

Navigating The Maze of Substance Use



& Mental Health

Be a Part of the ConversationSM





The Psychology of Early Recovery

Factors in Assessing and Treating Co-occurring Disorders

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Co-Occurring Disorder Defined

- Co-Occurring Disorder (Dual Diagnosis): Individuals who are diagnosed with both a substance use disorder and a psychiatric disorder at some point in life.
(recurring)
- Substance use Disorder: Consists of mild to severe disorders of alcohol and or drugs.
- Common psychiatric disorders include:
 - Anxiety disorders: i.e. Generalized, Social, Obsessive Compulsive or Post-traumatic Stress
 - Mood disorders: i.e. Major Depression, Dysthymia, and Bipolar
 - Thought disorders: i.e. Schizophrenia or Schizoaffective Disorder



Symptoms



Diagnosis





Current Prevalence in the U.S.

- **13.5%** of young adults aged 18 to 25 had both a substance use disorder and any mental illness in the past year. (SAMHSA, 2024)
- Nearly 1 in 3 adults had either a substance use disorder or any mental illness in the past year, and **46%** of young adults 18-25 had either a substance use disorder or any mental illness. (SAMHSA, 2024)
- The majority of adults with anxiety have a mild impairment (**43.5%**), **33.7%** have a moderate impairment, and **22.8%** have a serious impairment. (NIMH, 2017)
- Nearly half (**47%**) of survey respondents experience anxiety regularly. (SingleCare, 2020)
- **15** million adults have social anxiety. (ADAA, 2020)
- **7.7** million adults have PTSD. (ADAA, 2020)
- **6.8** million adults have generalized anxiety. (ADAA, 2020)
- **6** million adults have panic disorders. (ADAA, 2020)

Prevalence Rates of COD's

- Individuals with SUD: 60%-70% of them have or had a psychiatric disorder
- Individuals with psychiatric disorders: 25%-50% of them have a substance use disorder
- Although COD's are common, not everyone with SUD's or psychiatric disorders have one.

Below are just a few of the
most common types of dual diagnosis:



It's estimated
that up to



OF ALCOHOL
ABUSERS

&

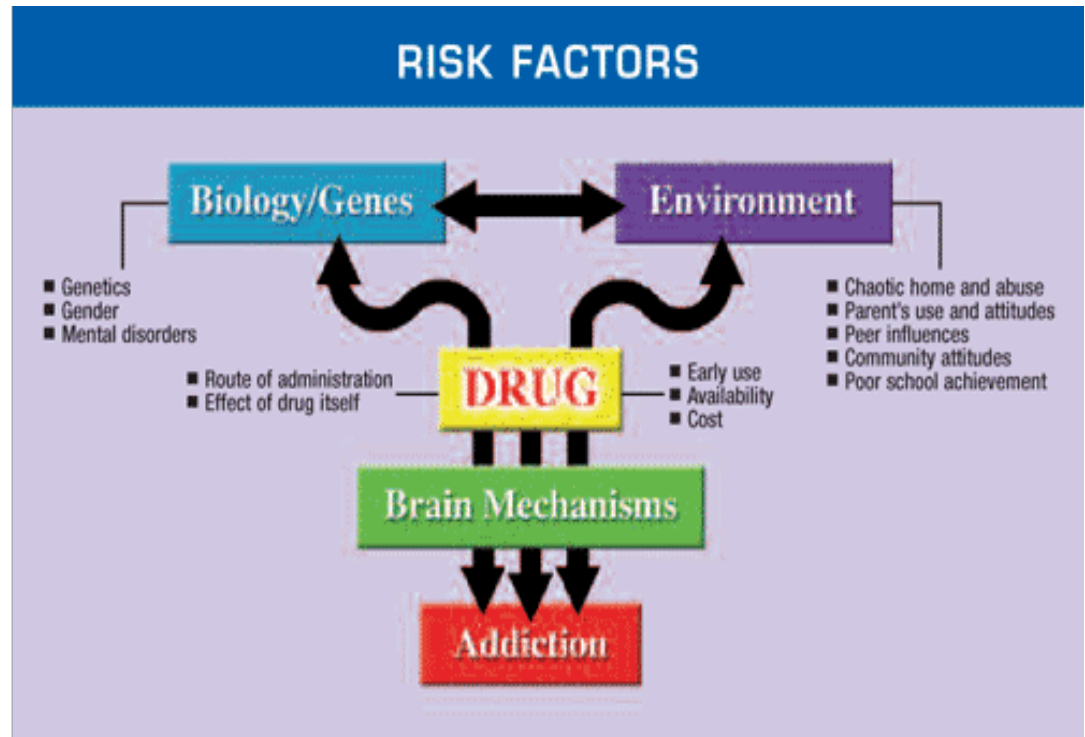


OF DRUG
ABUSERS

Also have at least **ONE** serious mental illness

Contributing Factors

- Genetics
- Family
- Environment
- Life Stress
- Trauma (ACEs)
- Loss
- Stress can trigger genetic factors
- Lack of effective coping skills



Types of ACEs



ABUSE

- Emotional
- Physical
- Sexual



NEGLECT

- Emotional
- Physical



HOUSEHOLD CHALLENGES*

- Substance misuse
- Mental illness
- Suicidal thoughts and behavior
- Divorce or separation
- Incarceration
- Intimate partner violence or domestic violence

Other Adversity



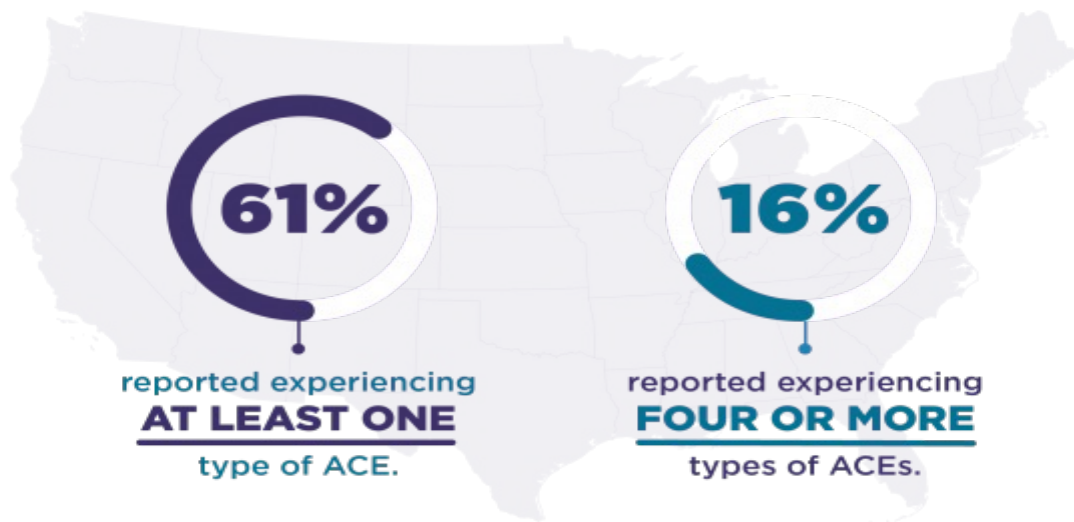
- Bullying
- Community violence
- Natural disasters
- Refugee or wartime experiences
- Witnessing or experiencing acts of terrorism

* The child lives with a parent, caregiver, or other adult who experiences one or more of these challenges.



Many People Report ACEs

According to data collected from **more than 144,000 adults** across **25 states** between 2015 and 2017:





ACEs – A Closer Look

- **1 in 3** adults have had at least 1 adverse experience in their life
- **1 in 6** adults have had at least 4 adverse experiences
- Individuals who experienced five + adverse experiences are **7-10x** more likely to report illegal drug use or addiction
- At least **5 of the top 10** leading causes of death are associated with ACEs.
- Not all individuals with ACEs show up through our door as patients, but as loved ones, employers, healthcare workers, teachers, your Amazon delivery person, YOU.



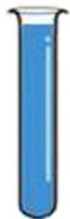
As the number of ACEs increases so does the risk for the following:

-
- | | |
|--|--------------------------------------|
| •Alcoholism and alcohol abuse | •Multiple sexual partners |
| •Chronic obstructive pulmonary disease | •Sexually transmitted diseases |
| •Depression | •Smoking |
| •Fetal death | •Suicide attempts |
| •Health-related quality of life | •Unintended pregnancies |
| •Illicit drug use | •Early initiation of smoking |
| •Ischemic heart disease | •Early initiation of sexual activity |
| •Liver disease | •Adolescent pregnancy |
| •Poor work performance | •Risk for sexual violence |
| •Financial stress | •Poor academic achievement |
| •Risk for intimate partner violence | |



Simplifying Brain Chemistry

Schizophrenia



Anxiety



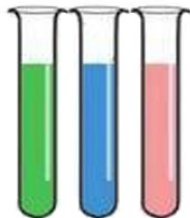
Happiness



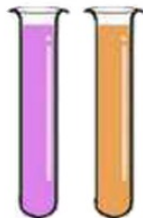
Depression



Love



Fight or Flight



Dopamine: The Reward/ Pleasure
Molecule

Serotonin: The Confidence/ Self-
Esteem Molecule

Oxytocin: The Bonding/Connection
Molecule

Norepinephrine: The Danger Molecule

Epinephrine: The Energy Molecule



Common Problems of COD's

- Self medication is a short-term solution which can lead to dependence or loss of control
- Psychiatric conditions become worsened by the use of substances
- Substance use can interfere with medication treatment for psychiatric disorder
- Substance use conditions worsen due to psychiatric disorder
- Challenge of getting dual treatment or treatment interferes problems
- Challenge of getting support and understanding for both diagnoses



The Diagnostic Quandary

Cannabis Withdrawal

- Appetite Disturbance
- Insomnia
- Irritability
- Mood Changes
- Anxiety
- Depression
- 2/3 days to 2/3 weeks

Alcohol Withdrawal

- Anxiety
- Irritability
- Confusion
- Insomnia
- Nightmares
- Emotionally Reactive or Numb
- 1 week to 6 months

The Diagnostic Quandary

Benzodiazepine Withdrawal

- Sleep Disturbances
- Irritability
- Tension
- Anxiety
- Panic Attacks
- Confusion
- Cognitive Deficits
- Paranoia/Obsessions
- 3-months or more

Opioid Withdrawal

- Low energy
- Irritability
- Anxiety
- Agitation
- Insomnia
- 1 week to a few weeks

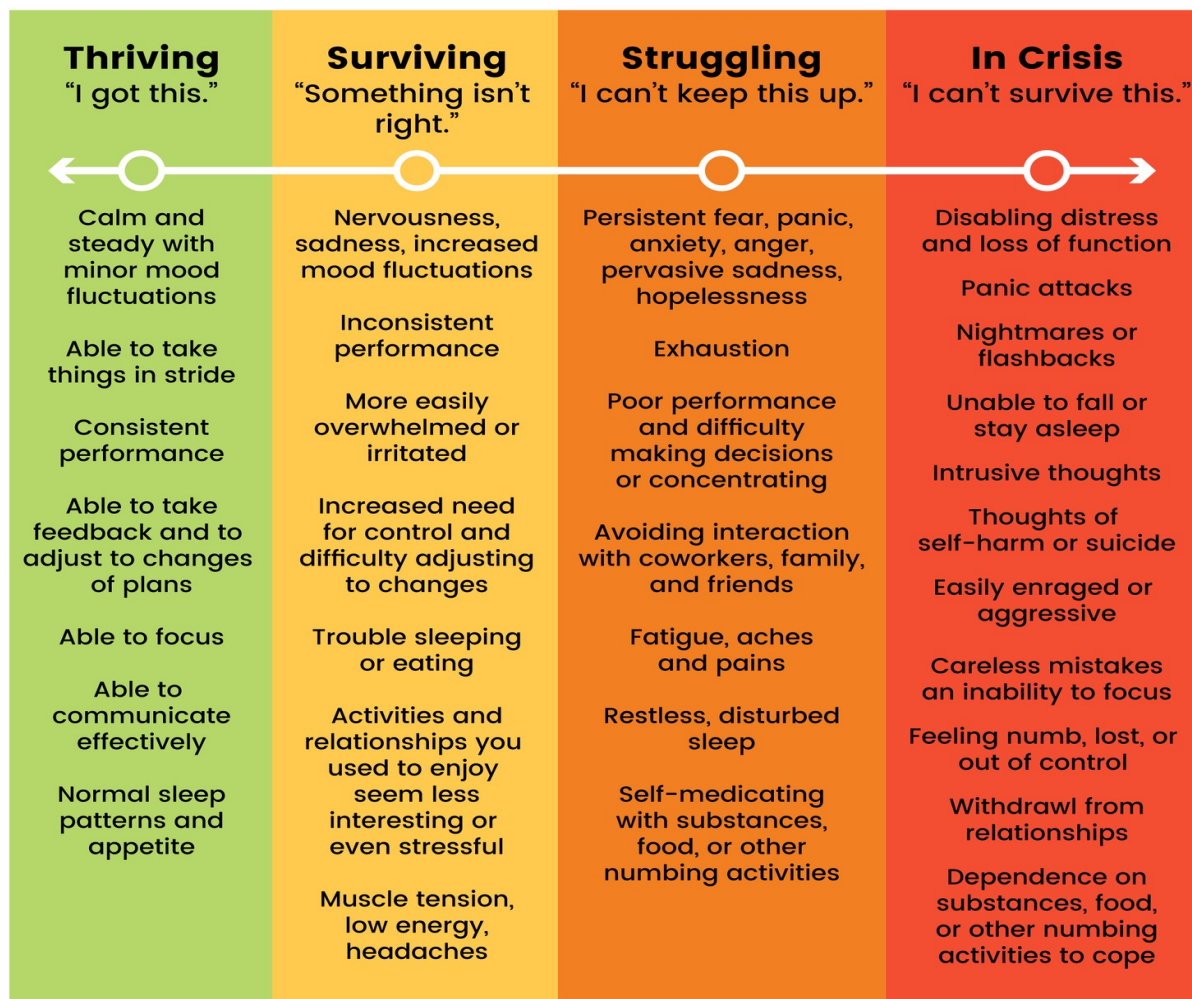
Assessing CODs

- Comprehensive Psychological Evaluation: Within 5 days of admission
- Testing and Assessment: As diagnostically needed
- Psychiatric Referral: Medication assessment as clinically indicated
- Collateral Contact: Previous providers or Previous admissions
- On-going observation and evaluation throughout treatment stay
- Collaboration with Interdisciplinary Treatment Team

Assessing CODs

- Self Medicating
- Substance Induced Symptoms
- Substance Exacerbated Symptoms
- Treatment Interfering Symptoms

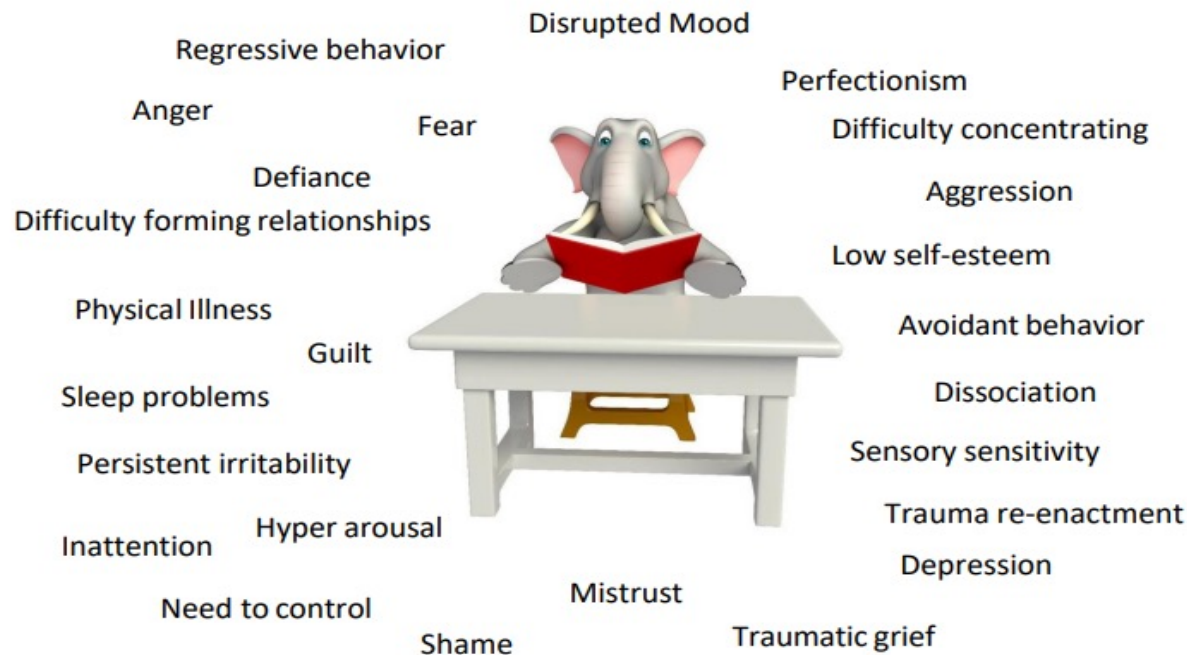




Adapted from: Watson, P., Gist, R., Taylor, V., Evlander, E., Leto, F., Martin, R., Vaught, D., Nash, W.P., Westphal, R., & Litz, B. (2013). Stress First Aid for Firefighters and Emergency Services Personnel. National Fallen Firefighters Foundation.



What we as loved ones sit with...





Addiction and Mental Health Impact on the Family

Ineffective (Hurting)

Secrets / Closed
Frozen Feelings
No Boundaries (Intellect, Emotion, Physical, Sex)
Indirect Communication
Blame
Denial / Delusion
Rigid Rules / No Rules / Chaos
HUMAN DOING

More Effective (Nurturing)

Open
All Feelings Allowed
Individuation
Direct Communication
Own Our Own Feelings
Truth Encouraged
Guidelines & Flexibility
HUMAN BEING



Addiction and Mental Health Impact on the Family

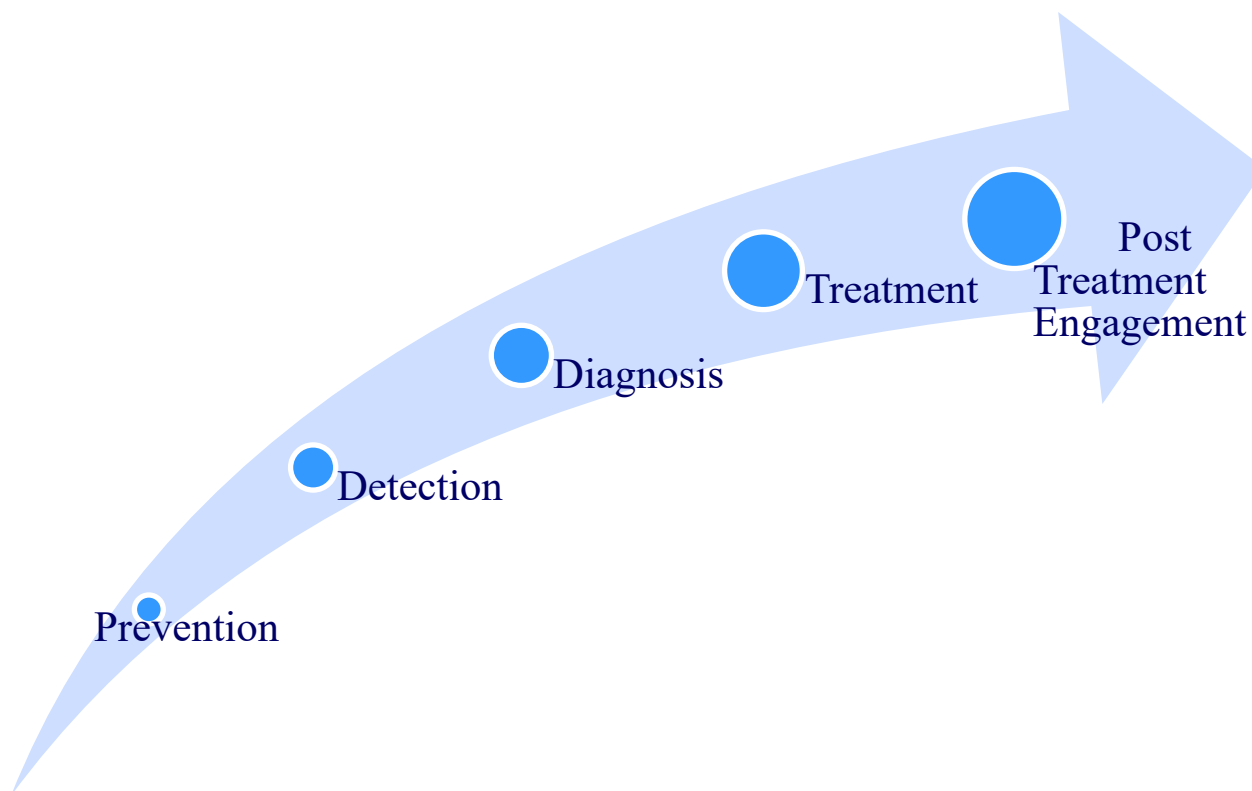
Ineffective (Hurting)

Approval Earned = Love
Punishment / Shame
Judgment (good or bad)
Control
No Free Fun – Survival Only
Roles Assigned
Shame
HUMAN DOING

More Effective (Nurturing)

Unconditional Acceptance = Love
Discipline = Learning Experience
Tolerance / Forgiveness
Care
Spontaneous Fun
Roles Chosen
Humility
HUMAN BEING

Chronic Care Model





What's the GOAL?

“Accurate assessment and adequate treatment followed by monitoring.”



ASAM DIMENSIONS

THIRD EDITION VS. FOURTH EDITION

THIRD EDITION

ACUTE INTOXICATION AND WITHDRAWAL POTENTIAL

BIOMEDICAL CONDITIONS AND COMPLICATIONS

EMOTIONAL, BEHAVIORAL, OR COGNITIVE CONDITIONS
AND COMPLICATIONS

READINESS TO CHANGE

RELAPSE, CONTINUED USE, OR POTENTIAL PROBLEM

RECOVERY/LIVING ENVIRONMENT

1

2

3

4

5

6

FOURTH EDITION

INTOXICATION, WITHDRAWAL, AND ADDICTION
MEDICATIONS

BIOMEDICAL CONDITIONS

PSYCHIATRIC AND COGNITIVE CONDITIONS

SUBSTANCE USE-RELATED RISKS

RECOVERY ENVIRONMENT INTERACTIONS

PERSON-CENTERED CONSIDERATIONS

When to seek professional help

Addiction Concerns:

- When there is a loss of control
- When there are failed attempts to manage it on your own
- When there is danger of self/others
- When it is continuing to impact someone's goals/values/life
- When you make agreements with yourself/others and do not follow through
- When rules are made, then broken

Mental Health Concerns:

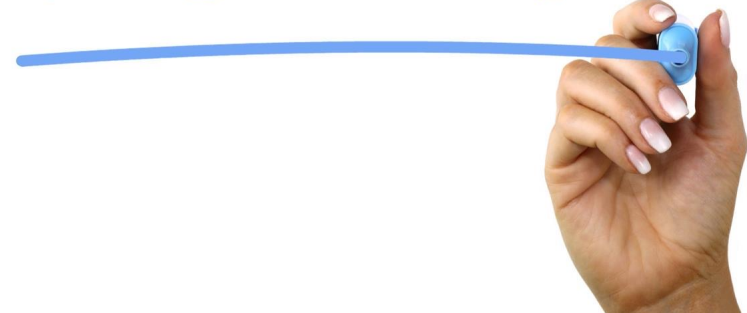
- When there is a loss of control
- When there are failed attempts to manage it on your own
- When there is danger of self/others
- When it is continuing to impact your goals/values/life
- When you make agreements with yourself/others and do not follow through
- When rules are made, then broken



Where to go..

- Seek an evaluation
- Find comprehensive treatment
- Find providers in network with your insurance
- Go to certified, licensed treatment centers and individuals that understand addiction

HELP





Recovery is not just possible...it's probable.

- 7 in 10 (72.2 percent or 20.9 million) adults who ever had a substance use problem considered themselves to be recovering or in recovery. (SAMHSA, 2024)
- 2 in 3 (66.5 percent or 38.8 million) adults who ever had a mental health issue considered themselves to be recovering or in recovery. SAMHSA, 2024)



We are here to help

Contact your Regional Resource Director for assistance with treatment options, questions and support

Louis DeSanto

Regional Resource Director

Cell: 610-858-9552

Email: LDeSanto@caron.org





Thank You

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