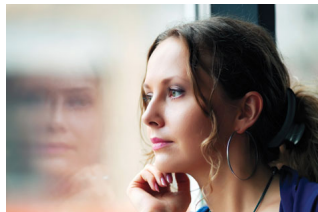


The Dual Diagnosis

Written by Written by Mitzi MacKenzie

In a two-part series, Mitzi MacKenzie M.S.W. explores dual diagnoses, including how to recognize that a loved one has a co-occurring condition and effective treatment processes.



So far, we've opened the conversation about the epidemic of heroin use among the young adult population, we discussed what warning signs to look for and a brief description of what a successful treatment process may look like. It's now time to build on the topic of addiction and consider that a dual diagnosis may exist.

Often times a co-occurring condition, also known as dual diagnosis, is present, however missed. This leads to the individual's increase in using unhealthy coping skills; the end result is that the patient's condition becomes worse. Many times an individual is diagnosed as having a prevalent substance addiction and are treated within a singular-focus program. This exacerbates the whole problem, often leading to a prolonged and ineffective treatment process.

Diagnosis and treatment of co-occurring conditions focus on both addiction and the psychiatric conditions that interfere with an individual's ability to function. The signs are obvious in the negative effect on his or her physical, social, psychological and spiritual well-being. The symptomology of co-occurring conditions can appear independent of one another, making the process complex.

Addiction, along with another disorder, is present in a number of ways: 1) Addiction and psychiatric symptoms can occur at the same time but arise from independent conditions; 2) Addiction can increase the level of severity of psychiatric and/or medical conditions; 3) Psychiatric conditions can increase the severity of the addiction; 4) Addiction or withdrawal symptoms can mask or mimic a psychiatric disorder.

Once a patient is appropriately assessed as having both substance addiction and psychiatric or emotional conditions, they are diagnosed as having co-occurring disorders. There are an increasing number of clinicians, this writer included, that refer to themselves as "dual-diagnosis clinicians." This approach can often lead to a more comprehensive assessment, which then lends to a more effective treatment plan that will address all of the needs of the individual.

The prevalence of co-occurring conditions is again often missed. A recent study found a 79 percent rate of co-occurring disorders among individuals meeting diagnostic criteria for any single disorder. These included severe psychiatric diagnoses like schizophrenia to mild-moderate conditions of anxiety or panic, depression and post-traumatic stress disorder.

An Integrated treatment approach to dual diagnosis gives the patient the best chance at achieving and sustaining recovery. This simply means treating both challenges simultaneously. In the spirit of guiding the reader, the hope is that education, insight and awareness about the co-existence of addiction and mental health challenges has resulted in this article as this writer intends to continue the discussion on dual diagnosis.

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