

Co-Occurring Disorders: Today and Tomorrow

By Lee A. Dalphonse, CAGS, LMHC, LCDS, ICCDP-D and Dave Parcher, LCPC, LPCMH, CCS, CCDPD

IN 2005, THE CENTER FOR SUBSTANCE Abuse Treatment reported that 50 to 75 percent of those seeking treatment for substance abuse have a mental disorder, while 50 percent of clients in mental health programs have a substance use disorder. In the five years since, we've seen encouraging developments, but we also anticipate continued challenges ahead.

Fastest growing credential

In 2007, IC&RC adopted the Certified Co-Occurring Disorders Professional (CCDP) and Certified Co-Occurring Disorders Professional Diplomat (CCDPD) credentials, which have now been adopted by 18 boards (Alabama, Arkansas, California, Canada, Connecticut, Delaware, Georgia, Hawaii, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Missouri, New Jersey, Pennsylvania, Rhode Island, Singapore and Virginia). This represents approximately 25 percent of IC&RC Member Boards in only three years.

On the legislative and regulatory front, seven states have woven recognition of these credentials into state regulations, and two now include these credentials in Medicaid regulations. To us, these developments reflect the growing consensus on the need to standardize the skill sets, core competencies, and credentialing processes for practitioners who work with clients with co-occurring treatment needs.

Expanding the research base

Another bright spot is the growing body of research from around the world that consistently demonstrates that

treatment outcomes are significantly improved and societal costs greatly reduced when individuals with co-occurring disorders receive integrated treatment that addresses the interactive relationship between both illnesses.

The July 2010 article in *Counselor Magazine* by Darcy, Dalphonse and Winsor reviews much of the research in the field, and research is ongoing. For example, in a 2010 thesis at the Smith College School of Social Work, Marsha Kay Odell wrote: "The most consistent finding across studies is that the most effective service delivery is integrated. While critical components of integrated service delivery have been identified, how these components are successfully integrated to engage and retain clients in a case has been more elusive."

IC&RC credentials are evidence-based, and Job Task Analyses are updated every five years. Therefore, as new research emerges, these credentials will keep pace.

Responding to change

As more studies confirm that integrated treatment yields better outcomes than parallel or sequential treatment, federal and state governments have pushed harder for integration. Since 2002, 19 states have been awarded Co-Occurring State Incentive Grants (COSIG) by the Substance Abuse and Mental Health Services Administration.

IC&RC's Federal Policy Liaison, Andrew Kessler, noted that America's health care reform will likely accelerate this trend: "Health care reform will expand the treatment of co-occurring disorders

and build better systems of care for comorbidity through the emphasis on the integration of services. With integration, the goal is to have a stronger, more efficient network of services. Health professionals from across the spectrum of care will be able to work in concert and treat the multiple needs of individuals with co-occurring disorders."

As reform progresses, the need for professionals trained in co-occurring disorders will expand, and it is critical that new practitioners and programs be competent in this distinctive discipline, which blends the best of mental health and substance abuse treatment into this "third technology." Credentialing is an excellent way to demonstrate this competency. IC&RC credentials offer a third-party, objective endorsement – recognized in 44 states and 22 countries, enhancing professional reputation and increasing opportunities for career advancement. Demonstrating the high level of commitment, knowledge and skill required to qualify for a credential is a personal accomplishment to be proud of. **C**

Lee A. Dalphonse and Dave Parcher have a combined 55 years of experience developing, implementing, and evaluating programs and services for individuals with co-occurring mental health and substance abuse problems. Together, they serve as Co-Chairs of the IC&RC Co-Occurring Disorders Committee.

IC&RC protects the public by establishing standards and facilitating reciprocity for the credentialing of addiction-related professionals. Incorporated in 1981, the organization represents 40,000 professionals and 75 member boards, including 44 U.S. states, the District of Columbia, two U.S. territories, and all branches of the U.S. military. Members also include 22 countries and six Native American areas.