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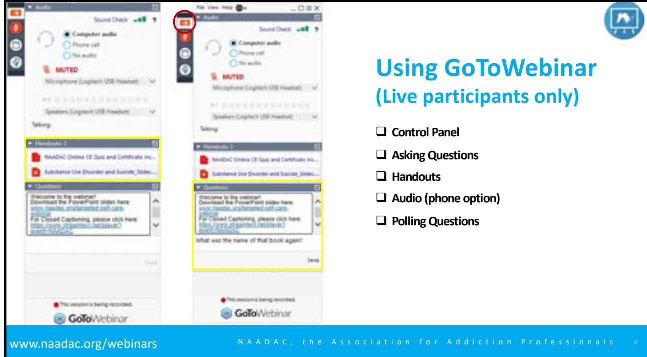

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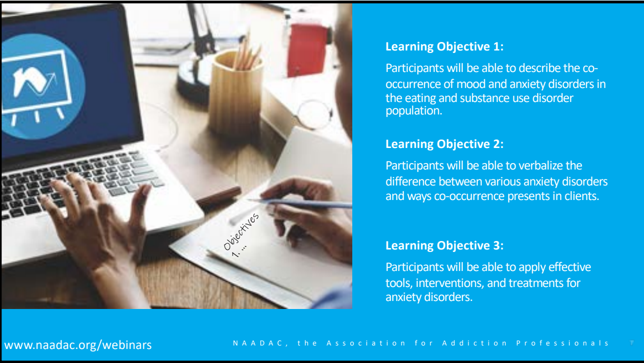

Learning Objective 1:

Participants will be able to describe the co-occurrence of mood and anxiety disorders in the eating and substance use disorder population.

Learning Objective 2:

Participants will be able to verbalize the difference between various anxiety disorders and ways co-occurrence presents in clients.

Learning Objective 3:

Participants will be able to apply effective tools, interventions, and treatments for anxiety disorders.

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What One Year On A Bus Taught Me About Mental Health

Robyn's Story

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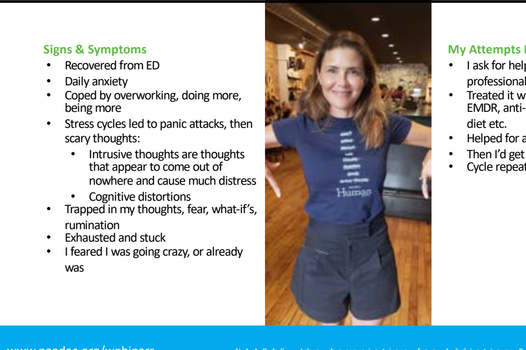
Signs & Symptoms

- Recovered from ED
- Daily anxiety
- Coped by overworking, doing more, being more
- Stress cycles led to panic attacks, then scary thoughts:
  - Intrusive thoughts are thoughts that appear to come out of nowhere and cause much distress
  - Cognitive distortions
- Trapped in my thoughts, fear, what-if's, rumination
- Exhausted and stuck
- I feared I was going crazy, or already was



My Attempts For Help

- I ask for help from countless professional help
- Treated it with talk therapy, EMDR, anti-depressants, exercise, diet etc.
- Helped for a while
- Then I'd get stressed
- Cycle repeat

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Robyn's Story: The Bus

"It's going to be an adventure of a life time and we can help others in the process…"

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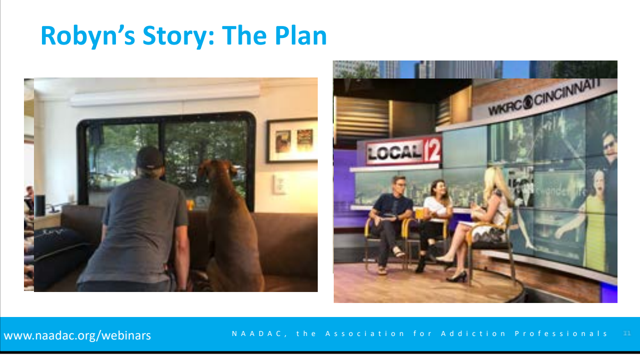
Robyn's Story: The Plan



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Robyn's Story: What I Learned On The Bus

- Until we identify and treat co-occurring illnesses, our quality of our recovery from our primary illness will be greatly diminished:
  - I had misdiagnosed and undiagnosed OCD for 16 years into my eating disorder recovery.
  - And I am not alone…
- The most common misdiagnosis is GAD
- Over 50% of individuals with OCD are misdiagnosed and therefore do not get the treatment that they need.
- Other common misdiagnosis: ADHD, Bipolar Disorder, and sometimes even Schizophrenia.
- It typically takes between 14-17 years for an individual with OCD symptoms to be diagnosed. Because of this, it is believed that there are far more people affected by this disabling illness than we can currently account for.

SOURCE: https://pubmed.ncbi.nlm.nih.gov/26132683/

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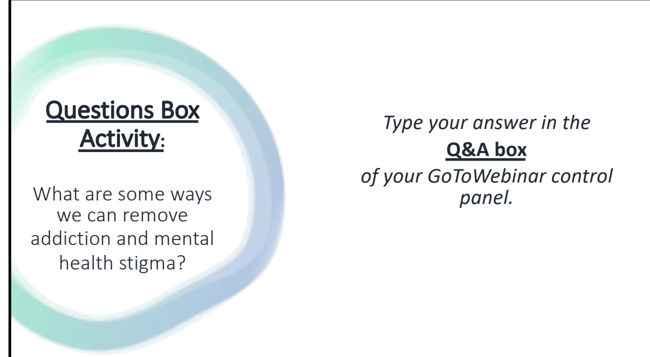

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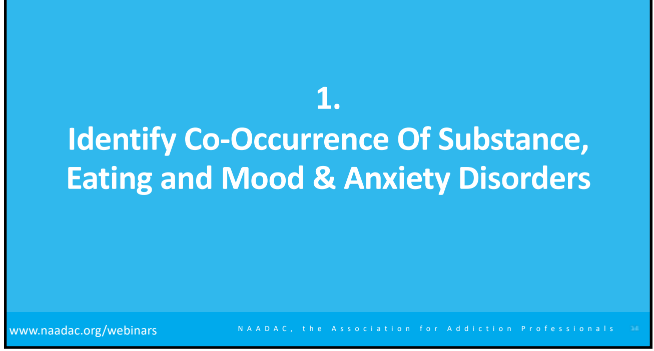

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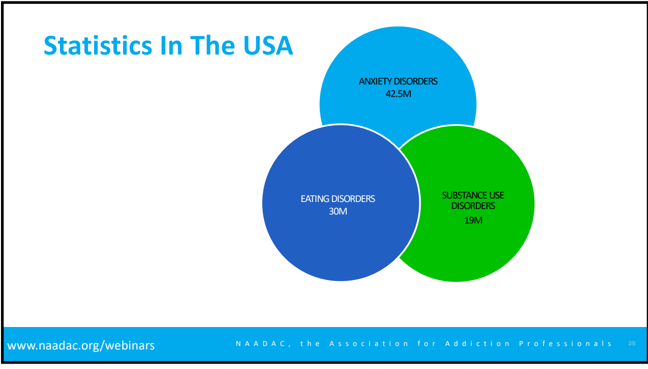

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Statistics: ED and SUD*

- 50-55% of individuals with eating disorders also mis-use substance
- Up to 35% of individuals who mis-use or are dependent on alcohol/drugs also have an eating disorder, compared to up to 10 percent in the general population.
- Lifetime rates of substance use disorder in the various eating disorder subgroups are as follows:
  - AN, 27.0%
  - BN, 36.8%
  - BED 35%
- Women who have Anorexia Nervosa are 19 times more likely to die from SUD
- Approximately 57% of males with BED will experience SUD

*Eating Disorders and Substance Use Disorders

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Poll Question 1: Why do you think people with eating disorders are more likely to misuse substances?

1. To distract them from eating.
2. To curb their hunger.
3. To cope with symptoms of other co-occurring disorders.
4. Other

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Statistics: ED and Anxiety/Mood Disorders

- Anxiety disorder is the most common co-occurring illness for those struggling with ED
- 80% comorbidity of any anxiety and mood disorder in patients with and ED
- In ED patients the most common comorbidities are:
  - Mood disorders (with estimates between 20% and 98%,)
  - 53% anxiety disorders (18% obsessive-compulsive disorder)

Anxiety's like a rocking chair. It gives you something to do, but it doesn't get you very far.
—Jodi Picoult

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Statistics: SUD and Anxiety/Mood Disorders

- 29.9% of those with SUD had a lifetime incidence of an anxiety disorder
- 32% of those with mood disorders will also have SUD
- Individuals with lifetime major depression:
  - 16.5% had an alcohol use disorder, and
  - 18% had a drug use disorder
- Individuals with SUD were particularly common among individuals with bipolar disorder—56% had a lifetime SUD

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COVID Statistics

"
- The number of people looking for help with anxiety and depression has skyrocketed
- The number of people screening with moderate to severe symptoms of depression and anxiety has continued to increase throughout 2020 and remains higher than rates prior to COVID-19
- More people are reporting frequent thoughts of suicide and self-harm than have ever been recorded in the MHA Screening program since its launch in 2014
- Young people are struggling most with their mental health
- Rates of suicidal ideation are highest among youth, especially LGBTQ+ youth
- People screening at risk for mental health conditions are struggling most with loneliness or isolation
- People who identify as Asian or Pacific Islander are searching for mental health resources more in 2020 than ever before
- While rates of anxiety, depression, and suicidal ideation are increasing for people of all races and ethnicities, there are notable differences in those changes over time. Black or African American screeners have had the highest average percent change over time for anxiety and depression.

"

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2. Learn The Difference Between Anxiety Disorders and The Way They Display Themselves In Recovery

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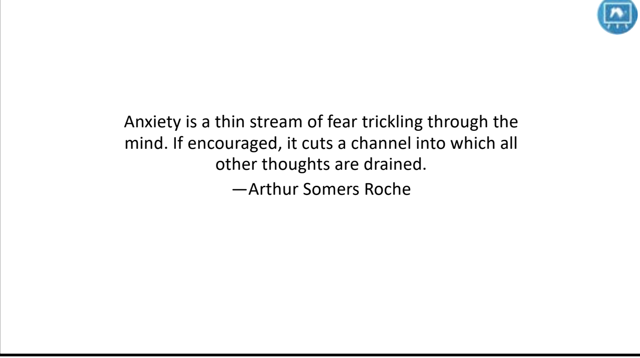

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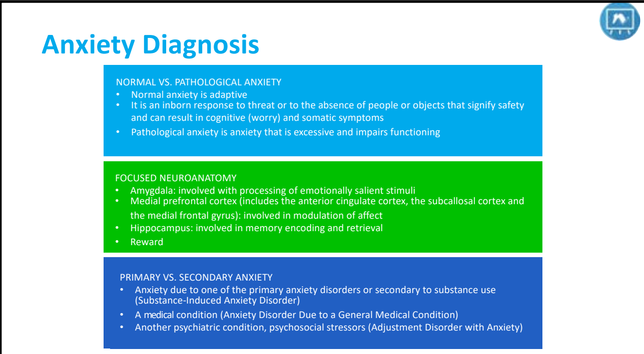

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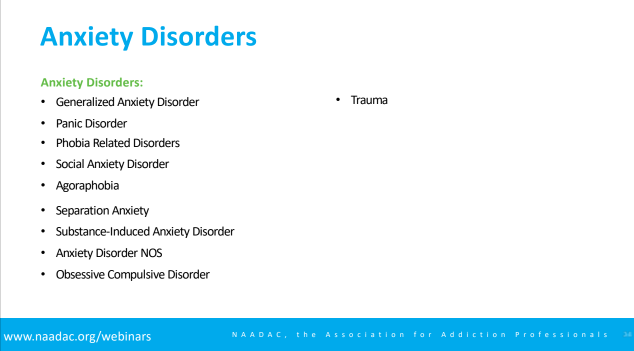

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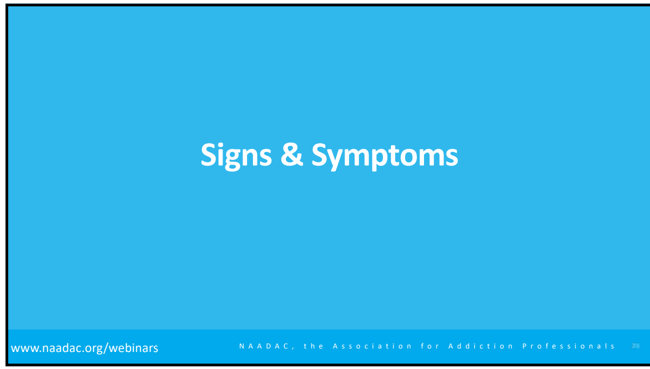

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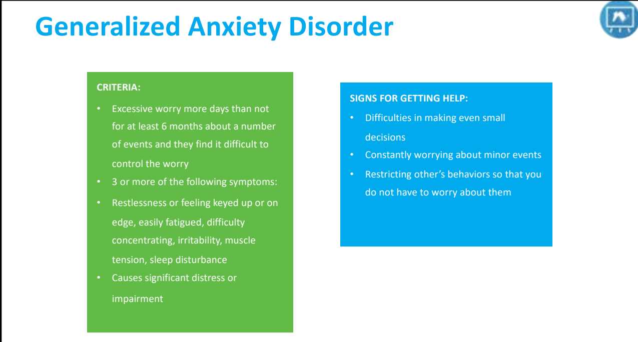

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Physical Symptoms

- Restlessness
- Feeling keyed up or on edge
- Easily fatigued
- Difficulty concentrating
- Irritability
- Muscle tension
- Stomach aches
- GI distress
- Acid reflux
- Headaches
- Nausea
- Sleep disturbance
- Chest pains
- Tingling fingers
- Ringing in the ears (Tinnitus)
- Difficulty breathing

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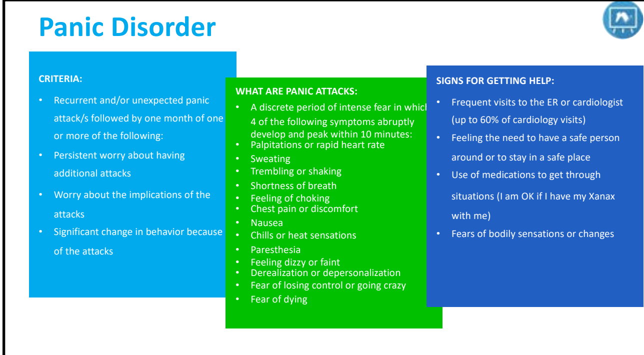

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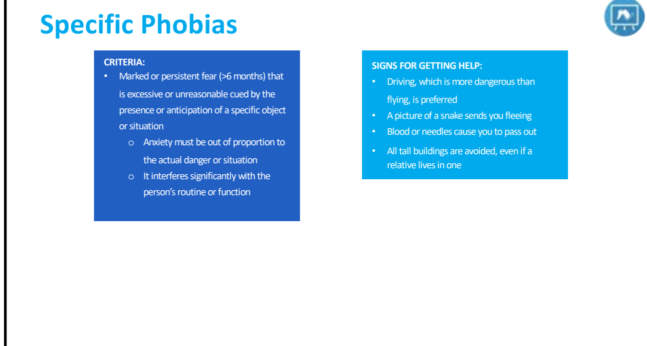

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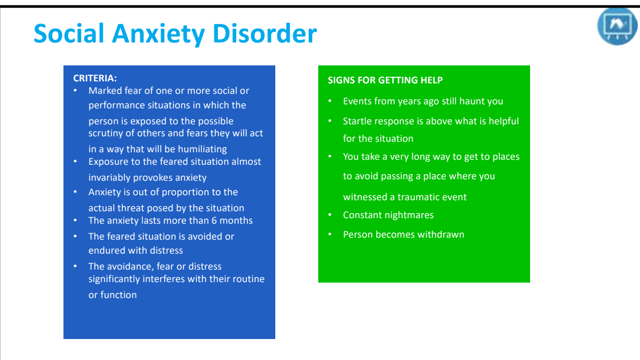

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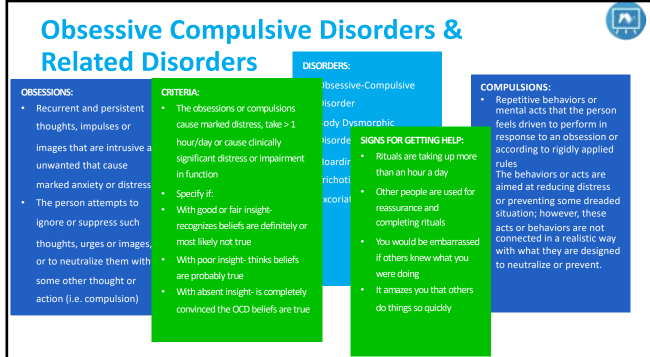

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On OCD:

It's like you have two brains--a rational brain and an irrational brain. And they're constantly fighting.

-Emilie Ford

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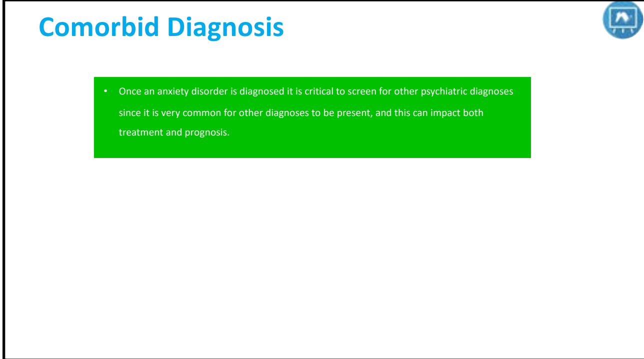

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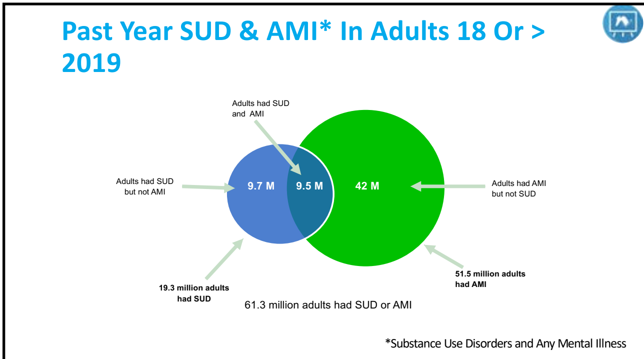

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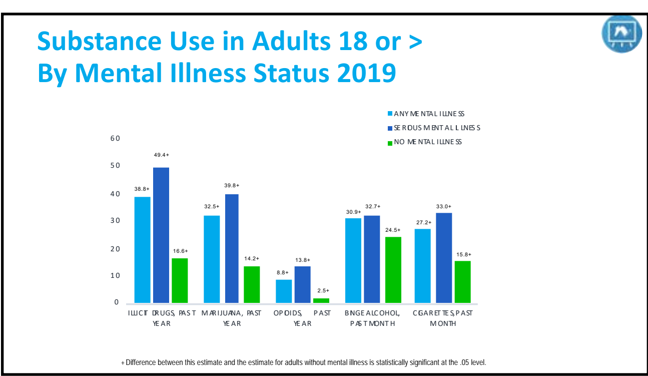

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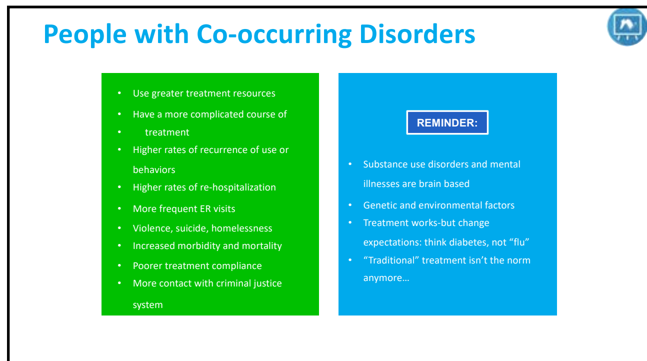

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3.
Recognize Effective Tools and Interventions In Management of Anxiety Disorders

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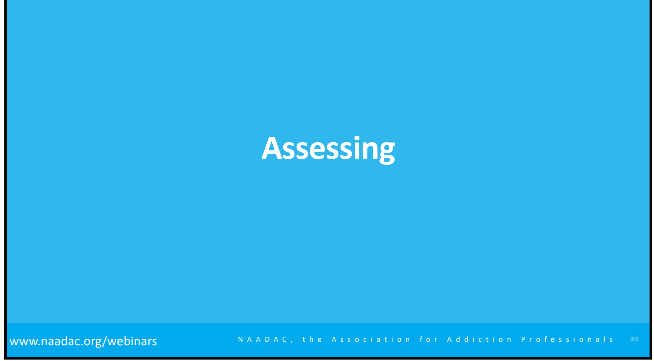

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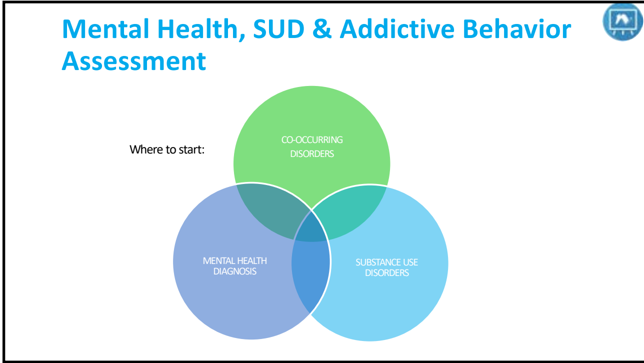

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Mental Health, SUD & Addictive Behavior Assessment

ASSUMPTIONS

- Identification of substance use disorder (SUD) is difficult at times to determine
- Many clients hide/withhold the truth of their substance use
- Denial & minimization
- Ambivalence
- One second this and the other that
- Carries shame or is perceived as a moral weakness
- SUD mimics mental health diagnosis or increases the symptoms
- Psychiatric symptoms can be masked by the substance use
- Patients with SUD may not be good historians, use impairs memory and shame can lead to minimization or omission
- Cultural aspects

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Mental Health, SUD & Addictive Behavior Assessment

KEYS TO MH/SUD ASSESSMENT

- Collection of data
  - Data over time
- Knowledge of SUD
- Knowledge of mental health diagnoses
- Developmental stages
- Stages of change
- Structured yet flexible assessment …

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Elements of Initial Assessment

- Preliminary assessment of mental health and substance use focuses on urgent conditions as follows:
  - Suicidality
  - Risk to self or others
  - Withdrawal potential
  - Medical risks associated with alcohol/drug use or engagement in behaviors that may be compulsive

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SUD & Addictive Behavior Assessment

American Society of Addictive Medicine (ASAM)

Dimension 1 Acute Intoxication/Withdrawal Potential
Dimension 2 Biomedical Conditions
Dimension 3 Emotional, Behavioral or Cognitive conditions or complications
Dimension 4 Readiness to change
Dimension 5 Relapse, Continued Use or Continued Problem Potential
Dimension 6 Recovery Environment

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Determine Level of Care

- Outpatient
- Case management
- IOP
- PHP
- Extended care
- Halfway House or sober living
- Acute hospitalization

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Assessment Tools

- Biological/psychological/social/spiritual screens
- Anxiety: OCI-R, BAI, ASI-3, Worry Questionnaire, PTSD Screen, PHQ
- Goldberg Depression Questionnaire, Beck Depression Inventory
- Mood Disorder Questionnaire
- SAST
- CAGE, SCOFF
- Neuropsych testing when indicated

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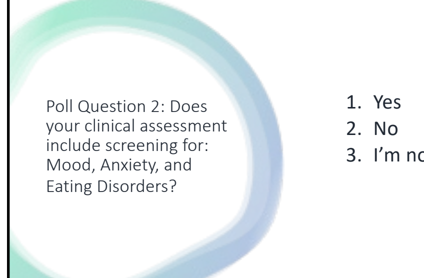

Poll Question 2: Does your clinical assessment include screening for: Mood, Anxiety, and Eating Disorders?

1. Yes
2. No
3. I'm not sure.

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Practice of Principles of Integrated Treatment For Co-Occurring Disorders

THERE IS NO ONE BEST PRACTICE GUIDELINE

- Mental health and SUD treatment are integrated to meet the needs of people with co-occurring disorders
- Integrated treatment specialists are trained to treat both substance use disorders and serious mental illnesses, multidisciplinary teams
- Co-occurring disorders are treated in a stage-wise fashion with different services provided at different stages
- Consumers receive combined treatment for mental illnesses and substance use disorders from the same practitioner or treatment team. They receive one consistent message about treatment and recovery
- Services provided at the same physical location

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Integrated Treatment

- Basic tasks for treatment of either Mental Illness or SUD are to:
  - Stabilize acute symptoms
  - Engage the client in a program of treatment
  - Foster rehabilitation and recovery over time
- Specific treatment interventions depend on careful assessment of specific diagnoses, degree of severity, phase of recovery and motivation for treatment for each disorder.
- Interventions should be drawn from a menu of options based on need
- Provide an introduction to various sober/community support groups

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Associated Positive Outcomes For Integrated Treatment

- Reduced substance use
- Improvement in psychiatric symptoms and functioning
- Decreased hospitalizations
- Increased coping skills
- Improved medication compliance
- Increased job/school performance
- Improved quality of life

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Integrated Treatment

REMINDER:

- Substance use disorders and mental illnesses are brain based
- Genetic and environmental factors both contribute
- Treatment works, but change expectations: think diabetes, not "flu"
- "Traditional" treatment isn't the norm anymore…

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Building An Integrated Model

- Challenges of building an integrated model
  - Cost of staffing
  - Training of staff
  - Resistance from existing system
  - Providing comprehensive, integrated care with efficient protocols
  - The most likely strategy for moving toward this system is in increments
    - Psychiatrist attend at AOD centers
    - Relapse prevention groups introduced to mental health centers
    - Staff exchanges; attending case conferences; joint trainings
    - Gradual shifting of funding
- Focus on consumers' goals and functioning, not on adhering to treatment
- Consumer choice, shared decision making, and consumer/family education are important

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Integrated Recovery Model

- Hope is critical
- Services and treatment goals are consumer-driven
- Unconditional respect and compassion for consumers is essential
- Integrated treatment specialists are responsible for engaging consumers and supporting their recovery

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Evidence Based Therapies:

- Motivational Enhancement Therapy (MET)
- Cognitive-Behavioral Therapy (CBT)
- Dialectical Behavior Therapy (DBT) and Mindfulness
- Acceptance and Commitment Therapy (ACT)
- Family therapy and Education
- Exposure and Response Prevention (ERP)

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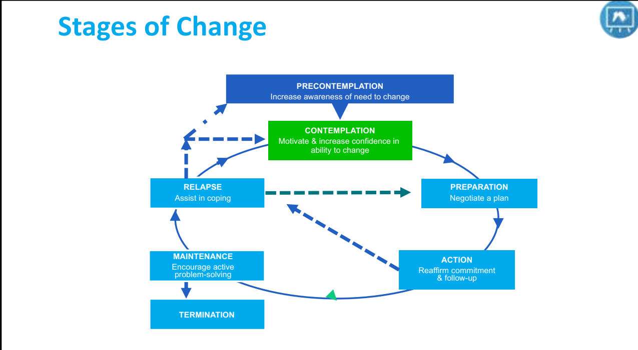

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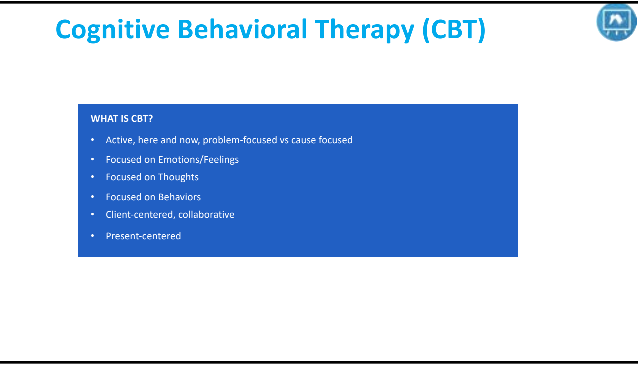

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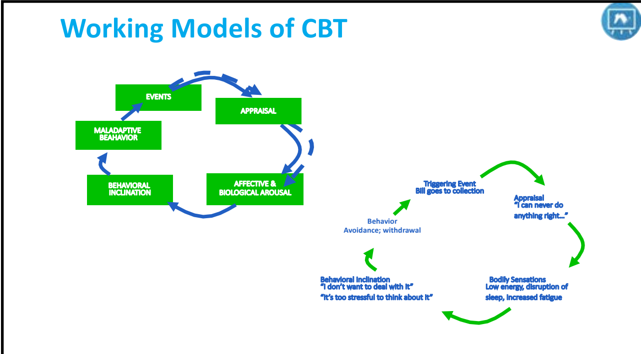

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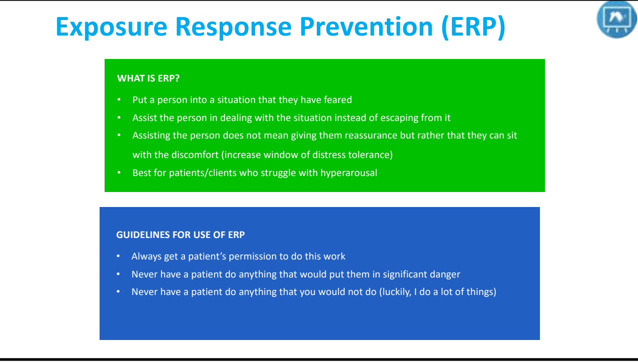

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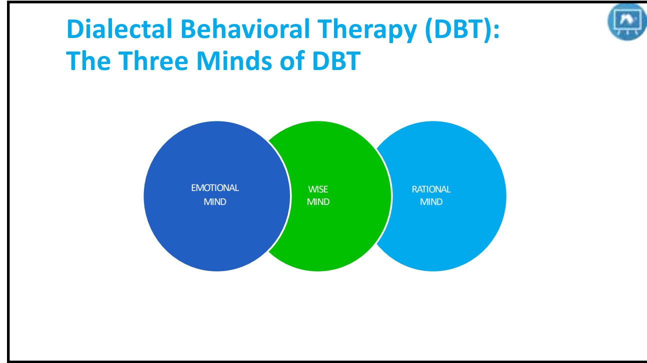

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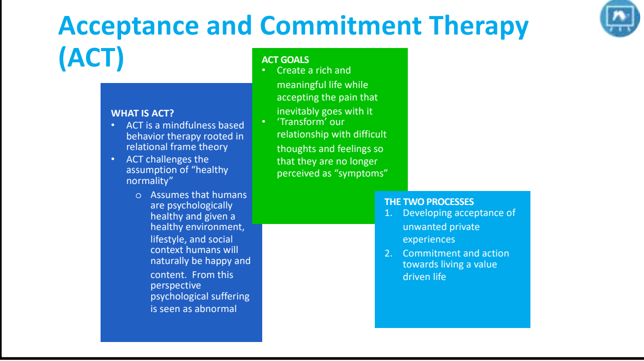

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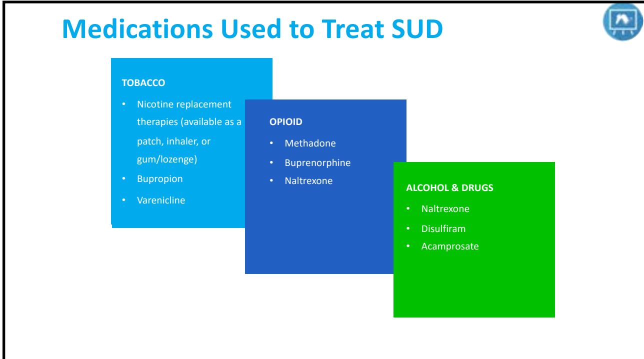

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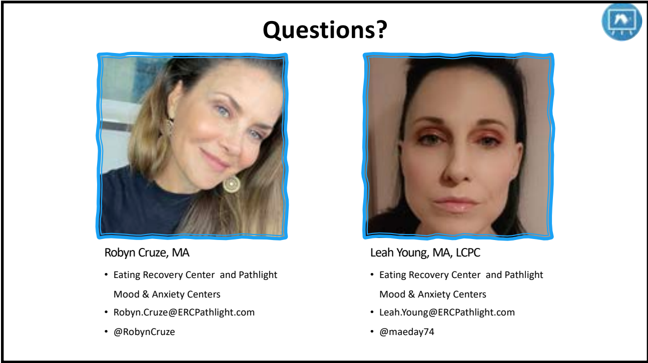

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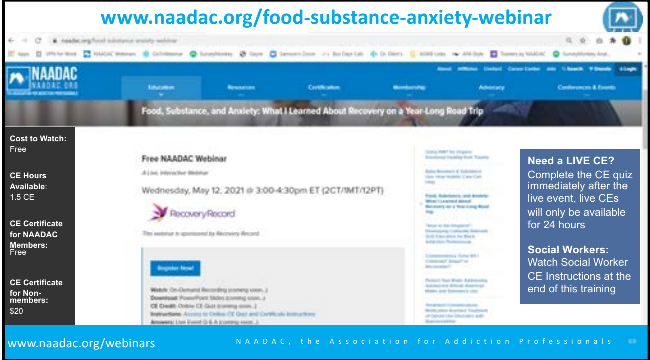

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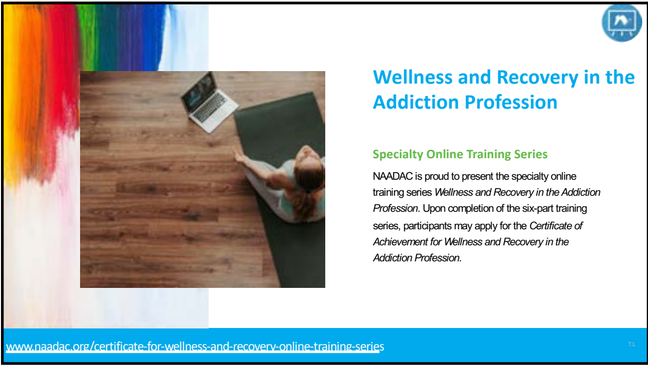

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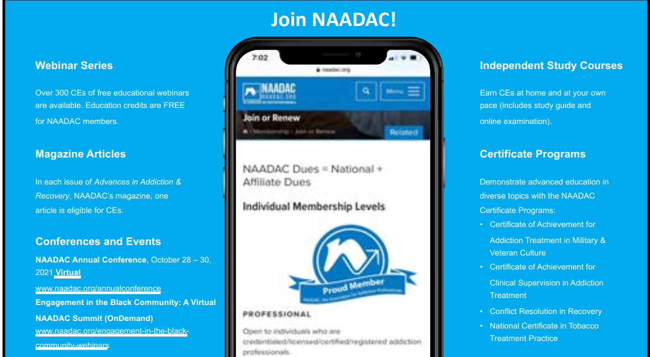

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