspective, third edition* (pp. 452-474). Belmont, CA: Brooks/Cole.

In this first chapter you will read about:

- mental health conditions, stress, and other disorders (gambling, eating disorders, personality disorders, mood and thought disorders)
- a case example related to one veteran's experience (which relates to Chapter 3)
- integrated treatment models, and
- key terms used in the field of substance use disorders and addiction.



[Click here for a link to our Carmen course](#) where you can locate the assigned pdf file(s) for this chapter. You will need to be logged into our Carmen course, select Module 14, and proceed to the Coursework area. Under the Readings heading you will find a box with links to the readings for relevant coursebook chapters. Don't forget to return here in your coursebook to complete the remaining chapters and interactive activities.



An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://ohiostate.pressbooks.pub/swk3805module14/?p=21#h5p-1>

Ch. 2: Comorbidity with Addiction

Our second chapter is about [comorbidity](#) and comes from the National Institute on Drug Abuse (NIDA; 2010) research report, *Comorbidity: Addiction and Other Mental Illness*. This is where that distinction made in Chapter 1 comes into play: it addresses [co-occurring](#) **diagnosable** conditions, not many of the other kinds of personal, family, or community problems that co-occur with substance use. The concepts presented in this piece are relevant, although some of the statistics have shifted a bit. These are more up-to-date in the material you read in Chapter 1. Another point to consider as you read this chapter: the authors define co-morbidity as **two** disorders that co-occur. However, this should probably read “**two or more**” because individuals may experience more than two at a time.

In this chapter, you will read about:

- childhood ADHD and later drug problems
- the overlap between smoking and schizophrenia
- how common over-lapping conditions are
- why substance use disorders so commonly co-occur with other mental disorders (especially the brain-related reasons)
- issues in diagnosis and treatment of comorbid conditions
- exposure to traumatic events and the risk of substance use disorders



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An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://ohiostate.pressbooks.pub/swk3805module14/?p=22#h5p-2>

Ch. 3: More About Post-traumatic Stress Disorder (PTSD)

This chapter introduces information about a population that we have not previously discussed in any specific way: the population of combat veterans. Although what we have discussed throughout the course applies to all types of individuals experiencing problems with substance misuse and substance use disorders, professionals are increasingly learning about some of the exceptional circumstances experienced by men and women who are combat veterans. Many, though by no means all, experience post-traumatic stress symptoms. Many experiences other than having been engaged in military combat also can lead to post-traumatic stress (e.g., being the victim of or witness to physical, sexual, or emotional forms of violence).

While [post-traumatic stress disorder \(PTSD\)](#) has very specific diagnostic criteria, individuals may experience a complex of post-traumatic stress **symptoms** without necessarily meeting the criteria for a **diagnosis** of PTSD. We do know that post-traumatic stress is highly prevalent in the personal histories of many individuals who use and misuse substances. The article that you will be reading for this chapter looks at alcohol misuse and two factors that might influence alcohol use disorders (AUDs) among combat veterans: (1) the use of alcohol as a coping strategy and (2) stigma around seeking help for post-traumatic stress symptoms. The most important sections to pay attention to include the introduction (all of section 1), Figure 1 (p. 92), and the discussion (all of section 4). The article you will be reading is: Miller, S.M., Pedersen, E.R., & Marshall, G.N. (2017). Combat experience and problem drinking in veterans: Exploring the role of PTSD, coping motives, and perceived stigma. *Addictive Behaviors*, 66, 90-95.

One other thing to keep in mind as you review this article: way back in the earliest modules of our course, we spent time thinking about the problem of casually using words like “addict” and “addicted.” It is equally important to address the overly casual use of the term “PTSD” that has crept into general conversation in our society. Like substance use disorders, PTSD is a very real (biopsychosocial) disorder with debilitating symptoms that can be effectively treated if properly diagnosed and managed.

In this chapter you will read about:

- the nature of PTSD
- the co-occurrence of alcohol use disorders and PTSD among combat veterans, and
- key terms used in the fields of substance use disorders and veterans’ health.



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- What does the study conclusion about these young adult veterans possibly tell you about the relationship between PTSD symptoms and “drinking to cope” by people who have experienced trauma outside of combat?
- What do the study conclusions about these young adult veterans also possibly indicate about the impact of perceived stigma about seeking help for alcohol (or other substance) problems?
- What do you think are some other situations that might lead to a person have a trauma response like what was reported among these young adult veterans?
- What did you learn about “the language that we use” related to addiction that might also apply to language about PTSD?

Ch. 4: Summary

In this final module., you learned basic principles about problems that might co-occur with substance use, substance misuse, and substance use disorders. We explored some of the mental health disorders, as well as introducing some of the physical health and social/behavioral problems that may co-occur. We placed some emphasis on the co-occurring problem of post-traumatic stress symptoms and PTSD. Your readings also offered suggestions related to the importance of offering integrated care for addressing co-occurring problems and disorders.

You are now ready to review some of the key terms related to substance use disorders that were introduced in this final book.

Key Terms

Co-morbidity: two or more diagnosable disorders occurring at about the same time in a person's life.

Co-occurring problems: physical health, mental/behavioral health, or social problems that occur at about the same time. This includes co-morbid conditions as well as a host of other possible challenges that are not diagnosable disorders.

Post-Traumatic Stress Disorder (PTSD): a diagnosable condition characterized by a complex constellation of symptoms following exposure to one or more traumatizing events. Note that post-trauma symptoms may appear after significant time lapses and may appear intermittently, as well.

References

- Miller, S.M., Pedersen, E.R., & Marshall, G.N. (2017). Combat experience and problem drinking in veterans: Exploring the role of PTSD, coping motives, and perceived stigma. *Addictive Behaviors*, 66, 90-95.
- National Institute on Drug Abuse (NIDA). (2010). Comorbidity: Addiction and Other Mental Illness. Research Report Series. Retrieved from <https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/rrcomorbidity.pdf>
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