Subject One: The Link Between Psychiatric and Substance Disorders, An Integrated Treatment Approach

OVERVIEW OF TOPICS

Psychiatric, Substance & Co-Occurring Disorders Defined · The Brain-Body Connection· Causes of Psychiatric & Substance Disorders · Bio-Psycho-Social-Cultural-Environmental-Spiritual Approach · Recovery and Wellness · Focusing on Similarities and NOT Differences · History, Philosophies, and Barriers to Treatment · The Integrated Treatment Approach · Ethnic, Cultural, and Personal Identity · Cultural Diversity · How People Change Behaviors · Stages of Change · Motivation & Working Through Ambivalence · Personal Motives · Choices · Fear in Early Recovery · The Group Process · Good Communication Skills and Group · Listening Skills · Passive, Aggressive, Passive-Aggressive & Assertive Communication Skills · Getting the Most Out of Group · Group Guidelines...more
Substance Disorders Are Linked With Psychiatric Disorders and Symptoms in Ways That Can:

- Mask or cover up a mental illness.
- Mimic or imitate a psychiatric disorder.
- Worsen mental health disorders by increasing symptoms.
- Complicate the treatment of a psychiatric disorder.

First it is true that these disorders are medical disorders of the brain.

Second it helps a person to understand they are not their illness.

Third identifying these disorders as medical disorders leads to acceptance.
The Effects of Untreated Psychiatric Disorders on the Brain and Body
Like Depression often includes:

<table>
<thead>
<tr>
<th>Brain</th>
<th>Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Depressed Mood</td>
<td>• Insomnia</td>
</tr>
<tr>
<td>• Inappropriate Guilt</td>
<td>• Significant Weight Loss or Gain</td>
</tr>
<tr>
<td>• Negative Thinking</td>
<td>• Fatigue or Loss of Energy</td>
</tr>
<tr>
<td>• Sense of Hopelessness</td>
<td>• Impaired Immune System and Increased Risk of Illness</td>
</tr>
</tbody>
</table>

The Effects of Untreated Substance Disorders on the Brain and Body
often includes:

<table>
<thead>
<tr>
<th>Short-Term Desired Effects of Cocaine</th>
<th>Undesired Long-Term Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Brain</strong></td>
<td><strong>Body</strong></td>
</tr>
<tr>
<td>• Euphoria</td>
<td>• Increased Sense of Energy</td>
</tr>
<tr>
<td>• Self-Confidence</td>
<td>• Decreased Fatigue</td>
</tr>
<tr>
<td>• Enhanced Thinking</td>
<td>• Decreased Appetite</td>
</tr>
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<td></td>
<td></td>
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</tbody>
</table>

The Effects of Untreated Co-Occurring Disorders on the Brain and Body often includes:

**Continued Substance Abuse + Mental Health Disorder**  
(i.e. long-term Crack Cocaine can mimic Paranoid Schizophrenia)

<table>
<thead>
<tr>
<th>Brain</th>
<th>Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Chemical Changes</td>
<td>• Impaired Immune System</td>
</tr>
<tr>
<td>• Hallucinations</td>
<td>• Possible Heart Damage</td>
</tr>
<tr>
<td>• Delusions (False Beliefs)</td>
<td>• High Risk of Death to Self or Others</td>
</tr>
</tbody>
</table>

Causes of Psychiatric and Substance Disorders

**Psychiatric Illnesses** = **Biology** (primary influence) + Psychology + Social or Environment + Stress

**Addictive Illnesses** = **Biology** (primary influence) + Psychology + Social or Environment + Stress + Alcohol and Other Drugs

Daley, 1994
### Bio-Psycho-Social-Cultural-Environmental-Spiritual Approach

- "Bio" or Biological Component
- "Psycho" or Psychological Component
- "Socio" or Social-Cultural-Environmental Components
- Spiritual Component

### Bio-Psycho-Social-Cultural-Environmental-Spiritual Recovery

#### Biological Wellness

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Getting rest, sleep, and developing relaxation skills.</td>
</tr>
<tr>
<td>2</td>
<td>Maintaining nutrition and proper body fat.</td>
</tr>
<tr>
<td>3</td>
<td>Avoiding abuse of drugs, alcohol, or tobacco.</td>
</tr>
<tr>
<td>4</td>
<td>Achieving fitness.</td>
</tr>
<tr>
<td>5</td>
<td>Practicing positive life-style habits.</td>
</tr>
<tr>
<td>6</td>
<td>Carrying out daily tasks.</td>
</tr>
</tbody>
</table>

#### Psychological Wellness

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Learning and using information effectively for personal, family, and career development.</td>
</tr>
<tr>
<td>2</td>
<td>Recognizing, accepting, and expressing feelings, emotions, and thoughts appropriately.</td>
</tr>
<tr>
<td>3</td>
<td>Managing stress, structuring time, accepting one’s personal limitations, and striving for balance in work, play, and rest.</td>
</tr>
<tr>
<td>4</td>
<td>Learning to deal with new challenges effectively and striving for continued growth.</td>
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</tbody>
</table>

#### Socio-Cultural-Environmental Wellness

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Interacting successfully with people and the environment.</td>
</tr>
<tr>
<td>2</td>
<td>Developing and maintaining intimacy with significant others.</td>
</tr>
<tr>
<td>3</td>
<td>Developing respect and tolerance for those with different opinions and beliefs.</td>
</tr>
</tbody>
</table>
Bio-Psycho-Social-Cultural-Environmental-Spiritual Recovery

Spiritual Wellness

1. Believing in some force, nature, science, religion, or a “Higher Power” that serves to unite human beings and provide meaning and purpose to life.

2. Defining and living within personal morals, values, and ethics.

Specific Areas of Life Are Affected Either in the Disease Process or the Recovery Process

Focusing on the Similarities and Not the Differences

<table>
<thead>
<tr>
<th>No Fault Illnesses</th>
<th>Brain Disorders</th>
<th>Parallel Phases of Treatment &amp; Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stigmatized Illnesses</td>
<td>Chronic Illnesses</td>
<td>Each Illness is Primary</td>
</tr>
<tr>
<td>Illnesses of Isolation</td>
<td>Disease &amp; Recovery Model</td>
<td>Each Illness Proceeds Independently</td>
</tr>
</tbody>
</table>

Prevalence of Co-Occurring Disorders
History, Philosophies, and Barriers to Treatment

The Integrated Treatment Approach

Recovery = Abstinence + Specific Treatment + Change
(Daley, 1994)

Specific Treatment that Addresses Psychiatric and Substance Disorders often includes:

<table>
<thead>
<tr>
<th>Gain Education</th>
<th>Get Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design &amp; Implement a Plan</td>
<td>Identify Relapse Triggers</td>
</tr>
<tr>
<td>Cope with Emotions</td>
<td>Establish Healthy Behaviors</td>
</tr>
<tr>
<td>Manage Cravings</td>
<td>Cope with Symptoms</td>
</tr>
<tr>
<td>Change Thinking</td>
<td>Work a Program</td>
</tr>
</tbody>
</table>

Ethnic, Cultural, and Personal Identity
**Cultural Diversity**

<table>
<thead>
<tr>
<th>Views on Psychiatric &amp; Substance Disorders</th>
<th>Ideas on Illness &amp; Healing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes on Seeking Counseling</td>
<td>Views on Communication</td>
</tr>
<tr>
<td>Opinions on Self-Reliance</td>
<td>Thoughts on Time</td>
</tr>
<tr>
<td>Thoughts on Competition</td>
<td>Beliefs on Spirituality</td>
</tr>
<tr>
<td>Beliefs About Family Systems</td>
<td>Opinions on Gender</td>
</tr>
</tbody>
</table>

**How People Change Behaviors**

**Stages of Change**
- Pre-Contemplation Stage of Change
- Contemplation Stage of Change
- Preparation Stage of Change
- Action Stage of Change
- Maintenance Stage of Change

**Spiraling Pattern of Change**

**Barriers to Change**
- Old Attitudes and Beliefs
- Difficulty in Relating to Later Stage Symptoms
- The “Yeah Buts”
- The “Yets”
- The “I’m Really, Really Going to Try...Really” Syndrome
- Putting Off Making a Decision for Change
- Not Putting The “Action” Into Change
- Discounting or Finding a “Reason” to Leave Treatment
- Trying To Do It “Perfectly”
Motivation and Working Through Ambivalence

Weighing the "I Want To" & the "I Don't Want To"

<table>
<thead>
<tr>
<th></th>
<th>&quot;I Want To&quot;</th>
<th>&quot;But I Don't Want To&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finding Personal Reasons to Change</td>
<td>What images come to mind when you think about having a better life without alcohol and drugs, or making changes to reduce psychiatric symptoms?</td>
<td>I'm afraid to really try to quit using or begin treatment for a Psychiatric Disorder because I might fail.</td>
</tr>
<tr>
<td></td>
<td>How would quitting substance abuse or working a program of recovery for Psychiatric and Substance Disorders pay off immediately in your relationships?</td>
<td>I think the positive effects I get from substances outweigh the negative effects, even though they worsen my psychiatric symptoms.</td>
</tr>
</tbody>
</table>

Personal Motives & Choices

- Fear of Living Life Without Substances
- Fear in The Group Process
- Acknowledging Fear
- Working Through Fear By Living in Today

Fears in Early Recovery can include a person fearing...

<table>
<thead>
<tr>
<th>Fear of Someone Finding Out</th>
<th>Fear of Diagnosis</th>
<th>Fear of Punishment</th>
<th>Fear of Failure</th>
</tr>
</thead>
<tbody>
<tr>
<td>someone will find out about substance abuse</td>
<td>diagnosis of a psychiatric or substance disorder</td>
<td>punishment or retaliation from family, friends, or employers</td>
<td>failure, crisis, or relapse</td>
</tr>
<tr>
<td>DUI, incarceration, or institutionalization</td>
<td>losses like custody of children, relationships, family, job, housing, health, or mental capacity</td>
<td>physical harm due to risky behaviors or dangerous situations</td>
<td>treatment, making changes, or the unknown</td>
</tr>
<tr>
<td>failure, crisis, or relapse</td>
<td>treatment, making changes, or the unknown</td>
<td>life without the use of alcohol and/or drugs</td>
<td>life without the use of alcohol and/or drugs</td>
</tr>
</tbody>
</table>
The Group Process

Increasing Self-Awareness With the Johari Window

The Window Panes Change With Self-Disclosure and Feedback

Self-Disclosure Defined
- What Self-Disclosure Is Not
- What Self-Disclosure Is

Feedback Defined
- What Feedback Is Not
- What Feedback Is
Difficulty Trusting Self and Others

- Unhealthy Family Systems and Sexual Abuse
- “Family Secrets”
- Breaking Promises to Self
- Untrustworthy Behavior & Unhealthy Relationships

Developing Trust Through Self-Disclosure

- Risks of Self-Disclosure
- Benefits of Self-Disclosure
- Benefits of The Group Process
- Moving From Victim to Survivor

Sharing Personal Experiences in a Support or Recovery Group

- Keeps Honesty & Accountability
- Gives New Perspectives
- Breaks Through Isolation & Shame
- Gets the Story Right
- Sheds Illusions
- Produces Lasting Benefits of Telling a Truthful Story

Good Communication Skills and Group Listening Skills

<table>
<thead>
<tr>
<th>Listen From the Heart</th>
<th>Listen for Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay Attention If the Person Is Expressing Facts or Feelings</td>
<td>Use Silence When You Do Not Know What to Say</td>
</tr>
<tr>
<td>Listen for More Than Words</td>
<td>Listen to What Is Not Being Said</td>
</tr>
<tr>
<td>Listen Objectively</td>
<td>Use Short Responses</td>
</tr>
<tr>
<td>Listen for the Main Idea</td>
<td>Listen Twice as Much</td>
</tr>
<tr>
<td>Focus Fully on What Someone is Saying</td>
<td></td>
</tr>
</tbody>
</table>
Communication Styles

Passive  Aggressive

Passive-Aggressive  Assertive

A person communicates in one style more than another for reasons that can include:

- Past Experiences
- Habit
- Defenses
- Control or Manipulation

Passive Communication Style
- Goal
- Techniques
- Beliefs
- Body Language or Tone
- Results

Aggressive Communication Style
- Goal
- Techniques
- Beliefs
- Body Language or Tone
- Results
Passive-Aggressive Communication Style

- Goal
- Techniques
- Beliefs
- Body Language or Tone
- Results

 Assertive Communication Style

- Goal
- Techniques
- Beliefs
- Body Language or Tone
- Results

Challenged in the Area of Assertiveness?

Do you?

- Express anger and annoyance appropriately?
- Ask for help if you need it?
- Express your feelings and preferences clearly to others?
- Say "no" when you don't want to do something?

Benefits of Assertive Communication

- Indicates an effort at creating mutually satisfying solutions.
- Diffuses anger, reduces guilt, faces problems, and gains respect of others.
- Strengthens relationships, reduces stress, improves a person's self-image, and increases their ability to succeed.
**Individual Rights of Being Assertive...**

You have the right, just like everyone else, to be heard.

Your thoughts, opinions, ideas, and feelings are important.

You can say what you feel without hurting other people's feelings.

You can be firm, direct, and honest about your thoughts and opinions.

You don't have to agree with other people if you feel they're wrong, especially if they're putting someone down!

You can state your opinions, stand up for others, and ask for something you want or need without apologies. You don't have to be aggressive.

You have the right to express your perspective.

You have the right to assume personal responsibility and to decline responsibility for others.

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**Reasons People Are Not Assertive**

<table>
<thead>
<tr>
<th>Assertive Skills Not Learned</th>
<th>Afraid of Reprisals</th>
<th>Don't Want to Rock the Boat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear of Hurting Someone's Feelings</td>
<td>Trying to Please Others</td>
<td>Low Self Confidence</td>
</tr>
<tr>
<td>Fear of Displeasing Others</td>
<td>Fear of Not Being Liked</td>
<td>Fear of Being Abandoned</td>
</tr>
</tbody>
</table>

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**How to Be Assertive**

- Assertive Techniques
- Use "I" Statements to Take Responsibility
- Clarify
- Be Aware of Body Language
- Role-Play
- Watch Your Timing

- Avoid Pushing The "Hot Buttons"
- Think About Feelings
- Encourage Your Partner to Describe Real Feelings
- Evaluate How You Are Doing as You Practice Communicating Assertively

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**Getting The Most Out Of The Group Process**

**SKILLS**

- Openness
- Taking Responsibility
- Trust
- Involvement
- Staying in the Here & Now
- Give and Take

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**VALUES**

- Listening
- Clarifying
- Saying
- Feedback
- Direct Communication

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**SUBJECT ONE: The Link Between Psychiatric and Substance Disorders, An Integrated Treatment Approach**

**STUDY GUIDE** Developed By: Susan Lang, MPH, OT/L and Rhonda McKillip, M.Ed., LMHC, MAC, CCDCIII, CDP
TECHNIQUES

- Awareness of My Own Behavior
- Applying Insight Of Own Behavior
- Experiment With Own Behavior
- Contribute to The Group’s Awareness of Itself
- Problem Solving Effectiveness
- Helping Group Maintenance
- Making The Group a Part of Life
- Contribute to Others Sharing
- Contribute to the Process of Group
- Group Diagnostic Ability
- Overall Effectiveness as a Group

Group Guidelines

- Group Facilitator Responsibilities
- Belonging to The Group
- Safety of the Group
- Responsibilities of Each Group Member to The Group

Co-Occurring Disorders Without Recovery often includes:

1. Unmanaged stress.
2. Weakened immune system.
3. Decline in health with illness and disease.
4. Progression of Substance Disorders.
5. Increased problems with life: family, financial, legal, and health.
6. Worsening of anxiety, depression, or paranoia.
7. Increased intensity of Thought Disorders.
8. Deteriorating mental condition or mental decompensation.

Co-Occurring Disorders With Recovery often includes:

1. Working a program of recovery.
2. Reduced substance abuse or abstinence.
3. Improved clearing of brain processes and thinking.
4. Decreased health problems as the brain and body heal.
5. Reduction in frequency, length, and intensity of mood swings.
7. Improved mental and emotional stability.
8. Connection with spirituality and hope for recovery.
### Drug Category Section

**Effects of The Following Drugs in The Areas Of:**

- **Brain & Thinking - Personality & Mood - Behavior**

- Alcohol
- Barbiturates, Major Tranquilizers, or Benzodiazepines
- Heroin, Morphine, Opium, or Codeine
- Amphetamine, Methamphetamine, Cocaine, or Crack Cocaine
- Nicotine/Smoking
- Caffeine
- Cannabis Sativa (Marijuana, Hashish, or Hash Oil)
- Amphetamine, Methamphetamine, Cocaine, or Crack Cocaine
- Nicotine/Smoking
- Caffeine
- Cannabis Sativa (Marijuana, Hashish, or Hash Oil)

### Brief Examples of APPENDIX IA

**Effects of Alcohol on Brain and Thinking - Personality and Mood - Behavior**

- **Cognitive Impairments and Deficits:** caused by damage to the liver that damages the brain and results in a lower capacity to learn and store information; 75% of alcoholics report some form of cognitive impairment; recall of information is disrupted in all aspects of everyday life (Arria, A. M., Tarter, R. E., and VanThiel, D. H., 1990)

**Effects of Cannabis on Brain and Thinking - Personality and Mood - Behavior**

- **Marijuana Psychosis or Hemp Psychosis:** break with reality; onset of psychosis can be sudden usually lasting 24-48 hours; symptoms including rambling speech, impaired memory, clouded consciousness, disorientation, hallucinations, and delusions (Hafen, B. and Soulier, D., 1989; Jenike, M. A., 1993)

### Examples: Effects of Sedative-Hypnotics on Personality and Mood

- **Severe Depressive Symptoms:** in individuals with no previous depression and worsened depression in those who have had prior Depressive Episodes (Drug Search, 2000; National Association of Alcoholism and Drug Abuse Counselors [NAADAC], 1996)

- **Examples:** Effects of LSD, PCP, Peyote, Mescaline, Psilocybin, MDMA (Ecstasy), or “designer drugs” on Personality and Mood

### Example: Effects of Opiates (Narcotics) on Behavior

- “On The Nod” alternately wakeful & drowsy state (NIDA, 2000); Indifference to Environment and People; Loss of Self Control; Psychosocial Problems; Accidental Drug Overdoses; Antisocial and Criminal Behavior; Suicide Attempts (NIDA, 2002)

### Example: Effects of Inhalants on Behavior

- Marked Changes in Behavior; Lack of Concern about Appearance; Restless Activity; Impaired Coordination; Aggressive, Violent, or Impulsive Behavior (NCADI, 1999); Drunken Behavior; Diminished Social and Occupational Functioning; Reduced Inhibitions (NCADI, 1999; Drug Search, 2000; NAADAC, 1996)
Appendix IB: Acute Withdrawal Symptoms Of Alcohol And Other Drugs

- The Brain During The Withdrawal Process
- Co-Occurring Disorders and Withdrawal
- Severity of Withdrawal Symptoms Vary
- Withdrawal Can Be Serious, But It Is Manageable
- Benefits of Recovery Versus Discomfort of Withdrawal

**Drug Category Section:** Withdrawal Process Of: Alcohol • Barbiturates, Major Tranquilizers, Benzodiazepines • Heroin, Morphine, Opium, Codeine • Amphetamine, Methamphetamine, Cocaine, or Crack Cocaine • Nicotine/ Smoking • Caffeine • Cannabis Sativa (Marijuana, Hashish, or Hash Oil) • LSD, PCP, Peyote, Mescaline, Psilocybin, MDMA (Ecstasy), or “Designer Drugs” • Inhalants • Anabolic Steroids

**Withdrawal Areas Include:**
- Psychomotor Retardation or Agitation • Physical Discomfort • Cognitive or Thinking Difficulties • Emotional Discomfort….more

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**The Brain During the Withdrawal Process**

- Changes in the brain during the withdrawal process from **depressants** push the brain toward over-activity or anxious symptoms.
- Changes in the brain during the withdrawal process from **stimulants** can push the brain toward depression or depressive symptoms.

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**Acute Withdrawal Symptoms**

*Range - Onset - Duration - Severity - Symptoms*

**Partial Example: Alcohol Withdrawal**

- Range of Symptoms
- Onset of Phase I
  1. Milder symptoms of discomfort or hangover
  2. Usually begins within 12 hours after the last drink, but may begin within 3-4 hours.
  3. Some symptoms, such as irritability, may peak in 24 hours while others peak in the 48-72 hour range.
  4. Symptoms last approximately 3-5 days, but may last 7-10 days depending on how much alcohol has been used and for how long use persisted prior to abstinence.
  5. Symptoms: increased over-activity of the automatic system (Hypertension of increased blood pressure along with emotional tension or agitation)……..etc.
- Onset of Phase II…..

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**Subject One Handouts**

**Worksheet Handout**

PERSONAL ASSESSMENT: The Link Between Mental Health and Substance Use Disorders

**Inspirational Handout**

1. “Change”
2. The Rules for Being Human
3. You May Be Strong

**Extensive Bibliography for Subject One**
Example of an Inspirational Handout

You May Be Strong

Pray don't find fault with the man who limps...Or stumbles along the road,
Unless you have worn the shoes he wears...Or struggled beneath his load.

There may be tacks in his shoes that hurt...Tho' hidden away from view;
Or the burden he bears, placed on your back,
Might cause you to stumble too.

Don't sneer at the man who's down today, Unless you have felt his blow
That caused his fall or felt the shame...That only the fallen know.

You may be strong, but still the blows...That were his, if dealt to you
In the selfsame way, at the selfsame time...Might cause you to stagger too.

Author: Rama Muthukrishnan