



Substance Abuse to Self Medicate: The Perpetuation of Co-Occurring Disorders

April 10, 2013 - 12:30 – 1:30 p.m.

Nick Turner, LCSW, CADC Gateway Foundation



Who is Gateway Foundation Alcohol & Drug Treatment?

Largest Provider of Substance Abuse Treatment in Illinois

- 11 locations
- New Outpatient Treatment Centers in Bloomingdale, Pekin and Chicago River North opens April 15.
- Treatment for Adults and Adolescents.
- Outpatient, Day Treatment and Residential Care.
- To learn more, visit RecoverGateway.org.



Meet the Trainer: Nick Turner

- Previously a Clinical Supervisor at Gateway's Aurora treatment center, within the next week he will be moving to our new River North outpatient center in Chicago.
- Licensed Clinical Social Worker (Illinois), Certified Alcohol and Drug Counselor (Illinois IAODAPCA) and a member of the Motivational Interviewing Network of Trainers
- Specializes in providing individual and group counseling for those with substance abuse and mental health needs
- Master of Arts degree in Social Work from University of Chicago, School of Social Service Administration



Objectives

My hope is that you walk away with increased knowledge and perspective on current trends related to the treatment of co-occurring mental health and substance abuse issues.

- Basic Understanding
- Treatment Trends
- Evidence-Based Practices

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- Mental Health and Substance Abuse Issues

Part 2:

- Treatment and Maintenance

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- Questions & Answers

Co-Occurring Mental Health and Substance Abuse Issues

Co-Occurring Disorders

- When someone is referred to as being “dually diagnosed” they have *typically* been diagnosed with a mental health disorder and substance abuse or dependence.
- **Examples:**
 - Generalized Anxiety Disorder and Alcohol Abuse/Dependence
 - Major Depressive Disorder and Cocaine Abuse/Dependence



Poll Question

What population do you work with?

- A. Children and Adolescents?
- B. Adults?
- C. Both?

Co-Occurring Mental Health and Substance Abuse Issues

Mental Health Issues

- Vary in type and severity
 - Anxiety, Mood, Psychotic, Personality, etc.
- Can significantly decrease a person's quality of life and wellbeing.
- Can temporarily be controlled or addressed by alcohol and other drugs.
 - Short-term relief, long-term discomfort.
 - Short-term discomfort, long-term relief/fulfillment.

Co-Occurring Mental Health and Substance Abuse Issues

Substance Abuse

- Recurring legal problems
- Use in risky situations
- Failure to fulfill roles
- Interpersonal conflicts
- Never met criterion for dependence with the same class of drugs

Co-Occurring Mental Health and Substance Abuse Issues

Substance Dependence

- Tolerance
- Withdrawal
- Can't stop or slow down despite numerous attempts to do so
- Using more/more often than intended
- Spending a significant amount of time getting the substance or getting over use

Co-Occurring Mental Health and Substance Abuse Issues

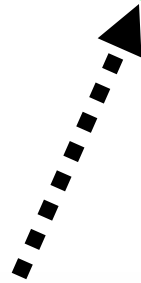
Substance Dependence

- Important recreational, occupational and social activities are given up or are no longer important
- Continued use despite a physical or psychological problem that are a result of or exacerbated by the substance



Biopsychosocial Model

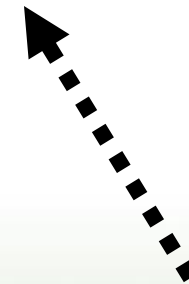
MISA



**Social/Environment:
Environment & Others**



**Biology:
Genetics**



**Psychology:
Thoughts & Emotions**

Collaborative and Integrated Treatment

- **BIOLOGY:**
 - Psychiatry and Medical Professionals

- **PSYCHOLOGY and ENVIRONMENT:**
 - Evidence-Based Interventions for Co-Occurring Disorders
 - Therapy
 - » Group, Individual, Family
 - » 12 Step and Peer Support

Evidence-Based Interventions for Co-Occurring Disorders

- **Motivational Interviewing**
- **Mindfulness Based Interventions**
 - Acceptance and Commitment Therapy
 - Dialectical Behavior Therapy
- **Trauma Informed Therapy**
- **12 Step Facilitation**

Poll Question

Do you have any previous experience with and/or training in Motivational Interviewing?

A. Yes

B. No

Motivational Interviewing



Motivational interviewing is a person-centered counseling style for addressing the common problem of ambivalence about change.

- Spirit is prioritized over technique
 - Partnership, acceptance, compassion, and evocation

- MI is not a technique, nor is it a treatment curriculum; MI is a way of being with clients.

Motivational Interviewing

Patients' motivation, retention and outcome vary with the particular counselor to whom they are assigned.



- Counselor style strongly drives patient resistance (confrontation drives it up, empathic listening brings resistance down).
- That is, the *counselor* is one of the determinants of client motivation and change.

Motivational Interviewing

Applications with MISA issues...

- Treatment adherence/compliance
- Medication adherence/compliance
- Seeking psychiatric services
- Attending support meetings
- Adopting new coping skills
- Approaching difficult issues in therapy

Motivational Interviewing: Recommended Readings

Motivational Interviewing in Health Care: Helping Patients Change Behavior

- Stephen Rollnick, William Miller, Chris C. Butler

Motivational Interviewing: Preparing People for Change

- William Miller and Stephen Rollnick

Building Motivational Interviewing Skills

- David Rosengren

Motivational Interviewing in the Treatment of Psychological Problems

- Hal Arkowitz, William Miller and Stephen Rollnick

Poll Question

Do you have any previous experience with and/or training in mindfulness based therapies?

A. Yes

B. No

Mindfulness

Current definition of mindfulness:

“Mindfulness is the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to things as they are.” - Jon Kabat-Zinn

- Paying attention especially to things we often ignore or take for granted.
- Paying attention to things as they are at any given moment rather than how we would like them to be.
- Descriptive/objective in nature
 - Antithesis of getting caught up in the content of thinking and judgmental/ruminative thoughts.



Acceptance and Commitment Therapy

ACT is...

- A form of Cognitive Behavioral Therapy (3rd wave)
- Designed to increase psychological flexibility
 - Helps expand lives and behavior patterns
 - While decreasing behaviors that tend to increase suffering in the long term

Acceptance and Commitment Therapy

ACT helps people to...

- Compassionately embrace their internal experiences (Thoughts, feelings, sensations, memories, etc.).
- Build and strengthen behavior patterns that are value oriented.
 - Example: Signing up for adult education classes even when their mind is telling them that they are “stupid and incapable.”

ACT: Pathology and Suffering

Psychological Inflexibility

- Experiential avoidance
- Fusion
- Rigid sense of self
- Inaction, impulsivity or avoidance
- Distance from values
- Lack of self knowledge
- Attachment to past and feared future



ACT: Recovery and Wellness

Psychological Flexibility

- Acceptance
- Defusion
- Observing self
- Mindfulness
- Contact with values
- Workable goals
- Committed action



ACT: Recommended Readings

- **Acceptance and Commitment Therapy: The Process and Practice of Mindful Change**
 - Steven Hayes, Kirk D. Strosahl, Kelly Wilson
- **Real Behavior Change in Primary Care: Improving Patient Outcomes and Increasing Job Satisfaction**
 - Patricia Robinson, Debra Gould, Kirk Strosahl
- **The Happiness Trap**
 - Russ Harris
- **Mindfulness for Two**
 - Kelly Wilson
- **Things Might Go Terribly, Horribly Wrong**
 - Kelly Wilson

Dialectical Behavior Therapy

Dialectical Behavior Therapy (DBT)

- Applies a range of cognitive and behavior therapy strategies to helping those with Borderline Personality Disorder (BPD) traits, including suicidal behaviors.

Axis II: Personality Disorders

- **Borderline Personality Disorder (BPD)**
 - Pervasive pattern of instability of interpersonal relationships, self-image and affects, as well as marked impulsivity, beginning by early adulthood and is present in a variety of contexts (DSM IV TR).

DBT: Pathology and Suffering

Identifying characteristics based on DSM IV TR criteria:

- Extreme fear of abandonment
- Unstable and intense interpersonal relationships
- Identity disturbance
- Unhealthy impulsivity
- Recurrent suicidal behaviors, gestures, threats or self mutilating
- Affect instability
- Chronic feelings of emptiness
- Intense anger
- Transient and stress-related paranoid ideation
- Dissociative symptoms

DBT: Recovery and Wellness

Format:

- DBT Programs
 - Individual, Group and Peer Consultation
- Skills Groups
 - Group and Individual Skills Training

Main Components:

- Core Mindfulness Skills
- Emotion Regulation
- Interpersonal Effectiveness
- Distress Tolerance

DBT: Recommended Readings

Skills Training Manual for Treating Borderline Personality Disorder

- Marsha M. Linehan

Cognitive-Behavioral Treatment of Borderline Personality Disorder

- Marsha M. Linehan

Dialectical Behavior Therapy in Clinical Practice: Applications Across Disorders and Settings

- Edited by Linda A. Dimeff and Kelly Koerner

Poll Question

Do you have any previous experience with and/or training in Trauma Informed Therapies?

A. Yes

B. No

Trauma Informed Therapy

Many individuals seeking behavioral health treatment have a history of experiencing trauma (physical abuse, sexual abuse, emotional abuse, etc.).

Those with trauma histories often develop co-occurring disorders including:

- Substance Abuse
- Mental Health
- Chronic Medical Conditions



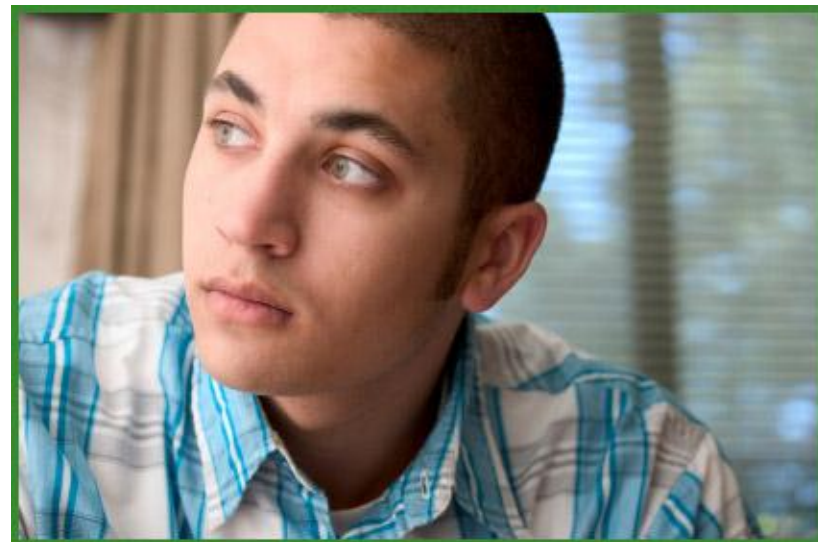
Trauma Informed Therapy

Identifying characteristics of PTSD based on DSM IV TR criteria:

- Criterion A: Stressor
- Criterion B: Intrusive Recollection
- Criterion C: Avoidance/Numbing
- Criterion D: Hyper-Arousal
- Criterion E: Duration
- Criterion F: Functional Significance

Trauma Informed Therapy

In taking a trauma informed approach to treatment, an organization takes steps on all levels to gain a basic understanding of how trauma can impact the life of those seeking services.



- Adjustments are made accordingly in order to increase the effectiveness of the program and avoid re-traumatization.
- Trauma informed care and treatment aim to address issues related to the experienced trauma and facilitate healing.

Trauma Informed Therapy

Key issues to consider:

- The persons need to be respected, informed, connected and supported.
 - Healing and recovery
- The relationship between trauma and symptoms of trauma (e.g. substance abuse, eating disorders, depression, anxiety, etc.).
- Collaborating with those seeking services, support members, medical professionals and other behavioral health agencies.

Trauma Informed Therapy

Case Example:

- 35-year old male
- New father and husband
- Successful in his field
- History of sexual abuse and trauma
- Alcohol Dependence and PTSD
 - Drinking daily for the previous 12 months
 - Issues and behavior have resulted in worsened depression, anxiety and decreased intimacy

Trauma Informed Therapy

Examples of trauma specific approaches and interventions:

- **Helping Woman Recover**
 - Stephanie Covington

- **Helping Men Recover**
 - Stephanie Covington

- **Beyond Trauma**
 - Stephanie Covington

- **Seeking Safety**
 - Lisa Najavits

- **Acceptance and Commitment Therapy for the Treatment of Post-Traumatic Stress Disorder & Trauma Related Problems**
 - Robyn D. Walser and Darrah Westrup

Trauma Informed Therapy

Additional examples of trauma specific approaches and interventions:

- **Eye Movement Desensitization and Reprocessing (EMDR)**
 - <http://www.emdr.com/>
 - Francine Shapiro
- **Prolonged Exposure Therapy for PTSD: Emotional Processing of Traumatic Experiences Therapist Guide (Treatments that Work)**
 - Edna Foa, Elizabeth Hembree, Barbara Olaslov Rothbaum

Poll Question

Do you have any previous experience with and/or training in 12-step facilitation?

A. Yes

B. No

12 Step Facilitation

Facilitating peer support group attendance for those experiencing issues related to co-occurring disorders can be challenging.

- Barriers include:
 - Lack of knowledge/information
 - Stigma related to mental health issues and medications
 - Symptoms
 - Transportation and resources

12 Step Facilitation



Benefits of peer support attendance:

- Support/Fellowship
- Structure and routine
- Accountability and guidance

Examples of MISA informed 12 step groups

- Dual Recovery Anonymous
- Alcoholics Anonymous - “Double Trouble” meetings

Additional non-12 step related support groups can also be helpful

- NAMI

12 Step Facilitation

Recommended treatment approaches and resources:

- Individual: Motivational Interviewing
- Group and individual:
 - Hazelden’s Co-Occurring Disorder Program
 - Available through Hazelden
 - » www.hazelden.org
 - 12 Step Facilitation Therapy
 - Joseph Nowinski

Parents, Friends and Families

What can parents and support members do?

- **CRAFT**
 - **Community Reinforcement and Family Training**
 - Get Your Loved One Sober
 - Motivating Substance Abusers to Enter Treatment
 - » Meyers and Wolfe
- **National Institute of Drug Abuse**
 - drugabuse.gov
- **National Alliance on Mental Illness**
 - nami.org
- **Al-anon.org**
- **RecoverGateway.org**

Questions?

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Visit: RecoverGateway.org

Call: 24-Hour Helpline 877-505-HOPE (4673)