



Screening and Assessment for Co-Occurring Disorders (COD)

Included in this month's review are a series of articles in a **Special Issue on Screening and Assessment (6 (1), 2008) in the International Journal of Mental Health and Addictions**. The abstracts for these articles begin on page 7.

The feature this month is from a new study on offenders in the Iowa State prison system that provides valuable data on mental and substance use disorders: **Gunter, T. D., Arndt, S., Wenman, G., Allen, J., Loveless, P., Sieleni, B., & Black, D. W. (2008). Frequency of mental and addictive disorders among 320 men and women entering the Iowa prison system: Use of the MINI-Plus. *Journal of the American Academy of Psychiatry and the Law Online*, 36 (1), 27-34.**

Available online at

<http://www.jaapl.org/cgi/reprint/36/1/27>

The authors administered a standardized clinical assessment instrument, the Mini International Neuropsychiatric Interview-Plus (MINI-Plus), to 320 randomly selected, nonviolent offenders upon their entrance into the Iowa State prison system. In addition to violent offenders, the study also excluded repeat offenders, those in special programs, and offenders who were entering maximum security facilities.

The MINI-Plus has not been widely used within prison populations, but it has been found to have good agreement with the Structured Clinical Interview for DSM-III-R (SCID) and is especially useful because it screens for suicide risk and a wide range of disorders. The MINI-Plus assesses both lifetime and current disorders and also asks about substance use in relation to symptoms, making it possible to screen for substance-induced disorders.

Rates of substance use disorders were high in this sample: 91.3 percent of men (n=264) had a lifetime diagnosis of a substance use disorder and 74.6 percent met criteria for a current diagnosis, and 82.1 percent of women (n=56) had a lifetime diagnosis while 67.9 percent had a current diagnosis. Given these rates it can be expected that rates of COD were also high. The authors do note that 80.3 percent of their sample had

more than one disorder and that 63.4 percent had three or more disorders.

Substance use disorders were the most common type of disorder but many other disorders were more common than seen in the general population. Of particular note, the authors found men and women had similar rates for many disorders for which there is typically a significant gender disparity in general population samples. For example, 16.7 percent of men currently had a diagnosis of major depression in comparison to 14.3 percent of women, while 22.7 percent of men and 26.8 percent of women met criteria for such a diagnosis at some point during their lives. For anxiety disorders, 36.4 percent of men and 46.4 percent of women had a diagnosis during their lifetimes. Rates of antisocial personality disorder (ASPD) were also high for both men and women: 37.1 percent of men and 26.8 percent of women met lifetime diagnostic criteria.

There were high rates of lifetime psychoses (33.9 percent of women and 35.2 percent of men), but the majority of these cases were believed to be substance use related (26.8 percent of women and 26.9 percent of men).

While the authors did find the MINI-Plus useful for research purposes, they also concluded that it is not an appropriate screening tool for criminal justice settings because of its length, complexity, and the interviewer training required.

The authors also noted that their research may not be generalizable to other segments of the criminal justice population (such as violent offenders); that the sample may be too small to detect significant differences between men and women; that the population studied, while it reflects Iowa, is not racially diverse and the findings may not be generalizable to other States; that the data are largely dependent on self-reports; and that ASPD symptoms are often underreported.

This Review contains revisions of abstracts and is not generally the product of an original analysis of the actual articles cited. Readers interested in finding out more about COCE should visit the Web site: <http://coce.samhsa.gov/>

COD Research

National Epidemiological Studies

Becker, W. C., Sullivan, L. E., Tetrault, J. M., Desai, R. A., & Fiellin, D. A. (2008). Non-medical use, abuse and dependence on prescription opioids among U.S. adults: Psychiatric, medical and substance use correlates. *Drug and Alcohol Dependence*, 94 (1-3), 38-47.

Using data from the 2002 through 2004 National Survey on Drug Use and Health (NSDUH) surveys, which involved 91,823 respondents aged 18 and older, the authors analyzed rates of nonmedical prescription opioid use and use disorders and their relation to co-occurring mental disorders. In this sample, 4.5 percent used prescription opioids non-medically in the past year and of those 12.9 percent had opioid use disorders. Those who used opioids non-medically in the past year were significantly more likely than those who did not to have symptoms of a panic disorder, depression, and/or social phobia. Those non-medical opioid users who had opioid use disorders were even more likely to have symptoms of a panic disorder and/or social phobia, and were more likely to have misused another type of prescription medication, to have used heroin, and to have started their use of substances prior to the age of 13.

Client Characteristics

Blomeyer, D., Treutlein, J., Esser, G., Schmidt, M. H., Schumann, G., & Laucht, M. (2008). Interaction between CRHR1 gene and stressful life events predicts adolescent heavy alcohol use. *Biological Psychiatry*, 63 (2), 146-151.

Research with animals has found that changes in the corticotropin releasing hormone receptor 1 may lead to heavy alcohol use after repeated stressful events. The authors used data from the Mannheim Study of Children at Risk, which has followed 280 German participants since birth to determine how two haplotype-tagging single nucleotide polymorphisms might play a role in the relationship of adverse events and heavy drinking. Participants were assessed regarding alcohol use at age 15; their parents were also interviewed regarding stressful events in their children's lives. Participants with the genetic marker being studied (i.e., those who were homozygous for the C allele of rs1876831) drank more alcohol per drinking occasion and had higher rates of heavy drinking in relation to negative life events than did others.

Durdle, H., Lundahl, L. H., Johanson, C.-E., & Tancer, M. (2008). Major depression: The relative contribution of gender, MDMA, and cannabis use. *Depression and Anxiety*, 25 (3), 241-247.

Other researchers have found increased levels of depressive symptoms among 3,4-methylenedioxymethamphetamine (MDMA; ecstasy) users, but were uncertain about the extent to which this may be due to other substance use. The authors studied 226 MDMA users (reporting an average of 35.8 uses of MDMA), 11.5 percent of whom (n=26) met criteria for a diagnosis of major depressive disorder during their lifetimes. They did not find a significant association between the number of times MDMA was used and a diagnosis of major depression. However, those who had at some point received a diagnosis of major depression were significantly more likely also to meet criteria for a diagnosis of a cannabis use disorder at some point during their lives. In evaluating the data according to gender, the authors found that for males major depression was not associated with cannabis use disorders or MDMA use but for females a lifetime diagnosis of a cannabis use disorder was associated with major depression (although MDMA use was not).

Fergusson, D. M. & Boden, J. M. (2008). Cannabis use and adult ADHD symptoms. *Drug and Alcohol Dependence*, 95 (1-2), 90-96.

The authors used data from a New Zealand prospective longitudinal healthcare study that followed 1,265 children over a 25-year period to evaluate the relationship between cannabis use in adolescence and early adulthood and attention deficit/hyperactivity disorder (AD/HD) symptoms in adulthood. The use of cannabis prior to the age of 25 was significantly associated with increased rates of AD/HD symptoms according to self-report. After controlling for other potentially confounding factors (but not other drug use) the magnitude of this association was reduced but remained significant. However, after controlling for other types of drug use in adolescence and early adulthood the relationship was

no longer significant. The authors speculate that cannabis use may lead to other drug use, which in turn leads to increased levels of AD/HD symptoms.

Galéra, C., Bouvard, M. P., Messiah, A., & Fombonne, E. (2008). Hyperactivity-inattention symptoms in childhood and substance use in adolescence: The youth gaze cohort. *Drug and Alcohol Dependence*, 94 (1-3), 30-37.

The authors used data from a general population survey of 916 French children/adolescents (aged 7–18) who were surveyed twice (8 years apart) to evaluate the relationship of AD/HD symptoms in childhood to later substance use. For males (n=421) AD/HD symptoms were associated with use of a range of drugs (stimulants, opioids, inhalants and sedatives) and regular use of cannabis. However, in females (n=495) there was no significant relationship between childhood AD/HD symptoms and subsequent drug use.

Lewis, M. A., Hove, M. C., Whiteside, U., Lee, C. M., Kirkeby, B. S., Oster-Aaland, L., Neighbors, C., & Larimer, M. E. (2008). Fitting in and feeling fine: Conformity and coping motives as mediators of the relationship between social anxiety and problematic drinking. *Psychology of Addictive Behaviors*, 22 (1), 58-67.

The authors evaluated 316 college students who engaged in heavy drinking to determine motives for drinking and their relation to social anxiety and drinking patterns. They found that students who reported higher levels of social anxiety consumed less alcohol but reported a greater number of negative consequences as a result of drinking. They also found that the relationship between social anxiety and negative drinking-related consequences was mediated by drinking in order to conform or cope, in addition to the amount of alcohol consumed.

Mangold, F. T., Sommers, M. S., Kent, G., & Fargo, J. (2008). Harmful Drinking, Depression, and Conduct Disorder among Females Involved in Alcohol-Related Motor Vehicle Crashes: A Secondary Analysis. *Journal of Addictions Nursing*, 19 (1), 9-15.

The authors investigated the relationship of both depression and conduct disorder to alcohol consumption among a group of 43 women aged 18 to 45 (with a mean age of 28.84) who had been involved in alcohol-related car crashes. They found that both depression (experienced any time during the individual's life) and conduct disorder (after the age of 15) along with age at the time of the crash interacted to have an effect on increasing the number of drinks per day in this population. The authors note that more research is needed to better understand how these variables interact.

McClernon, F., Kollins, S., Lutz, A., Fitzgerald, D., Murray, D., Redman, C., & Rose, J. (2008). Effects of smoking abstinence on adult smokers with and without attention deficit hyperactivity disorder: Results of a preliminary study. *Psychopharmacology*, 197 (1), 95-105.

Prior research has found high rates of smoking among people with AD/HD. These authors looked at the effects of short-term (overnight) abstinence from smoking on the cognitive performance and withdrawal symptoms of 26 daily smokers, 12 of whom had AD/HD. Participants were evaluated on a number of measures after abstinence and while being able to smoke. Following abstinence, withdrawal, symptom severity, mood, craving, and cue activity were not significantly different for those who did and did not have AD/HD. There were, however, significant differences between the two groups in regard to measures of reaction time variability and errors of commission, with the AD/HD group exhibiting a greater decline after abstinence in comparison to the group without AD/HD.

Mykletun, A., Overland, S., Aarø, L. E., Liabø, H.-M., & Stewart, R. (2008). Smoking in relation to anxiety and depression: Evidence from a large population survey: The HUNT study. *European Psychiatry*, 23 (2), 77-84.

The authors used data from a large, European general population study (N= 60,814) of adults ages 20 through 89 to evaluate anxiety and depression among current and former smokers. They found that anxiety and depression were more common for current smokers than those who had quit or those who never smoked, but that ex-smokers had higher levels of anxiety and depression than those who had always been non-smokers and that levels of anxiety and depression did not significantly decline after quitting. The strength of these associations were greater among women than men and among younger than older participants.

Nery, F. G., Hatch, J. P., Glahn, D. C., Nicoletti, M. A., Monkul, E. S., Najt, P., Fonseca, M., Bowden, C. L., Cloninger, C. R., & Soares, J. C. (2008). Temperament and character traits in patients with bipolar disorder and associations with comorbid alcoholism or anxiety disorders. *Journal of Psychiatric Research*, 42 (7), 569-577.

The authors sought to determine differences in personality traits among individuals with bipolar disorders (N=73) who did and did not have co-occurring alcohol use disorders and/or anxiety disorders and among a set of controls who did not have a bipolar disorder (N=63). Among those with bipolar disorders, 21 had co-occurring alcohol use and anxiety disorders, 10 had co-occurring alcohol use disorders alone, 23 had co-occurring anxiety disorders alone, and 19 had neither co-occurring disorder. Participants with bipolar disorders differed significantly from those who did not have bipolar disorders on scores for a number of personality traits. Participants with bipolar disorders who had co-occurring alcohol use disorders without also having co-occurring anxiety disorders scored significantly higher than did others with bipolar disorders on a measure of persistence, and participants with bipolar disorders who had co-occurring anxiety but not alcohol use disorders scored significantly higher on a measure of harm avoidance and significantly lower on a measure of self-directedness in comparison to others with bipolar disorders.

Potvin, S., Joyal, C. C., Pelletier, J., & Stip, E. (2008). Contradictory cognitive capacities among substance-abusing patients with schizophrenia: A meta-analysis. *Schizophrenia Research*, 100 (1), 242-251. Available online at <http://download.journals.elsevierhealth.com/pdfs/journals/0920-9964/PIIS0920996407001879.pdf>

The authors performed a meta-analysis of 23 studies that provided data from validated neuropsychological tests concerning the cognitive capacities of individuals who have schizophrenia, with or without co-occurring substance use disorders (other than tobacco or benzodiazepines). Collectively participants with and without co-occurring substance use disorders did not differ significantly on a composite measure of cognitive functioning. However, there were some significant differences related to specific substances of abuse. Individuals with co-occurring substance use disorders who used alcohol exclusively scored significantly lower on tests of working memory in comparison to other participants in these studies. Those who were cannabis users scored significantly higher on tests of problem solving, reasoning, and visual memory than did non-users. Differences for users of other classes of drugs were not significant.

Rosen, C. S., Kuhn, E., Greenbaum, M. A., & Drescher, K. D. (2008). Substance abuse-related mortality among middle-aged male VA psychiatric patients. *Psychiatric Services*, 59 (3), 290-296.

The authors investigated mortality for a group of 169,051 male veterans (aged 40 to 59) who had received treatment for one or more mental disorders from the U.S. Department of Veterans Affairs (VA) in April through September of 1998. In addition to looking at records from the VA, the authors also used a random sample of cause-of-death records for 3,383 of these individuals taken from the National Death Index. They found that the risk of dying was approximately 55 percent higher for those who had co-occurring substance use disorders. Among those who had COD, 27.6 percent of deaths were associated with substance abuse in some form (including overdoses), while only 8.8 percent of those who did not have COD died from substance–abuse-related causes.

Schaffer, M., Jeglic, E. L., & Stanley, B. (2008). The relationship between suicidal behavior, ideation, and binge drinking among college students. *Archives of Suicide Research*, 12 (2), 124-132.

The authors studied the relationship of binge drinking and suicidal ideation/behavior among college students. They found a significant relationship between past alcohol use and past suicide attempts as well as between binge drinking in the past and suicidal ideation and behavior in the past.

Van der Velden, P. G., Kleber, R. J., & Koenen, K. C. (2008). Smoking predicts posttraumatic stress symptoms among rescue workers: A prospective study of ambulance personnel involved in the Enschede fireworks disaster. *Drug and Alcohol Dependence*, 94 (1-3), 267-271.

The authors looked at 66 ambulance workers who responded to the Enschede fireworks disaster (which that took place in the Netherlands in 2000 and left 22 dead and 947 injured) in order to analyze the relationship of smoking and posttraumatic stress disorder (PTSD) following the disaster. After controlling for other variables, they found that smoking occurring 2 to 3 weeks after the disaster was associated with increased rates of intrusions, avoidance, hostility, and depression symptoms reported 18 months after the disaster.

Vetter, S., Rossegger, A., Rossler, W., Bisson, J. I., & Endrass, J. (2008). Exposure to the tsunami disaster, PTSD symptoms and increased substance use - An internet based survey of male and female residents of Switzerland. *BMC Public Health*, 8 (92). Available online at <http://www.biomedcentral.com/content/pdf/1471-2458-8-92.pdf>

The authors administered an internet-based survey to a group consisting primarily of Swiss tourists who were exposed to the tsunami disaster of 2004 and their family and friends to determine the relation of exposure to the disaster to rates of substance use and PTSD symptoms. They found that for women but not men greater amounts of PTSD symptoms and trauma exposure significantly increased odds that alcohol, cannabis, and other drug use increased after the event. For men, however, the association was only found between PTSD symptoms and trauma exposure and other drug use (not alcohol or cannabis).

Young, R., Sweeting, H., & West, P. (2008). A longitudinal study of alcohol use and antisocial behaviour in young people. *Alcohol and Alcoholism*, 43 (2), 204-214. Available online at <http://alcalc.oxfordjournals.org/cgi/reprint/43/2/204>

The authors evaluated the nature of the relationship of alcohol use and antisocial behaviors among a group of 2,586 youth aged 11–15. Using structural equation models they determined that the strongest support was for the model that showed that antisocial behavior made youth more susceptible to alcohol use/abuse and not the reverse nor a reciprocal relationship. However, in some specific cases, gender, social class, and drinking context interacted with other variables so that alcohol use also appeared to increase antisocial behavior.

Infrastructure

Workforce Development

Craig, T. K. J., Johnson, S., McCrone, P., Afuwape, S., Hughes, E., Gournay, K., White, I., Wanigaratne, S., Leese, M., & Thornicroft, G. (2008). Integrated care for co-occurring disorders: Psychiatric symptoms, social functioning, and service costs at 18 months. *Psychiatric Services*, 59 (3), 276-282.

The authors evaluated a British case manager training program that was intended to improve effectiveness when working with clients with COD. Case managers were randomly assigned to either receive the training (n=40) or be on a waiting list (n=39) after which their COD clients' outcomes and service costs were assessed for an 18-month period. At the 18-month client assessment, clients of those case managers who received the training had significantly greater improvements in psychosis and general pathology symptoms and reported significantly fewer needs for care. There were no significant differences in regards to substance use or service costs.

Hughes, E., Wanigaratne, S., Gournay, K., Johnson, S., Thornicroft, G., Finch, E., Marshall, J., & Smith, N. (2008). Training in dual diagnosis interventions (the COMO study): A randomised controlled trial. *BMC Psychiatry*, 8 (12). Available online at <http://www.biomedcentral.com/content/pdf/1471-244x-8-12.pdf>

The authors report on changes in case manager perception and understanding of COD following participation in a COD training program or a waiting list control group (see previous reference for another article from this study). At an assessment 18-months after the training, case managers who participated in the training did not differ from those who did not participate in regards to their total scores on the Alcohol and Alcohol Problems Perception Questionnaire (AAPPQ) but did have significantly better scores on two subscales from the AAPPQ: Adequacy of Knowledge and Skills in Working with Alcohol and Self-Esteem in Working with Alcohol. Participants in the training also scored significantly higher on a measure of knowledge about COD and on self-efficacy in working with this population.

Prevention

LaRusso, M., Romer, D., & Selman, R. (2008). Teachers as builders of respectful school climates: Implications for adolescent drug use norms and depressive symptoms in high school. *Journal of Youth and Adolescence*, 37 (4), 386-398.

The authors investigated the relationship of perceived teacher support of and regard for student opinions and healthy attitudes concerning drug use in a group of 476 youth aged 14 to 18. They found that those who reported greater levels of teacher support/regard also reported that their schools had a healthy climate in respect to drug use, which in turn was associated with less personal drug use. Higher levels of perceived teacher support/regard were also associated with greater ratings of social belonging and lower levels of symptoms of depression.

Services & Service Systems

Screening & Assessment

Cassidy, C. M., Schmitz, N., & Malla, A. (2008). Validation of the Alcohol Use Disorders Identification Test and the Drug Abuse Screening Test in first episode psychosis. *Canadian Journal of Psychiatry*, 53 (1), 26-33. Available online at <http://publications.cpa-apc.org/media.php?mid=565>

The authors sought to determine how valid and reliable two different screening instruments (the Alcohol Use Disorders Identification Test [AUDIT] and Drug Abuse Screening Test [DAST]) were with clients who had a first episode of psychosis. Results from these screening instruments were compared to results from the Structured Clinical Interview for Diagnosis (SCID). They found the instrument effective with this population, and noted that the AUDIT worked best with a problem drinking cut-off score of 10 and the DAST worked best with a problem drug use cut-off score of 3.

Castel, S., Rush, B., Kennedy, S., Fulton, K., & Toneatto, T. (2007). Screening for mental health problems among patients with substance use disorders: Preliminary findings on the validation of a self-assessment instrument. *Canadian Journal of Psychiatry*, 52 (1), 22-27. Available online at <http://publications.cpa-apc.org/media.php?mid=335>

The authors evaluated the Psychiatric Diagnostic Screening Questionnaire (PDSQ), a self-assessment screening tool for mental disorders, with a group of 76 individuals who had substance use disorders and compared those findings to results from the SCID. They found that the instrument had different psychometric properties when used with this population than when used with clients in psychiatric outpatient treatment. The authors conclude that while the instrument holds promise for use with individuals in substance abuse treatment, more extensive validation studies are needed.

McMillan, G. P., Timken, D. S., Lapidus, J., C'de Baca, J., Lapham, S. C., & McNeal, M. (2008). Underdiagnosis of comorbid mental illness in repeat DUI offenders mandated to treatment. *Journal of Substance Abuse Treatment*, 34 (3), 320-325.

The authors compared their results of psychiatric screening for 233 individuals who were court-mandated to substance abuse treatment as a result of a driving under the influence (DUI) offense to the findings of the screenings performed by these treatment programs. They found that mental disorders were being underdiagnosed by the programs, with 100 percent of obsessive-compulsive disorder cases, 97.2 percent of bipolar disorder cases, 67.5 percent of major depression cases, and 37.3 percent of drug use disorder being missed during treatment. Overdiagnosis of mental disorders by these programs was relatively rare.

Stasiewicz, P. R., Vincent, P. C., Bradizza, C. M., Connors, G. J., Maisto, S. A., & Mercer, N. D. (2008). Factors affecting agreement between severely mentally ill alcohol abusers' and collaterals' reports of alcohol and other substance abuse. *Psychology of Addictive Behaviors*, 22 (1), 78-87.

The authors assessed the level of agreement between clients with COD and collateral sources regarding clients' alcohol and/or drug use in the prior 60 days. They assessed 167 clients with serious mental illness (i.e., either schizophrenia or bipolar disorder) using the Timeline Follow-Back interview and urine drug screens and compared those findings to reports

from clients' friends and family received via phone interview. They found generally poor agreement between the two sources, but better agreement for individuals who provided clean urine samples. The most significant factor in predicting poor agreement between client and collateral reports was recent drug use.

Tiet, Q. Q., Finney, J. W., & Moos, R. H. (2008). Screening psychiatric patients for illicit drug use disorders and problems. *Clinical Psychology Review, 28* (4), 578-591.

The authors review current research on substance abuse screening instruments available for patients who have mental disorders. They conclude that no available instrument is completely useful for screening patients in psychiatric settings and that some common problems with existing instruments are that they are not brief, not easy to administer, do not have demonstrated validity for both male and female clients, have difficulty measuring illicit-drug-related problems without confounding them with alcohol-related problems, and do not use an optimal timeframe for assessing substance-related problems.

International Journal of Mental Health and Addiction Special Issue on Screening & Assessment

Alexander, M., Haugland, G., Lin, S., Bertollo, D., & McCorry, F. (2008). Mental health screening in addiction, corrections and social service settings: Validating the MMS. *International Journal of Mental Health and Addiction, 6* (1), 105-119.

The authors sought to validate a mental health screening instrument, the Modified Mini Screen (MMS), in substance abuse treatment, corrections, and social service settings. They administered the instrument to 476 individuals across the three settings and they validated the findings of the instrument using the SCID. They found that with a cut-off point of 6–9 the MMS had a sensitivity of 0.63–0.82, a specificity of 0.61–0.83, and an overall accuracy of 70–75 percent. The MMS was equally useful for men and women and for African Americans and Caucasians. It appears to be an appropriate screening instrument for substance abuse treatment settings.

Cacciola, J., Pecoraro, A., & Alterman, A. (2008). Development of ASI psychiatric severity cut-off scores to identify co-occurring psychiatric disorders. *International Journal of Mental Health and Addiction, 6* (1), 77-92.

The authors evaluated the psychiatric section of the Addiction Severity Index (ASI) as a screening instrument to screen for Axis-I psychiatric disorders not related to substance use. They administered it to 672 individuals who had recently been admitted to a substance abuse treatment program. They found that the ASI Interviewer Severity Ratings scale had a 81 percent sensitivity and 53 percent specificity; the ASI Clinical Factors scale had 85 percent sensitivity and 55 percent specificity, the ASI Composite Scores had 80 percent sensitivity and 60 percent specificity, and the ASI Evaluation Indices had 80 percent sensitivity and 60 percent specificity. Results were similar for both males and females.

Carroll, J. (2008). Development of the Mental Health Screening Form III. *International Journal of Mental Health and Addiction, 6* (1), 72-76.

The author discusses the development of the Mental Health Screening Form III (MHSF-III), a screening instrument intended to be short, inexpensive, easy to understand, and easy to use.

Maisto, S. & Kivlahan, D. (2008). Screening for psychiatric disorders among adults presenting for substance use disorder treatment: current practices in the United States. *International Journal of Mental Health and Addiction, 6* (1), 32-36.

The authors review current screening, assessment, and treatment procedures for people with COD, noting that while integrated assessment and treatment is widely recommended, in practice it is not implemented well or consistently across treatment settings. They also discuss some of the existing barriers to implementation of evidence-based COD assessment and treatment models.

McMain, S. & Ellery, M. (2008). Screening and assessment of personality disorders in addiction treatment settings. *International Journal of Mental Health and Addiction*, 6 (1), 20-31.

The authors discuss screening and assessment of personality disorders in substance abuse treatment settings. They note the importance of such screening as well as some of the problems involved in accurate screening and assessment. The authors also review some of the more widely used instruments for such screening and assessment.

Parikh, S. (2008). Screening and treating mental disorders in addiction treatment settings: A stepped care model. *International Journal of Mental Health and Addiction*, 6 (1), 137-140.

The author proposes strategies to improve the detection of mental disorders in substance abuse treatment programs using validated, self-report measures. Additionally, the author argues for the use of a stepped care approach to treatment of COD in these settings, which would provide some basic treatment for all clients to ensure mental health, with more treatment for common disorders such as anxiety and depression and referral for severe or relatively rare mental disorders.

Sacks, S. (2008). Brief overview of screening and assessment for co-occurring disorders. *International Journal of Mental Health and Addiction*, 6 (1), 7-19.

The author discusses methods for screening, assessing, and treatment planning for clients with COD. He also discusses some of the instruments available to screen for and some to assess substance use disorders, mental disorders, or COD and provides suggestions on how to select an appropriate instrument.

Sibley, L. (2008). Integrating screening and assessment tools into clinical practice: Where the rubber hits the road. *International Journal of Mental Health and Addiction*, 6 (1), 131-136.

The author describes conditions in mental health and substance abuse treatment service centers in under-served areas of Ontario, Canada and how screening and assessment instruments for both substance use and mental disorders can be better integrated into clinical practice there and elsewhere.

Somers, J. (2008). Screening for co-occurring disorders and the promotion of collaborative care. *International Journal of Mental Health and Addiction*, 6 (1), 141-144.

The author presents the British Columbia/Yukon Collaborative Care Project as an example of an effective collaborative COD screening effort. He describes the goals of the project, which included the development of standardized screening and assessment practices, and some of the barriers to implementation (e.g., a need to improve communications between staff from different professions, improve communications with clients, and increase administrative support).

Toneatto, T. (2008). Screening and assessment of co-occurring disorders: Towards a phenomenological approach. *International Journal of Mental Health and Addiction*, 6 (1), 37-44.

The author describes three new models for screening and assessing COD that might prove useful in substance abuse treatment settings: (1) looking at symptoms of DSM-IV disorders as variable with multiple dimensions rather than as dichotomous categories, (2) focusing on functional analysis, and (3) reframing psychiatric disorders across multiple symptoms.

Zimmerman, M. (2008). To screen or not to screen: Conceptual issues in screening for psychiatric disorders in psychiatric patients with a focus on the performance of the Psychiatric Diagnostic Screening Questionnaire. *International Journal of Mental Health and Addiction*, 6 (1), 53-63.

The author discusses some of the problems involved in using semi-structured interviews to screen for psychiatric disorders. He comments on research showing that unstructured clinical evaluations often find disorders that semi-structured interviews miss and points out the need for more research on how screening practices are related to treatment outcomes.

Systems Integration

Bray, J., Vandivort, R., Dilonardo, J., Dunlap, L., Schroeder, D., Forhan, C., & Miller, K. (2008). Healthcare utilization of individuals with opiate use disorders: An analysis of integrated Medicaid and state mental

health/substance abuse agency data. *Journal of Behavioral Health Services and Research*, 35 (1), 91-106. Available online at <http://www.springerlink.com/content/jtj4387640740046/fulltext.pdf>

The authors analyzed mental health and substance abuse treatment service use among individuals in Washington State who it was believed might have opioid use disorders and who received publicly funded services. They compare the services received by individuals whose only mental health or substance abuse treatment services were provided through State agencies to those who received services paid for by Medicaid.

Huang, F., Ziedonis, D., Hu, H., & Kline, A. (2008). Using information technology to evaluate the detection of co-occurring substance use disorders amongst patients in a state mental health system: Implications for co-occurring disorder state initiatives. *Community Mental Health Journal*, 44 (1), 11-27.

The authors merged data from mental health and substance abuse treatment data sets in the State of New Jersey in order to identify clients who received services from both and whose full treatment needs may have been missed by one service system. They found that 53 percent of substance use disorders were detected by clients in the mental health system and that clients who were female, older, and had psychoses were less likely to have their substance use disorders detected.

Treatment Planning & Services

Blalock, J. A., Robinson, J. D., Wetter, D. W., Schreindorfer, L. S., & Cinciripini, P. M. (2008). Nicotine withdrawal in smokers with current depressive disorders undergoing intensive smoking cessation treatment. *Psychology of Addictive Behaviors*, 22 (1), 122-128.

The authors looked at a small group of clients (N=21) who had elevated depressive symptoms (although not necessarily clinical depression) and who were participants in a pilot study of intensive counseling for smoking cessation. Participants were followed through 12 weeks of treatment and 3 months of follow-up. Abstinence from smoking was associated with increased positive affect and decreased symptoms of depression. Among those who were abstaining from smoking at the 3-month assessment, 44 percent had none of the depressive symptoms they had at the start of the study, but this was not true for those who were still smoking.

Graff, F. S., Griffin, M. L., & Weiss, R. D. (2008). Predictors of dropout from group therapy among patients with bipolar and substance use disorders. *Drug and Alcohol Dependence*, 94 (1-3), 272-275.

The authors investigated reasons for drop-out from a group therapy intervention among clients with co-occurring bipolar and substance use disorders. The strongest potential predictors for dropout (among those analyzed), after controlling for demographic and substance use variables, were cigarette smoking, a recent mood episode, and not having a college education.

Grothues, J. M., Bischof, G., Reinhardt, S., Meyer, C., John, U., & Rumpf, H.-J. (2008). Effectiveness of brief alcohol interventions for general practice patients with problematic drinking behavior and comorbid anxiety or depressive disorders. *Drug and Alcohol Dependence*, 94 (1-3), 214-220.

The authors evaluated the use of a brief intervention to reduce drinking administered in a primary care setting to 408 individuals who had alcohol use disorders, were considered "at risk" for such disorders, and/or engaged in binge drinking. Among participants in the study, 88 were diagnosed as having an anxiety or depressive disorder in addition to a potential alcohol use disorder. The brief intervention did have a significant effect on reducing drinking among those who did not have anxiety or depressive disorders but had no significant effect on those who did have those disorders. The authors speculate that this lack of effect may have to do with larger percentage of participants who were alcohol dependent among those who had anxiety or depressive disorders.

Hills, H. A. (2007). Treating adolescents with co-occurring disorders (Monograph Series #2). Tallahassee, FL: Florida Certification Board/Southern Coast Addiction Technology Transfer Center. Available online at <http://coy.state.va.us/Conference/Pauley%20Tuesday%20Workshop2.pdf>

The Southern Coast Addiction Technology Transfer Center in conjunction with the State of Florida's Certification Board has issued some basic guidelines for treating adolescents with COD. The 21 page document provides a brief review of the epidemiological and treatment literature on COD among adolescents as well as information on assessment, the

development of treatment models, guiding principles for treatment, the use of evidence-based practices, early intervention, developing treatment plans, and system issues.

Howard, J., Stubbs, M., & Arcuri, A. (2007). Comorbidity: Coexisting substance use and mental disorders in young people. *Clinical Psychologist*, 11 (3), 88-97.

The authors review some of the concerns and problems involved in providing effective care to youth who have COD. They highlight some of the changes that need to occur to improve services for this population.

Leontieva, L., Dimmock, J. A., Gately, P. W., Gallinger, L., Ploutz-Snyder, R., & Batki, S. L. (2008). Voucher-based incentives for Naltrexone treatment attendance in schizophrenia and alcohol use disorders. *Psychiatric Services*, 59 (3), 310-314.

The authors evaluated the use of vouchers, which had a cash value, for individuals with co-occurring schizophrenia and substance use disorders in order to increase attendance in a Naltrexone treatment program. They found that the severity of psychotic symptoms (measured at treatment entry) did not have an effect on the use of vouchers and that 94 percent of participants believed the voucher incentive system was helpful.

Swartz, M. S., Wagner, H. R., Swanson, J. W., Stroup, T. S., McEvoy, J. P., Reimherr, F., Miller, D. D., McGee, M., Khan, A., Davis, S. M., Hsiao, J. K., & Lieberman, J. A. (2008). The effectiveness of antipsychotic medications in patients who use or avoid illicit substances: Results from the CATIE study. *Schizophrenia Research*, 100 (1), 39-52. Available online at <http://download.journals.elsevierhealth.com/pdfs/journals/0920-9964/PIIS0920996407005427.pdf>

In a double blind study, the authors compared five different antipsychotic medications (olanzapine, perphenazine, quetiapine, risperidone and ziprasidone) for patients with schizophrenia who used and who did not use illicit drugs. Participants were followed for up to 18 months in order to determine the amount of time that passed before they discontinued the use of the medication, if they did. Among those who used illicit drugs there were no significant differences in the amount of time before discontinuing in relation to the medication used. However, for those who did not use illicit drugs, those who were prescribed olanzapine stayed on the medication for the longest period of time (a median of 13 months), which was over twice as long as any of the other medications (which had median lengths of use that varied from 5.9 months to 4.3 months).

Tate, S. R., Wu, J., McQuaid, J. R., Cummins, K., Shriver, C., Krennek, M., & Brown, S. A. (2008). Comorbidity of substance dependence and depression: Role of life stress and self-efficacy in sustaining abstinence. *Psychology of Addictive Behaviors*, 22 (1), 47-57.

The authors investigated the relationship of stress and self-efficacy to the time to relapse for 113 individuals who had co-occurring depressive and substance use disorders. Participants were randomly assigned to receive either an integrated cognitive-behavioral intervention or 12-Step facilitation therapy. Levels of stress, self-efficacy, and substance use were assessed at treatment entry, 12 weeks after treatment concluded, and 24 weeks after. Approximately half the participants relapsed prior to the 24-week assessment, but rates of relapses did not differ significantly for participants in the two different interventions. The authors found that that high levels of life stressors and lower levels of self-efficacy were both associated with earlier relapse. While chronic stress and self-efficacy were consistent across the follow-up period, the authors found that acute stress came and went and that in the month following an event causing acute stress there was also an increased chance of relapse.

Williams, J. K., Smith, D. C., Gotman, N., Sabri, B., An, H., & Hall, J. A. (2008). Traumatized youth and substance abuse treatment outcomes: A longitudinal study. *Journal of Traumatic Stress*, 21 (1), 100-108.

The authors compared substance abuse treatment outcomes for youth who had (n=29) and did not have (n=79) high levels of traumatic stress. Participants were assessed upon entry into treatment and at 3- and 6-months after treatment. Among those youth who were still using at the 6-month follow-up, those who had high levels of traumatic stress had reduced the amount of substances used by a significantly greater amount than did youth who had low levels or no traumatic stress.