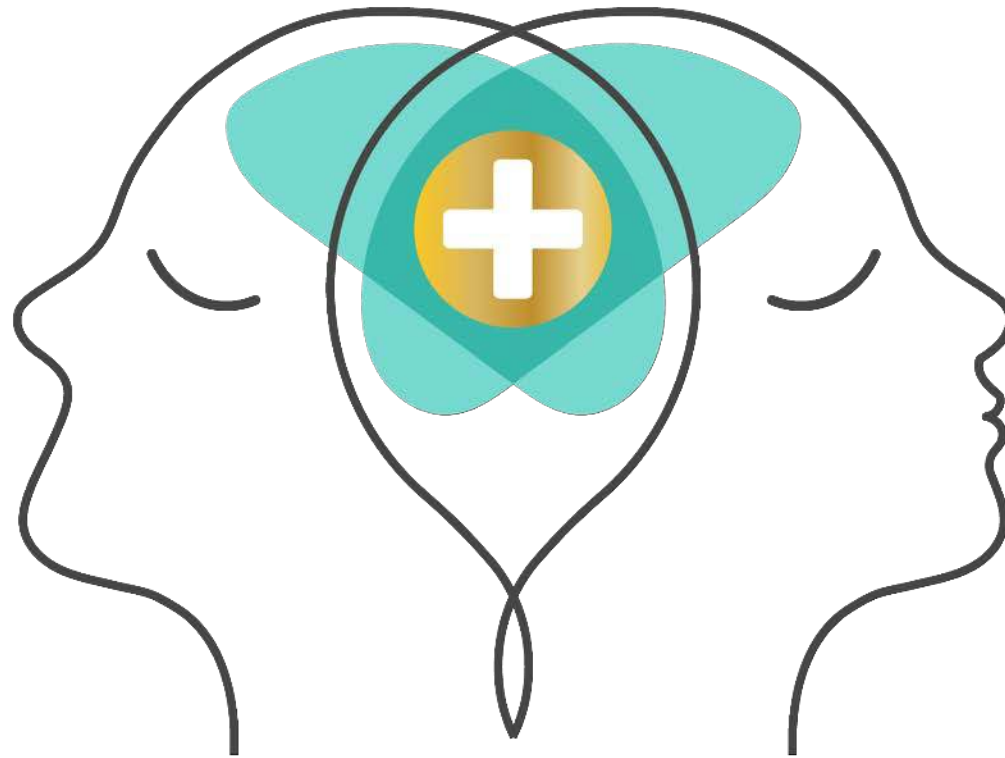


Dual Diagnosis: The Chicken & Egg Relationship Between Mental Illness & Addiction



Resources



Stressors of the Pandemic

- Concerns for health & safety of self & loved ones
- Adjustments to working remotely and differently for essential workers
- Sheltering in place with loved ones
- Loneliness and isolation
- Dependent care—new demands such as homeschooling



Stressors of COVID-19

- Less social support
- Financial fears & stress—
unemployment
- Racial injustice issues coming to the
forefront
- Political divide and unrest
- Challenges managing uncertainty
and change



Mental Health Implications

- Trauma/PTSD
- Feelings of grief and loss
- Increase in stress, anxiety and depression
- Increase in substance use
- Relationship conflict
 - Higher divorce rate
 - Rise in domestic violence
 - Increased child abuse
- Burnout



Mental Health By The Numbers

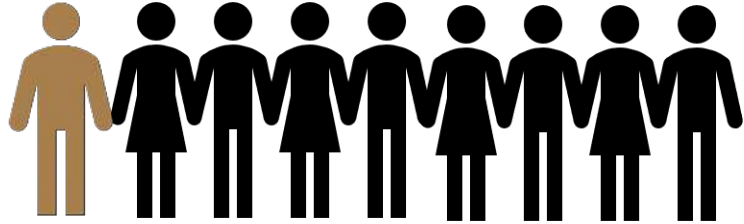
- 1 in 4 Americans experience a mental health condition in a given year
- 1 in 25 live with a serious mental health condition
- 42 million deal with an anxiety disorder
- 16 million deal with major depression
- Over 6 million are managing bipolar disorder



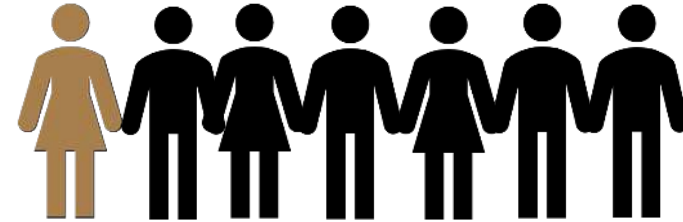
Early Detection of Mental Health Issues

- Excessive worrying or fear
- Feeling excessively sad or low
- Difficulty concentrating, confused thinking
- Prolonged or strong feelings of irritability or anger
- Avoiding friends and social activities
- Changes in sleep or appetite
- Physical ailments without obvious causes

Substance Abuse Awareness Statistics*



1 out of 10
Americans have a drug
or alcohol problem



1 out of 7
of us have a family
member with a problem

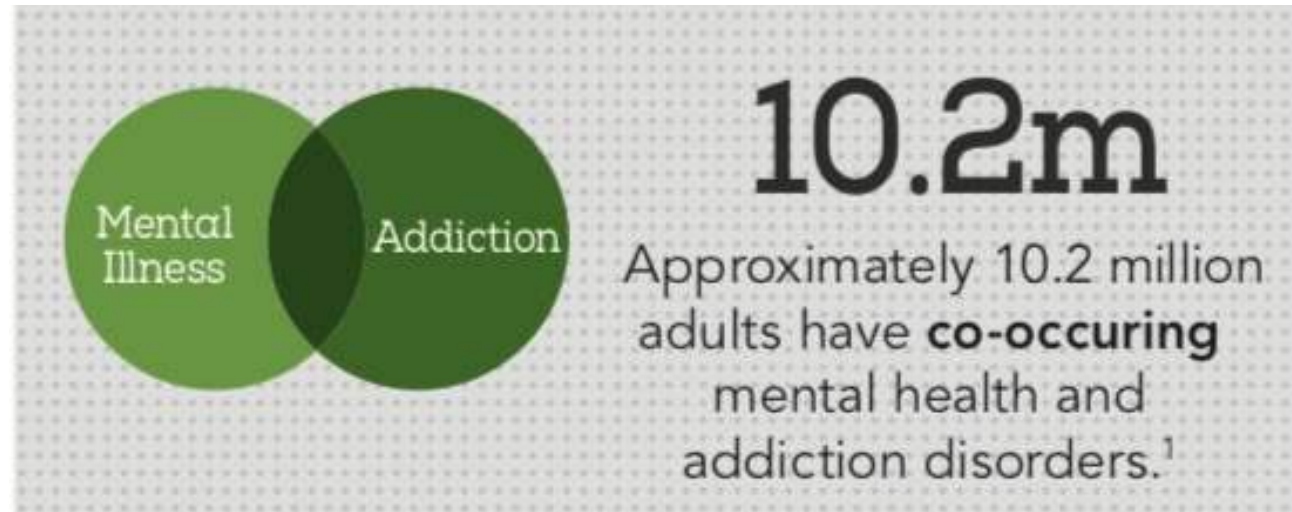
* According to the [National Institute on Drug Abuse](https://www.nida.nih.gov/)

Addiction Issues: Signs & Symptoms

- Inconsistency
- Relational problems
- Denying responsibility
- Physical complaints
- Lying/secretcy
- Sleep disturbance
- People around who enable
- Financial/legal consequences
- Problems handling conflict
- Performance problems
- Denial/rationalization/minimizing
- Not morning people/high absenteeism



Dual Diagnosis Statistics *



* According to the [National Institute on Drug Abuse](#)

Suicide Awareness

Suicide completion rates have surged to a 30-year high.

Globally, over 800,000 suicides are reported each year, with many more going unreported.

In the US, over 121 people complete suicide a day.

Risk of suicide for people aged 18-24 highest during pandemic

[The Next Covid Crisis Could Be A Wave Of Suicides:](#)
Study predicts 75,000 “deaths of despair.”





- National Suicide Prevention Lifeline: 800-273-8255
- Hours: Available 24 hours. Languages: English, Spanish. [Learn more](#)

Suicide Warning Signs

- Hopelessness
- Despair
- Isolation
- Lack of engagement
- Avoiding future talk
- Passive statements as clues
- Cries for help
- Increased use of drugs or alcohol
- Sleeping too little or too much
- Acting anxious, agitated or restless
- Talking about having no purpose

Questions to Ask To Assess Risk of Suicide

- Are you having thoughts about hurting yourself or somebody else?
- Are you having thoughts of killing yourself or somebody else?
- Do you have a plan? If so, what is it?
- Have you decided when you would do it?
- Have you collected the items you would need to carry out your plan?
- Have you been using alcohol or other drugs?
- Have you made a suicide attempt in the past?



Suicide Prevention

- Tell someone—speak up
- Call a hotline
- Call 911
- Go to ER
- Err on the side of caution; don't minimize or delay



What is dual diagnosis?

- The disorders feed off one another - Chicken & Egg Phenomena
- Which comes first in terms of treatment?
- Who are the dually diagnosed?



Why is this important?

As treatment providers, we must be conscious

No population is exempt from addiction

According to the [National Institute on Drug Abuse](#):



1 out of 10
Americans have a
drug or alcohol
problem

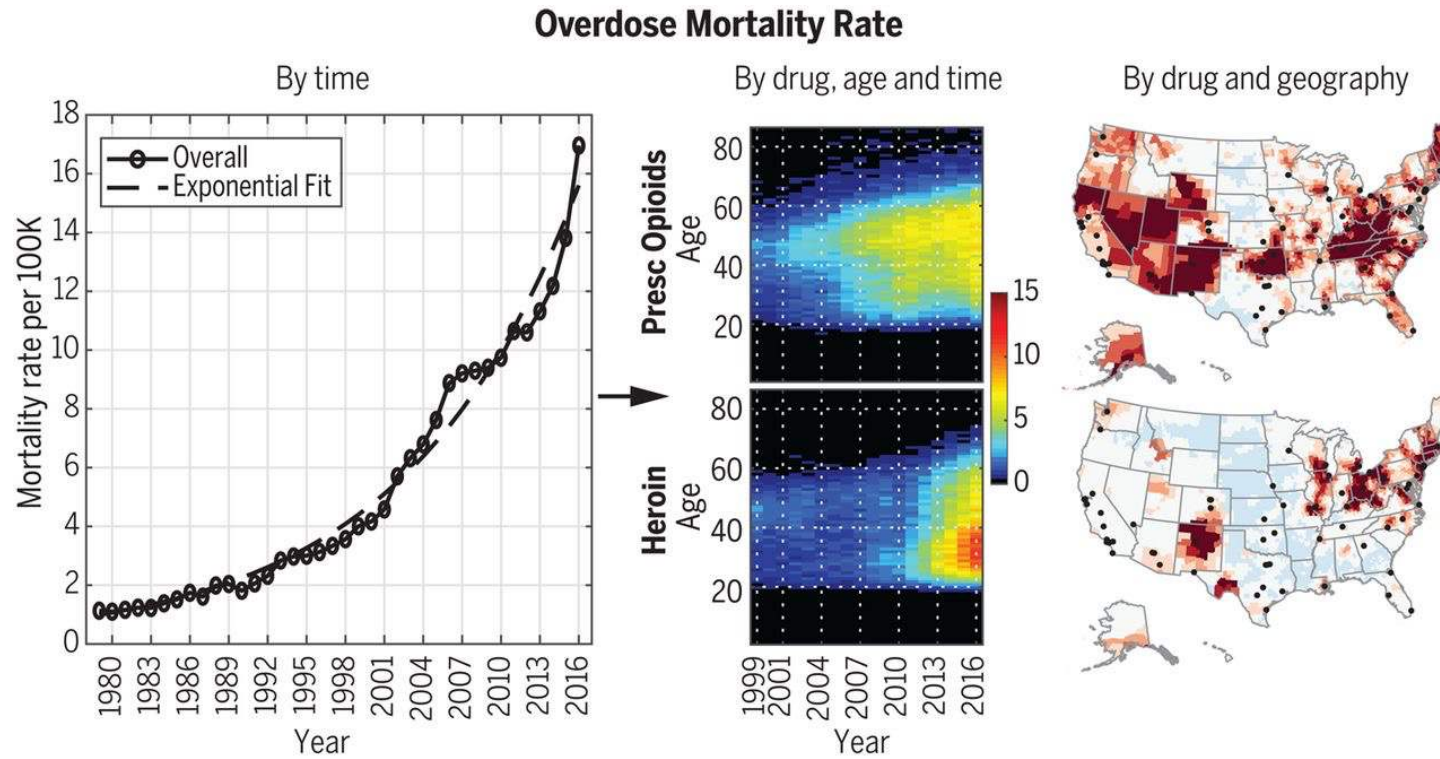


1 out of 7
of us have a family
member with a
problem



1 out of 3
people who present
for therapy have a
substance abuse
problem

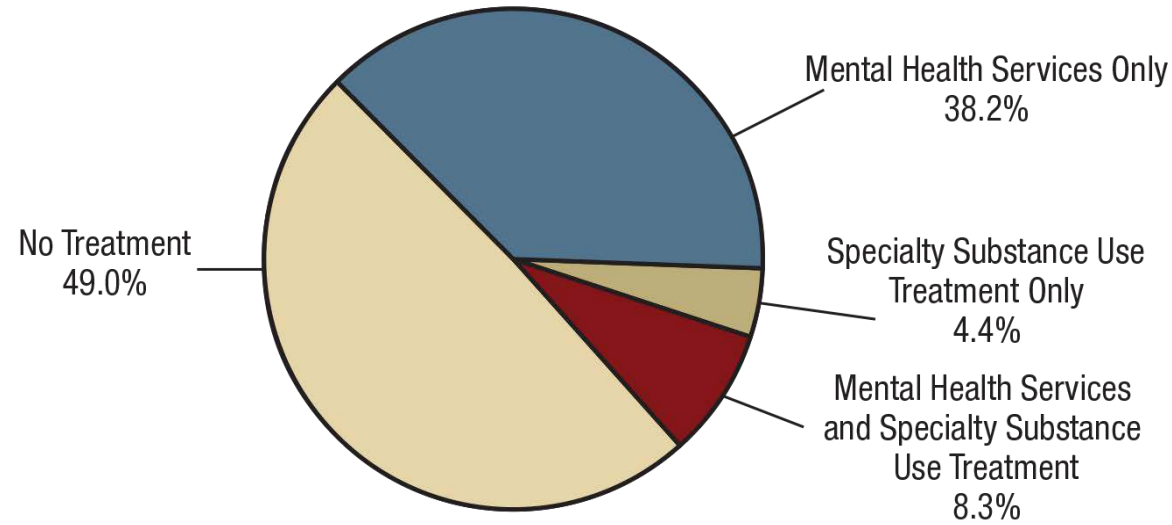
Exponential Growth in Overdose Deaths



Hawre Jalal et al. *Science* 2018;361:eaau1184

Published by AAAS

Receipt of Mental Health Services and Substance Use Treatment in the Past Year Aged 18 or Older 2017



8.5 Million Adults with Co-Occurring Mental Illness and Substance Use Disorders

Note: Mental health service is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Specialty substance use treatment refers to treatment at a hospital (inpatient only), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop drug or alcohol use or for medical problems associated with drug or alcohol use.

Note: The percentages do not add to 100 percent due to rounding.



Relationship between addiction and psychological issues

Self-medication or maladaptive coping mechanism to manage:

- Mood disorders
- Anxiety disorders
- Trauma/abuse
- Grief/loss

Drugs & alcohol exacerbate depression & anxiety

Sometimes the addictive symptoms look like a psych diagnosis until the person gets clean

Prescription drug abuse:

- Benzodiazepines (Xanax, Valium, Klonopin, etc.)
- Opiates (Codeine, Vicodin, Tylenol 3's, etc.)
- ADD medications (Ritalin, Adderall, Concerta, etc.)



Why do people use alcohol or drugs?

- To be social, fit in or connect with others
- To numb out and not feel Boredom or loneliness
- To get a buzz or high
- To function socially or sexually
- To cope with negative feelings & stress
- To cope with a life event
- To celebrate
- To forget about problems
- To relax, be able to sleep or wake up
- To treat emotional and physical symptoms
- Others?



Which of these are normal & which might be indicators of a disorder?

Assessing for the Diagnoses

Straight psych (no addiction)

Straight substance use disorder or addiction (no psych—does this exist?)

Dual diagnosis

- Addiction in addition to psych diagnosis
- Which is the primary diagnosis?
- How does this affect treatment?



Alcohol Assessment (Continued)



Family history of alcoholism, DUI's?

Lifestyle/alcohol use of friends/family

Psychosocial history (trauma, abuse, etc.)

Medical history (liver disease, etc.)

Do they look healthy?

- skin, eyes, hair, weight, hygiene, grooming, etc.

Drinking style

- Dependency (withdrawals, obsessive use)
- Binge (5 or more drinks, 5 or more times per month)
- Episodic (once they start they can't stop, quit for periods, etc.)

There are different stages of the disease of alcoholism

- Stages 1, 2 (intense need to drink), 3 (loss of control) & 4 (advanced)
- <https://www.alcohol.org/alcoholism-types/stages/>

Assessing Drug History

- What have they tried?
- At what ages?
- How many times?
- Frequency and quantity of use?
- What drugs did they like or dislike?
- How did they do their drugs? (smoke, inject, inhale, etc.)
- Drug of choice or polysubstance abuse?
- Have they ever abused prescription drugs or took medications that weren't theirs?
- Did they ever deal drugs?
- Legal consequences?
- Caffeine & tobacco use?
- Did they ever over dose?
- Prior 12-step or treatment?
- Family history of addiction or abuse?



Emotional Relational Behavioral Factors

- Lying/secretcy
- Denial/rationalization/minimizing
- Inconsistency
- Not morning people/high absenteeism
- Financial/legal consequences
- Relational problems
- Chaos, behavioral cycles
- Denying responsibility
- People around who enable them
- Problems handling conflict
- Physical complaints
(due to withdrawal, etc.)
- Sleep disturbance
- Job/academic problems



Etiology of Addiction

Discussion—is addiction/alcoholism a disease?

Why does addiction happen to some and not others?

- Genetic predisposition, trauma history, etc.

Why do people say it is a family disease?

Why do people say it is a spiritual disease?

Addiction as an attachment disorder?

When does addiction appear?

- For some, almost at first use
- For others, addiction triggered by event



Nature of Addiction

- It is an obsessive-compulsive disorder
- The drug becomes primary focus (even over love)
- Irrational “stinking” thinking
- High rate of recidivism/relapse
- They are not going to get better for somebody else---they have to do it for themselves
- Journal of Addiction Medicine as resource



Knowing the Jargon

- Know the classes of drugs (hallucinogens, opiates, benzodiazepines, stimulants, etc.)
- Know the street names/slang:
- <https://drugabuse.com/addiction/list-street-names-drugs/>
- Know how they are used (smoked, shot, snorted, etc.)
- Know the dosages (\$ or amount)
- Admit what you don't know



Finessing the Assessment

- Remain open & non-judgmental
- Maintain the empathic connection
- Maintain flat affect while gathering info
- Let them know they may continue to use
- Encourage them to be honest with you
- Document that you've assessed risk factors
- Keep documentation factual, objective & clear

Finessing the Intervention/Treatment



- Provide education, information and resources
- Remain non-judgmental & open
- Ask them questions to break through denial
- Address the defense mechanisms
- Might have to begin with harm reduction
- Use behavioral predictions to increase insight
- Maintain the therapeutic relationship
- Start where they are at
- Professional interventionists are available

Referring to a Treatment Program

- If client wants to use insurance, have them check their substance use benefits
- Contact the Intake Coordinator to schedule an intake
- If emergency detoxification, they can go to ER of hospital.
- Where do you go for resources?

Assessing the Level of Care

Are they an alcoholic/addict or a user?

When is medical detoxification or MAT required?

- When dependent on:
- Alcohol (most serious, dangerous withdrawal)
- Opiates (heroin, methadone, pain pills, etc.)
- Benzodiazepines (Xanax, Valium, Klonopin, etc.)

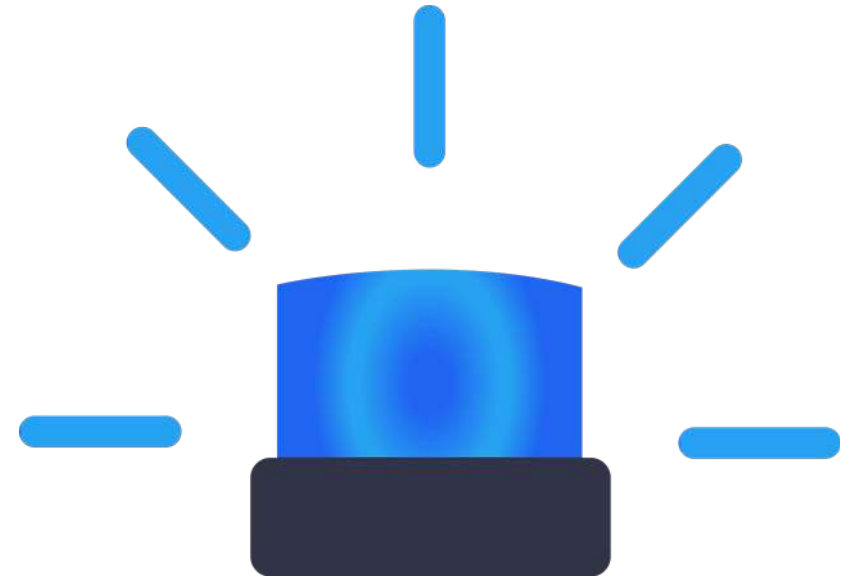
Use DSM-V criteria

- For abuse or dependency

Use ASAM Criteria (www.asam.org)

- Dependency (medical detox, inpatient)
- Abuse (residential, PHP, IOP)
- Problem (OP, therapy, 12-step like AA)

Client may step down to a lower level of treatment as progress is made



Finessing Communication with Collaterals

Get reciprocal releases that last a year

Treatment Program

- Facilitate treatment coordination
- Discuss discharge plan

Psychiatrist or Addictionologist

- Make sure doctor is knowledgeable of addiction
- Facilitate treatment coordination
- Reduce ability of client to abuse medications
- Establish a safety plan

Sponsor

- For emergency if no other sober support

Family

- For emergency contact

Codependency- What is it?

- The people in a relationship with an addict
 - Often had an alcoholic parent
- Term can apply to being in a relationship with somebody who is depressed, narcissistic, etc.)
 - Book, "The Wizard of Oz & Other Narcissists"
 - "The Human Magnet Syndrome"
- Traits
 - Enabling, controlling, caretaking, over-functioning, poor boundaries, poor self care, rage, low self-esteem, checking behaviors, martyr behavior, feel responsible for others, etc.
- The cycle (anger, control, disempowerment, rationalization, sadness and repeat)

Assessing for Codependency

- Family/relationship history of addiction
- Seeing the symptoms
 - Even if there is no report of drug or alcohol abuse
- Seeing the cycle
 - Drama Triangle (persecutor, rescuer, victim)
- Comorbidity with depression
- Alcoholics and addicts can also be codependent and vice versa
 - Some attend AA & Al-Anon



Recovery from Codependency

12-Step Support

Al-Anon, CODA, ACOA, & Ala-teen

Handout of the steps of Al-Anon

Serenity Prayer

Psychotherapy

Self care, detachment, unplug, setting limits
and boundaries, & breaking the cycle

Melody Beattie & Al-Anon Books



12-Step Program Criticism

The criticisms/excuses

- Not comfortable with the higher power/God stuff
- “These people are really sick”
- “I don’t like groups”
- It is like a cult
- Replacing one addiction for another
- “I don’t have time for meetings”
- Not ready for abstinence, want to try moderation

Tell your clients the criticisms up front so they can't use them later.



12-Step Program Strengths

Psychological tools (like CBT)

- "Take it one day at a time"
- "Going in your head is going into a bad neighborhood"
- "Gratitude is an attitude"

Sober social support

- Fellowship
- Sponsor

Being of service/volunteering

Spiritual support

Normalization/validation

Information & education

There is nothing better

- Moderation programs (www.moderation.org) not effective for addicts, just abusers

Handout of the 12 steps of AA (same for NA, CA, etc.)

Best shot: sponsorship, working steps, 90 meetings/90 days



Supporting Recovery in Therapy

Identifying triggers for use

- people, places, things, feelings, events, etc.

Develop Relapse Prevention Plan

Work on CBT to rework “alcoholic thinking”

Encourage the creation of a sober support network

Creating drug free activities/hobbies

Understand progress is not linear

Increase healthy coping skills

Encourage appropriate expression of emotion

Teach conflict resolution and communication skills

Support developmental growth

- Clients return to emotional age of first use once sober
- Promote responsibility
- Promote self care (being own good parent)



For the Therapist

Be aware of your own abuse/addiction

Be aware of your own codependency

Be aware of your countertransference

Do not enable, collude or go into denial

Practice self-care

Practice detachment

Maintain good boundaries

Get consultation and peer support

Be authentic & direct

Stay open & non-judgmental

Remember you are not responsible for their sobriety

Have a sense of humor

Could consider addictions certification



Suggestions for Continued Learning

Substance Abuse & Mental Health Services Administration

National Institute on Drug Abuse

State Alcohol & Other Drug Abuse Professional
Certification Association

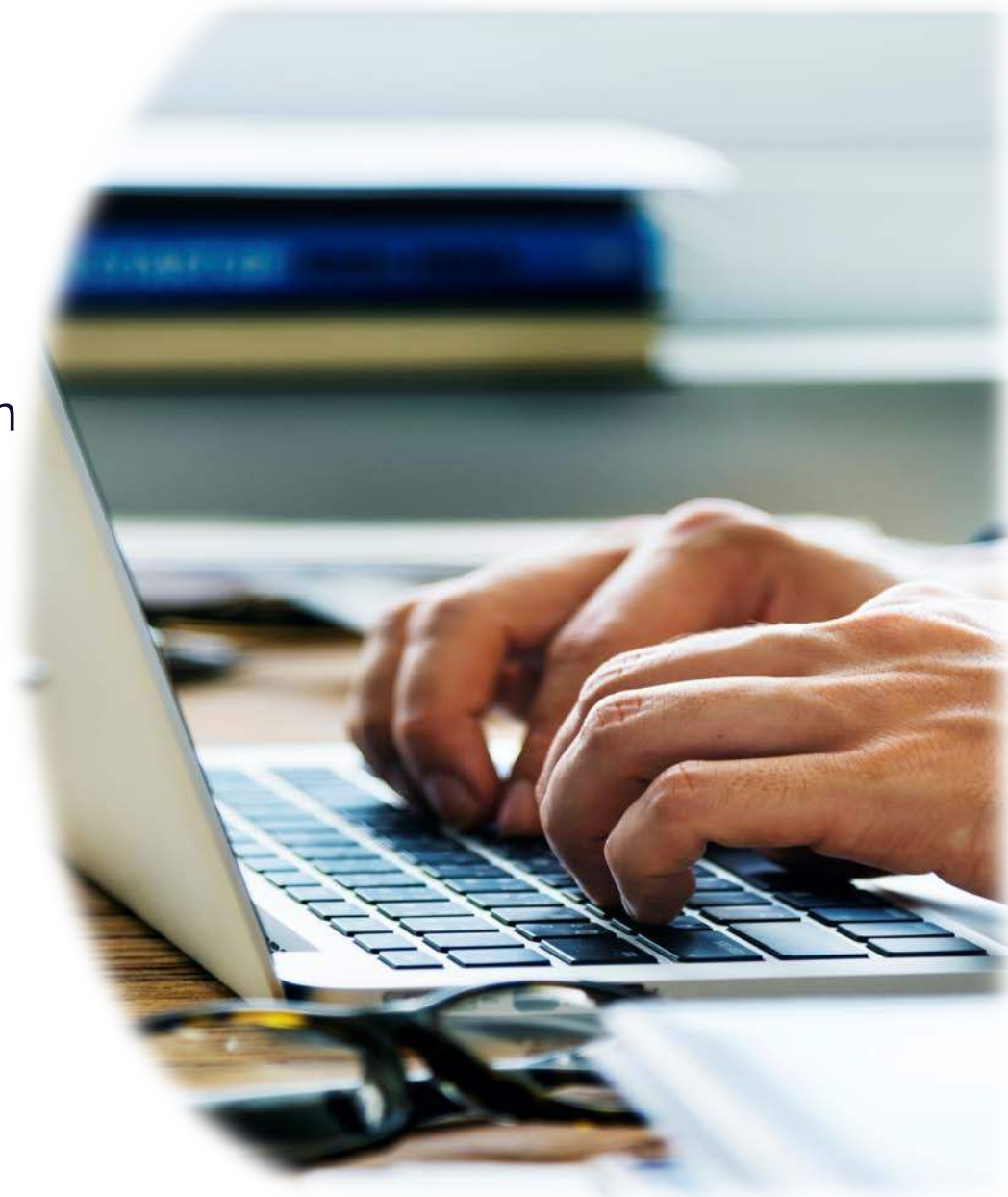
Hazelden books (www.hazelden.org)

Employee Assistance Professionals Association

Women's Association of Addiction Treatment

The 12 Steps & Twelve Traditions--Attend an open AA &
Al-Anon meeting

Others?



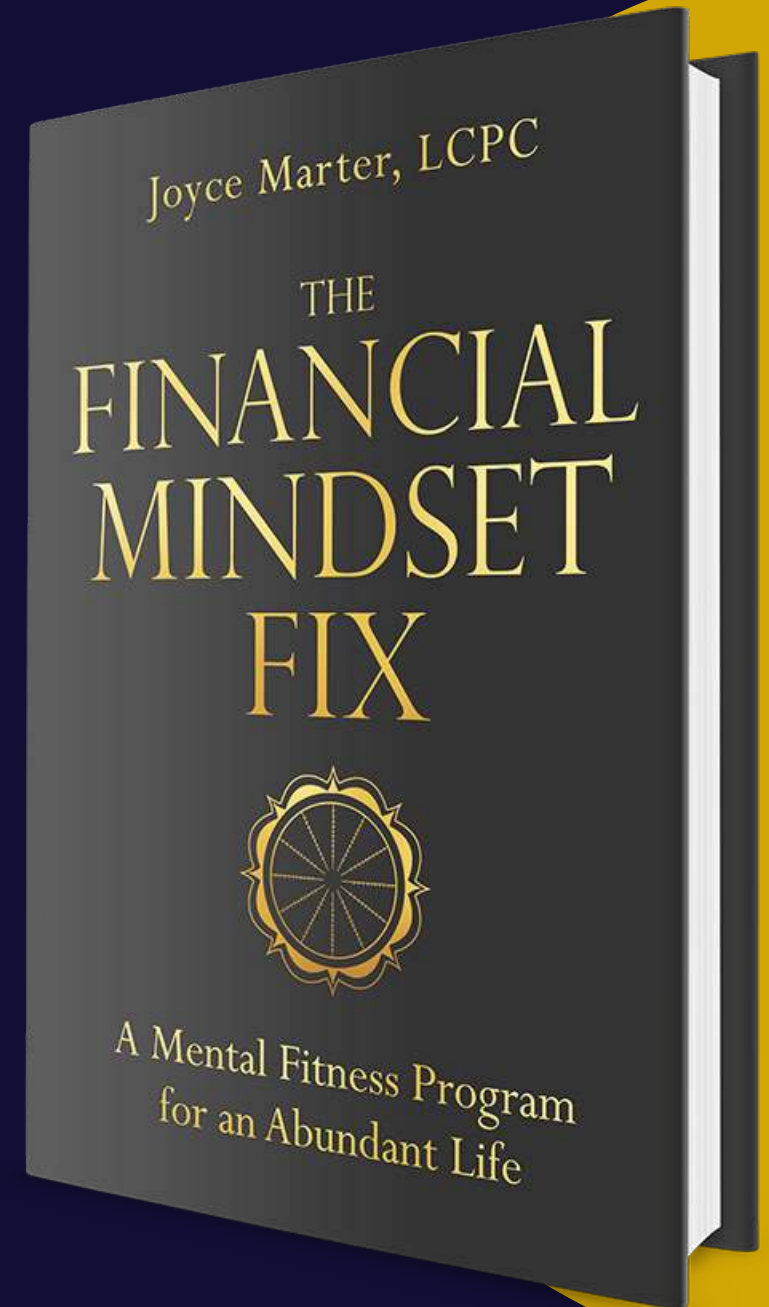
Resources



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