



**BRUCE A. BLAKEMAN**  
**NASSAU COUNTY**  
**EXECUTIVE**

**Nassau County Department of Human Services**  
**Office of Mental Health, Chemical Dependency**  
**and Developmental Disabilities Services**



**12th Annual Conference on**  
**Co-Occurring Disorders**

**“To Recovery and Beyond”**



## PROGRAM DETAILS

**Omayra Perez, LCSW-R**, Director, Nassau County Office of Mental Health, Chemical Dependency, and Developmental Disabilities Services.

**Anissa D. Moore**, Deputy County Executive, Health & Human Services

**Jill Nevin**, Commissioner, Department of Human Services

**Calle Panakos, MSHS**, Director of Education & Training, Nassau County Office of Mental Health



9:10AM **AM Keynote Presentation**

**Title:** A Collaborative Response: Addressing the needs of clients with Substance Use Disorders and Mental Health Disorders.

**Presenter:** Steve Chassman, LCSW, CASAC

10:20AM **Breakout Session A**

11:30AM **Breakout Session B**

12:40PM Lunch

1:50PM **PM Keynote Presentation**

**Title:** The Science of Addiction in the Adolescent Brain

**Presenter:** Dr. Stephen Dewey, Ph.D.

3:00PM **Breakout Session C**

4:00PM **Thank You For Coming!**



Welcome,  
our first Keynote  
Speaker...

# The Prevalence & Treatment of Co-Occurring Conditions

PRESENTED BY:

STEVEN H. CHASSMAN, LCSW, CASAC

LICADD

*Executive Director*



# Agenda

- What are Co-occurring Conditions?
- Best Practices for Assessments & Screenings
- Evidenced-based Practices
- Call to Action for Professionals
- LICADD Services



# What are co-occurring conditions?



A co-occurring condition is defined as the coexistence of more than one mental condition within the same person at the same time. For example, someone who has depression and a substance use disorder (SUD)

## **Did you know...**

According to SAMHSA's 2021 National Survey on Drug Use and Health:

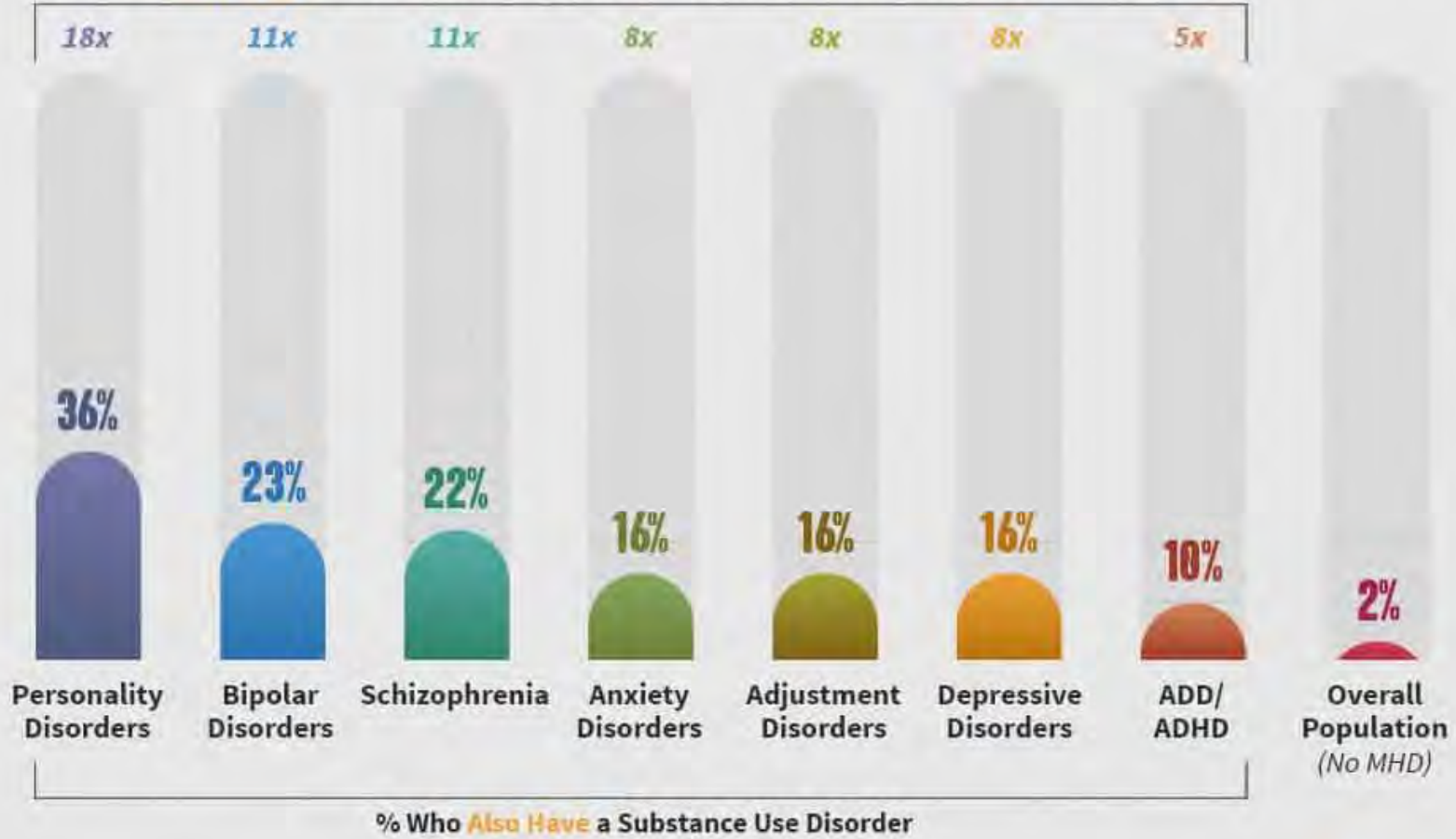
Approximately 19.4 million adults in the United States had a co-occurring mental health condition & SUD.

Approximately 6.4 million adults in the US had a co-occurring severe mental condition & SUD.



# HOW SUBSTANCE USE COMPARES FOR THOSE with a Mental Health Disorder

How Much **More Likely** is a Person With a **MHD** to Have a **SUD** Compared to People Without a **MHD**?



created by: AAC

MHD: Mental Health Disorder

SUD: Substance Use Disorder

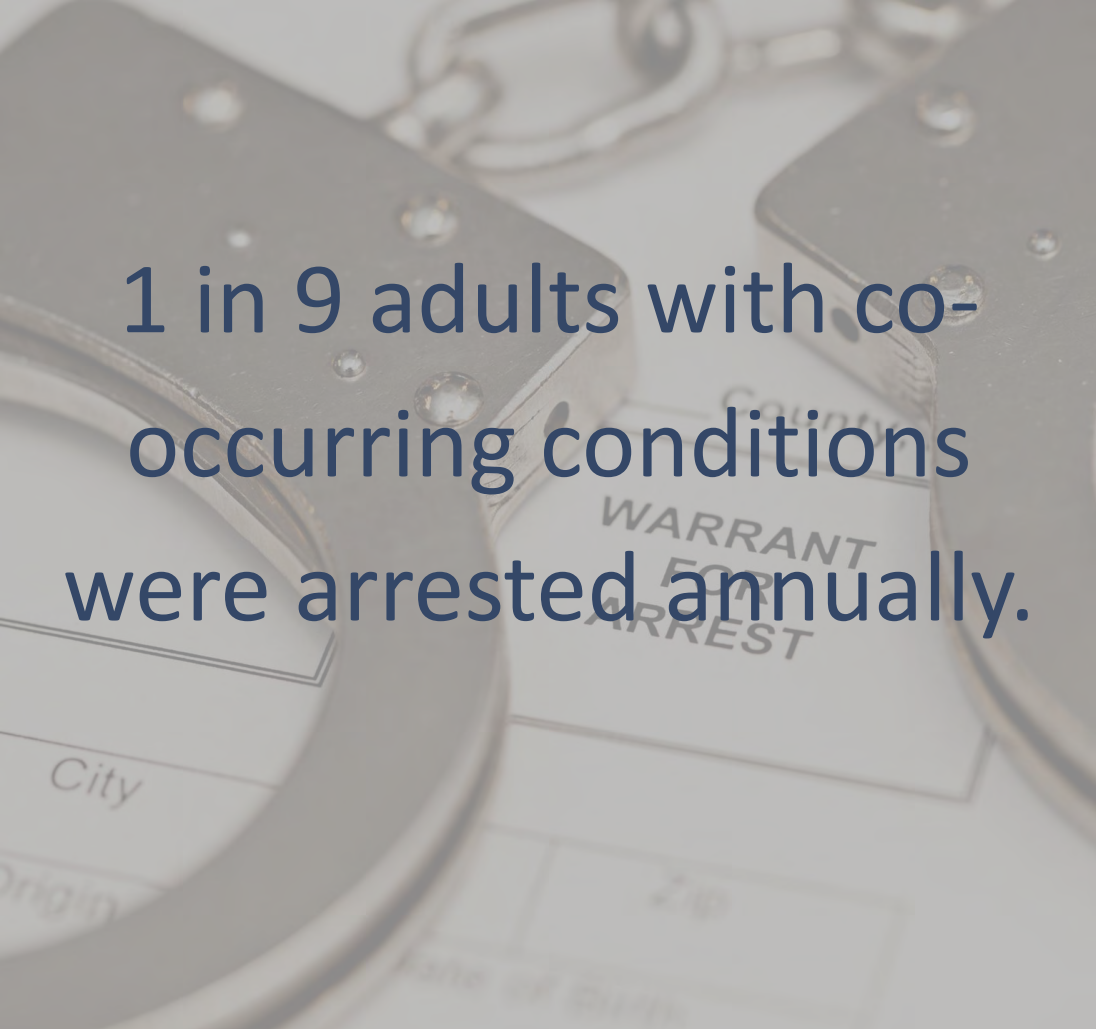
Source: SAMHSA



In 2021, nearly half of adults with co-occurring conditions DID NOT receive substance use or mental health treatment for either condition.



According to Pew Research Center,  
between 2017-2019:



1 in 9 adults with co-occurring conditions were arrested annually.

This rate is 12x greater than adults with neither a SUD or other mental disorder.



Mental Condition	Commonly Used Substances	Desired Outcomes
Anxiety Disorders	Marijuana, Alcohol	To temporarily alleviate anxious feelings associated with socializing.
Bipolar Disorder	Nicotine, Alcohol	To self medicate and address mood imbalances.
Major Depressive Disorder	Alcohol	To dull their painful feelings and to cope with constant negative thoughts.
Attention Deficit Hyperactivity Disorder (ADHD)	Nicotine, Marijuana, Opioids, Benzodiazepine	Attempt to medicate to address hyperactivity and difficulty focusing. Opioids and benzo's may help to numb painful or overwhelming feelings.
Borderline Personality Disorder	Alcohol, Nicotine &	Not to get "high", but to feel less empty or to

# Biological Risks

- Family history of mental health condition(s).
- Having certain traits/temperament (e.g. negative affect).
- Chronic medical condition(s).
- Use of drugs and/or alcohol.

# Psychological Risks

- Stress & trauma (e.g. experiences of abuse, neglect).
- Limited emotion regulation & problem-solving skills.
- Family conflict; parent/guardian substance use issues.



# Environmental/Social

- Stress/trauma.
  - Gun violence.
  - Post-covid ramifications (from extended isolation).
  - Ongoing wars.
  - Climate change concerns.
  - Loss of a parent or loved one.
  - Highly competitive academic/athletic arena.
- Increased use of technology/social media.
- Economic challenges (e.g. inflation).
- Cultural discord with norms.
- Limited social skills; rejection by peers.



# Prevalence Rates of Substance Use

## Alcohol

- According to a 2022 report from NIDA, more than half of high school seniors reported drinking alcohol at some point during the past year.
- Youth who drink are more likely to consume alcohol through binge drinking.
  - 1 in 5 older adolescents reported an alcohol-induced blackout in the past 6 months.
  - Motor vehicle crashes continue to be the leading cause of death among youth who drink alcohol.
- As of 2022, 1 in 6 U.S. adults binge drink with about 25% binge drinking weekly.
- In 2022, 1 in 5 deaths among U.S. adults ages 20-49 occur due to excessive alcohol.



# Prevalence Rates of Substance Use

## Marijuana & THC Products

- As of 2022, NIDA reports that an estimated 30.7% of high school seniors used marijuana in the past year. 13.6% reported daily use within the past month.
- In 2021, an estimated 52.5 million people over the age of 12 used marijuana at some point in the year.
- 3x stronger as in the 80's, & even more potent as an oil/dab/edible.



# Prevalence Rates of Substance Use

## Opioids

- In 2021, 107,375 people in the United States died of drug overdoses.
  - 67% of deaths were caused by synthetic opioids.
- **1 person dies every 8 minutes** due to synthetic opioids like fentanyl.
- Fentanyl is 50-100x stronger than heroin & morphine. A small amount of fentanyl is often fatal.
- According to the DEA as of 2022, 6 out of every 10 counterfeit pills are laced with fatal doses of fentanyl.



The above image reflects a fatal dose of fentanyl in comparison to a U.S. penny.



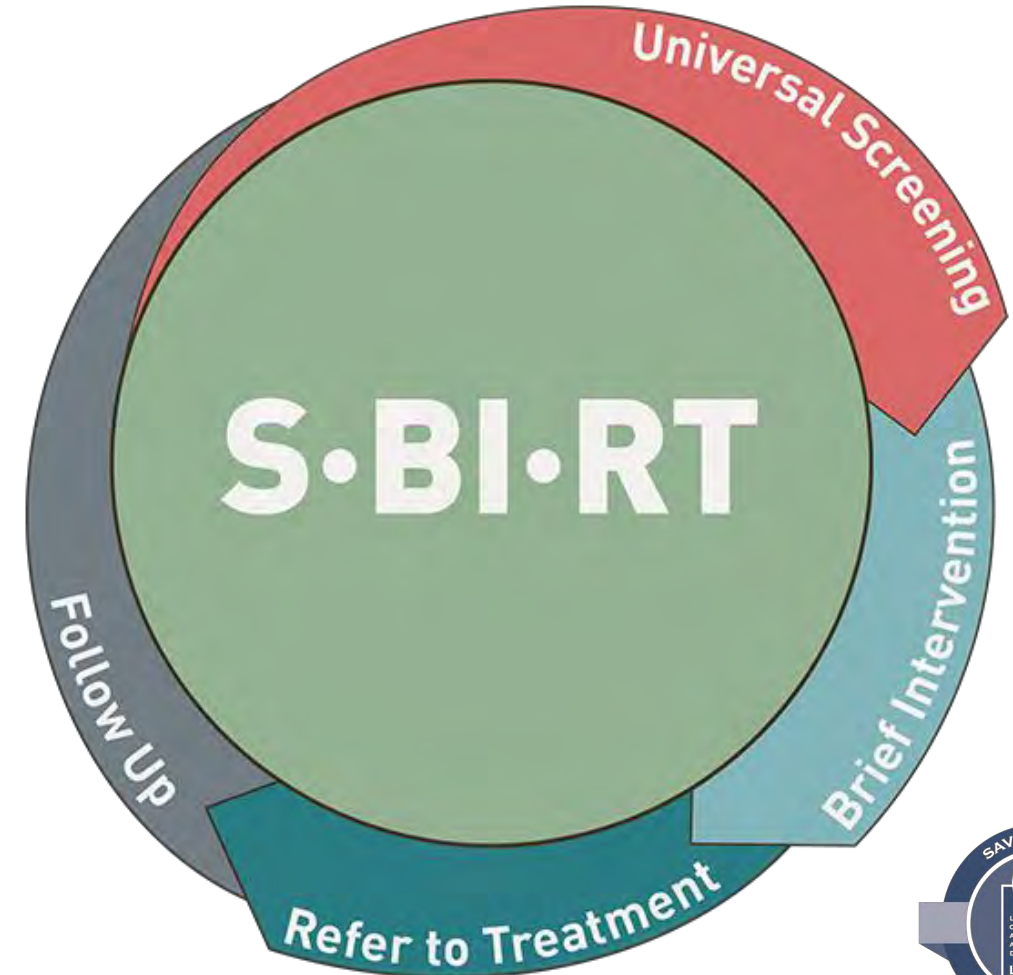
# Best Practices for the Assessment & Treatment of Co-occurring Conditions



# Best Practices: Screening & Assessments

## Screening

- Used as an initial quick evaluation to determine if a potential substance use and/or mental health problem exists.
- Usually involves asking client mostly yes/no questions about their behaviors & current functioning.
- May be used prior to more in-depth assessment or as part of implementing SBIRT (Screening, Brief Intervention, Referral to Treatment).



# NYS OASAS Assessment Best Practices for Co-Occurring conditions

- "No wrong door:" clients should always feel welcome & should receive an assessment that addresses all of their needed services. Clients are connected to services they need.
- Empathy: provider expresses empathy for the client & collaborates to achieve the client's best interests.
- Person-centered assessment: client's perceptions, views, & wishes are actively considered in the assessment process.
- Appreciation of different sociocultural identities: clinician recognizes the importance of these identities on the client's perception of the problem, treatment, & clinical presentation.
- Trauma-informed approach: there is a high prevalence of trauma in COD populations. Each client should be approached as if they have experienced some trauma in the past.



# Best Practices: Biopsychosocial Assessment

Topic area	SUD areas of assessment	MH areas of assessment
Biological	<ul style="list-style-type: none"> <li>• Alcohol on the breath.</li> <li>• Withdrawal symptoms.</li> <li>• Impaired cognition.</li> </ul>	<ul style="list-style-type: none"> <li>• Medical labs.</li> <li>• Neurological exams.</li> <li>• Use of psychiatric and other medications.</li> </ul>
Psychological	<ul style="list-style-type: none"> <li>• Medical issues &amp; injuries.</li> </ul>	<ul style="list-style-type: none"> <li>• Responses to mental health/symptom screens.</li> <li>• History/current diagnosis &amp; treatment.</li> </ul>
Social	<ul style="list-style-type: none"> <li>• Intoxicated behavior.</li> <li>• Functional impairment.</li> <li>• Responses to SUD assessments.</li> <li>• History of harmful substance use.</li> <li>• History of trauma.</li> </ul>	<ul style="list-style-type: none"> <li>• Stress &amp; situational factors.</li> <li>• Self-image &amp; personality.</li> <li>• History of trauma.</li> </ul>
	<ul style="list-style-type: none"> <li>• Collateral info.</li> <li>• Family history of SUDs.</li> <li>• Support system(s).</li> <li>• Legal history.</li> </ul>	<ul style="list-style-type: none"> <li>• Housing, education, &amp; job histories.</li> <li>• Military history.</li> <li>• Ethnic &amp; cultural background.</li> </ul>



# Best Practices: Screening & Assessments

## Example Open-Ended Assessment Questions

- “Tell me about your mental ‘ups and downs’. What is it like for you when things are worse? What is it like when things are better or stable?”
- “How do you notice using alcohol (or whatever substance the client is misusing) affects your depression (or whichever mental condition symptom the client is experiencing)?”
- “What mental conditions have you been diagnosed with in the past? When was that, and what happened after you received the diagnosis?”
- “What (mental condition or substance misuse) treatment seemed to work best for you?”
- “What treatment did you like or dislike? Why?”



# SAMHSA's 6 Principles in Treating Clients with Co-Occurring Conditions

1. Use a recovery perspective (i.e. acknowledge recovery is a long-term process of internal changes & recognizes stages of change).
2. Adopt a multi-problem viewpoint (i.e. be able to address multidimensional issues such as medical issues, mental health issues, substance use issues).
3. Develop a phased approach to treatment (i.e. engagement, stabilization/persuasion, active treatment, continuing care, & relapse prevention).
4. Address specific real-life problems early in treatment (e.g. address housing needs, legal issues, etc).
5. Plan for the client's cognitive and functional impairments (adjust interventions as needed).
6. Use support systems to maintain and extend treatment effectiveness.



# Motivational Interviewing (MI)

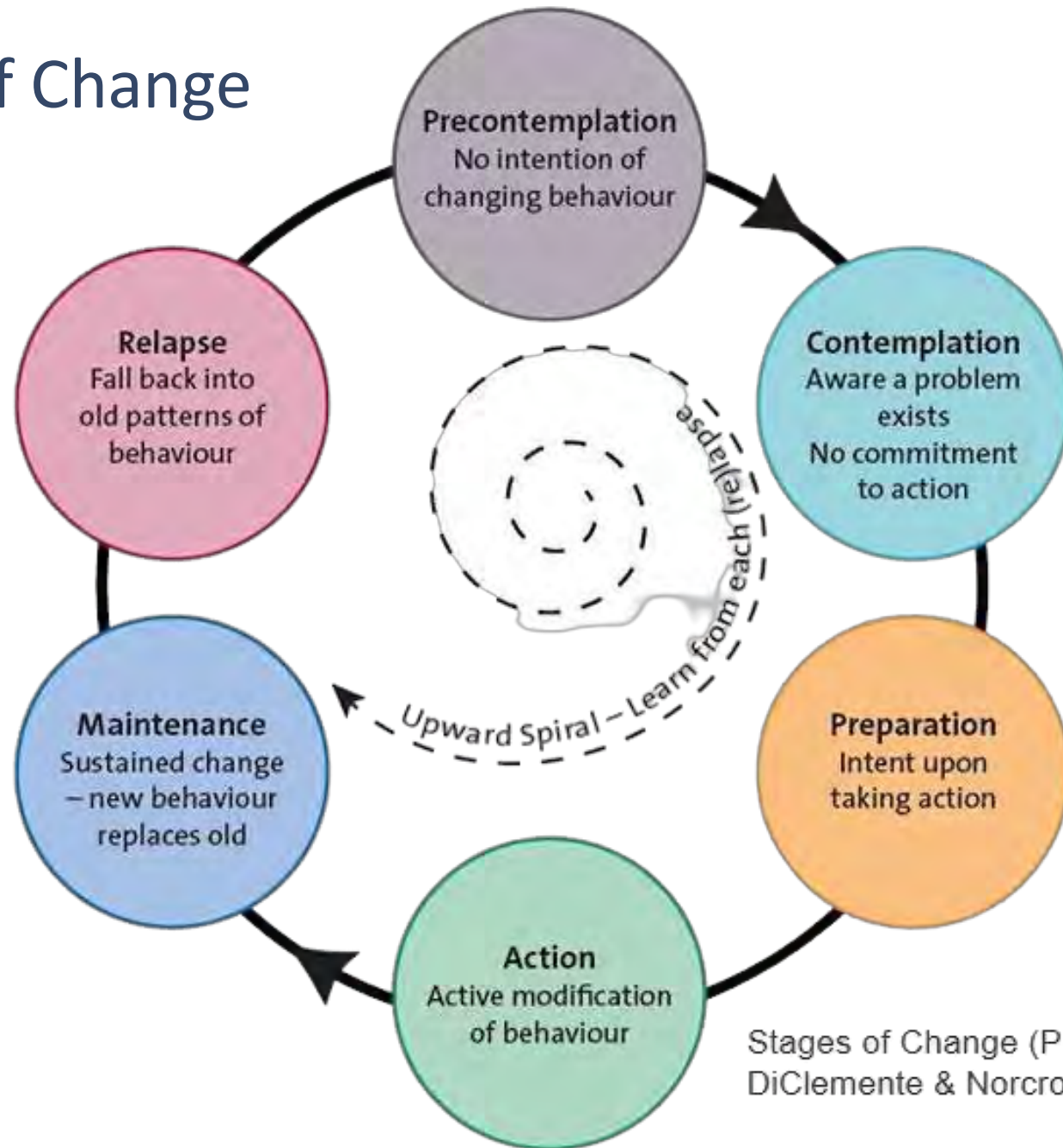
- Motivational Interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change.
- MI is an evidence-based treatment practice for working with clients with SUDs & other mental conditions.
- MI is goal-directed & person-centered with an emphasis on the collaboration between provider & client.
- Providers guide clients in identifying their intrinsic motivations by helping them see “where they are” versus “where they want to be.”



# The Four Process in MI



# The Stages of Change



Stages of Change (Prochaska, DiClemente & Norcross 1992)

# Cognitive Behavioral Therapy (CBT)

CBT is a short-term, goal-oriented, evidenced-based psychotherapy intervention that enables individuals to identify & understand their current problems, experiences, & change their unhelpful patterns of thinking & behaviors.



# Application of CBT

- Helps connect patterns of unhelpful thoughts with behaviors, & provides strategies to reframe thoughts & change their behavior.
- Clients learn to identify patterns of thought that are life-interrupting & replace them with patterns of thought that are life-affirming.
- A primary goal is to align their behaviors with what they know helps them, & reduce behaviors that interfere with their participation in family, school/work, & social life.



# Dialectical Behavior Therapy (DBT)

- Fundamental principle of DBT is to create a dynamic that promotes 2 opposed goals for clients: change and acceptance.
- DBT helps clients learn to observe their emotions without judging them.
- Cultivates emotion regulation skills.
  - Through practices including mindfulness & radical acceptance.



# Healthy Coping Skills

## Physical

Balanced diet.  
Exercise regularly.  
Staying hydrated.  
Getting fresh air.

## Mindfulness & Self Expression

Meditation.  
Digital Downtime (no phone!)  
Breathing exercise.  
Painting.  
Journaling.  
Listening to or playing music.

## Confiding in Others

Going to therapy.  
Talking to friends and/or family.  
Peer support services.  
Attend support groups.



# Medication Assisted Treatment (MAT)

- Can be useful for clients with co-occurring opioid use disorder (OUD) and other mental conditions.
- 3 medications approved by FDA for OUD:
  - Buprenorphine
  - Methadone
  - Naltrexone (vivitrol)
- Research has found outcomes are better when combined with psychological interventions like CBT.



# Prevention Best Practices for Youth

## Social Emotional Learning (SEL)

- Social-emotional learning (SEL) is the process of developing the self-awareness, self-control, & interpersonal skills that are vital for success in school, work, & life.

### Core components:

- Self-awareness
- Self-management
- Social awareness,
- Relationship skills
- Responsible decision-making

## Life Skills Training

- A school-based program with separate curriculum for elementary, middle, & high school students.
- Aims to prevent substance use, violence, & other risky behaviors by fostering SEL & health coping skills.
  - Example skills: navigating peer pressures to use substances; overcoming communication challenges; problem-solving skills; coping with stress.

# Best Practices for Professionals

- Integrated & collaborative care.
  - Coordination of care
    - Professional collaboration (regular communication).
  - Alignment on treatment plan including goals & interventions used.
  - Family/support system involved as appropriate.
- Connect clients to other agencies who provide needed services that are not provided by your agency (e.g. MAT, housing, job support, etc).
- Avoid perpetuating stigmatization of mental health & substance use conditions.
  - Be aware of & regularly challenge your own biases.



# LICADD Services



- Individual and family counseling
  - Interventions
  - Relapse prevention
- Family support & education
- Student Assistance Program/LICADD EDU
  - School-Based Prevention Education
  - Professional/Staff Training
  - Naloxone Training
  - Continuing education for social workers and mental health professionals
- Anger Management
- 24-hotline for anyone impacted by harmful substance use and/or other mental health challenges.

# THANK YOU!

Long Island Council on Alcoholism and Drug Dependence, Inc. (LICADD)



[www.licadd.org](http://www.licadd.org)



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