Subject One: The Link Between Psychiatric and Substance Disorders,
An Integrated Treatment Approach
Subject Review Revision August 2020

Purpose of the Subject Review & Teaching Guide
1. Cross-train staff on Co-Occurring Psychiatric and Substance Disorders using The Basics, Second Edition as the text. Training, study, or review by treatment providers of the curriculum/subjects in The Basics, Second Edition either individually or by the entire staff.
2. Provide discussion and teaching format for Universities and Colleges using The Basics as their course work text.
3. Assist professionals in Subject Review and Study for Credentialing Exams offered by the International Certification & Reciprocity Consortium (IC&RC) and other national boards.

NOTE: These PowerPoint presentations are not the officially endorsed “Study Guides” for the IC&RC and other National Exams recommending The Basics, Second Edition as material to be studied for their exams. The Basics, Second Edition – the two volume set – is the recommended Study Guide for the credentialing exams. These Subject Reviews are overviews that I created to give professionals a way of reviewing subject material or training presentations on The Basics. These are not sufficient or intended to be the sole credentialing preparation for any credentialing, CEU, or licensing exams as they are only an overview.

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• Permission Is Not Granted to Add, Remove, or Change Any Part of this Study Guide or To Use Portions for Any Training Other Than The Purpose of Training on The Basics, Second Edition © McKillip & Associates. You may contact me if you have additional questions.

Bibliographies/References/Resources
• The Basics, Second Edition is supported by thousands of professional research studies, references, and resources—over 1,600 of these are listed in the curriculum.
• In each of the eight subjects and six appendices there are sources/references listed within the subject text itself.
• At the end of each of the eight subjects and six appendices you will find extensive bibliographies of the references and resources.
• An enormous gratitude is extended to the treatment participants who—while being taught the psychoeducation in this curriculum—commented and shared what was helpful. They contributed through their responses (without knowing I had written the curriculum) what I needed to add, eliminate, or explain differently.
• Much appreciation to the thousands of professionals who contributed to the psychoeducation found in The Basics, Second Edition through their trainings, research studies, books, mentoring, collegial support, and sharing their vast experience and knowledge with me.

Putting Evidence Based Practice (EBP) into Action
1. PURPOSE: The Basics eliminates the “gap” between the system and the professionals providing the services; between the evidence based practices and the person seeking services. The Basics is a compendium of materials designed to help clinicians teach the evidence based practice skills to persons with co-occurring disorders. It is designed to ensure the continuity of care.
2. EBP: Integrated System of Care; Universal Dual Diagnosis Capabilities; Principles of Empathy and Hope; Motivational Interviewing Approach; Stages of Change Model Design; Strength Based; Skill Building; Solution Focused; Neurochemistry Based Disorders of the Brain; Symptom Identification; Symptom Management; Best Practices Curriculum Topics, i.e. Nutrition, Stress Management, Cognitive Behavioral, and much more…
Subject Review & Training/Teaching Guide Developed By: Rhonda McKillip M.Ed., LMHC, MAC, CCDCIII, CDP


Sources & References Are Located Within the Text for Each Subject – With Extensive Bibliographies at the End of Each Subject

Author: Rhonda McKillip; Foreword: Kenneth Minkoff, MD

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Lesson Plan Folders rhondamckillipandthebasics.com

Lesson Plan Folders 1 & 2

1. Integrated Treatment Recovery & Approach (6 lessons)
2. Symptom Identification & Symptom Management of Psychiatric Disorders (9 lessons)
3. Moving Toward Change (6 lessons)
4. Life Skills (6 Lessons)
5. Progression of Untreated Disorders (5 Lessons)
6. Symptoms Identification & Symptom Management of Substance Use Disorders (9 Lessons)

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Scope of the Subject Reviews & DSM-5 Update Info

1. The Subject Reviews for each of the eight subjects in THE BASICS, Second Edition is meant to provide bullets of the curriculum content and examples.
2. It is not, of course, intended to present the entire curriculum in this PowerPoint format.
3. Please refer to the actual curriculum for the complete list of the examples, explanations, and psychoeducation on all the topics in these Subject Reviews.
4. Also please take a look at the LESSON PLANS located in Folders 1 & 2 on my website for detailed group lesson plans to put the curriculum into action.
5. THE BASICS was never written with the intention of making a diagnosis either by professionals or treatment participants. It was purposely written without sufficient information available to make a diagnosis possible. There are other forms, evaluations, and specifically trained professionals to make diagnoses.
6. Yet symptom identification and discussion is extremely important.
7. During the printing of THE BASICS, Second Edition the format of the Diagnostic and statistical manual of mental disorders, originally published by the American Psychiatric Association in 1952, was the DSM-IV-TR, 2000.
8. So this was my dilemma as the author of the curriculum…
9. I chose the latter…no additional cost to current owners and purchasers.
10. The limited references to the DSM on the symptoms of psychiatric disorders are primarily located in Subject Two: Psychiatric Disorders Within A Co-Occurring Diagnosis. This subject, of course, does not cover all of the psychiatric disorders. It includes only the ones typically found among co-occurring psychiatric and substance use orders like Depression, Anxiety, Mood Disorders, Thought Disorders, Personality Disorders, etc.
11. The limited references to the DSM on Substance Disorders are located in Subject Three, Substance Disorders Within a Co-Occurring Diagnosis.
12. The updates from the DSM-IV-TR to the DSM-5 (American Psychiatric Association, 2013) are located in Subject Two & Subject Three of these Reviews.
13. You will find extensive lists of symptoms from other sources on Psychiatric Disorders in APPENDIX II and Substance Disorders in APPENDIX III.
14. These Appendices are worded in everyday language and are by far the very best way for individuals to understand their symptoms or identify those they may wish to discuss further with their group or individual counselor.

Lesson Plan Folders rhondamckillipandthebasics.com

7. Recovery & Health (6 Lessons)
8. Physical Self-Care (4 Lessons)
9. Stress Identification & Management (2 Lessons)
10. Neurochemistry of Substance Dependence (3 Lessons)
11. Emotional Recovery & Health (9 Lessons)
12. Preventing Relapse in Substance Use Disorders & Recurrence of Symptoms in Psychiatric Disorders (8 Lessons)
Lesson Plan Folders rhondamckillipandthebasics.com  Continued

13. Family and Social Recovery & Health (3 Lessons)
14. Thinking/Cognitive Recovery & Health (2 Lessons)
15. Personal Development & Recovery (6 Lessons)
16. Self-Help & Twelve Step Groups (2 Lessons)
17. Spiritual Recovery (2 Lessons)
18. Maintaining Recovery (3 Lessons)

Lesson Plan Exercises
1. Each one of the lesson plans on my website have at least one exercise. None of these are in THE BASICS, Second Edition curriculum.
2. I developed the lesson plans to put the curriculum into action by dividing subject material into 6 - 10 pages.
3. The exercises were developed so each group includes an opportunity for treatment participants to internalize the material and transform the psychoeducation into actual practice.
4. The result is 103 detailed lessons and exercises with complete instructions, suggested processing questions, and time-frames.

Subject One Presentation Guide
The Link Between Psychiatric and Substance Disorders, An Integrated Treatment Approach
Presentation Subject Guide Example Located at the Beginning of Each Subject

<table>
<thead>
<tr>
<th>A</th>
<th>Prepare</th>
<th>Professionals</th>
<th>Goal, Objectives, and Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Subject Sections</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>Appendices</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Handouts</td>
</tr>
<tr>
<td>Group</td>
<td></td>
<td></td>
<td>Beginning: Reading, Phrase, or Relaxation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Introductions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Overview of Format &amp; Subject</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B</th>
<th>Present</th>
<th>Subject Material</th>
<th>Time Frames Separate Sections</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Sections of Subject</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Appendices Related to Specific Subject</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Handouts Subject Handouts &amp; Discussion</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C</th>
<th>Practice</th>
<th>Handouts</th>
<th>Group Closure Group Closure &amp; Support</th>
</tr>
</thead>
</table>

Subject One Goal and Objectives
Goal:
Identify the link between Psychiatric and Substance Disorders as the foundation of the integrated treatment approach.

Objectives for Professionals:
1. Discuss the similarities of Psychiatric and Substance Disorders in “illness” and in “health.”
2. Detail the effects of Alcohol and Other Drugs on Mental Health, as well as in the Withdrawal Process.
3. Discuss ethnic, cultural, personal, as well as recovery identities of people who are attending treatment for co-occurring Psychiatric and Substance Disorders.
4. Summarize how people change behaviors.
5. Review the skills that help people get the most out of group.
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

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

Medical Disorders of the Brain

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.

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.
**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</td>
</tr>
<tr>
<td>Negative Thinking</td>
<td>Gain</td>
</tr>
<tr>
<td>Sense of Hopelessness</td>
<td>Fatigue or Loss of Energy</td>
</tr>
<tr>
<td></td>
<td>Impaired Immune System</td>
</tr>
<tr>
<td></td>
<td>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>Brain</td>
<td>Body</td>
</tr>
<tr>
<td>Euphoria</td>
<td>Depression</td>
</tr>
<tr>
<td>Self-Confidence</td>
<td>Extreme Fatigue</td>
</tr>
<tr>
<td>Enhanced Thinking</td>
<td>Delusions</td>
</tr>
<tr>
<td></td>
<td>Paranoia</td>
</tr>
<tr>
<td>Increased Sense of Energy</td>
<td>Strokes</td>
</tr>
<tr>
<td>Decreased Fatigue</td>
<td>Heart Failure</td>
</tr>
<tr>
<td>Decreased Appetite</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Continued Substance Abuse + Mental Health Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(i.e. long-term Crack Cocaine can mimic Paranoid Schizophrenia)</em></td>
</tr>
</tbody>
</table>

<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>
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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

1. Getting rest, sleep, and developing relaxation skills.
2. Maintaining nutrition and proper body fat.
3. Avoiding abuse of drugs, alcohol, or tobacco.
4. Achieving fitness.
5. Practicing positive life-style habits.
6. Carrying out daily tasks.

Psychological Wellness

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

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

Socio-Cultural-Environmental Wellness

1. Interacting successfully with people and the environment.
2. Developing and maintaining intimacy with significant others.
3. Developing respect and tolerance for those with difference opinions and beliefs.

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>
Quadrants of Dual Diagnosis

- Quadrant I: SUBSTANCE ABUSE AND NON-SEVERE PSYCHOPATHOLOGY (PSYCH-LOW; SUBSTANCE-LOW)
- Quadrant II: SUBSTANCE ABUSING MENTALLY ILL (PSYCH-HIGH; SUBSTANCE-LOW)
- Quadrant III: COMPLICATED CHEMICAL DEPENDENCY (PSYCH-LOW; SUBSTANCE-HIGH) (PSYCHIATRICALLY-COMPLICATED SUBSTANCE DEPENDENCE)
- Quadrant IVA and IVB: SUBSTANCE DEPENDENT MENTALLY ILL (PSYCH-HIGH; SUBSTANCE-HIGH) (Quadrant IVA: SPMI-high; substance high) (Quadrant IV B: non-SPMI; high substance high)

Prevalence of Co-Occurring Disorders

History, Philosophies, Barriers to Treatment, & “Ping-Pong” Therapy

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>

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>

Ethnic, Cultural, Specific Group, and Personal Identity

- Personal Identification With a Specific Group (sexual orientation example)
- Diversity of Individuals
- Breaking Down Stereotypes and Not Judging Others

Diversity continued

Pre-Encounter Stage | Internalization Stage
Encounter Stage | Internalization - Commitment Stage
Immersion Stage

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Personal Motives & Choices

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

<table>
<thead>
<tr>
<th>Personal Motives &amp; Choices</th>
<th>Losses like custody of children, relationships, family, job, housing, health, or mental capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fears in Early Recovery</td>
<td>Punishment or retaliation from family, friends, or employers</td>
</tr>
<tr>
<td></td>
<td>Physical harm due to risky behaviors or dangerous situations</td>
</tr>
</tbody>
</table>

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

The Group Process
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Increasing Self-Awareness With the Johari Window

<table>
<thead>
<tr>
<th>Area Known To Others or What Others See in You</th>
<th>Area Not Known to You or What You Do Not See in Yourself</th>
</tr>
</thead>
<tbody>
<tr>
<td>Window Pane 1: Open, Public, Conscious Self</td>
<td>Window Pane 2: Blind Self</td>
</tr>
<tr>
<td>Window Pane 3: Private, Hidden, or Avoided Self</td>
<td>Window Pane 4: Unknown or Unconscious Self</td>
</tr>
</tbody>
</table>

The Window Panes Change With Self-Disclosure and Feedback

- Window Pane 1 (Open)
- Window Pane 2 (Blind)
- Window Pane 3 (Private)
- Window Pane 4 (Unknown)

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

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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

<table>
<thead>
<tr>
<th>Good Communication Skills and Group Listening Skills</th>
<th>Communication Styles</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Listen From the Heart</strong></td>
<td><strong>Passive</strong></td>
</tr>
<tr>
<td><strong>Listen for Details</strong></td>
<td><strong>Passive-Aggressive</strong></td>
</tr>
<tr>
<td><strong>Pay Attention If the Person Is Expressing Facts or Feelings</strong></td>
<td><strong>Aggressive</strong></td>
</tr>
<tr>
<td><strong>Use Silence When You Do Not Know What to Say</strong></td>
<td><strong>Assertive</strong></td>
</tr>
<tr>
<td><strong>Listen for More Than Words</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Listen to What Is Not Being Said</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Listen Objectively</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Use Short Responses</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Listen for the Main Idea</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Listen Twice as Much</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Focus Fully on What Someone Is Saying</strong></td>
<td></td>
</tr>
</tbody>
</table>
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?
- Ask questions when you’re confused?

** Challenged in the Area of Assertiveness?**

...continued

Do you?

- Volunteer your opinions when you think or feel differently from others?
- Speak with a generally confident manner, communicating strength and caring?
- Tell people when they hurt your feelings?
- When you hear a person say something mean about someone you know, do you disagree or stick up for the person?

** 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

<table>
<thead>
<tr>
<th>You have the right, just like everyone else, to be heard.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your thoughts, opinions, ideas, and feelings are important.</td>
</tr>
<tr>
<td>You can say what you feel without hurting other people’s feelings.</td>
</tr>
<tr>
<td>You can be firm, direct, and honest about your thoughts and opinions.</td>
</tr>
<tr>
<td>You don’t have to agree with other people if you feel they’re wrong, especially if they’re putting someone down!</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>You have the right to express your perspective.</td>
</tr>
<tr>
<td>You have the right to assume personal responsibility and to decline responsibility for others.</td>
</tr>
</tbody>
</table>

### Reasons People Are Not Assertive

<table>
<thead>
<tr>
<th>assertive skills have not been 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>

### 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

### Getting The Most Out Of The Group Process

**SKILLS**

- Listening
- Clarifying
- Saying
- Feedback
- Direct Communication

**VALUES**

- Openness
- Taking Responsibility
- Trust
- Involvement
- Staying in the Here & Now
- Give and Take
Subject One: The Link Between Psychiatric and Substance Disorders, An Integrated Treatment Approach

Subject Review Revision August 2020

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.

Subject Review & Training/Teaching Guide Developed By: Rhonda McKillip M.Ed., LMHC, MAC, CCDCIII, CDP


Sources & References Are Located Within the Text for Each Subject – With Extensive Bibliographies at the End of Each Subject

Author: Rhonda McKillip; Foreword: Kenneth Minkoff, MD

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APPENDIX IA

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)
- LSD, PCP, Peyote, Mescaline, Psilocybin, MDMA (Ecstasy), or “designer drugs”
- Inhalants
- Anabolic Steroids

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

Severe Depressive Symptoms: test scores showed ecstasy users had slipped into deeper depression and were 50% more restless and irritable three days after “clubbing” as opposed to alcohol abusers (Concar, D. 1997)

Example: Effects of Alcohol on Brain and Thinking

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., 1986)

Example: Effects of Cannabis on Brain and Thinking

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

Anxiety: sense of impending doom, fearfulness, and paranoia; panic attacks (Addiction Research Foundation (ARF), 1991; National Association of Alcoholism and Drug Abuse Counselors, 1996)

Prolonged Depression and Prolonged Anxiety: test scores showed ecstasy users had slipped into deeper depression and were 50% more restless and irritable three days after “clubbing” as opposed to alcohol abusers (Concar, D. 1997)
**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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**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.

**Appendix IB**

- 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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**Subject One Handouts**

**Worksheet Handout**

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

**Inspirational Handouts**

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

THE END: Subject One Review and Training/Teaching Guide

• I am deeply honored to have worked with hundreds upon hundreds of the millions of individuals who have struggled and continue to struggle with Co-Occurring Psychiatric and Substance Disorders.
• Their courage and strength in pushing ahead toward health, in spite of seemingly insurmountable obstacles, is nothing short of amazing.
• I am sometimes asked why this is the Second Edition.
• The first printing (250 pages) was distributed without charge to agencies to receive feedback from treatment participants – many of which I sat in or taught across the country without them knowing I was connected to the curriculum in any way.
• When we listen and ask – treatment and therapy participants will tell us what is working, what is not helpful, and what they need.
• Thank you for your input which is the heart of this curriculum.

Author: Rhonda McKillip; Foreword: Kenneth Minkoff, MD

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