

Co-Occurring Disorders & Drug Addiction Basics: Identifying, Listening & Linking

Sherry Larkins, Ph.D
UCLA Integrated Substance Abuse Program
June 24, 2011

Roadmap

- Overview of Co-Occurring Disorders
- Disentangling Mental Health and Addiction
- Introduction to Psychoactive Drugs
- Development of an Addiction
- Tools for Listening
- Tools for Linking

Co-Occurring Disorders (COD)

Co-occurring disorders

- Refers to co-occurring **substance use** (abuse or dependence) **and mental disorders**

In other words...

Consumers with COD have:

- one or more disorders relating to the use of alcohol and/or other drugs of abuse **and** one or more mental disorders

Co-Occurring Disorders (COD)

Diagnosis of COD occurs when:

- at least **one disorder of each type** can be established independent of the other and
- is **not simply** a cluster of **symptoms** resulting from the one disorder

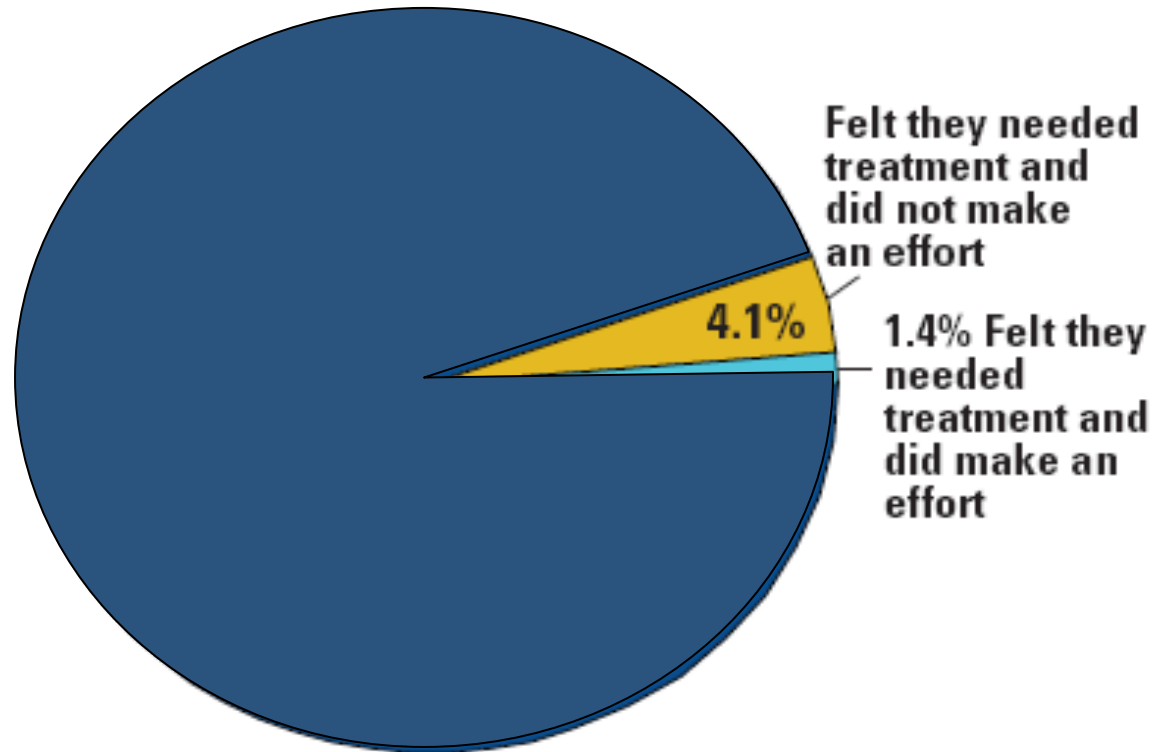
Clinicians knowledge of both **mental health** and **substance abuse** is essential, but challenging to achieve

So, all of that is well and good, but...

...is dealing with drug abuse
REALLY important to my job?

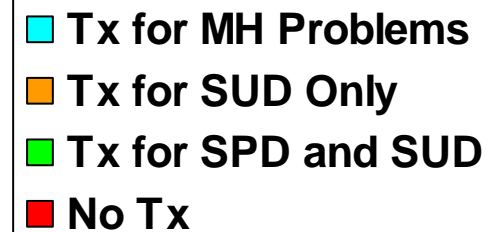
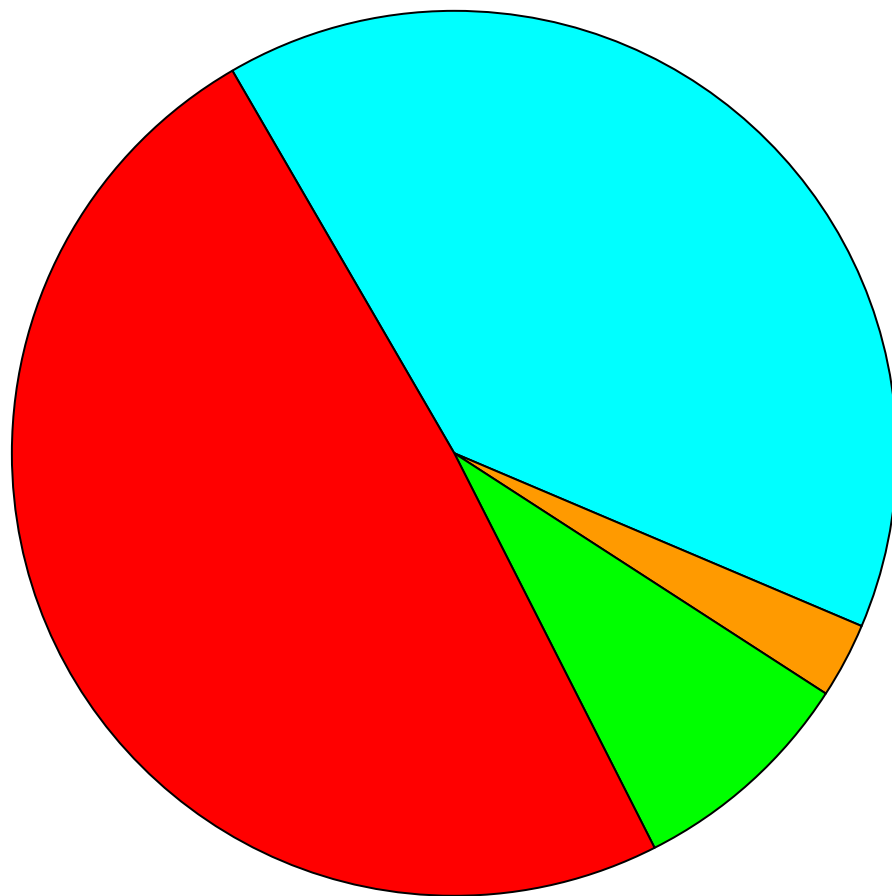
Public Health Challenge

**20.9 Million People Need But Do Not Receive Treatment
for Illicit Drug or Alcohol Use**



Conclusion: The vast majority of people with a diagnosable illicit drug or alcohol disorder are unaware of the problem or do not feel they need help.

Past Year Treatment of Adults with Both Serious Psychological Distress (SPD) and SUD (2008)



Facts About Adult MDE and Alcohol Use Disorders (AUD)

- As many as **2.7 million adults** had a co-occurring MDE and AUD in the past year.
- Adults who had an MDE were more than **twice as likely** to abuse alcohol or other drugs than persons without MDE (19.9% vs. 8.4%, respectively).
- Among adults with substance abuse or dependence, **15.6% had at least one MDE in the past year.**



TIP 42

Guiding Principles
and Recommendations



Guiding Principles & Recommendations (SAMHSA, TIP 42)

- Employ a **recovery** perspective
- Plan for **cognitive** and **functional** impairments
- Use **support** systems to maintain and **extend** treatment effectiveness
- Provide **Access**
- Complete a full **assessment**
- Achieve **integrated treatment**
 - Treatment Planning and Review
 - Psychopharmacology
- Ensure **continuity of care**

Guiding Principles & Recommendations (SAMHSA, TIP 42)

- **One program** that provides treatment for **both disorders**
- Mental and substance use disorders are treated by the **same clinicians**
- The **clinicians are trained** in psychopathology, assessment, and treatment strategies for both disorders

Disentangling Mental Health and Addiction

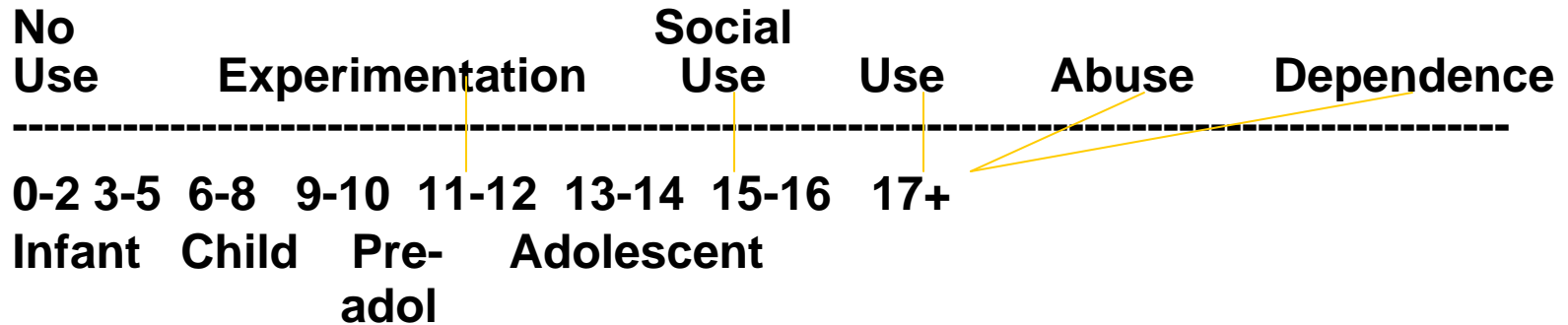
Putting Drug Use into Context with
other Mental Disorders

Onset of Mental Health Disorders

- Oppositional Defiance: 5yo
- Attention Deficit Disorder-ADHD: 1.3-2.4 yo
- Anxiety Disorders: 3.8 yo
- Conduct Disorder: 5.6 yo
- Depression: 10.1 yo
- Schizophrenia-affective disorders:
mid-teens to mid-thirties

Typical Progression of Use

FAS---Substance use in-uterus



Mental Health Disorder's onset-----

Collision of Symptoms

- *Is it depression/dysthymic disorder **or** alcohol, marijuana, inhalants use?*
- *Is it ADHD **or** is it methamphetamine/crack/cocaine use?*
- *Is it oppositional defiant/conduct disorder **or** substance use?*
- *Is it a disruptive behavior disorder **or** methamphetamine use?*



Common Pairings of Axis I Disorders and Substances

- Depression: alcohol, stimulants
- Bipolar I: cannabis, stimulants
- Anxiety/panic: alcohol, benzodiazepines, cannabis
- ADHD: stimulants
- Schizophrenia/other psychosis: nicotine, cannabis

Similarities between Addiction and Mental Health Disorders

Alcoholism/Addiction

Major Mental Disorders

Both heredity and environment play a role

Characterized by chronicity and “denial”

Affects the whole family

Progresses without treatment

Feelings of shame and guilt

Inability to control behavior and emotions

Often seen as a moral issue

Leads to feelings of despair and failure

Biological, psychological, social and spiritual components

So, the answer is...

**Yes, this really IS
important to your job!**

We must address SUD
in order to increase the
effectiveness of
mental health treatment

Introduction to Psychoactive Drugs

What are psychoactive drugs?

Psychoactive drugs interact with the central nervous system (CNS) affecting:

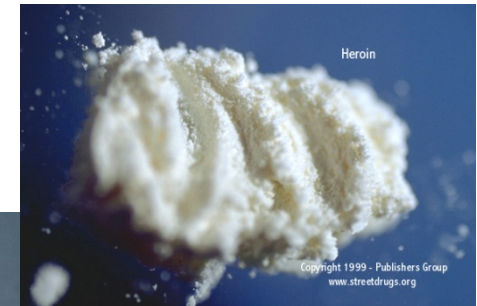
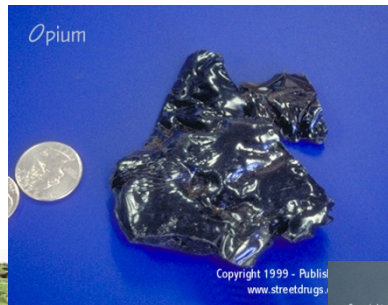
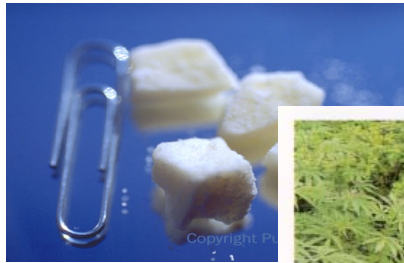
- mental processes and behaviour
- perceptions of reality
- level of alertness, response time, and perception of the world

Classifying psychoactive drugs

Depressants	Stimulants	Hallucinogens
Alcohol	Amphetamines	LSD, DMT
Benzodiazepines	Methamphetamine	Mescaline
Opioids	Cocaine	PCP
Solvents	Nicotine	Ketamine
Barbiturates	Khat	Cannabis (high doses)
Cannabis (low doses)	Caffeine	Mushrooms
	MDMA	MDMA

Activity 1

What are the most commonly used drugs by clients/patients at your site? What are symptoms of substance abuse?



Why do people initiate drug use? (1)

Much drug use is motivated (at least initially) by the pursuit of pleasure or escape from discomfort.



Why do people initiate drug use? (2)

To Feel Good
Novel
Feelings
Sensations
Experiences
AND
To share them



To Feel Better
Lessen:
Anxiety
Worries
Fears
Depression
Hopelessness
Withdrawal

Why Do People Initiate Drug Use (3) ?

Curiosity
Availability
Peer Pressure
To have fun



Gain Energy
Lose Weight
Reduce Pain

What is Drug Addiction?

What is drug addiction?

Drug addiction is a complex illness characterised by compulsive, and at times, uncontrollable drug craving, seeking, and use that persist even in the face of extremely negative consequences.

Behavioral Responses

How Drugs Work

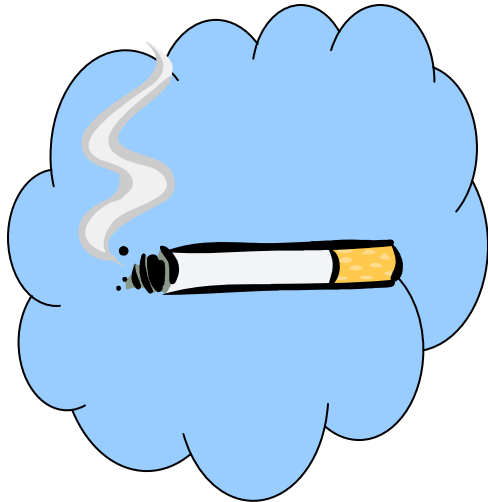
- **Loss of control limiting intake**
- **Continued compulsive use despite harmful consequences**
- **Characterized by craving, tolerance, withdrawal**
- **Multiple relapses preceding stable recovery**



“That is not one of the seven habits of highly effective people.”

Psychological craving

Psychological craving is a strong desire or urge to use drugs. Cravings are most apparent during drug withdrawal.



Tolerance

Tolerance is a state in which a person no longer responds to a drug as they did before, and a higher dose is required to achieve the same effect.



Withdrawal

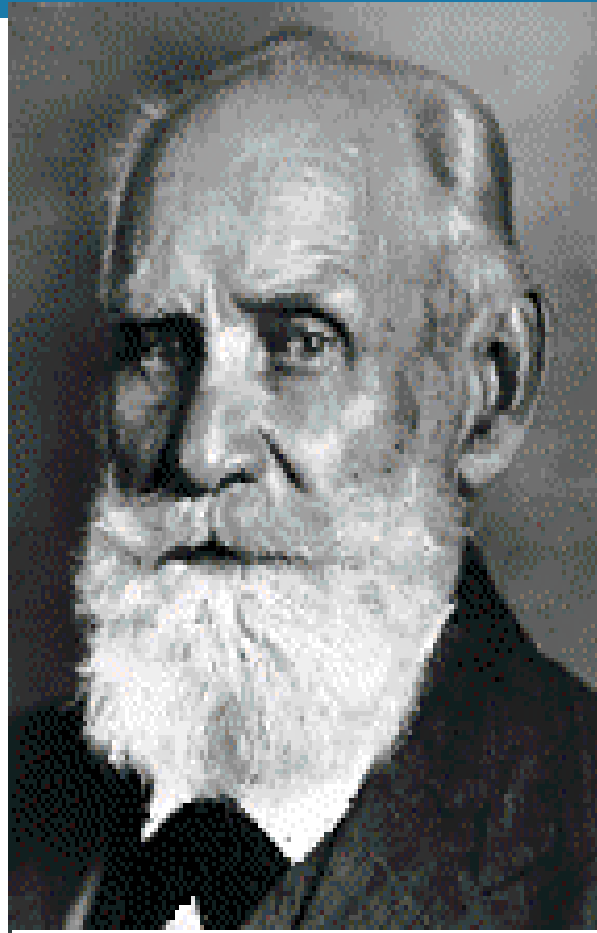
The following symptoms may occur when drug use is reduced or discontinued:

- Tremors, chills
- Cramps
- Emotional problems
- Cognitive and attention deficits
- Hallucinations
- Convulsions
- Death



How Does an Addiction Develop?

Classical Conditioning



Ivan Petrovich Pavlov

Classical Conditioning

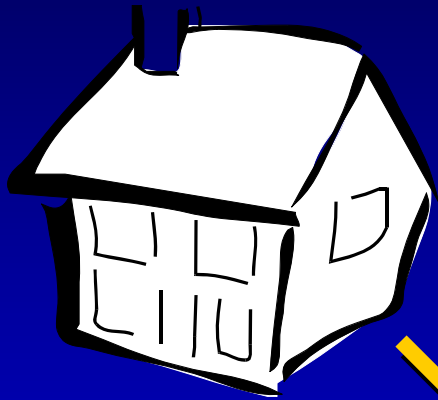


Classical Conditioning: Addiction

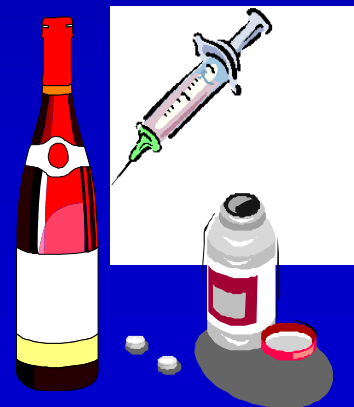
- Over time, drug or alcohol use is paired with **cues** such as money, paraphernalia, particular places, people, time of day, emotions
- Through classical **conditioning** these **cues** are paired with **pleasurable** effects of the drug (“high”).
- Eventually, **exposure** to cues **alone produces** drug or alcohol **cravings** or urges that are often followed by substance abuse

Development of Craving Response

Entering Using Site



Use of AODs

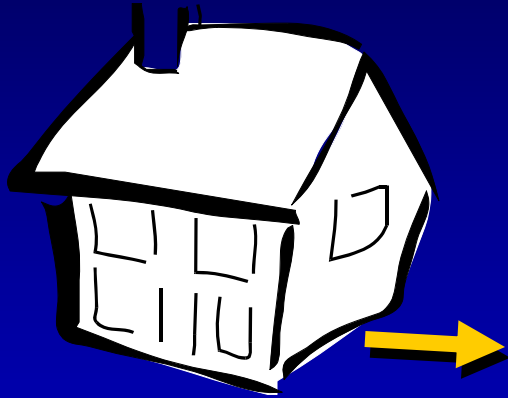


AOD Effects

- ↕ Heart
- ↕ Blood Pressure
- ↕ Energy

Development of Craving Response

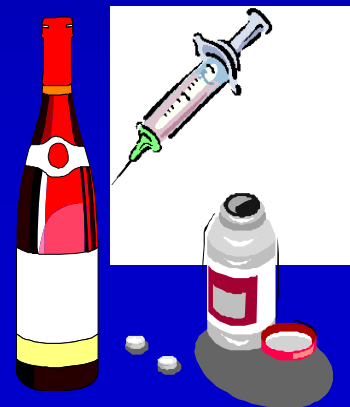
Entering Using Site



Mild Physiological Response

↑ Heart Rate
↑ Breathing Rate
↑ Energy
↑ Adrenaline Effects

Use of AODs

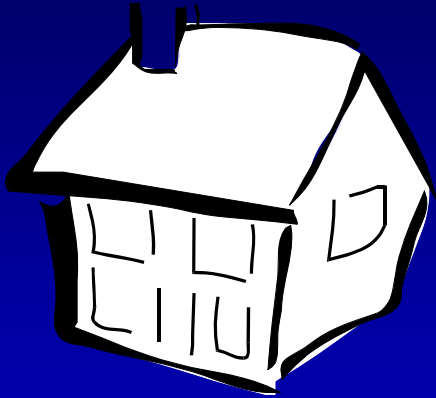


AOD Effects

↓ Heart
↓ Blood Pressure
↓ Energy

Development of Craving Response

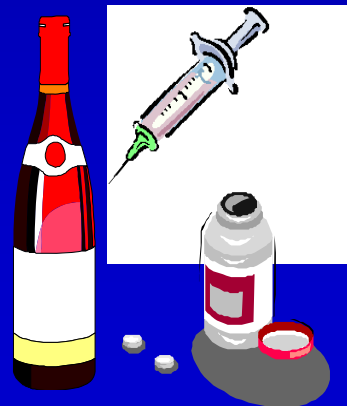
Entering Using Site



Powerful Physiological Response

- ↑ Heart Rate
- ↑ Breathing Rate
- ↑ Energy
- ↑ Adrenaline

Use of AODs

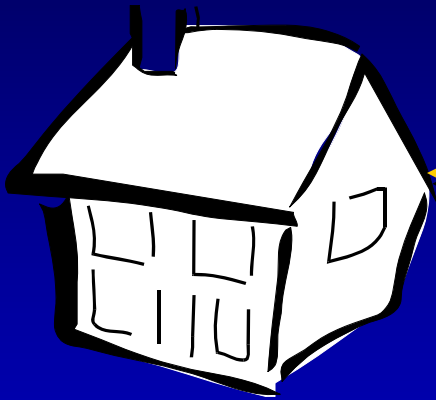


AOD Effects

- ↓ Heart
- ↓ Blood Pressure
- ↓ Energy

Development of Craving Response

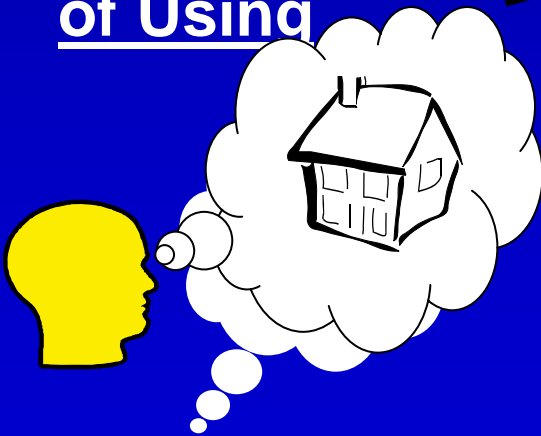
Entering Using Site



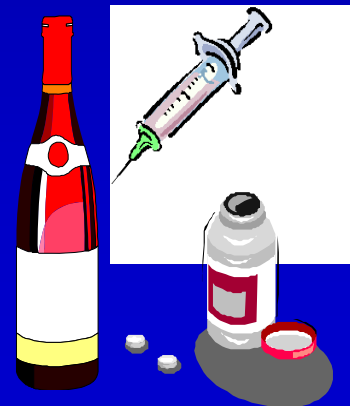
Powerful Physiological Response

- ↑ Heart Rate
- ↑ Breathing Rate
- ↑ Energy
- ↑ Adrenaline

Thinking of Using



Use of AODs

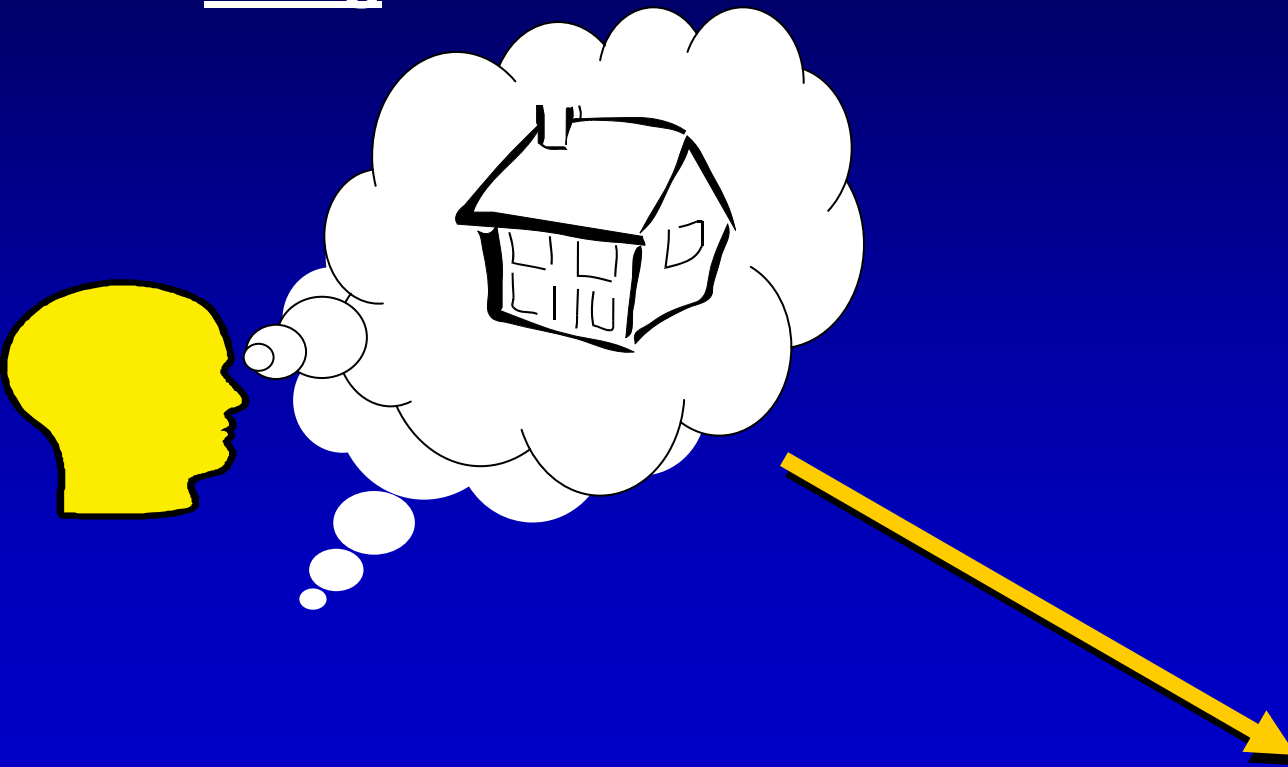


AOD Effects

- ↓ Heart
- ↓ Blood Pressure
- ↓ Energy

Development of Craving Response

Thinking of
Using



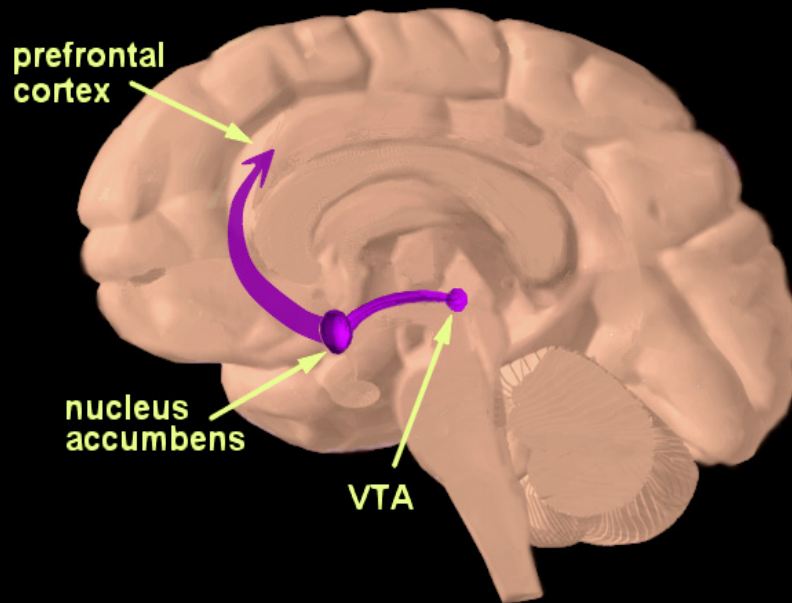
AOD Effects

- ↕ Heart
- ↕ Blood Pressure
- ↕ Energy

Cognitive Process During Addiction

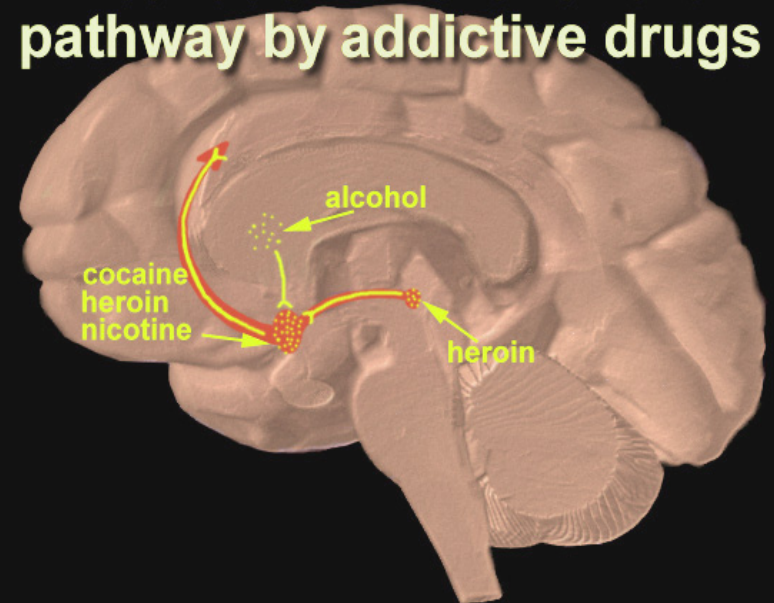


Pathway for Understanding Addictive Effects of Drugs on the Brain & Behavior

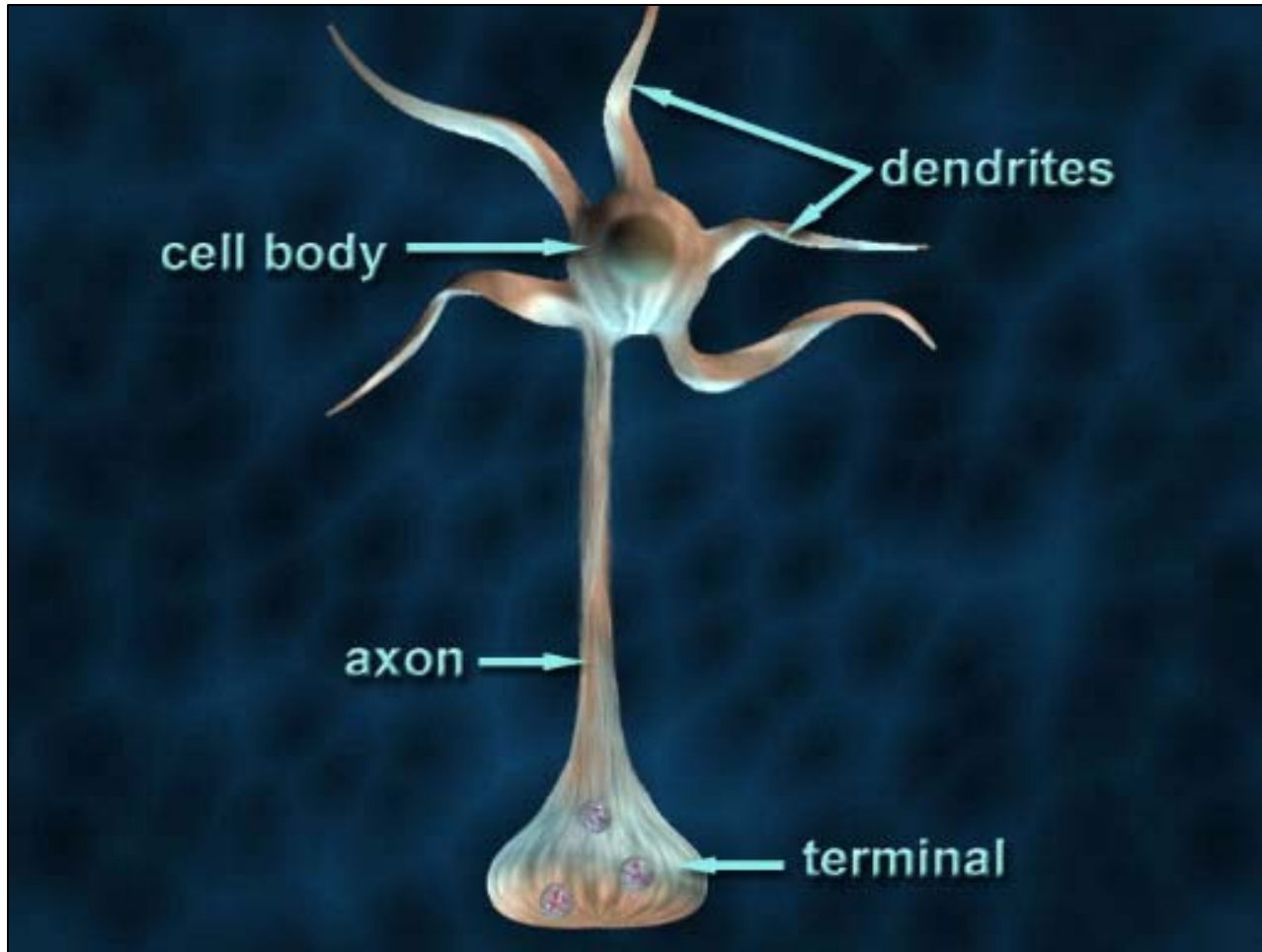


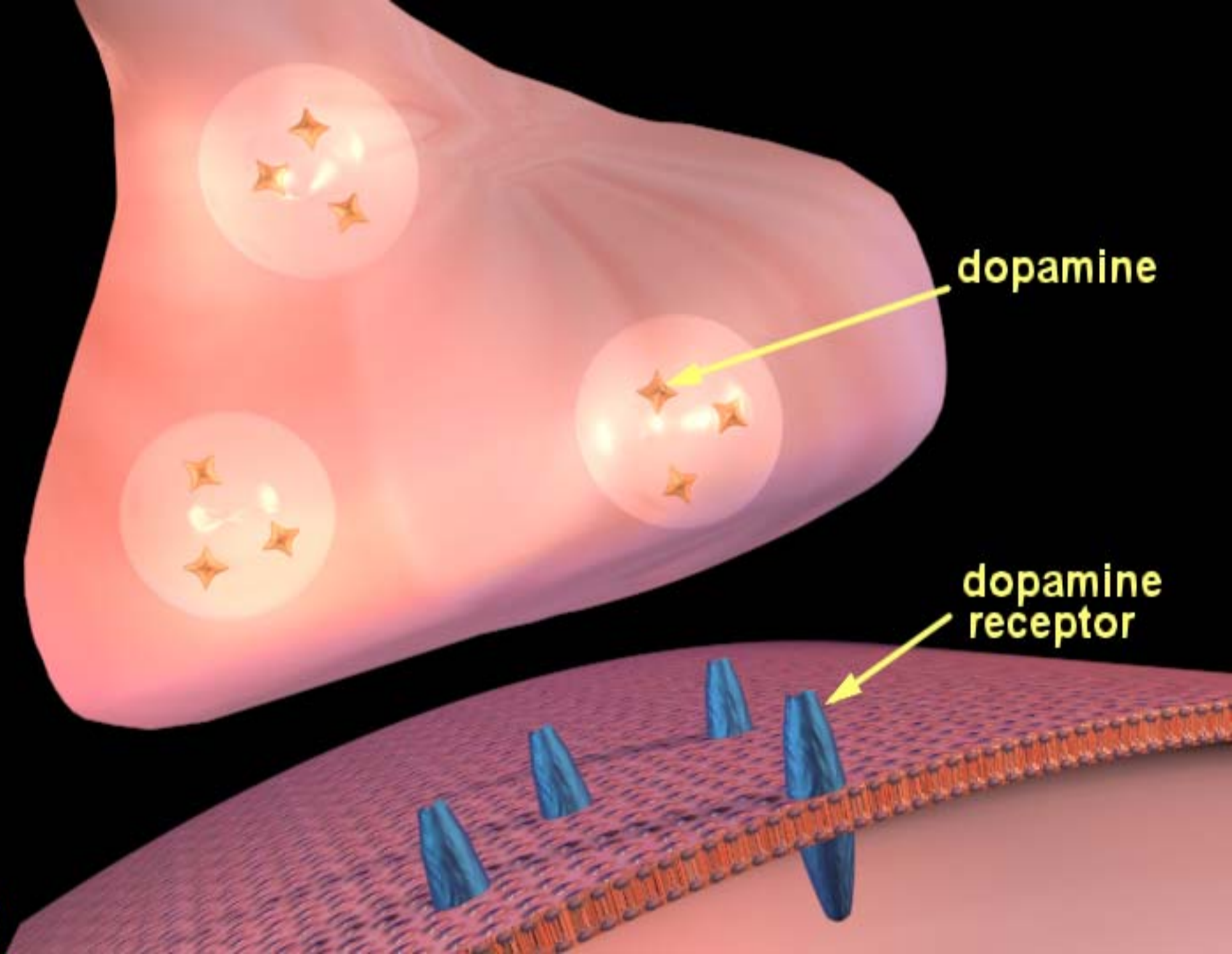
Reward Pathway

Activation of the reward pathway by addictive drugs



How a neuron works





dopamine

dopamine
receptor

The reward system

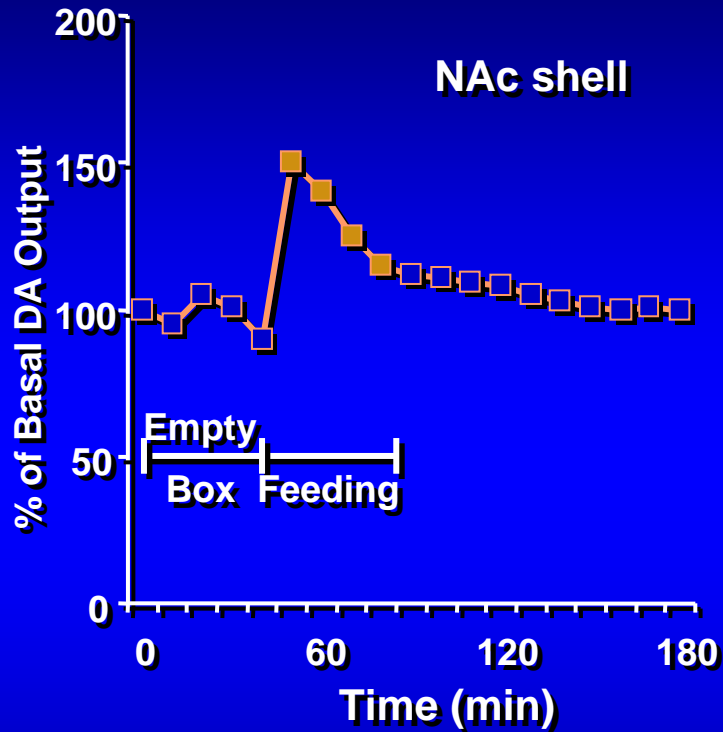
Natural rewards

- Food
- Water
- Sex
- Nurturing



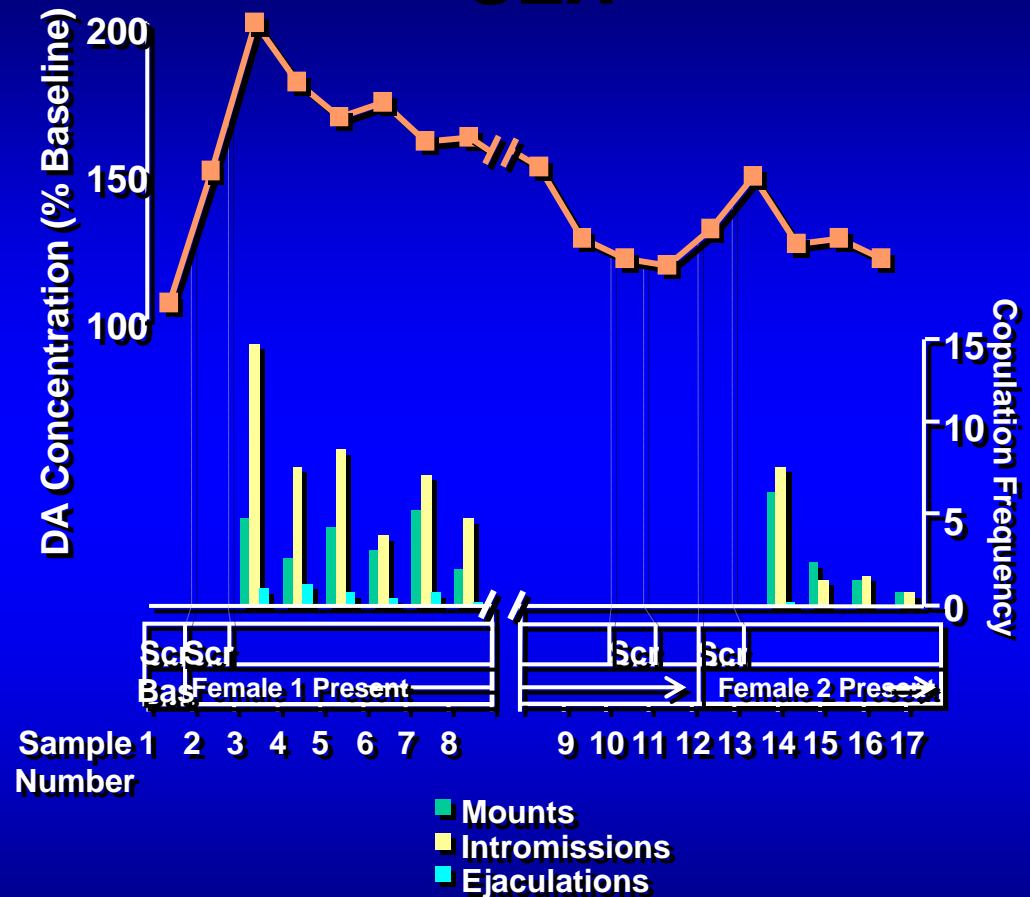
Natural Rewards Elevate Dopamine Levels

FOOD



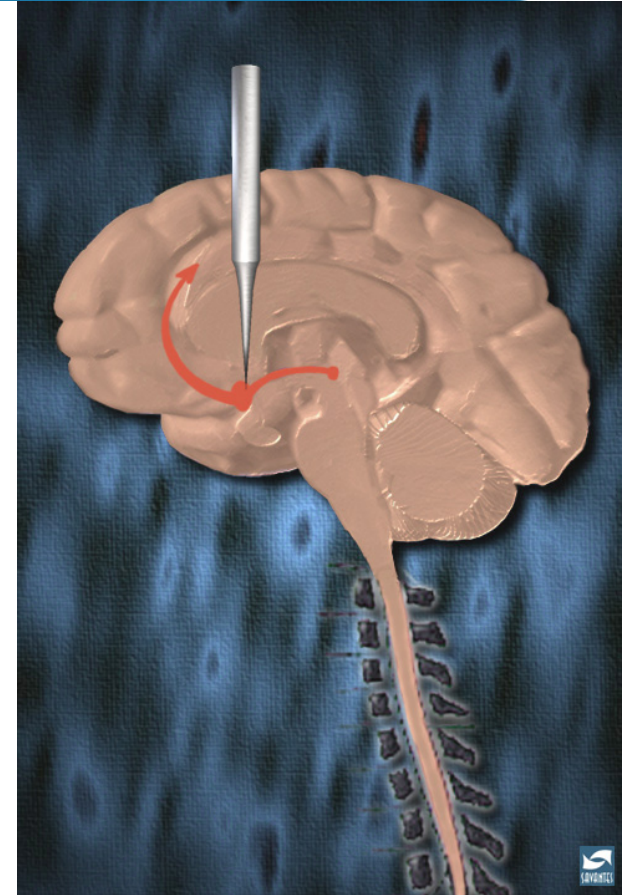
Source: Di Chiara et al.

SEX



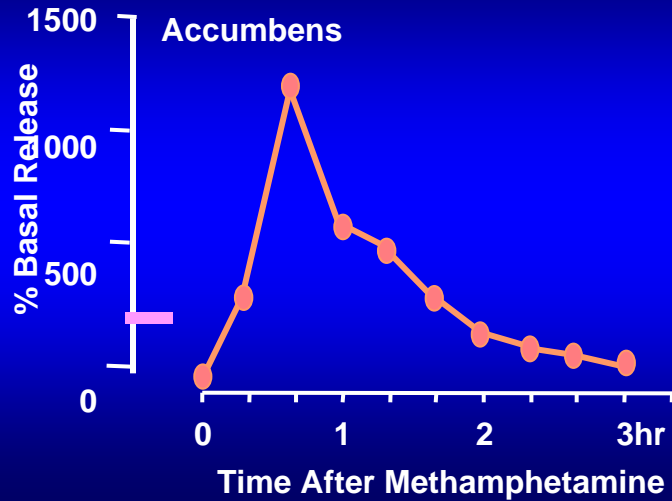
Source: Fiorino and Phillips

Activating the system with drugs

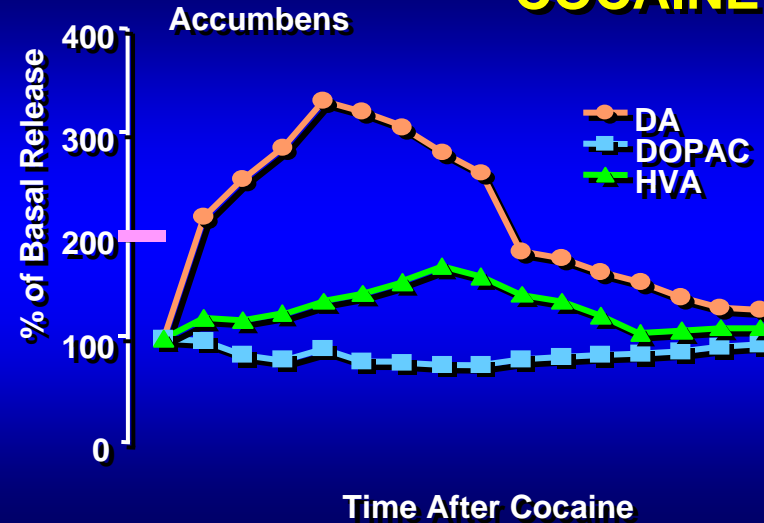


Effects of Drugs on Dopamine Release

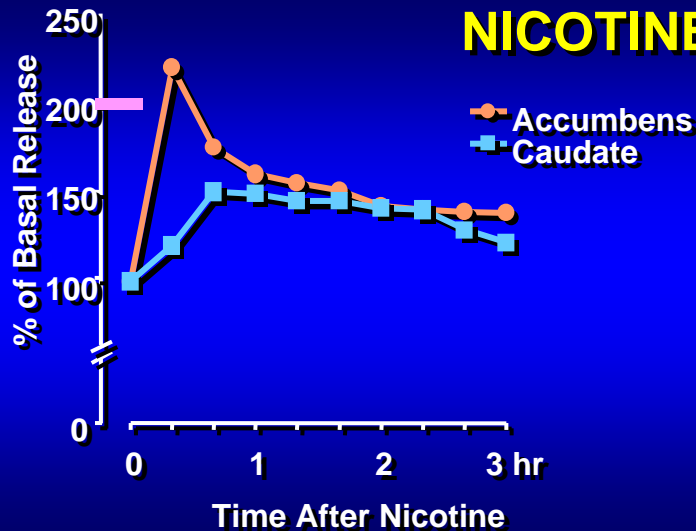
METHAMPHETAMINE



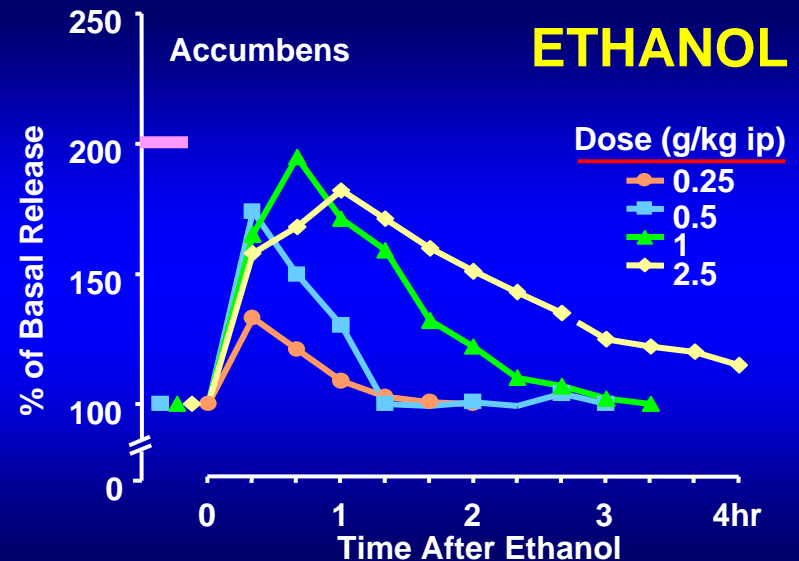
COCAINE



NICOTINE



ETHANOL



Prolonged Drug Use Changes the Brain In Fundamental and Long-Lasting Ways

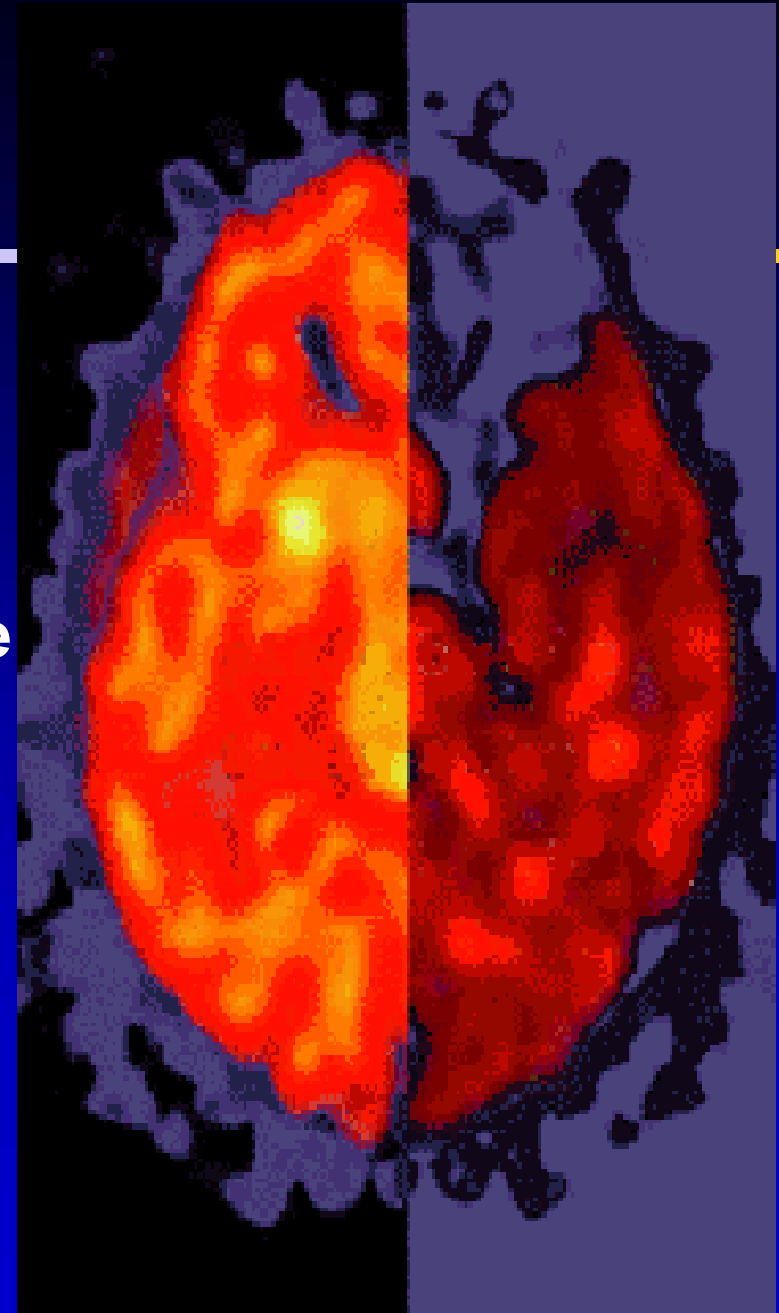


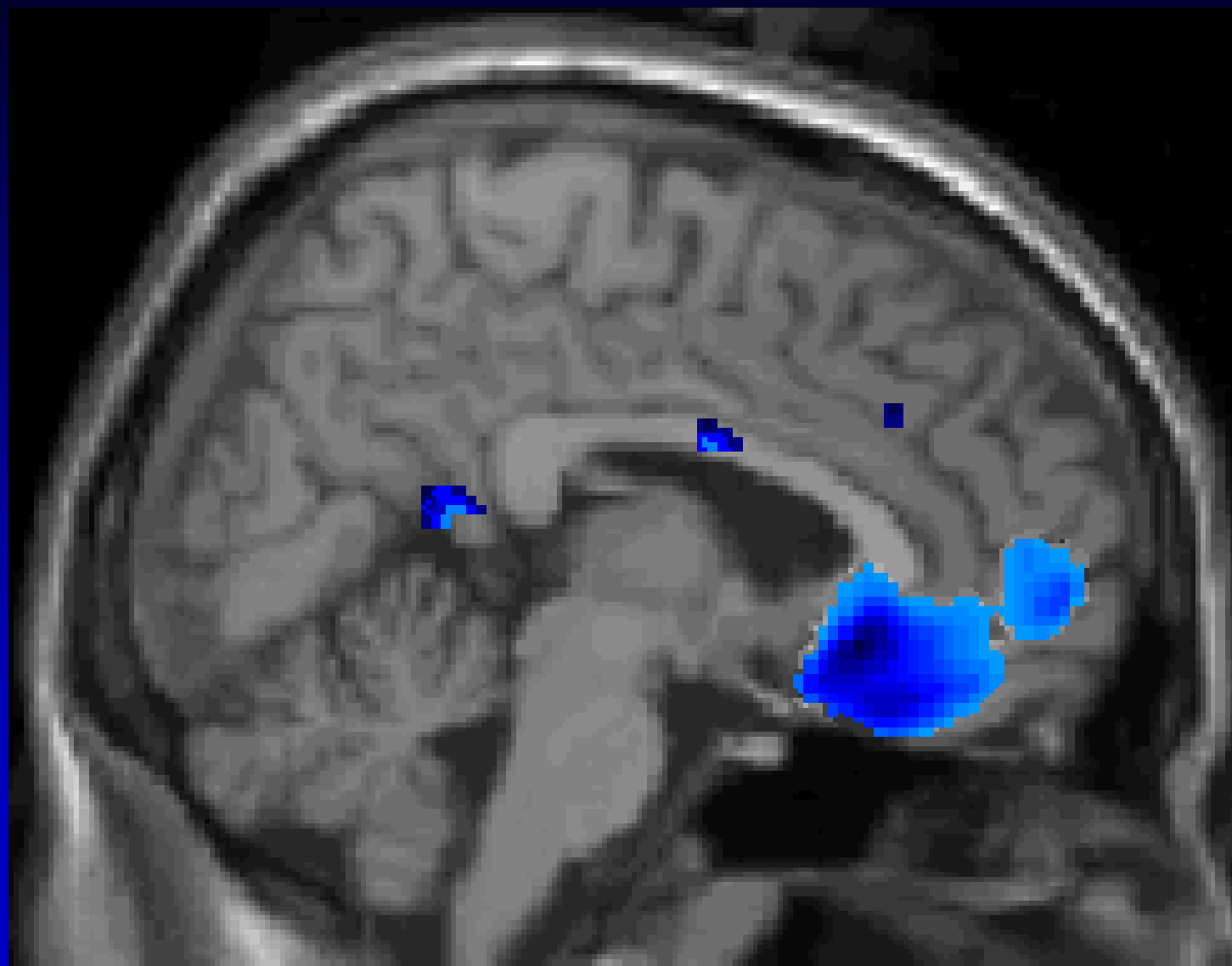
UCLA

BRAIN CHANGES appear prominently in PET scans of current and past drug users

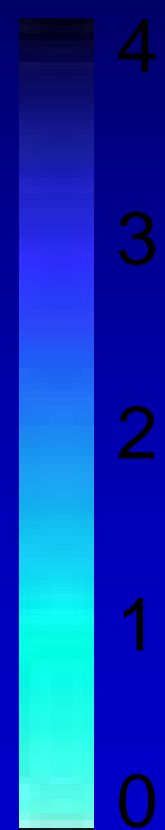
Drug users have far less dopamine activity (*right*), as is indicated by the depletion (dark red shows disruption), compared to the controls (*left*)

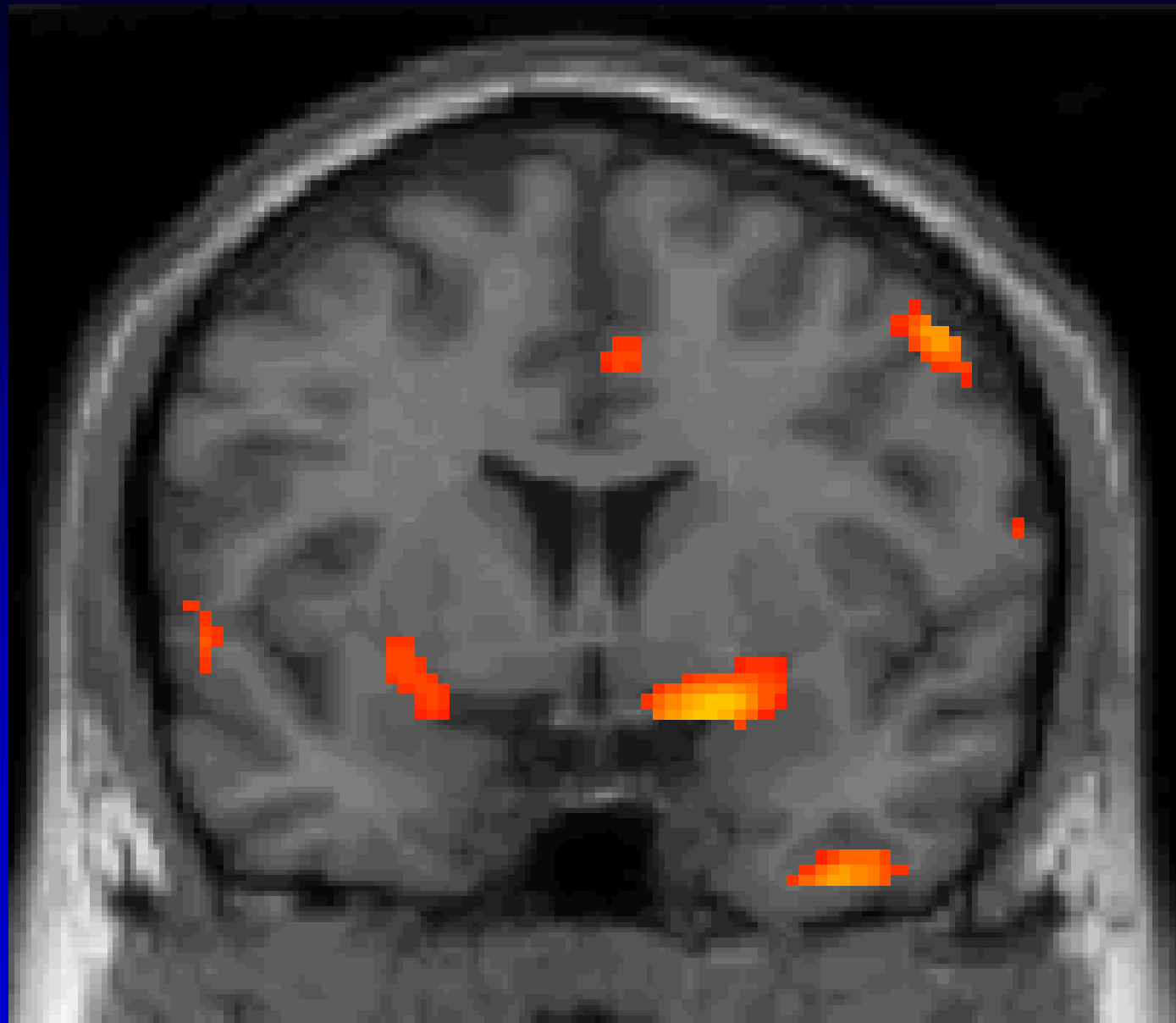
Studies show that this difference contributes to **dependence and a diseased brain**



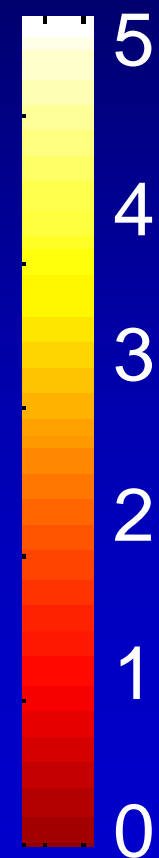


**Control
> MA**





MA >
Control



Connecting with COD consumers....

After repeated drug use, “deciding” to use drugs is no longer voluntary because

DRUGS CHANGE THE BRAIN!

So, how do we meaningfully connect with our COD consumers to create change?



Tools for Listening to Consumers

BASIC LISTENING SKILLS



ATTENDING

**ASKING OPEN
ENDED QUESTIONS**

**REFLECTIVE
LISTENING**

**PARA-
PHRASING**

Active listening skills

Active listening by the clinician encourages the client to share information by providing verbal and nonverbal expressions of interest.

- Attending
- Paraphrasing
- Reflection of feelings
- Expressing empathy

Example of attending

Um-hm.

*Please
continue...*

I see.



I am so tired, but
I cannot
sleep...so I drink
some wine.

...When I wake
up...it is too late
already...

Too late for
work...my
boss fired me.

Example of paraphrasing

My mom irritates me. She picks on me for no reason at all. We do not like each other.

So...you are having problems getting along with your mother. You are concerned about your relationship with her.



Yes!

Example of reflection of feelings

When I get home in the evening, my house is a mess. The kids are dirty... My husband does not care about dinner...I do not feel like going home at all.

You are not satisfied with the way the house chores are organized. That irritates you.



Yes!

Expressing empathy

Empathy is the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experiences of another.



Example of expressing empathy

I see.

*I understand.
I am sorry
about your job.*



I am so tired,
but I cannot
sleep... So I
drink some
wine.

When I wake
up...I am
already too late
for work.
Yesterday my
boss fired me...

...but I do not
have a
drinking
problem!

Activity 2

Reflective Listening



- Listen to both what the person says and to what the person means
- Check out assumptions
- Create an environment of empathy (nonjudgmental)
- You do not have to agree
- Be aware of intonation (statement, not question)

Activity 2

Reflective Listening



- Form groups of 3: Speaker and 2 Listeners
- Speaker discusses something they're considering changing
- Listeners: “attend”, “paraphrase”, “reflect feeling,” “summarize”, but DON'T ask questions.
- Artificial: typically we ask 2-3 open-ended Qs for every reflection.



Tool for Linking



How do we get consumers what they need?

- Know your resources
 - People
 - Places
 - Issues
 - Logistics
- Model “action”
- Include consumer in the process, encouraging their “leadership.”
- “Warm” hand-offs
- Follow-through

Questions?

Sherry Larkins, Ph.D.

larkins@ucla.edu

310-267-5376