

GREATER SOUTHERN CALIFORNIA NODE - SPRING DIGEST

Spring 2022



GREATER SOUTHERN CALIFORNIA NODE UPDATES



New GSCN Community Advisory Board

We recently established the GSCN community advisory board to help frame patient-centered research and practice improvement efforts that aim to promote healthy lifestyles and reduce the harms of substance use in the Greater Southern California area. Our goal is to foster meaningful relationships with various stakeholders (i.e., people with lived experiences, providers, health systems, policy makers, researchers) to advance research on substance use and improve translation of findings into real-world settings. As such, our CAB is composed of representative stakeholders from across California.

Congratulations to Dr. Larissa Mooney!

We are proud to announce the promotion of Larissa Mooney, M.D., Lead Investigator of Greater Southern California Node (GSCN) to Director of the Addiction Psychiatry division in the Department of Psychiatry and Biobehavioral Sciences at UCLA. This new division will care for substance use disorders (SUDs) and mental health disorders through an innovative integration of multi-disciplinary expertise.

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INTRODUCTION TO CO-OCCURRING DISORDERS

The theme of this Spring 2022 Quarterly Digest is treatment of co-occurring disorders (CODs). The prevalence of CODs among individuals with SUDs is incredibly high: [9.2 million adults](#) in the United States are diagnosed with both a mental health and substance use disorder. Such patients are particularly complex to treat as they require specialized treatment that is hindered by [various barriers](#) such as (1) lack of specialized treatment, (2) structural barriers that prevent the integration of specialized treatment, (3) lack of expertise within primary care and mental health settings, and (4) environmental barriers such as rurality or homelessness. [Untreated CODs increase the odds](#) of physical health conditions and suicide, and increase the severity of mental disorders such as anxiety and depression.

In this digest, we aim to share resources and research findings that support efforts in treating CODs. Below, we outline research conducted by investigators at the GSCN around the treatment of CODs in both primary care and mental health treatment centers.

**WE WANT YOUR
FEEDBACK**

If you have clinical questions, feedback, or want to share ideas for research and clinical collaboration, [please complete this survey](#).

GSCN'S AFFILIATED INVESTIGATORS PUBLICATIONS: CO-OCCURRING DISORDERS

Opioid Use Disorder and Co-occurring Mental Health Disorders

- [Hser, Y.I., et al. \(2022\)](#). Long-term Follow-up Assessment of Opioid Use Outcomes among Individuals with Comorbid Mental Disorders and Opioid Use Disorder Treated with Buprenorphine or Methadone in a Randomized Clinical Trial. *Addiction*, 117(1), 151-161.
- [Zhu, Y., et al. \(2021\)](#). Psychiatric Comorbidity and Treatment Outcomes in Patients with Opioid Use Disorder: Results from a Multi-site Trial of Buprenorphine-Naloxone and Methadone. *Drug and Alcohol Dependence*, 228, e108996.
- [Mooney, L.J. \(2022\)](#). Medication Treatment for Opioid Use Disorder Reduces Suicide Risk. *American Journal of Psychiatry*, 179 (4), 262-263.
- [Baskerville, W.A., et al. \(Under review\)](#). Alcohol Use Among Treatment-Seeking Individuals with Opioid Use Disorder. *Drug and Alcohol Dependence*.



Yih-Ing Hser, Ph.D.,
Principal Investigator

Anxiety Disorders and Substance Use Disorders



Kate Wolitzky-Taylor, Ph.D.,
GSCN Investigator

- [Wolitzky-Taylor, K., et al. \(2021\)](#). Development and Initial Pilot Testing of a Fully Integrated Treatment for Comorbid Social Anxiety Disorder and Alcohol Use Disorder in a Community-based SUD Clinic Setting. *Behaviour Research and Therapy*, 148 (3), e103999.
- [Akeman, E., et al. \(2021\)](#). Amplification of Positivity Therapy for Co-Occurring Alcohol Use Disorder with Depression and Anxiety Symptoms: Pilot Feasibility Study and Case Series. *Behavior Modification*.
- [Wolitzky-Taylor, K., et al. \(2021\)](#). Rumination and Worry as Putative Mediators Explaining the Association between Emotional Disorders and Alcohol Use Disorder in a Longitudinal Study. *Addictive Behaviors*, 119, e106915.

Treatment for Co-occurring Disorders

- [Watkins, K. E., et al. \(2022\)](#). How to Integrate Pharmacotherapy for Substance Use Disorders at Your Mental Health Clinic. *RAND Corporation*.
- [Hurley, B., et al. \(2021\)](#). Medication Management of Co-Occurring Opioid Use Disorder in Mental Health Settings. *RAND Corporation*.
- [Watkins, K. E., et al. \(2021\)](#). Organization Capacity and Readiness to Provide Medication for Individuals with Co-Occurring Alcohol Use Disorders in Public Mental Health Settings. *Administration and Policy in Mental Health and Mental Health Services*, 48, 707-717.



Katherine E. Watkins, M.D.,
GSCN Investigator

ONLINE WEBINARS

A Clinical Look at Co-Occurring Mental Health, Substance Use, and Physical Health Disorders

By completing this training and evaluation form you will receive 1.5 continuing education (CE) hours or credits.

[Recorded Webinar](#) | [Evaluation Link](#)

Co-Occurring Substance Use and Mental Health Disorders 101

By completing this online course you will receive 1.0 continuing education (CE) hours or credits.

[Recorded Webinar](#)



ASK AN EXPERT: CO-OCCURRING DISORDERS

Question: How has the field advanced in understanding and treating co-occurring disorders, and what are some of the remaining gaps?

Answer: *We now have a better understanding of prevalence rates of co-occurring disorders, common risk factors that influence the development of SUDs and mental health disorders, and some of the impacts of co-occurring disorders on clinical course and treatment outcomes. [...]*

Question: What barriers do patients with co-occurring disorders experience that may prevent them from seeking or accessing treatment/care?

Answer: *Treatment barriers faced by individuals with co-occurring disorders include stigma and lack of consistent and standardized screening for comorbid SUDs and mental health disorders. Treatment for SUDs is often siloed from general healthcare settings, so integrated treatment settings and approaches are often unavailable. [...]*

Question: What are ways in which research can support and promote the integration of treatment services for patients with co-occurring disorders?

Answer: *Approximately half of individuals with SUDs develop psychiatric disorders and vice versa. Integrated treatment approaches for co-occurring disorders yield improved outcomes compared to separate treatment of each diagnosis. [...]* We also need to tailor treatment selection to more effectively target active psychiatric symptoms that may interfere with recovery and may elicit relapse to substance use.

Please visit our website to read the full interview



DR. LARISSA J. MOONEY

Professor and Director of the Addiction Psychiatry Division in the Department of Psychiatry and Biobehavioral Sciences at UCLA.

Dr. Mooney is also one of two Principal Investigators for the Greater Southern California Node.

RELATED RESOURCES



[The Case for Screening and Treatment of Co-Occurring Disorders - A SAMHSA Guide](#)

[Improving Substance Use Care: Addressing Barriers to Expanding Integrated Treatment Options for post 9/11 Veterans](#)

[An Evidence-Based Co-Occurring Disorder Intervention in VA Homeless Programs](#)



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