

## SUBJECT REVIEW and TRAINING & TEACHING GUIDE

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

Author: Rhonda McKillip; Foreword: Kenneth Minkoff, MD

## SUBJECT THREE: SUBSTANCE DISORDERS

WITHIN A CO-OCCURRING DIAGNOSIS

Subject Review Revision May 2021

**Subject Three:**  
**Subject Review & Training/Teaching Guide**

**Substance Disorders**  
**Within a Co-Occurring Diagnosis**

Subject Review Developed By:  
Rhonda McKillip, LLC

Text: *THE BASICS, Second Edition:*  
A Curriculum for Co-Occurring Psychiatric and Substance Disorders  
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Author: Rhonda McKillip, M.Ed., LMHC, MAC, CCDCIII, CDP (RET)  
Foreword: Kenneth Minkoff, MD

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**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 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 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.

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**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.

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

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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 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. 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?
10. I chose the latter...no additional cost to current owners and purchasers.
11. 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 disorders like Depression, Anxiety, Mood Disorders, Thought Disorders, Personality Disorders, etc.
12. The limited references to the DSM on Substance Disorders are located in *Subject Three, Substance Disorders Within a Co-Occurring Diagnosis*.
13. 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.
14. You will find extensive lists of symptoms from other sources on Psychiatric Disorders in APPENDIX II and Substance Disorders in APPENDIX III.
15. 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.

5 Subject Review and Training & Teaching Guide Developed By: Rhonda McKillip M.Ed., LMHC, MAC, CCDCIII, CDP  
Text: *THE BASICS, Second Edition: A Curriculum for Co-Occurring Psychiatric and Substance Disorders*; 2020 Printing; Rhonda McKillip LLC  
Sources & References Are Located Within the Text for Each Subject – With Extensive Bibliographies at the End of Each Subject  
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## SUBJECT REVIEW and TRAINING & TEACHING GUIDE

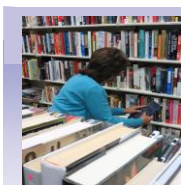
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## SUBJECT THREE: SUBSTANCE DISORDERS

WITHIN A CO-OCCURRING DIAGNOSIS

Subject Review Revision May 2021



### Subject Three: APPENDIX III THE BASICS OF SUBSTANCE DISORDERS

- Throughout Subject Three you will find coverage of disorders and their symptoms in a more concise form.
- At the end of Subject Three you will find a 102 page APPENDIX III.
- APPENDIX III is designed to: (1) Provide ample information for the facilitation of a group that can focus exclusively on a specific topic like Gambling Addiction (DSM-5 Update: Located in the chapter Substance-Related and Addictive Disorders under Non-Substance-Related Disorders: Gambling Disorder) to make available more extensive information for cross-training and individual sessions.
- I have made every effort in Subject Three Review to provide updates to the DSM-5. If you find something you feel should be added please contact me and I will make revisions. I appreciate your help and input.

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## SUBJECT THREE

Substance Disorders within a Co-Occurring Diagnosis

### Overview of Topics

Substance Abuse & Society · Psychoactive Substances · Substance Use, Abuse, Dependence: Characteristics, Definitions, Diagnosing & Treatment · Causes of Substance Dependence · Genetic Factors · Adoption Studies · Gender, Age, Sexual Orientation & Culture: GLBT Population · "Family Illnesses" · Family in the Disease Process · Family in Recovery · Addiction is Brain Disorder · Neurotransmission · Reward Pathway · Activity Addictions: Gambling, Sex, Love, Food, Spending · Pre-Using, Using, Post-Using Brain · Co-Occurring Psychiatric and Substance Disorders · Progressive Stages · Identifying Problems · "Denial" & Defenses · Ambivalence · Weighing Pros & Cons · Harm Reduction · Abstinence · Become Open-Minded · Areas of Recovery...and more

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### Subject Three Presentation Guide Substance Disorders Within a Co-Occurring Diagnosis Presentation Subject Guide Example Located at the Beginning of Each Subject

| PRESENTATION GUIDE: SEGMENTS | A Prepare  | Professionals    | Goal, Objectives, and Methods             |
|------------------------------|------------|------------------|---|
|                              |            |                  | Subject Sections                          |
|                              |            |                  | Appendices                                |
|                              | B Present  |                  | Handouts                                  |
|                              |            | Group            | Beginning: Reading, Phrase, or Relaxation |
|                              |            |                  | Introductions                             |
|                              | C Practice |                  | Overview of Format & Subject              |
|                              |            | Subject Material | Time Frames Separate Sections             |
|                              |            | Appendices       | Sections of Subject                       |
|                              |            | Handouts         | Appendices Related to Specific Subject    |
|                              |            | Group Closure    | Subject Handouts & Discussion             |
|                              |            |                  | Group Closure & Support                   |

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### Subject Three Goal and Objectives

#### Goal:

Explore Substance Disorders including definition, diagnoses, causes, characteristics, and treatment.



#### Objectives for Professionals:

1. Outline the levels of substance abuse.
2. Discuss the causes of Substance Disorders.
3. Explore the characteristics of Substance Dependence.
4. Review the concepts of denial, defenses, and ambivalence.
5. Compare and contrast harm reduction and abstinence.
6. Describe the beginning steps in recovery.

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### Today's Subject and Why It's Important

- Substance Disorders affect *all* areas of a person's life, such as health, relationships, and employment. This is because alcohol and other drugs cause changes in areas of the brain and thinking, personality and mood, and behaviors. Substance Disorders also have an adverse effect on physical, mental, emotional, and spiritual well-being.
- The goal of this subject is to provide education and information about Substance Disorders. As with *all* disorders, it is important for a person to get accurate information. There is more *misinformation* about Substance Disorders in our society than with any other illness.
- It is *not* important to memorize the facts. The information is intended to provide an *overall* understanding of Substance Disorders by learning about:
  1. The difference between substance use, abuse, and dependence.
  2. The consequences of substance abuse.
  3. The effects of alcohol and drugs on mental health.

From THE BASICS, SECOND EDITION, Page Subject 3-1

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### Substance Abuse and Society

#### A Brief History of Mind-Altering Substances

- Advice about *moderation* in drinking and other compulsive behaviors can be found in Egyptian hieroglyphics dating from 1500 B.C.
- Warnings about the danger of alcohol *abuse* are also found in other ancient writings of 2000 BC.

"The vine bears three types of grapes:  
the first of pleasure, the next of  
intoxication, and the third of disgust  
(Anacharsis, 600 BC) ."



"First the man takes the drink, then the drink  
takes the drink, then the drink takes the man"  
(Asian Proverb)

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### Alcohol and Modern Society

10 drinks 10 People



three people would drink none

five people would share two


one person would drink two

one person would drink six

### Drug Abuse and Modern Society

13

### National Obsession with Consequences Instead of Treatment




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### Psychoactive Substances

**"Psychoactive" Defined**


**Categories of Psychoactive Substances of Abuse**



|                          |                                 |
|--------------------------|---------------------------------|
| Depressants or "Downers" | Hallucinogens or "Psychedelics" |
| Stimulants or "Uppers"   | Inhalants or "Deliriants"       |
| Cannabis Sativa          | Anabolic Steroids               |

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### Why People Use Alcohol and Other Drugs




1. Numb Out
2. Combat Emptiness
3. Alter Consciousness
4. Deal With Isolation
5. Get High or Feel Euphoric
6. Increase Energy
7. Relieve Pain
8. Control Anxiety
9. Reduce Boredom
10. Lessen Fears
11. Gain Self-Confidence
12. Increase Social Confidence
13. Achieve Competitive Edge
14. Self-Medicate Emotions
15. Cope With Problems

**The Myth of Using Substances to Self-Medicate**

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### How People Use Drugs

1. Skin Contact (patch)
2. Oral Mucosal or Gastrointestinal Absorption
3. Nasal Snorting or Nasal Mucosal
4. Injecting Beneath The Skin or Into Muscle
5. Inhaling – Lungs (smoking, inhaling, huffing)




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### How a Drug is Used Depends on The Drug and the Person

**Polysubstance Abuse or Polydrug Abuse**

- To increase the effects of a drug
- To lessen the intensity of one of the drugs
- To stay high
- To self-treat withdrawal symptoms.
- To substitute one drug for another drug

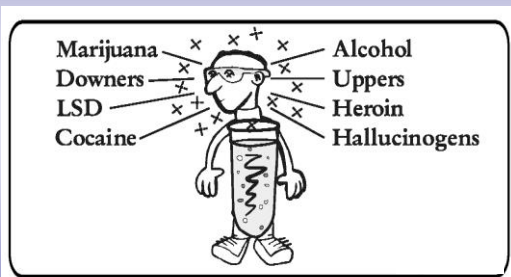


**"Uppers" Plus "Downers" Can Equal Big Problems**



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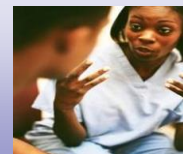
## Mixing Drugs Creates a Human Test Tube



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## Talking About Substance Abuse May Be Uncomfortable

|                    |                         |
|--------------------|-------------------------|
| Frustrated         | Sadness or Depression   |
| Resentful or Angry | Shameful or Worthless   |
| Vulnerable         | Threatened or Defensive |
| Fearful            |                         |



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## Substance Use

1. Has limits.
2. Is casual.
3. Is secondary to the importance of the situation.

### Characteristics of Substance Use

1. Choose not to use.
2. Choose to use with control and limits.
3. Choose to get loaded.



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## The Three Categories of Substance Use

1. Experimental Use
2. Recreational or Social Use
3. Habitual Use



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## Identifying Substance Use

1. Drinks or uses simply to enhance the enjoyment of typically pleasurable experiences.
2. Does *not* experience problems of any kind associated with drinking or using.
3. Never feels out of control or that they've used too much.
4. Doesn't think about how much or how they drink or use – it's just not an issue.
5. Never gets complaints about how much or how often they use because there's nothing to complain about.

### Illegal Drugs and the Term Substance Abuse

## Substance Abuse

### Definition of Substance Abuse

#### Update Notice from DSM-IV-TR to DSM-5

- NOTE: The DSM-IV-TR Diagnostic Criteria of a Substance Abuse Disorder and the Diagnostic Criteria of a Substance Dependence Disorder are *not* located in this Subject Three Review.
- The DSM-IV-TR Diagnostic Criteria is located in APPENDIX III PAGES III-11 through III-13. In this Subject Review for APPENDIX III you will find the updates to the DSM-5.
- In this Subject Three Review the psychoeducation of the levels of severity of substance use disorders – written in everyday language – is relevant, accurate, and more helpful for self-identification of a person's own substance use.



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### Characteristics of Substance Abuse Disorder



1. Substance abuse is a behavioral problem.
2. Since behaviors are learned, with some effort, they can be unlearned.
3. Substance abusers may use substances to help them change the way they feel about themselves or some aspect of their lives.
4. Even though a person has control over their use, they often fail to exert that control.
5. Poor choices and failure to exert control leads to problems.
6. People still have to learn from their experiences and to set appropriate limits on how much and how often they drink or use.
7. May get complaints about their drinking or using and typically accept those complaints as expressions of concern for their well-being.
8. When a person *applies* what is learned they seldom, if ever, repeat the alcohol and drug related behaviors that caused them problems in the past.



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### The Difference Between Substance Abuse and Substance Dependence

#### Treatment for a Substance Abuse Disorder

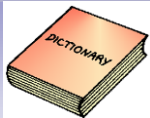
#### Substance Dependence

##### What Substance Dependence Is Not...

- Not a learned behavior - so it can't be unlearned.
- Not a lifestyle choice.
- Not the result of a weak character or lack of willpower or "faulty morals."
- Not an excuse to abuse substances.
- Not an opportunity to accept no responsibility for recovery.
- Not a free ticket to avoid taking responsibility for present or past behavior.

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### Definition of Substance Dependence



#### Definition of a Disease

- Etiology
- Morbidity
- Symptomatology
- Prognosis

#### Definition of Addiction

#### Diagnosing a Substance Dependence Disorder

#### What Substance Dependence IS... a Treatable Disease



Reminder: This section in Subject Three is not intended to give the diagnostic criteria for Substance Dependence. Refer to the Slides in this Study Review for **APPENDIX III** to find the updates from the DSM-IV-TR to the DSM-5 if you wish to discuss Diagnostic Criteria.

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### Prevalence and Causes of Substance Dependence



- Nature versus Nurture
- Causes of Substance Dependence
- Bio-Psycho-Social-Environmental-Cultural-Spiritual Causes

A brief explanation on this topic is covered in Subject Three. An *extensive* coverage of *The Basics About Substance Dependence* regarding the prevalence, causes, inherited genetics, is located in **APPENDIX III**; pages III-14 – III-19.

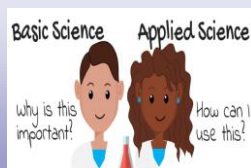
28

### Genetic Factors

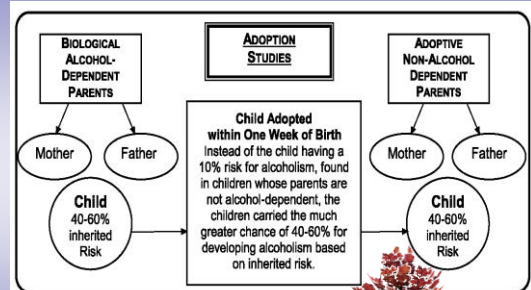
#### Twin Studies

#### Adoption Studies

#### Results of Adoption and Twin Studies



### Adoption Studies



#### Importance of Studying the "Family Tree"



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**Suggested Time Frames**



**SUGGESTED TIME FRAMES FOR THE NEXT SECTION**  
**1 1/4 HOUR GROUP: 10 MINUTES**  
**3 1/2 HOUR GROUP: 30 MINUTES**

**PRESENT SUBJECT MATERIAL:**  
 Present the next section Characteristics of Substance Dependence on page 3-18 through the section How Withdrawal Symptoms Affect Brain Chemistry on page 3-35.


To meet the needs of the group you will need to paraphrase, highlight the main points, briefly summarize the material, or choose to focus on specific sections while skipping others altogether.

*Example of Suggested Time Frames Located in Four Sections of Each Subject*

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**Characteristics of Substance Dependence**

**Table of Characteristics**



|                                       |                              |
|---------------------------------------|------------------------------|
| 1. Early Physiological Susceptibility | 9. Progressive Disease       |
| 2. No Fault Illnesses                 | 10. Stages of Disease        |
| 3. Disease Concept                    | 11. Eventually Fatal Disease |
| 4. Primary Disease                    | 12. Family Disease           |
| 5. Biologically-Based Brain Disorder  | 13. Crossing the Line        |
| 6. Chronic Disease                    | 14. Physical Dependence      |
| 7. Incurable Disease                  | 15. Psychological Dependence |
| 8. Potential for Relapse              | 16. Development of Tolerance |
|                                       | 17. Physical Withdrawal      |

A brief explanation on this topic is covered in Subject Three. An extensive coverage of the Characteristics of Substance Dependence is located in APPENDIX III; pages III-20 – III-46.

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**Characteristics of Substance Dependence...continued**

|  |                               |
|--|-------------------------------|
| 18. Development of Denial                          | 26. Cross Addiction           |
| 19. Pre-Occupation                                 | 27. Cross Tolerance           |
| 20. Giving up Activities                           | 28. Reverse Tolerance         |
| 21. Compulsion to Use                              | 29. Making and Breaking Rules |
| 22. Protecting Supply                              | 30. Lifestyle or Way of Life  |
| 23. Impaired Control                               | 31. Fill the Void             |
| 24. Adverse Consequences                           | 32. Love Affair               |
| 25. Continued Use in Spite of Harmful Consequences | 33. Powerless                 |
|  | 34. Unmanageable              |



A brief explanation on this topic is covered in Subject Three. An extensive coverage of the Characteristics of Substance Dependence is located in APPENDIX III; pages III-20 – III-46.

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**APPENDIX III: Tips to Professionals**


**TIPS TO PROFESSIONALS**

APPENDIX III: THE BASICS OF SUBSTANCE DISORDERS contains a much more extensive coverage in the table CHARACTERISTICS OF SUBSTANCE DEPENDENCE, on pages III-20 – III-46, which includes related topics such as: (1) Allergy to Alcohol & Other Drugs, (2) No Fault Illnesses, (3) Disease Concept, (4) Primary Disease, (5) Type I and Type II Alcoholism, (6) Biologically-Based Brain Disorder, (7) Chronic Disease, (8) Incurable Disease, (9) Potential for Relapse, (10) Progressive Disease, (11) Progression of Problems, (12) Progression Continues Even During Abstinence, (13) Predictable Course, (14) Progressive Stages of Addiction, (15) Stages of Substance Dependence, (16) Eventually Fatal Disease, (17) Family Disease, (18) Crossing the Line, (19) Physical Dependence, (20) Development of Tolerance, (21) Physical Withdrawal, (22) Development of Denial, (23) Preoccupation with Alcohol & Drugs, (24) Giving Up Activities, (25) Compulsion to Use, (26) Continued Use in Spite of Adverse Consequences, (27) Cross Addiction, (28) A Drug Is a Drug, (29) Cross Tolerance, (30) Reverse Tolerance, (31) Making & Breaking Rules, (32) Lifestyle or Way of Life, (33) Filling the Void, (34) Love Affair, (35) Powerless & Unmanageable, (36) Common Symptoms of Substance Dependence, (37) Common Patterns of Use, (38) Common Experiences of Users, and (39) Co-Occurring Disorders, as well as Jellinek: Five Types of Alcoholism on page III-47.

*Example of expanding the curriculum using Appendix III*

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**Gender, Age, Sexual Orientation, and Culture**



- Women and Substance Dependence
- Seniors and Substance Dependence
- Gay, Lesbian, Bisexual, Transgender (GLBT) Population and Substances (updated term for this population is the LGBTQ; "Q" is often referred to as "questioning")
- Native Americans and Substance Disorders

**Treatment for Specific Populations**

A brief explanation on these topics is covered in Subject Three. An extensive coverage of The Basics About Women and Substance Disorders is located in APPENDIX III pages III-48 – III-50; The Basics About Seniors and Substance Disorders is located in APPENDIX III pages III-51 – III-53; The Basics About The Gay, Lesbian Bisexual, and Transgender Population and Substance Disorders is located in APPENDIX III pages III-53 – III-55; The Basics About Native Americans and Substance Disorders is located in APPENDIX III pages III-55 – III-58.

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**Substance Disorders Are Family Illnesses**

**Defining a "Family"**

**The Family in The Disease Process**

The whole family gets caught up in the illness and may find themselves:



|                                |  |
|--------------------------------|--|
| • Enabling                     | • Rescuing                             |
| • Denying                      | • Reinforcing Use Without Intending To |
| • Taking Over Responsibilities |  |

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## Emotional Reactions of The Family Toward Chemical Dependency

- Anger
- Disappointment
- Embarrassment
- Fear
- Guilt
- Hurt



- Insecurity
- Isolation
- Loss of Hope
- Resentment
- Suspicion



### The Family in Recovery

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## Addiction is a Brain Disorder



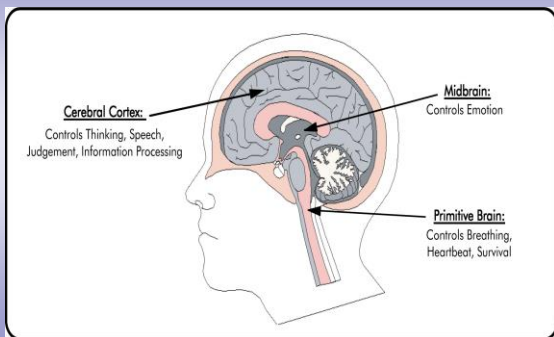
**Addiction Produces an Altered State of Compulsive Behavior**

Addiction Is Found in Brain Chemistry Differences

A brief explanation on this topic is covered in Subject Three. An extensive coverage of Substance Dependence and Gender, Age, Sexual Orientation, and Culture is located in APPENDIX III pages III-48 – III-50.

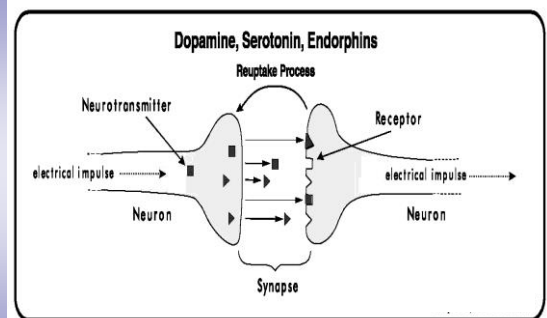
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## Basics of Brain Anatomy



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## The Basics of How the Brain Works



### Process of Neurotransmission

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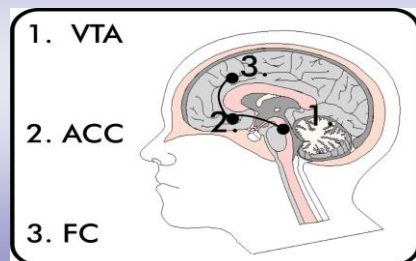
## Standard Neurotransmission Activity Involved in the Addictive Process

| NEUROTRANSMITTER ACTIVITY AND FUNCTION                                    | PROPERLY WORKING NEUROTRANSMITTERS RESULTS IN:   |
|---|--|
| <b>DOPAMINE:</b><br>serves as reward and pleasure                         | pleasure, reward, unselfishness, sense of well-being, and maternal or paternal feelings                |
| <b>NOREPINEPHRINE:</b><br>serves as arousal neurotransmitter              | energy, motivation, drive, arousal, and increased attention span                                       |
| <b>SEROTONIN:</b><br>serves as emotional stabilizer                       | rational emotions, sleep control, and self-esteem  |
| <b>GABA (GAMMA AMINO BUTYRIC ACID):</b><br>functions in stress management | tranquilizer, calmness, stress management, and reduction in fight or flight response                   |
| <b>ENDORPHINS:</b><br>serves in physical pain management                  | moderates physical pain and produces feelings of pleasure  |
| <b>ENKEPHALINS:</b><br>serves in emotional pain management                | moderates emotional pain and produces feelings of self-esteem, completeness, fulfillment, and adequacy |
| <b>ACETYLCHOLINE:</b><br>functions in concentration                       | thinking, memory, and concentration  |

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## Identification of the Reinforcement or Reward Pathway

### The Mesolimbic System and The Medial Forebrain Bundle



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Subject Review Revision May 2021

**The Effects of Addition on the Reward Pathway**

**Psychiatric Medications Are Not The Same as Drugs of Abuse**



**"Stop" and "Go" Chemistry Determines Drug of Abuse**





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**Activity Addictions Affect Brain Chemistry**

Gambling, Sex, Love, Food, Spending, or Religious Addictions

- Gambling Addiction
- Sex Addiction
- Love or Relationship Addiction
- Food Addiction
- Spending Addiction
- Religious Addiction

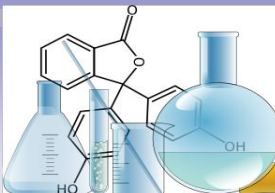
• DSM-5 Update: Gambling Addiction is now located in the chapter *Substance-Related and Addictive Disorders*.

• Sex Addiction, Love or Relationship Addiction, Food Addiction, Spending Addiction, and Religious Addiction are not included in the DSM-5. There remains enough studies showing the effect of these activities on the reward pathway and the problems these compulsive behaviors cause in a person's life to continue to discuss them. These continue to be researched and questioned for potential inclusion in the next revision of the DSM.

• You will find a more extensive coverage of Activity Addictions in Appendix III pages III-58 – III-66

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**Laboratory Animals Lead the Way in Research**




**How Specific Drugs Affect The Brain**

**BALANCE AND DOWN REGULATION OF NATURAL BRAIN CHEMICALS**

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**Result of Reduced Neurotransmitters and Receptor Sites**



| DRUGS DISRUPT NEUROTRANSMITTER ACTIVITY                           | NEUROTRANSMITTER ACTIVITY AND FUNCTION               | DISRUPTION RESULTS IN SHUTTING DOWN OF TYPICAL BRAIN ACTIVITY AND RESULTS IN:   |
|---|--|---|
| alcohol, amphetamine, cocaine, marijuana, LSD, nicotine, PCP, LSD | ACETYLCHOLINE: functions in concentration and memory | confusion, difficulties in short-term memory, and problems concentrating  |
| amphetamine, caffeine, cocaine, marijuana, nicotine               | DOPAMINE: serves as reward and pleasure              | lack of remorse about actions, don't experience natural maternal or paternal concerns, depression, anhedonia (inability to experience pleasure) |
| alcohol, amphetamine, cocaine, LSD, MDMA, PCP, nicotine           | NOREPINEPHRINE: serves as arousal neurotransmitter   | no energy, depression, lacks motivation, ambition, and drive  |

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**Result of Reduced Neurotransmitters and Receptor Sites continued**

table continued...

| DRUGS DISRUPT NEUROTRANSMITTER ACTIVITY                              | NEUROTRANSMITTER ACTIVITY AND FUNCTION                          | DISRUPTION RESULTS IN SHUTTING DOWN OF TYPICAL BRAIN ACTIVITY AND RESULTS IN:  |
|--|---|--|
| alcohol, barbiturates, benzodiazepines, marijuana, PCP               | SEROTONIN: serves as emotional stabilizer                       | lack of rational emotion, irritability, depression, sudden unexplained tears, sleeplessness, noises bother more than usual |
| alcohol, anabolic steroids, heroin and other opioids, marijuana, PCP | GABA (GAMMA AMINO BUTYRIC ACID): functions in stress management | free floating anxiety, fearfulness, insecurity, claustrophobia, anxiety, panic attacks                                     |
| alcohol, anabolic steroids, heroin and other opioids, marijuana, PCP | ENDORPHINS: serves in physical pain management                  | lack of adequate pain management, unable to experience pleasure  |
| alcohol, amphetamine, cocaine, marijuana, nicotine, LSD, PCP         | ENKEPHALINS: serves in emotional pain management                | emotional stress, sense of being incomplete, unfulfilled, inferior, unworthy, inadequate                                   |

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**Reaching Desired Results Becomes More Difficult**



**Reaching Desired Results Becomes Impossible - Using Just to Feel "Normal"**



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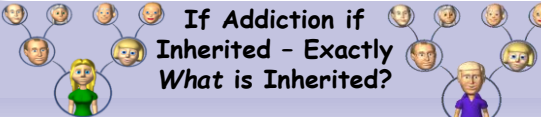


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### If Addiction is Inherited - Exactly What is Inherited?



- Pre-Using:** Inherited *Pre-Using* Differences in Brain Chemistry
- Using:** Inherited Differences in the Response to Alcohol and Other Drugs *During* Use
- Post-Using:** Differences in Brain Chemistry

• Subject Three contains an explanation of the *Pre-Using* Brain, The Brain *During* Use, and the *Post-Using* Brain. In APPENDIX III pages III-67 – III-84 you will find *extensive* psychoeducation on these topics.

- It is extremely important for professionals to understand the brain differences and states associated with Substance Dependence and Addiction.
- It will be the only way to explain it to participants in everyday language and answer questions.
- Participants are typically very interested in connecting symptoms of brain chemistry to their personal experiences of the Pre-Using-Post Brain (whether they fully understand the actual science or not).
- It is an excellent way to alleviate guilt and understand why substance dependence is known as a "disease" and why it has nothing to do with character or willpower or morals.


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## SUBJECT THREE: SUBSTANCE DISORDERS


WITHIN A CO-OCCURRING DIAGNOSIS

Subject Review Revision May 2021

### Alcohol and Other Drugs Eventually Damage the Brain




**Brain Damage Is Usually Reversible With Abstinence**



**Two Different Brain Chemistries - Two Different Outcomes**


50

### Co-Occurring Psychiatric and Substance Disorders



**Frequency of Co-Occurring Disorders**


**Substances Can Trigger The Onset of a Psychiatric Disorder**




51

### Effects of Co-Occurring Disorders on The Brain

Psychiatric Disorders and Alcohol and Drugs Do *Not* Mix



- Keeping thoughts clear, realistic, and in order.
- Keeping things on an even keel at home.
- Not getting too excited, depressed, or enraged.
- Going to work, school, or treatment every day.
- Controlling impulses.
- Getting up in the morning.
- Managing moods.
- Keeping behavior in line.




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### Specific Drugs and Mental Health

- All Drugs Including Alcohol
- Depressants (such as Heroin, Alcohol, or Prescription Drugs Like Xanax®)
- Stimulants (such as Cocaine or Amphetamines)
- Cannabis Sativa (such as Marijuana or Hash Oil)

**Five Stages of Drug Effects Among the Dually Diagnosed**

- Stage 1: Pre-Intoxication
- Stage 2: Intoxication
- Stage 3: Post-Intoxication
- Stage 4: Lingering or Residual Effects
- Stage 5: Permanent Effects



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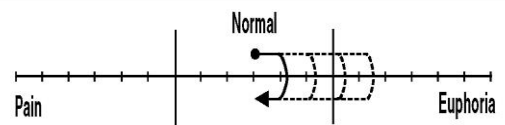
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### Progressive Stages of The Addictive Process

Learns The Desired Mood Swing Stage



|   |  |
|---|--|
| 1 EXPERIMENTAL USE: LEARNS THE DESIRED MOOD SWING STAGE | <ol style="list-style-type: none"> <li>Using is a learning experience of how much it takes to reach euphoria.</li> <li>The person moves from a "normal" state toward euphoria, and returns to a pre-use state without problems. It works the same way every time.</li> </ol> |
|---|--|

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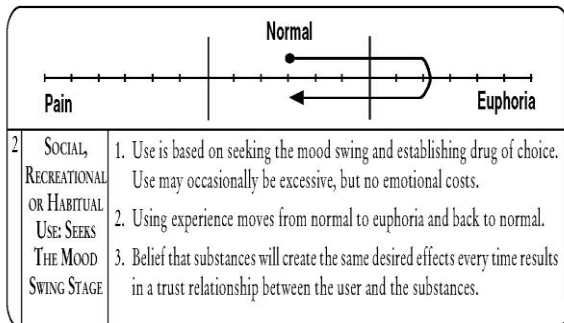
## SUBJECT THREE: SUBSTANCE DISORDERS

WITHIN A CO-OCCURRING DIAGNOSIS

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### Vernon Johnson Model continued

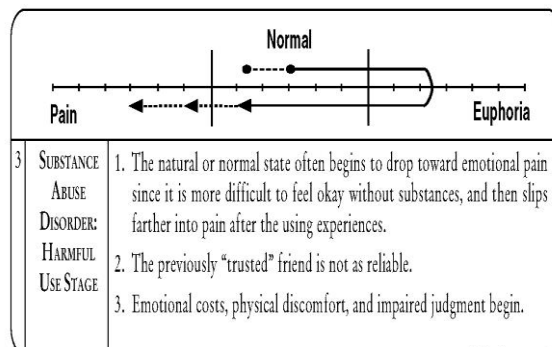
Seeks The Mood Swing Stage



55

### Vernon Johnson Model continued

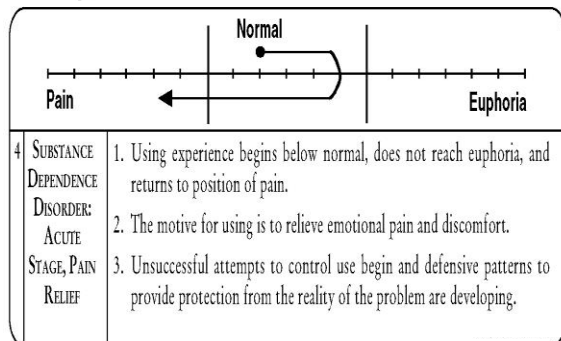
Harmful Use Stage



56

### Vernon Johnson Model continued

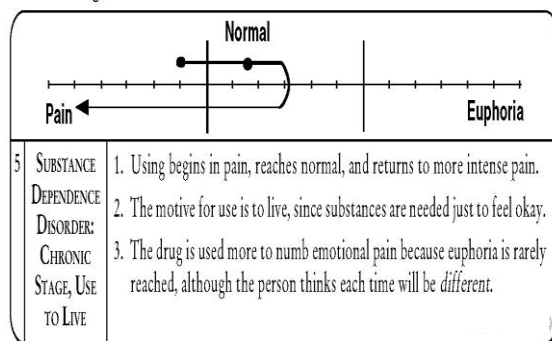
Acute Stage, Pain Relief



57

### Vernon Johnson Model continued

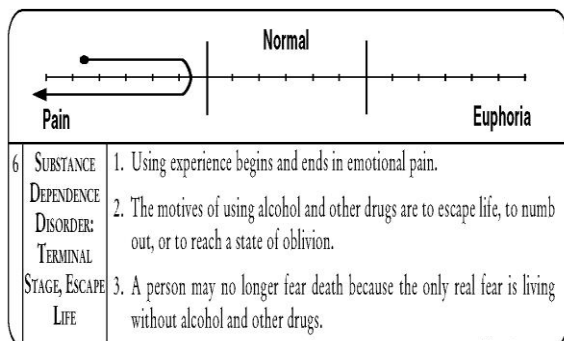
Chronic Stage, Use to Live



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### Vernon Johnson Model continued

Terminal Stage, Escape Life

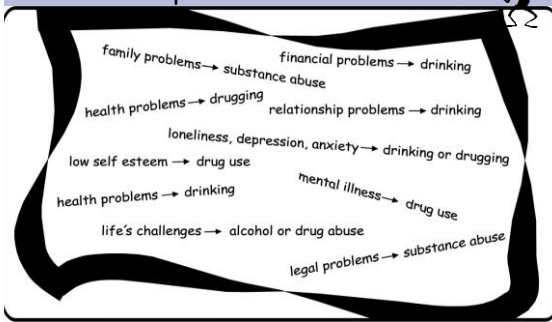


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### Identifying Problems Related to Substances

Problems Can Be Hard to Identify

The picture is not accurate...



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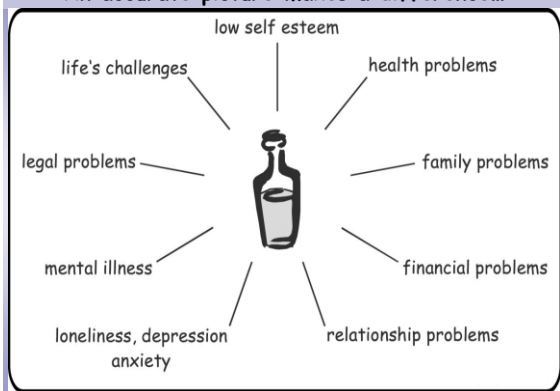
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## SUBJECT THREE: SUBSTANCE DISORDERS

WITHIN A CO-OCCURRING DIAGNOSIS

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### An accurate picture makes a difference...



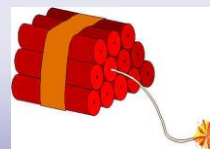
61

### Severity of Problems Increase

**"But I'm Not That Bad - Really!"**

**"Just How Bad Does It Have to Get?"  
...Warning Signs of Problems**

1. We enjoy the effect.
2. Our tolerance increases.
3. We have blackouts.
4. We avoid the subject.
5. We become preoccupied.
6. We place blame and make excuses.



continued...

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**"Just How Bad Does It Have to Get?"**

**...Warning Signs of Problems continued....**

7. We lose control.
8. Our chemical use affects family, friends, and job.
9. We have medical problems.
10. We have legal problems.
11. We have psychiatric problems.
12. We lose hope.



**Strong Allure of Alcohol and Other Drugs**

**Desired Results Turn to Undesired Results**

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### The Process of Identifying Problems

1. If drugs or alcohol interfere with achieving goals...there is a *problem*.
2. If substances are used to avoid dealing with life's issues...there is a *problem*.
3. If there is a belief that chemicals are needed to cope or reduce stress...there is a *problem*.
4. If using interferes with the management of mental or physical health...there is a *problem*.
5. If alcohol or drugs are used with or instead of medications...there is a *problem*.
6. If medications are stopped in order to use alcohol or other drugs...there is a *problem*.
7. If hospitalization when or after using substances...there is a *problem*.
8. If suicide is attempted when or after using alcohol or drugs...there is a *problem*.



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### Fifteen Questions ☺ And The Solution

**"Sure-Fire, Fool-Proof Test"**

Source: Laura Moe; Valley Graphics, Valley, Washington



- |   |   |
|---|---|
| 1 | Have you ever been injured while performing a roadside sobriety test? ☺     |
| 2 | Were you the nude entertainment at a party you didn't remember attending? ☺ |
| 3 | Did you ever arrive at a party drunk? ☺                                     |

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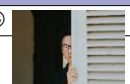
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### Fifteen Questions ☺ And The Solutions continued

- |    |  |
|----|--|
| 4  | Have you ever been arrested while in jail? ☺                                       |
| 5  | Have commercials for treatment centers make you uncomfortable? ☺                   |
| 6  | Have you ever gone grocery shopping in a blackout? ☺                               |
| 7  | Did you think that the gap in front of a toilet seat was called the "chin rest"? ☺ |
| 8  | Have you ever ruined Christmas? ☺  |
| 9  | Ever try to moon anyone while operating a motor vehicle? ☺                         |
| 10 | Have you ever impersonated a doctor, lawyer, or Indian Chief? ☺                    |
| 11 | Have you ever driven anywhere in your bathrobe? ☺                                  |
| 12 | Have you ever gotten sunburned on the roof of your mouth? ☺                        |



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### Fifteen Questions ☺ And The Solutions continued

- 13 Have you called your 3<sup>rd</sup> grade sweetheart at an inappropriate time...like 3 a.m.? ☺
- 14 Ever been engaged, married, and divorced in one month to 3 different people? ☺
- 15 Ever eaten pickled eggs & sausages for Thanksgiving dinner...p-f-f-t-t-t? ☺

### Grading of the "Sure-Fire, Fool-Proof Test"

- 1 If you answered "yes" to one or more questions and you don't go to Twelve Step Meetings, then you definitely have a problem.
- 2 But, if you answered "yes" to most of the questions and are attending meetings you have a solution!



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## SUBJECT THREE: SUBSTANCE DISORDERS

WITHIN A CO-OCCURRING DIAGNOSIS

Subject Review Revision May 2021

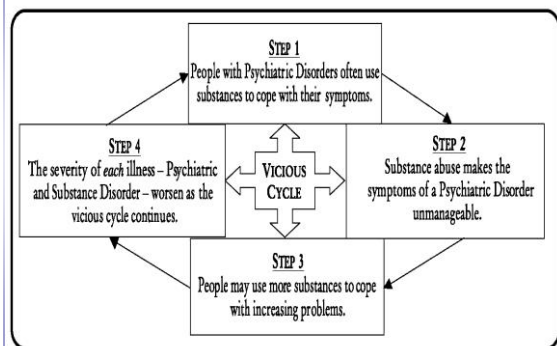
### Problems Begin to Show Up in All Areas

|   |  |                                       |
|---|--|---------------------------------------|
| 1 MEDICAL PROBLEMS OR CONSEQUENCES                    | 6 BEHAVIORAL PROBLEMS OR CONSEQUENCES    | 11 FINANCIAL PROBLEMS OR CONSEQUENCES |
| 2 PSYCHOLOGICAL OR EMOTIONAL PROBLEMS OR CONSEQUENCES | 7 SOCIAL PROBLEMS OR CONSEQUENCES        | 12 LEGAL PROBLEMS OR CONSEQUENCES     |
| 3 COGNITIVE OR THINKING PROBLEMS OR CONSEQUENCES      | 8 MENTAL HEALTH PROBLEMS OR CONSEQUENCES | 13 HOUSING PROBLEMS OR CONSEQUENCES   |
| 4 RELATIONSHIP PROBLEMS OR CONSEQUENCES               | 9 SEXUAL PROBLEMS OR CONSEQUENCES        | 14 SPIRITUAL PROBLEMS OR CONSEQUENCES |
| 5 FAMILY PROBLEMS OR CONSEQUENCES                     | 10 EMPLOYMENT PROBLEMS OR CONSEQUENCES   |                                       |

Subject Three provides a list of problem areas for group discussion. In APPENDIX III, pages III-87 – III-88 you will find explanations of the Areas of Problems or Consequences related to Chemical Dependency.

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### Vicious Cycle of Substance Abuse and Psychiatric Problems



69

### Problems Associated With Substance Abuse Among Dually Diagnosed

Severity of Problems Increase With Continued Abuse

The Connection Between Substance Abuse and Hospitalizations



Expecting a Different Outcome From The Same Set of Circumstances

70

### De-Nial Is Not a River in Egypt

Denial Is Part of the Illness

#### The Basics of Denial – A Protection From a Painful Reality

|  |  |  |
|--|--|--|
| 1 AUTOMATIC PSYCHOLOGICAL PROTECTIVE PROCESSES             | 5 PROTECT AGAINST THE "ENEMY" OR REALITY     | 9 IMPAIR JUDGMENT AND DISTORT THINKING |
| 2 EASY TO IDENTIFY IN OTHERS, DIFFICULT TO SEE IN YOURSELF | 6 PROTECTIVE DEFENSE SYSTEMS                 | 10 PROGRESS AND GET STRONGER OVER TIME |
| 3 PROTECT FRAGILE SELF-IMAGE FROM THE TRUTH                | 7 CAUSE PERSON TO LOSE CONTACT WITH REALITY  | 11 COME IN MANY FORMS                  |
| 4 ARE NOT LYING, THEY ARE DISTORTED THINKING               | 8 PREVENT OR GET IN THE WAY OF TAKING ACTION |  |

Subject Three contains a list of defenses. In APPENDIX III pages III-89 – III-90 you'll find the explanations.

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### De-Fenses Are "Fences" Used to Keep People "In" or Others "Out"

Denial or Defenses Come in Many Forms

|                 |                     |                    |
|-----------------|---------------------|--------------------|
| 1 Simple Denial | 5 Rationalizing     | 9 Diversion        |
| 2 Minimizing    | 6 Intellectualizing | 10 Hostility       |
| 3 Blaming       | 7 Compliance        | 11 Euphoric Recall |
| 4 Projection    | 8 Personalizing     | 12 Substitution    |

Subject Three contains a list of the forms of Defenses. In APPENDIX III pages III-91 – III-92 you'll find the explanations and examples.

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12




### Denial Causes Failure to See Reality

#### Effects of Not Working Through Denial

### Working Through Denial and Defenses


1. The place to start moving through denial is with the simple understanding that denial does exist.
2. The next step is to consciously and repeatedly remind yourself to consider the opinions of other with an open mind.
3. The next step is to talk openly about the answers to those questions.



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### Recognizing Ambivalence

#### Identifying Problems by Weighing The Pros and Cons

| REASONS TO NOT CHANGE =<br>BENEFITS OF USING<br>+<br>COSTS OF NOT USING  |  | REASONS TO CHANGE =<br>BENEFITS OF NOT USING<br>+<br>COSTS OF USING   |
|--|--|---|
| <b>Benefits of Drinking or Drugging</b><br>Worries go away.<br>Feel better or different fast.<br>Numb out and don't feel.<br>Desired or positive emotional change.<br>Desired or positive physical sensations.<br>Reduction of negative emotions.<br>Best method of coping.<br>Social ease with friends.<br>Something pleasurable to do. |  | <b>Benefits of Not Drinking or Drugging</b><br>Improved physical health.<br>Lessening or manageable psychiatric symptoms.<br>Enhanced ability to cope with life.<br>Better family relations and family.<br>Enough money to get a new apartment.<br>Self-respect that lasts.<br>Improved opportunities at work or school.<br>Physical fitness and appearance.<br>Development of genuine self-confidence. |
| <b>Costs of Not Using Substances</b><br>Onslaught of negative emotions.<br>Nothing to look forward to.<br>Loss of friends.<br>Inability to cope.<br>Afraid of trying because I might fail.<br>Not convinced life would be better.  |  | <b>Costs of Using Substances</b><br>Physical and mental health problems.<br>Relationship problems or family violence.<br>Arrests and legal problems.<br>Poor modeling to children.<br>Employment problems.<br>Lost trust and respect of family and friends.   |

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### Analyzing the Benefits of Using and Costs of Not Using



| BENEFITS OF USING                | IMPORTANT QUESTIONS TO ASK  |
|----------------------------------|---|
| 1 POSITIVE EMOTIONS              | 1. Does drinking and drugging always make me feel positive?<br>2. Could I learn how to experience positive emotions in less harmful ways?   |
| 2 POSITIVE PHYSICAL SENSATIONS   | 1. Just how long does this positive experience last?<br>2. Are there negative consequences after the physical sensation is gone?  |
| 3 REDUCTION OF NEGATIVE EMOTIONS | 1. Does using substances always work to avoid negative emotions?<br>2. What is the cost of avoiding these emotions?   |
| 4 BEST METHOD OF COPING          | 1. Is there a cost to this way of coping?<br>2. Am I really more efficient in coping?   |
| 5 ASSESSING BENEFITS             | 1. Are the benefits I have listed ones that I actually get now or ones I used to get at one time?<br>2. Do I actually get these benefits or are they the benefits others get?<br>3. Is it possible I could learn to get these benefits without using? |

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### Analyzing the Benefits of Using and Costs of Not Using continued

| COSTS OF NOT USING               | IMPORTANT QUESTIONS TO ASK   |
|----------------------------------|--|
| 1 ONSLAUGHT OF NEGATIVE EMOTIONS | 1. Have I experienced these emotions before?<br>2. Even though the emotions were extremely uncomfortable, didn't I survive?<br>3. What methods do people use to cope with emotions? Can I learn them?  |
| 2 LOSS OF FRIENDS                | 1. Are my friendships based completely on my alcohol or drug use or are there other aspects of the relationships that make these true friends?<br>2. Are there some friends who will support my change, even if they do not choose to make changes themselves? |
| 3 INABILITY TO COPE              | 1. Would I really not be able to cope without substances? Could I learn to cope without substances?<br>2. Are there areas in my life where I am actually coping poorly because of my alcohol and drug use?   |


*table continued...*

76

### Analyzing the Benefits of Using and Costs of Not Using continued

*table continued...*

| COSTS OF NOT USING           | IMPORTANT QUESTIONS TO ASK   |
|------------------------------|--|
| 4 NOTHING TO LOOK FORWARD TO | 1. Is it accurate that "nothing" will bring about pleasure if I don't use?<br>2. Is it more accurate to say it will initially be difficult, but as areas of my life improve, as a result of not using, I will find that pleasurable? |
| 5 ASSESSING COSTS            | 1. Are these costs permanent or would they just be difficult at first?<br>2. With support, would the benefits of not using outweigh the costs?   |



77

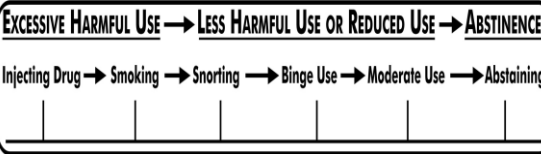
### Harm Reduction

#### Definition of Harm Reduction

#### Continuum of Risk

**EXCESSIVE HARMFUL USE → LESS HARMFUL USE OR REDUCED USE → ABSTINENCE**

Injecting Drug → Smoking → Snorting → Binge Use → Moderate Use → Abstaining




#### Concerns About Harm Reduction and Abstinence


In APPENDIX III pages III-93 – III-98 there is more extensive coverage of *The Basics About Harm Reduction*.

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### Moving Toward Abstinence



- Choosing to Make The Decision to Change
- Putting Off the Decision
- Making the Decision



**Management of Psychiatric Disorders By Reducing Substance Abuse**

79

### Treatment Does Work!

#### First – Become Willing to Learn

- Treatment Is About Learning
- Not Picking Up The *First* Drink or *First* Drug
- Learning to Say “No” – Learn, Talk, Think, Practice, Say It
- Planning for Specific Situations




#### Second – Become Open-Minded to Suggestions



1. Get rid of alcohol, drugs, and paraphernalia.
2. Limit contact with people who drink or use other drugs.
3. Protect yourself in situations where you have a strong urge to use drugs.

APPENDIX III, page III-99 contains explanations on the suggestions shown above.


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### Third – Have a Plan for Different Situations, Before They Happen

1. Give yourself permission to walk away.
2. Get support whenever possible.
3. Call a supportive person.
4. Recognize the importance of pre-planning.
5. Have refusal lines ready.

### Fourth – Get Support From Group




APPENDIX III pages III-100 – III-101 contains explanations and examples of Developing a Plan to Support The Goal of Not Using.

81

### Areas of Recovery

1. Physical Recovery
2. Mental or Psychological Recovery
3. Emotional Recovery
4. Social Recovery
5. Lifestyle Recovery
6. Family Recovery
7. Spiritual Recovery



Subject Three contains a list of areas for group discussion. APPENDIX III pages III-101 – III-102 provides the explanations and examples for these Areas of Recovery.

82

### Benefits of Treatment



**The Brain Can Heal With Your Help – and With Time**



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## APPENDIX III

The Basics Of Substance Disorders

### Table of Contents

- APPENDIX III Purpose: Cross-trains and expands Subject Three material much more extensively than in the subject itself – providing ample information to answer questions.
- Allows flexibility in meeting the needs of a particular group. For example, if your group is a “woman’s group” you will have expanded information for discussion. Or if your group is made up of primarily individuals who are working toward a Harm Reduction Plan or a specific disorder like a Gambling Disorder you may choose to very briefly cover other areas and have ample material to focus on these topics in more depth.
- The revisions from the DSM-IV-TR to the DSM-5 are in this APPENDIX III review.

### The “Drug Scene” Is Always Changing

| Table:                                      |  |
|---|--|
| • Medical Uses For Some Street Drugs        | • New Combinations of Older Drugs                    |
| • Household Products Become Dangerous Drugs | • New Drugs Mistaken for Older Drugs                 |
| • Various Mixtures Make Dangerous Drugs     | • Faster Ways to Produce Older Drugs                 |
|   | • Drugs Banned in the U.S. Marketed Outside the U.S. |
|   | • Animal Drugs Used by Humans                        |

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## SUBJECT THREE: SUBSTANCE DISORDERS

WITHIN A CO-OCCURRING DIAGNOSIS

Subject Review Revision May 2021

### **All Areas in America Are Greatly Affected by Drug Abuse - Coast to Coast**

#### **Table:**

- Western States Experience Increased Problems With Methamphetamine
- Eastern States Experience Increased Problems With OxyContin
- Mid-West Experience Increased Problems With Methamphetamine
- Drug Problems Increase Coast to Coast

While the references in sections like this are from older statistics, the point remains the same – drugs continue to be a tragic problem from Coast to Coast.

#### **How People Use Substances**

##### **Table:**

- Skin Contact
- Snorting or Mucosal
- Inhaling
- Oral
- Injecting

#### **The Effects of a Drug Depends on Several Factors**

##### **Table: Metabolism of Drugs**

- Definition, Process & Pathway
- Fat-Soluble or Water-Soluble
- Gender & Culture

85

### **Blood Alcohol Level (BAL)**

Impairment Begins With The First Drink

#### **Another Way of Viewing Impairment: Five Levels of Drinking ☺**

(I highly recommend reading The Five Levels in group or in the classroom setting. It is an excellent way of adding humor...along with a realistic story that makes the points even better than cognitive text.)

#### **Polysubstance Abuse:**

##### **Why People Combine Substances**

##### **Table:**

- To Increase the Effects of a Drug
- To Self-Treat Withdrawal Symptoms
- To Lessen the Intensity of One of the Drugs
- To Substitute One Drug for Another Drug
- To Stay High

DSM-5 Update: Polysubstance Abuse was removed. However, the actual term of "polysubstance" continues to mean the consumption of one of more illicit substances over a period of time or simultaneously.

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### **DSM-IV Diagnostic Criteria of A Substance Abuse Disorder**

Substance Abuse Disorder is a pattern of substance use leading to significant impairment or distress. A diagnosis of Substance Abuse Disorder is made when any of the following occur within a 12-month period. Note: Refer to the text in APPENDIX III page III-11 for examples of the each of the following which are from the DSM-IV, 2000. Refer to the slide in this Subject Review for the changes in the updating to the DSM-5.

1. Recurrent use resulting in failure to fulfill major work, school, or home responsibilities.
2. Recurrent use in situations that are physically hazardous.
3. Recurrent substance related legal problems.
4. Continued use despite persistent or recurrent social or interpersonal problems caused or worsened by drug or alcohol use.

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### **DSM-IV Diagnostic Criteria of Substance Dependence**

- Substance Dependence Disorder is a maladaptive pattern of substance use leading to clinically significant impairment or distress.
- A diagnosis of Substance Dependence Disorder is made when any of the following occur within a 12-month period. Note: Refer to the text in APPENDIX III for more information of the table on the next slide. continued...

Refer to the text in APPENDIX III page III-12 – III-13 for examples which are from the DSM-IV, 2000. Refer to the slide in this Subject Review for the changes in the updating to the DSM-5.

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#### **DSM-IV Diagnostic Criteria of Substance Dependence...continued**

1. Tolerance
2. Withdrawal
3. Impaired Control: Taken in larger amounts or longer time than intended.
4. Impaired Control: Persistent desire or unsuccessful efforts to cut down or control substance use.
5. Impaired Control: A great deal of time is spent...obtaining the substance, using the substance, or recovering from the substance.
6. Impaired Control: Important activities are given up or reduced because of substance use.
7. Impaired Control: Substance use continued despite persistent or recurrent physical or psychological problems caused by the substance.

Refer to the text in APPENDIX III page III-12 – III-13 for examples which are from the DSM-IV, 2000. Refer to the slide in this Subject Review for the changes in the updating to the DSM-5.

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#### **Update from DSM-IV Diagnostic Criteria of Substance Abuse or Substance Dependence Disorders to the DSM-5 Alcohol Use Disorders**

The DSM-5 now uses the category "SUBSTANCE-RELATED AND ADDICTIVE DISORDERS." The specific substances are sub-headed as "SUBSTANCE-RELATED DISORDERS."

Further divisions are found under the headings:

1. Alcohol-Related Disorders
2. Caffeine-Related Disorders
3. Cannabis-Related Disorders
4. Hallucinogen-Related Disorders
5. Inhalant-Related Disorders
6. Opioid-Related Disorders
7. Sedative-Hypnotic or Anxiolytic-Related Disorders
8. Stimulant-Related Disorders
9. Tobacco-Related Disorders



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## SUBJECT THREE: SUBSTANCE DISORDERS

WITHIN A CO-OCCURRING DIAGNOSIS

Subject Review Revision May 2021

### Update from DSM-IV Diagnostic Criteria of Substance Abuse or Substance Dependence Disorders to the DSM-5 "Alcohol Use Disorders"

- The DSM-5 states the Diagnostic Criteria of Alcohol Use Disorder is a problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period.
- The DSM-5 does not differentiate between Substance Abuse and Dependence. The criteria now classifies the severity by Mild = presence of 2-3 symptoms; Moderate = Presence of 4-5 symptoms; Severe = Presence of 6 or more symptoms.

Continued...

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### Update from DSM-IV Diagnostic Criteria to the DSM-5 Alcohol-Related Disorders...continued

1. Alcohol is often taken in larger amounts or over a longer period of time than was intended.
2. Persistent desire or unsuccessful efforts to cut down or control alcohol use.
3. Great deal of time is spent obtaining, using, or recovering from the effects.
4. Craving, or a strong desire or urge to use alcohol.
5. Recurrent alcohol use resulting in a failure to fulfill obligations at work, school, or home.
6. Continued use despite persistent or recurrent social or interpersonal problems.
7. Important social, occupational, or recreational activities are given up or reduced.

continued...

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### Update from DSM-IV Diagnostic Criteria to the DSM-5 Alcohol-Related Disorders...continued

8. Recurrent use in situations that are physically hazardous.
9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.
10. Tolerance as defined by either: a. need for increased amounts of alcohol to achieve intoxication or desired effects, or b. markedly diminished effect with continued use of the same amount.
11. Withdrawal, as manifested by either of the following: a. characteristic withdrawal such as insomnia, nausea, anxiety, etc. (listed in the DSM-5 under Alcohol Withdrawal), or b. use of closely related substance to relieve or avoid withdrawal symptoms. (Refer to American Psychiatric Association, 2013. DSM-5 for more detailed information and essential criteria to actually make a diagnosis.

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## The Basics About Substance Dependence

### Table:

- |  |  |
|--|--|
| 1. Prevalence of Substance Disorders                 | 5. Causes: Inherited Genetics                    |
| 2. Risk Among Men & Women                            | 6. Causes: Environmental                         |
| 3. Onset of Substance Dependence                     | 7. Causes: Individual Traits                     |
| 4. Risk Factors for Development Substance Dependence | 8. Causes: Cultural                              |
|  | 9. Applying Information About Inherited Genetics |

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## Characteristics of Substance Dependence

- |                                      |  |
|--------------------------------------|--|
| 1. Allergy to Alcohol & Other Drugs  | 12. Progression Continues Even During Abstinence |
| 2. No Fault Illnesses                | 13. Predictable Course                           |
| 3. Disease Concept                   | 14. Progressive Stages of Disease                |
| 4. Primary Disease                   | 15. Stages of Substance Dependence               |
| 5. Type I & Type II Alcoholism       | 16. Eventually Fatal Disease                     |
| 6. Biologically-Based Brain Disorder | 17. Family Disease                               |
| 7. Chronic Disease                   | 18. Crossing the Line                            |
| 8. Incurable Disease                 | 19. Physical Dependence or Cellular Adaptation   |
| 9. Potential for Relapse             | 20. Development of Tolerance                     |

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## Characteristics of Substance Dependence...continued

- |   |   |
|---|---|
| 21. Physical Withdrawal   | 30. Reverse Tolerance                       |
| 22. Development of Denial   | 31. Making & Breaking Rules                 |
| 23. Pre-Occupation With Alcohol & Drugs, Protecting Supply & Giving Up Activities | 32. Lifestyle or Way of Life                |
| 24. Compulsion to Use   | 33. Filling the Void                        |
| 25. Impaired Control  | 34. Love Affair                             |
| 26. Continued Use in Spite of Adverse Consequences                                | 35. Powerless & Unmanageable                |
| 27. Cross Addiction   | 36. Common Symptoms of Substance Dependence |
| 28. A Drug is a Drug  | 37. Common Patterns of Use                  |
| 29. Cross Tolerance   | 38. Common Experiences of Users             |
|   | 39. Co-Occurring Disorders                  |

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## SUBJECT THREE: SUBSTANCE DISORDERS

WITHIN A CO-OCCURRING DIAGNOSIS

Subject Review Revision May 2021

### Jellinek: Five Types of Alcoholism

•ALPHA •BETA •EPSILON •GAMMA •DELTA  
**Substance Dependence and Gender, Age, Sexual Orientation, and Culture**

The DSM-5 increased the focus on culture and gender throughout. More attention to how culture and gender influence and can be influenced by psychological illness. Manual includes tools for performing a cultural formulation interview. Refer to the text in Appendix III, pages III-48 – III-50 for expanded information on the table below.

#### Table: The Basics About Women and Substance Disorders

1. Prevalence of Substance Abuse Among Women
2. Onset of Use
3. Reasons Women Seek Treatment
4. Stigma Associated With Women Sometimes Leads to Enabling Behaviors
5. Symptoms Are Less Identified in Women
6. Absorption Rates in Women
7. Effects of Alcohol & Drugs on Women



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### Table: The Basics About Seniors and Substance Disorders

Refer to the text in Appendix III pages III-51 – III-53 for expanded information on the table below.

1. Prevalence of Substance Dependence Among Seniors
  2. Effects of Alcohol & Drugs on Seniors
  3. Types of Alcoholism Among Seniors or Elders
  4. Alcoholism Is Less Diagnosed In Elders
- Table: The Basics About the Gay, Lesbian, Bisexual, and Transgender (GLBT) Population and Substance Disorders**
1. Stress of the "Coming Out" Process
  2. Internalized Homophobia
  3. External Homophobia
  4. Using to Cope With Fears
  5. Using to Cope With Grief & Loss
  6. Using to Cope With Feeling "Different"
  7. Using to Cope With Religious Persecution.....continued



GLBT was previously used among the community. In 2021 the term LGBTQ is now more common (the Q is often referred to as "questioning.")

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#### Table: The Basics About the Gay, Lesbian, Bisexual, and Transgender (GLBT) Population and Substance Disorders continued

8. Using to Cope With Limited Places to Socialize
9. Using to Cope With Emotions
10. Rejection of True Self By Leading a Double Life
11. Family Problems
12. Double Denial of Orientation & Substance Disorder

Previously GLBT was the term most often used by the community. In 2021 the term LGBTQ is now more commonly used by the community as their self-identify as a group. ("Q" often refers to *Questioning*) The term or name that a special group chooses often varies from individual to individual and from group to group. This is true for racial, ethnic, gender, culture, sexual orientation and age (like Elder or Senior). They are first, of course, individuals and people within their special group.

#### Table: The Basics About Native Americans & Substance Disorders

1. Brief Historical Perspective on Environmental Factors
2. Cultural Factors
3. Five Recovery Movements Among Native American People
4. Therapeutic Functions of Five Recovery Movements

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### Activity Addictions Similarities and Differences of Substance Dependence and Activity Addictions

#### Table:

1. Addictions Often Viewed as Character Flaws & Not Illnesses
2. Interventions With Activity Addictions Remain Less Public
3. Consequences May Remain Hidden in The Earlier Stages
4. All Addictions Have Similar Symptoms
5. Treatment Is Not as Available as It is With Chemical Dependency



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### Activity Addictions...continued

#### Table: The Basics About Gambling Addiction

1. Prevalence of Gambling Addiction
2. Men & Women
3. Risk
4. Diagnosing A Problem With Gambling or a Gambling Addiction
5. Phases of Gambling Addiction
6. Definition & Symptoms of Gambling Addiction
7. Progress of Illness
8. Severity of Symptoms
9. Treatment of Gambling Addiction



DSM-5 Update: Gambling Addiction is now located in the chapter *Substance-Related and Addictive Disorders* under *Non-Substance-Related Disorders: Gambling Disorder*. This is an important departure from past diagnostic manuals. This change reflects the increasing and consistent evidence that some behaviors, such as gambling, activate the brain reward system with effects similar to those of drugs of abuse.

#### Table: The Basics About Sex Addiction

- Prevalence of Sex Addiction
- Symptoms of Sex Addiction
- Consequences of Sex Addiction
- Profile of a Sex Addict

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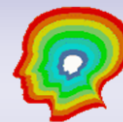
### Neurochemistry of Addiction

#### Inherited Brain Chemistry Differences

#### Pre-Using Differences in Brain Chemistry

#### Table:

1. Pre-Using Overall System Differences
2. Pre-Using Cognitive Impairments
3. Pre-Using Elevated Levels of Anxiety & Tension to Non-Stressful Stimuli
4. Pre-Using Elevated Levels of Anxiety & Tension to Stressful Stimuli
5. Pre-Using Neurochemistry Imbalances Prior to Use
6. Pre-Using Lower Baseline Levels of Serotonin
7. Pre-Using Lower Baseline Levels of Dopamine
8. Pre-Using Lower Baseline Levels of Endorphins



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## SUBJECT THREE: SUBSTANCE DISORDERS

WITHIN A CO-OCCURRING DIAGNOSIS

Subject Review Revision May 2021

### Inherited Differences in Brain Chemistry Continue During Use

Table:



1. Cognitive Difficulties
2. Exceptionally Rewarding Drug Using Experience
3. Increased Sensitivity to The Pleasure Producing Effects of Substances
4. Low Initial Response to The Intoxicating Effects of Alcohol
5. Greater Reduction of Stress Reaction With Use
6. Significant Increases in Endorphin Levels With Use
7. Neuro-Adaptation or Physical Dependence
8. Brain Chemistry & Monoamine Oxidase (MAO)
9. Brain Chemistry & Reuptake or Re-Absorption Process
10. Brain Chemistry and Tolerance
11. Brain Chemistry & Cortisol
12. Brain Chemistry & Cravings

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### Post-Using Differences Continue Into Abstinence

Table:



1. Down Regulation
2. EEG Irregularities May Predict Relapse Risk
3. Brain Chemistry & Acute Withdrawal
4. Brain Chemistry & Post Acute Withdrawal Syndrome

### Alcohol & Other Drugs Eventually Damage The Brain

Table:



1. Brain Shrinkage & Tissue Damage
2. Brain Damage & Deficits Found in Various Areas of The Brain
3. Deficits Continue to Show Up in Early Detox
4. Chronic Use Can Lead to Serious Physical Complications
5. Brain Changes Can Result in Behavior Changes

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### Two People: Two Different Brain Chemistries - Two Different Outcomes

A Little Story of Two Friends with Different Brain Chemistries

#### The Basics About Problems or Consequences and Denial or Defenses Related to Substance Disorders

Table: Areas of Problems or Consequences Related to Chemical Dependency

Dependency



1. Medical
2. Psychological or Emotional
3. Cognitive or Thinking
4. Relationship
5. Family
6. Behavioral
7. Social
8. Worsening of Co-Occurring or Psychiatric Disorders
9. Sexual Problems
10. Work or Employment
11. Financial
12. Legal
13. Housing
14. Spiritual Problems



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### The Basics About Denial and Defenses

Table: Denial and Defenses Defined

1. Automatic Psychological Protective Processes
2. Inborn Protective Defense System
3. Denial Protects Fragile Self-Image
4. Common to All Life-Threatening Illnesses
5. Defenses Can be Reactions of The Nervous System
6. Defenses Are Protection Against the "Enemy"
7. Easy to Identify in Others and Difficult to See in Oneself
8. Person Loses Contact With Reality
9. Denial Is Not Lying
10. Prevents or Gets in The Way of Taking Action
11. Impairs Judgement & Distorts Thinking
12. Denial Is Progressive
13. Denial Comes in Many Forms



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### Recognizing The Many "Faces" of Denial

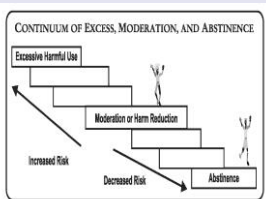
Table:

1. Simple Denial
2. Minimizing
3. Blaming
4. Projection
5. Rationalizing
6. Intellectualizing
7. Compliance
8. Personalizing
9. Diversion
10. Hostility
11. Euphoric Recall
12. Substitution
13. Other Forms of Defenses



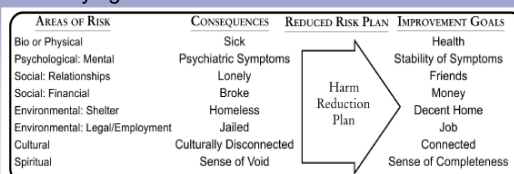
#### The Basics About Harm Reduction

- Importance of Engaging People With Harm Reduction Model
- Community Outreach
- Taking Steps to Reduce Harmful Consequences



### The Basics About Harm Reduction continued

#### Identifying Areas of Risk...Harm Reduction Model



- In APPENDIX III on page III-95 you will find a graphic under the heading *Developing a Harm Reduction Plan*. I purposely did not include that information in this Subject Three review and I also did not include it in the Lesson Plan called *REDUCING HARMFUL USE & DEVELOPING A HARM REDUCTION PLAN* located on my website under Lesson Plans.
- If your program is an "Abstinence" based program you may want to omit this information. If your program is based on a Harm Reduction Model then this harm reduction plan education will be helpful in giving a step-by-step example.
- You may also decide to use this information in a 1X1 session instead of group. You can also modify the material to ask participants to identify in a more concise way the area where substance use is causing the most harm. In either case - Abstinence or Harm Reduction - the plan of taking a cab or getting a designated driver is a good idea instead of driving when impaired.

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### Harm Reduction Methods

1. Reduce harm in the way a drug is used...
2. Reduce physical risk...
3. Reduce amount of drug used...
4. Reduce duration of drug use...
5. Reduce intensity of drug combination...
6. Reduce risk of high potency drugs...



### Developing a Harm Reduction Plan

(refer to the explanation on the previous slide about this section)

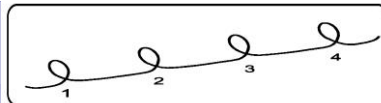
Table: Tips to Cutting Down on Alcohol and Other Drugs:

1. Eat Before Drinking
2. Drink Slowly
3. Space Drinks
4. Watch It At Home
5. Take a Break From Alcohol and Other Drugs
6. Learn How to Say "No"
7. Stay Active
8. Get Support
9. Watch Out For Temptations
10. Do Not Give Up!



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### Slips Are Learning Experiences



### Reviewing Success

- Evaluating Harm Reduction on a Case By Case Basis
- Evaluating Success



### Cutting Back Leads to a Sense of Accomplishment

### The Basics of Working Toward Abstinence

Table: Working Toward Abstinence – First Things First

1. Get Rid of Alcohol, Drugs, & Paraphernalia
2. Limit Contact With People Who Drink or Use Other Drugs
3. Protect Yourself in Situations Where You Have a Strong Urge to Use Drugs

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### Developing A Plan To Support The Goal Of Not Using



Table:

1. Give Yourself Permission to Walk Away
2. Get Support Whenever Possible
3. Call a Supportive Person
4. Recognize The Importance of Pre-Planning
5. Have Refusal Lines Ready

### Recovery Happens in All Areas of a Person's Life

Table:

- Physical Recovery
- Emotional
- Lifestyle
- Mental or Psychological
- Social
- Family
- Spiritual



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## Subject Three Handouts

### Worksheet Handouts

1. "Discovery" Worksheet
2. *Personal Assessment* of the Consequences and Problems of Substance Abuse and Dependence
3. Weighing the Pros and Cons of Using Alcohol and Other Drugs "The Balance Scale"



### Inspirational Handouts

1. Positively Negative
2. Yesterday
3. The Journey

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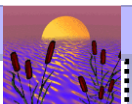
### Example of an Inspirational Handout

#### Yesterday

Don't remind me of my old ways,  
Of what I did or said.  
Let go of all those memories,  
Because who I was is dead.  
I'm not that same old person.  
I've changed, I've grown, I've  
learned.  
Get to know the new me,  
If you're at all concerned.  
I don't need your judgment,  
Of the way I choose to be.

You can state your opinion,  
But don't expect me to  
agree.  
I'm what I am this moment,  
I'll evolve in my own time.  
You can rush your destiny,  
Leave me alone to mine.  
Bless me in my ignorance,  
But give me my own space.  
Let me reach my level,  
I'm worthy of God's grace.

Author Unknown



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## THE END: Subject Two 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.
- 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.



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