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National Alliance on Mental Illness
Dedicated to improving the quality of life for those affected by mental illness/brain disorders • www.namimd.org

This issue: **Co-occurring Mental Illness & Substance Use** June 2015

"Co-occurring" or "dual diagnosis" are terms used to indicate that a person is experiencing a mental illness and a substance use disorder *simultaneously.* As defined by Substance Abuse and Mental Health Services Administration (SAMHSA), people with a mental health issue are more likely to experience an alcohol or substance use disorder compared to those not experiencing a mental illness.

As of 2012, 8.4 million people had co-occurring mental and substance use disorders. The relationship between mental illness and substance use/dependency can be complex. Those experiencing mental illness symptoms sometimes resort to drugs and alcohol to try and relieve the symptoms in the moment . Abusing these substances will not treat the underlying condition; in fact, in almost all cases, it makes it worse. Abuse of drugs and alcohol can lead to violence, legal trouble, medication noncompliance, and a greater chance of relapse, homelessness, and suicide.

Diagnosing co-occurring disorders can be difficult because it takes time to differentiate the effects of substance use from the symptoms of mental illness. Diagnosing is just the first battle to be fought with co-occurring disorders, the second battle is treatment. According to the National Institute on Drug Abuse (NIDA), for these individuals one condition becomes more difficult to treat successfully as an additional condition is intertwined.

Typically, programs that treat brain disorders do not treat individuals with active substance abuse problems, and vice versa leaving those with co-occurring disorders in a treatment gap that could lead to frequent relapses, hospitalizations, and, in extreme cases, jail.

Recognizing the Problem

Many of the behavioral changes that would often lead to suspicion of drug use already exist in persons with mental illness. In this group, such behaviors as isolation, engaging in risky behavior, argumentativeness, or being "spacey" may be less reliable clues. Observation of some of the following behaviors, however, may put families and friends on the alert:

- Sudden financial problems
- Valuables disappearing from the house
- Drug paraphernalia in the house
- Long periods of time in the bathroom
- Dilated or bloodshot eyes
- Needle marks

Confronting the Problem

Since the problem of substance use is a very serious and complicated one, it should be addressed in a careful and deliberate manner. It is best not to try to deal with the individual when he or she appears to be under the influence of drugs or alcohol, or when you are feeling especially upset about the situation.

Treatment Programs for a Dual Diagnosis

Due to the complex nature of the disorder, a more integrated treatment approach is needed to address both

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the mental illness and the substance use.

Detoxification

Typically, the first step in treatment for people with dual diagnosis is an inpatient detoxification, where a person is monitored 24/7 by trained medical staff for up to 7 days. Tapering amounts of the substance or its medical alternative may be used to wean a person off and lessen the effects of withdrawal.

Inpatient Rehabilitation

A person experiencing a serious mental illness and dangerous or dependent patterns of abuse may benefit most from an inpatient rehabilitation center where they can receive concentrated medical and mental health care 24/7. These treatment centers provide therapy, support, medication and health services. The goal is to treat the addiction *and* its underlying causes.

Medications

Various medications can be helpful for both a variety of mental illnesses and those experiencing substance use. Medication can be used to help ease withdrawal symptoms and also can promote and sustain recovery.

Psychotherapy

Psychotherapy is almost always a large part of an effective dual diagnosis treatment plan. Education about the person's illness and how their beliefs and behaviors influence their thoughts has been shown in countless studies to improve the symptoms of both mental illness and substance abuse. Cognitive behavioral therapy (CBT) in particular is effective in helping people with dual diagnosis learn how to cope and to change ineffective patterns of thinking.

Co-Occurring Self-help and Support Groups

Self-help and support groups can be an important part of the recovery process. They allow those dealing with a dual diagnosis, who may also feel isolated, to share their frustrations, their set backs, and their successes while supporting one another. It is a place where they can share a multitude of resources including referrals for specialists, where to find the best community resources and advice on what works best when trying to recover. The group atmosphere provides fellowship and support while individuals work towards recovery.

Here are some groups that can offer support to people who want to add a support group that focuses on both their substance use and mental health issues:

- *Double Trouble in Recovery* is a 12-step fellowship for people managing both a mental illness and substance abuse.
- *Alcoholics Anonymous* and *Narcotics Anonymous* are 12-step groups for people recovering from alcohol or drug addiction.
- *Smart Recovery* is a sobriety support group program for people with a variety of addictions.

For More Information:

- *Principles of Drug Addiction Treatment* written by the National Institute of Drug Abuse (NIDA)
- *The Substance Abuse and Mental Health Services Administration (SAMHSA)* maintains a Web site (findtreatment.samhsa.gov) that shows the location of residential, outpatient, and hospital inpatient treatment programs for drug addiction and alcoholism throughout the country. This information is also accessible by calling 1-800-662-HELP.
- ***NAMI***, the National Alliance on Mental Illness (nami.org) is a non-profit, self-help support organization for patients and families dealing with a variety of mental disorders, with state and local organizations across the country. The different members of the family, including the individual, can get support and education for themselves no matter

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where they live since NAMI has groups in every state.

- *The Partnership at Drugfree.org* (drugfree.org) is an organization that provides information and resources on teen drug use and addiction for parents, to help them prevent and intervene in their children's drug use or find treatment for a child who needs it. The toll-free helpline for parents is 1-855-378-4373.
- *The American Society of Addiction Medicine* (asam.org) is a society of physicians aimed at increasing access to addiction treatment. Their web site has a nationwide directory of addiction medicine professionals.
- *NIDA's DrugPubs Research Dissemination Center* (drugpubs.drugabuse.gov) provides booklets, pamphlets, fact sheets, and other informational resources on drugs, drug use, and treatment.
- *The National Institute on Alcohol Abuse and Alcoholism* (niaaa.nih.gov) provides information on alcohol, alcohol use, and treatment of alcohol-related problems (niaaa.nih.gov/search/node/treatment).
- *Faces and Voices of Recovery* is "dedicated to organizing and mobilizing the over 23 million Americans in recovery from addiction to alcohol and other drugs, our families, friends and allies into recovery community organizations and networks, to promote the right and resources to recover through advocacy, education and demonstrating the power and proof of long-term recovery." www.facesandvoicesofrecovery.org
- *NCADD see also article, page 5.* National Council on Alcoholism and Drug Dependence of Maryland (NCADD-Maryland). Raises public awareness of alcoholism and drug dependence and advocates for the resources necessary when accessing treatment and sustaining recovery. www.ncaddmaryland.org

The preceding article was compiled by Nicole Lanciotti, NAMI Maryland intern. She primarily used resources accessible through the NAMI website at www.nami.org., including materials reviewed by Ken Duckworth, M.D., and Jacob L. Freedman, M.D., in January 2013. These NAMI materials were supplemented with information from Principles of Drug Addiction Treatment written by the National Institute of Drug Abuse (NIDA)

Struggling with Co-occurring Mental Illness and Substance Use: A Personal Story

Many individuals with mental illness are NAMI advocates, outreach volunteers, peer education and support program facilitators, board members, etc. Many live with co-occurring mental illnesses and substance use disorders. Here is one story.

Stephenie: My Story

My name is Stephenie and I am a person in long term recovery from several co-occurring disorders, including substance use, generalized anxiety, and a mood disorder. I have been in recovery from alcohol and other drugs for eight and a half years and maintain a stable lifestyle, where I am a mother, daughter, sister, employee, and volunteer. I contribute my long-term recovery to having a holistic approach including family and 12-step community support, education about the disease of substance use disorder and mental health, nutrition, exercise, psychotropic medication, supplement therapy, and a spiritual practice of connection to my Higher Power, prayer, and meditation.

I started using alcohol, cigarettes, and marijuana at twelve. By fourteen, I was hospitalized for alcohol poisoning. By fifteen, I was addicted to cocaine, and by seventeen, I was addicted to meth, pills, and ecstasy, and was court ordered to get my GED, due to my excessive absences from high school. After a hospitalization for suicidal ideations, I was diagnosed with "Bipolar" at the age of 19. But I was not given a diagnosis for my drug or alcohol use, because I thought I was control-

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What Families Need to Know

The following is excerpted from the NAMI Family to Family Education Course, Class 3, Handout 8

It is staggering to realize that 35% of people with mental illness also have an addiction disorder. Both are biological illnesses and both require intensive treatment. Families often ask why people stricken with mental illness have such a devastating incidence of addictive disorders.

Are they self-medicating to prolong the highs and escape the lows of their psychiatric conditions? To counter the intolerable anxiety they feel, or find a refuge from the demeaning fall from grace which occurs in the wake of mental illness? Are they victims of a genetic "heritability factor" which makes them more prone to advance from substance use, where they might still exercise choice and quit, to substance abuse or dependence where the brain is biologically transformed by substance use into an organ of insatiable craving?

Most of these elements are in play in dual diagnosis. When family members we love become addicted, they can no more resist using alcohol or drugs than they can willfully "cure" themselves from their other disorder. This places them at enormous added risk for outcomes which greatly intensify family burden: homelessness, refusal of treatment, violence, trouble with the law, repeated relapses and re-hospitalizations, and even suicide. People stricken solely with mental illness often struggle with life at the edge; having a dual diagnosis is life at the edge with someone trying to push you off.

Where do we need to be to cope with this dilemma? First, we must learn to expect substance abuse in mental illness, rather than consider it an exception, and insist that our family members get routine screening. It's critical that we don't deny the problem when it exists.

Secondly, we must recognize the demoralization our relatives feel, when trying to rejoin the community marked as a person with mental illness, yet free to make adult choices, some of which can bring disastrous results. Substances of abuse cannot solve this problem, but they can temporarily distract someone from their painful awareness. The best response is empathy and compassion, rather than moralizing. In addiction, the term "self control" means knowing you must ask for help - a step not likely to occur in the early stages of substance abuse.

Successful treatment requires trust-building, the establishment of safety, stabilization of the mental illness, and finally, sobriety. This prescription is a tall order, particularly in a system where government funding perpetuates separate agencies of addiction treatment and mental health treatment. It is well documented that "sequential" treatment (dealing with one illness, then the other) does not work. Nor does "parallel" treatment, where clinicians working in different agencies treat each disorder simultaneously. Also, the hallmarks of traditional addiction treatment: confrontation, insistence on sobriety, willingness to let someone hit bottom to find motivation, etc., *can gravely endanger people with mental illness.*

The...approach is *integrated treatment, where the same doctor or team treats both disorders - at the same time.* In this model, initial sobriety is not expected. The treatment plan calls for a long period of engagement to educate clients about substance abuse and stabilize their mental illness, plus practical assistance (housing, job finding) so they can reclaim the pride and dignity which will see them through the rough passages of recovery from addiction.

Struggling with Co-occurring Mental Illness and Substance Use: A Personal Story

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ling it and couldn't possibly be an alcoholic or addict. I did not adhere to my medications or receive psychotherapy after this hospitalization.

By twenty-four, I was courted ordered to enter residential drug treatment because CPS had removed my children, due to my drug use. Also, I was a victim of domestic violence at the time and CPS determined my children were safer with my parents while I sought treatment and separation from my then husband. During treatment, I learned about the disease of alcoholism, which was composed of a physical allergy and phenomenon of craving that occurs after ingestion of alcohol or drugs. Just like cancer or diabetes, I learned that I had a progressive and fatal illness from which, without treatment and maintenance, I would die.

After 30 days of treatment, I sought further help and lived in a women's transitional residence for 90 days. Plus, I had to work the treatment and service plan, which included individual therapy, hair follicle testing, stable housing and employment, and parenting classes. Furthermore, I worked with my sponsor to complete the twelve steps and attended community twelve-step meetings at least three times a week. After a year of stable employment, housing, and sobriety, I was reunited with my children and divorced from my husband. With three years of sobriety, I decided to go back to college to finish my associate's degree in social work which led me to continue on my journey of higher education. In 2013, I graduated with my BSW and minor in addictions and recovery at University of North Texas and in 2015 I graduated with my MSSW from University of Texas at Austin.

Life in recovery from co-occurring mental disorders has surpassed my wildest dreams of a successful life. I was told in early stages of recovery to write down everything I wanted in my life, and that life in recovery would surpass all my dreams. With everything I have accomplished in the past eight years, I can say that I am amazed everyday by my life today. With treatment and support, I am a grateful and happy person in long term recovery.

Struggling with Co-occurring Mental Illness and Substance Use: A Family Perspective

Robin Peyson, a NAMI family member shares her thoughts and hard earned wisdom about supporting her relative living with co-occurring mental illness and substance use.

When a family member has a mental illness, times can be challenging. But when a family member or loved one also struggles with addiction, the issues can be even more difficult and answers on how best to help even more complicated.

What I can say is that there is no one answer or path for family members to find solutions, just as there is no one path to recovery for mental illness or for substance use and addiction. What works for one person and family may not be the answer for another. But there are some common approaches that I have found to really make a difference, especially in the context of recovery.

By recovery, I am using the definition that is used by SAMHSA.

"A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

In 2010, SAMHSA brought together leaders in the behavioral health field, representing both mental health and substance use, and together they developed a common, unified working definition of recovery. Before this, SAMHSA had used separate definitions for recovery from mental illness and substance use. SAMHSA also delineated four major dimensions that support a life in recovery: Health, Home, Purpose, and Community. In addition, and equally important, are the 10 guiding principles of recovery: Hope, Person-Driven, Many Pathways, Holistic, Relational, Culture,

A Family Perspective

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Addresses Trauma, Strengths/Responsibility, and Respect.
http://store.samhsa.gov/shin/content/PEP12-RECDEF/PEP12-RECDEF.pdf

I bring up the topic of recovery, because it is such a helpful roadmap for family members who want a concrete framework in which to navigate how best to be of assistance to a family member or loved one who is in recovery. For example, if recovery is person-centered, then I, as a family member, do not decide what is best for my family member, they do. I can support them in their inquiry, and share advice, when asked, but not provide direction that is based on what I think is best for the person seeking or in recovery. This really means giving up being in the driver's seat on an ongoing basis.

This giving up control is really the hardest part of supporting someone who is gaining or regaining control of their lives. A father of a young adult who was dealing with very serious consequences of addiction and mental illness said to me "My daughter has the right to make mistakes, just like anyone else."

That is the crux of it. How do we, as a family member's parents, not let our own fears get in the way of someone's recovery. If hope is the catalyst of recovery and we want autonomy and independence to the greatest extent possible for our loved ones, so that they feel empowered, we must get out of the driver's seat. This is a paradigm shift from the way parents, in particular, used to believe was the best strategy for keeping their children safe and out of jail or a hospital, or off the street. Now, we really can hope for more, with advances in understanding and treating both mental illness and addiction. And we must not judge ourselves or others for decisions based on the old paradigm in comparison to the options now available.

So, managing our own fears is at the heart of this new context for family members. We do not want to unintentionally undermine the confidence that is slowly returning to someone who has experienced the devastating impact of questioning their own thinking, perception, decisions, honesty, integrity and accountability.

Sometimes holding on to hope is the most courageous act you can take on behalf of your loved one. This can be really difficult when you have seen someone go through treatment many times or hospitalized numerous times. But I have spoken with many individuals in recovery who have experienced both of the above, for decades, who are now finding recovery in their lives in ways they never thought possible.

On the other side of the issue, is that family members also need to know when to step in during a crises, whether or not it is a mental health or substance use crises. It is a razors edge, and to be negotiated and navigated carefully and thoughtfully. And having support from others who wrestle with this issue is critical. NAMI family programs, Alanon, and other peer based family recovery support groups available at recovery community organizations that address co-occurring are a great place to look.

Joining Forces to Address Mutual Co-Occurring Concerns NCADD-MD & NAMI Maryland

As many of our readers are aware, Maryland has been heavily engaged in integrating two major systems (the Maryland Alcohol & Drug Abuse Administration and the Maryland Mental Hygiene Administration) into a new system known as the Behavioral Health Administration.

Studies have shown us that many of Maryland's citizens that have mental health concerns also are experiencing substance use problems, and a high rate of those with addictions may also have other mental health issues.

We know that the stigma associated with both addiction and mental health concerns serve as a barrier to people obtaining needed help. In order to reduce the stigma, we need all hands on deck to advocate for positive change!

The National Council on Alcoholism and Drug Dependence of Maryland (NCADD-MD) focuses on raising public awareness and sensitivity on the issue of alcoholism and drug dependence in Maryland through sustaining a campaign of education, information-dissemination and public policy advocacy to ensure persons affected by the disease of addiction, and their families, have access to resources, support systems and services critical in accessing treatment and sustaining recovery. With the growing awareness of the prevalence of co-occurring issues, NCADD-MD is primed to help NAMI-MD tackle the challenge of reducing stigma!

One way this can be accomplished is through NCADD-MD's Recovery Leadership Program. NCADD's program provides the Maryland substance use recovery community with the knowledge and tools to effectively impact public understanding and policies about the disease of alcohol and drug addiction, its treatment, prevention and support for recovery. We know that recovering people and allies often serve as the key educators about recovery, which lessens stigma and discrimination toward recovering people and their families. Those of us in long-term recovery who have experienced both mental health concerns and substance use problems are well positioned to speak out to legislators, public officials, community leaders and organizations, and to the general public and let them know that with help prevention is effective, treatment is available, and that people do successfully recover!

**To learn more about the Recovery Leadership Program and how to get involved, contact John Winslow: johnwinslow.recovery@yahoo.com or visit us on Facebook: https://www.facebook.com/*

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NAMI Maryland
10630 Little Patuxent Pkwy, Ste. 475
Columbia, MD 21044
info@namimd.org — 410-884-8691

Special Editors:
Nicolle Lanciotti & Robin Peyson

NAMI Maryland
National Alliance on Mental Illness

10630 Little Patuxent Parkway | Suite 475
Columbia, MD 21044

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