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/topics 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 text work.
3. Assist professionals in Subject Review and Study for Credentialed 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 Granted to Use this Study Guide for the Purpose of Training on THE BASICS, Second Edition: A Curriculum for Co-Occurring Psychiatric and Substance Disorders.
• 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.

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: Symptoms Identification; Symptoms Management; Best Practices Curriculum Topics, i.e. Nutrition, Stress Management, Cognitive Behavioral, and much more…

8. Do I publish a Third Edition for the sole purpose of updating the limited amount of diagnostic criteria to align with the DSM-5? Or do I find a way to update the material that would be available at no cost on my website?
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 I 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

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)

Lesson Plan Folders rhondamckillipandthebasics.com Continued

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

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

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

**Overview of Topics**
- Psychiatric, Substance & Co-Occurring Disorders Defined
- The Brain-Body Connection: Causes of Psychiatric & Substance Disorders
- Bio-Psychosocial-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...

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**Medicine Disorers 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.

**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 or Gain</td>
</tr>
<tr>
<td>Negative Thinking</td>
<td>Fatigue or Loss of Energy</td>
</tr>
<tr>
<td>Sense of Hopelessness</td>
<td>Impaired Immune System and Increased Risk of Illness</td>
</tr>
</tbody>
</table>

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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
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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>• Increased Sense of Energy</td>
</tr>
<tr>
<td>• Self-Confidence</td>
<td>• Depression</td>
</tr>
<tr>
<td>• Enhanced Thinking</td>
<td>• Delusions</td>
</tr>
<tr>
<td></td>
<td>• Paranoia</td>
</tr>
<tr>
<td>• Decreased Fatigue</td>
<td>• Extreme Fatigue</td>
</tr>
<tr>
<td></td>
<td>• Strokes</td>
</tr>
<tr>
<td>• Decreased Appetite</td>
<td>• Heart Failure</td>
</tr>
</tbody>
</table>

Continued Substance Abuse + Mental Health Disorder
(i.e. long-term Crack Cocaine can mimic Paranoid Schizophrenia)

<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>

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.

<table>
<thead>
<tr>
<th>Specific Areas of Life Are Affected Either in the Disease Process or the Recovery Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Fault Illnesses</td>
</tr>
<tr>
<td>Stigmatized Illnesses</td>
</tr>
<tr>
<td>Illnesses of Isolation</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)

Sources: Richard Ries, M.D., Director, Outpatient Psychiatry, Harborview Medical Center, Department of Psychiatry and Behavioral Sciences, Seattle, WA; Kenneth Minkoff, M.D., 2002, Quadrants of Sub-Groups of People with Co-Occurring Disorders, Medical Director of Arbort-Chrisa Health.

Prevalence of Co-Occurring Disorders

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

The Integrated Treatment Approach

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>

Ethnic, Cultural, Specific Group, and Personal Identity

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>

Diversity continued

- Personal Identification With a Specific Group (sexual orientation example)
  - Pre-Encounter Stage
  - Encounter Stage
  - Internalization Stage
  - Internalization - Commitment Stage
  - Immersion Stage

- Diversity of Individuals
- Breaking Down Stereotypes and Not Judging Others

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How People Change Behaviors

Stages of Change

• Pre-Contemplation Stage of Change
• Contemplation Stage of Change
• Preparation Stage of Change
• Action Stage of Change
• Maintenance Stage of Change

Spiraling Pattern of Change

• Different States of Change at the Same Time
• Discomfort and Mistakes Can Lead to Change

Barriers to Change

• Old Attitudes and Beliefs
• Difficulty in Relating to Later Stage Symptoms
• The “Yeah Buts”
• The “Yets”
• The “I’m Really, Really Going to Try...Really” Syndrome
• Putting Off Making a Decision for Change
• Not Putting The “Action” Into Change
• Discounting or Finding a “Reason” to Leave Treatment
• Trying To Do It “Perfectly”

Motivation and Working Through Ambivalence

Weighing the “I Want To” & the “I Don’t Want To”

<table>
<thead>
<tr>
<th>“I Want To” Finding Personal Reasons to Change</th>
<th>“But I Don’t Want To” Reasons I Don’t Want to Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>What images come to mind when you think about having a better life without alcohol and drugs, or making changes to reduce psychiatric symptoms?</td>
<td>I’m afraid to really try to quit using or begin treatment for a Psychiatric Disorder because I might fail.</td>
</tr>
<tr>
<td>How would quitting substance abuse or working a program of recovery for Psychiatric and Substance Disorders pay off immediately in your relationships?</td>
<td>I think the positive effects I get from substances outweigh the negative effects, even though they worsen my psychiatric symptoms.</td>
</tr>
</tbody>
</table>

Personal Motives & Choices

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

<table>
<thead>
<tr>
<th>someone will find out about substance abuse</th>
<th>diagnosis of a psychiatric or substance disorder</th>
<th>punishment or retaliation from family, friends, or employers</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUI, incarceration, or institutionalization</td>
<td>losses like custody of children, relationships, family, job, housing, health, or mental capacity</td>
<td>physical harm due to risky behaviors or dangerous situations</td>
</tr>
<tr>
<td>failure, crisis, or relapse</td>
<td>treatment, making changes, or the unknown</td>
<td>life without the use of alcohol and/or drugs</td>
</tr>
</tbody>
</table>
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Fears in Early Recovery...continued

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

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 Others or What Others Do Not See or Know About You</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

- 1 Open
- 2 Blind
- 3 Private
- 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
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

Good Communication Skills and Group Listening Skills

<table>
<thead>
<tr>
<th>Listen From the Heart</th>
<th>Listen for Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay Attention If the Person Is Expressing Facts or Feelings</td>
<td>Use Silence When You Do Not Know What to Say</td>
</tr>
<tr>
<td>Listen for More Than Words</td>
<td>Listen to What Is Not Being Said</td>
</tr>
<tr>
<td>Listen Objectively</td>
<td>Use Short Responses</td>
</tr>
<tr>
<td>Listen for the Main Idea</td>
<td>Listen Twice as Much</td>
</tr>
<tr>
<td>Focus Fully on What Someone Is Saying</td>
<td></td>
</tr>
</tbody>
</table>

Communication Styles

<table>
<thead>
<tr>
<th>Passive</th>
<th>Aggressive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passive-Aggressive</td>
<td>Assertive</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.

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**Individual Rights of Being Assertive**

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

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**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

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**Reasons People Are Not Assertive**

| assertive skills have not been learned | afraid of reprisals | don’t want to rock the boat |
| fear of hurting someone’s feelings | trying to please others | low self confidence |
| fear of displeasing others | fear of not being liked | fear of being abandoned |

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**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

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**Group Guidelines**

- Group Facilitator Responsibilities
- Belonging to The Group
- Safety of the Group
- Responsibilities of Each Group Member to The Group

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Connection with spirituality and hope for recovery.

**Cannabis Sativa (Marijuana, Hashish, or Hash Oil)**
- Improved mental and emotional stability.

**Heroin, Morphine, Opium, or Codeine**
- Examples of APPENDIX IA
- Nicotine/Smoking
- LSD, PCP, Peyote, Mescaline, Psilocybin, MDMA (Ecstasy), or
- Family,
- With Extensive Bibliographies at the End of Each Subject
- Worsening of anxiety, depression, or paranoia.

**Caffeine**
- Reduced substance abuse or abstinence.

**Alcohol**
- Decreased health problems as the brain and
- Personality and Mood
- Recovery
- The strengthening of immune system and
- **ANANDRIL**
- Deteriorating mental condition or mental

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**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.

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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

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**Examples: Effects of Sedative-Hypnotics 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)

**Acute 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)

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**Examples: Effects of LSD, PCP, Peyote, Mescaline, Psilocybin, MDMA, or “Designer Drugs” on Personality and Mood**

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

**Examples: Effects of Opiates (Narcotics) on Behavior**

“On The Nod” alternately wakeful & drowsy state (NIDA, 2000); Indifference to Environment and People; Loss of Self Control; Psychosocial Problems; Accidental Drug Overdoses; Antisocial and Criminal Behavior; Suicide Attempts (NIDA, 2002)

**Examples: Effects of Inhalants on Behavior**

Marked Changes in Behavior; Lack of Concern about Appearance; Restless Activity; Impaired Coordination; Aggressive, Violent, or Impulsive Behavior (NCADI, 1999); Drunken Behavior; Diminished Social and Occupational Functioning; Reduced Inhibitions

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**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.

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**Brief Examples of APPENDIX IA**

**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 (Arna, A. M., Tarter, R. E., and VanThiel, D. H., 1990)

**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 (Haffen, B. and Soulier, D., 1989; Jenke, M. A., 1993)
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.

**Acute Withdrawal Symptoms Of Alcohol And Other Drugs**

**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...

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

Subject Review Revision August 2020

**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 with emotional tension or agitation)......
  - Onset of Phase II.....

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**Text**: THE BASICS, Second Edition: A Curriculum for Co-Occurring Psychiatric and Substance Disorders

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

**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.