



# CO-OCCURRING DISORDERS: TREATMENT PROTOCOLS FOR SUD PROFESSIONALS

Dr GP Berger  
Regional Vice-President, Mid-Central  
Region, NAADAC

# Differences and Similarities between SUD and MH Disorders

- Both take courage.
- SUD—use of mood-altering drugs that interfere with and/or have negative effect on phys, psych, social, legal, emotional, occupational, and educational well-being (D Will have clients discuss one thing that their drug use has impacted negatively)
- Addiction—chronic, worsens over time, compulsion, loss of control, and continued use despite serious problems
- MH Disorder—abnormal mental condition, involves discomfort or distress, hurts one's ability to function



# Co-Occurring Disorders Are:

- a. Diseases: abnormal condition of the body or mind that causes discomfort, dysfunction, or distress
  - a. similar symptoms with same disease; predictable path/course for disease
  - b. most can be treated.
- b. Independent→one did not cause the other
- c. Vary in intensity→mild, moderate or severe independent of each other
- d. Treatable→psychological and medication treatment; best is combination of both
- e. Chronic→long-lasting
- f. Relapsing disorders→stress is example of trigger
- g. Relapse is not sign of failure→it is sign that tx. or recovery needs strengthening



# Targeted Treatment Discussion

What do you think would happen if you received tx. for only one disorder?



# Twelve Steps of Double Trouble Recovery

- 1. We admitted we were powerless over mental disorders and substance abuse -- that our lives had become unmanageable.**
- 2. Came to believe that a Power greater than ourselves could restore us to sanity.**
- 3. Made a decision to turn our will and our lives over to the care of God as we understood Him.**



# Twelve Steps of Double Trouble Recovery (con't)

**4. Made a searching and fearless moral inventory of ourselves.**

**5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.**

**6. Were entirely ready to have God remove all these defects of character.**



# Twelve Steps of Double Trouble Recovery (con't)

**7. Humbly asked Him to remove our shortcomings.**

**8. Made a list of all persons we had harmed and became willing to make amends to them all.**

**9. Made direct amends to such people whenever possible, except when to do so would injure them or others.**



# Twelve Steps of Double Trouble Recovery (con't)

**10. Continued to take personal inventory and, when we were wrong, promptly admitted it.**

**11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.**

**12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to other dually-diagnosed people and to practice these principles in all our affairs.**



# Relapse Prevention: Building Recovery Support System

Recovery support system: support from others that uplifts, helps, and gives clients a sense of belonging and connection; sharing good times as well as receiving help during rough times

- a. Includes the following types of folks:
  - i. People who will confront the client when they're acting out or in denial
  - ii. People who will provide positive feedback for a job well done
  - iii. People who put the client's health and recovery above their own personal wishes



# Relapse Prevention: Building Recovery Support System (con't)

- b. Similar to a group of friends because it provides emotional support and concern
  - i. Willing to confront client when they deviate from their recovery goals
  - ii. Encourage client when they are discouraged
  - iii. Push client when they stop trying
  - iv. Understands when the client is hurt and prompts them to seek help before their pain becomes a crisis
  - v. Helps the client maintain their recovery goals
- c. Types of people in a recovery support system
  - i. Other recovering people
  - ii. Health care professionals
  - iii. Employer
  - iv. Family and friends



# Relapse Prevention: Building Recovery Support System (con't)

- d. Open discussion with recovery support system
  - i. Client tells them their goals
  - i. New priorities focus on sobriety and taking care of mental health issues
  - i. Clients tell them what to do when they experience cravings and triggers
- e. Empower your recovery support system—clients give them permission to be part of their recovery
  - i. Give the recovery support system permission to monitor the client's recovery plan progress
  - i. Breathe deeply if you feel they are “out of line”



# Relapse Prevention: Building Recovery Support System (con't)

## f. How to make it work:

- i. Clients give a good phone number to everyone in their recovery support system
- i. Encourage regular check-ins by clients to their system
- i. Clients call people in their recovery support system when they are lonely, depressed, scared, angry
- i. Clients encourage others when they feel depressed
- i. Confront one another on unhealthy behaviors
- i. Celebrate one another's successes and progress



# Relapse Prevention: Emergencies

Lapse Management: despite precautions and preparations and a commitment to abstinence, clients will experience a lapse after initial abstinence, if they haven't already.

- a. Lapse-management strategies focus on halting the lapse and combating the abstinence violation effect to prevent an uncontrolled relapse episode.
- b. Lapse management includes:
  - i. Clients contracting their counselor to limit the extent of use
  - ii. Clients evaluate the situation for clues to the factors that triggered the lapse



# Relapse Prevention: Emergencies (con't)

## Lapse Management (con't):

c. Often, clients will have simple written instructions to refer to in the event of a lapse. These instructions reiterate the importance of stopping drug use and (safely) leaving the lapse-inducing situation.

d. This is the clients “emergency preparedness” kit for their “journey” to abstinence. Clients might never need to use their lapse-management plan, but adequate preparation can greatly lessen the harm if a lapse does occur



# Use of Cognitive Restructuring/Reframing

In particular, cognitive restructuring will help lessen the abstinence violation effect.

- i. Clients are taught to reframe their perception of lapses— to view them not as failures or indicators of a lack of willpower but as mistakes or errors in learning what signals the need for increased planning to cope more effectively in similar situations in the future.
- i. This perspective considers lapses as key learning opportunities resulting from an interaction between coping and situational determinants, both of which can be modified in the future.
- i. This reframing of lapse episodes can help decrease the clients' tendency to view lapses as the result of a personal failing or moral weakness and remove the self-fulfilling prophecy that a lapse will inevitably lead to relapse.



# Global Lifestyle Self-Control Strategies:

- i. Specific intervention strategies can address the immediate determinants of relapse
- ii. It is also important to modify individual lifestyle factors and covert antecedents that can increase exposure or reduce resistance to high risk situations.
- iii. Global self-control strategies are designed to modify your lifestyle to increase balance as well as to identify and cope with covert antecedents of relapse (i.e., early warning signals, cognitive distortions, and relapse set-ups).



# Balanced Lifestyle and Positive Addiction

- Assessing lifestyle factors associated with increased stress and decreased lifestyle balance is an important first step to learning global self-management strategies.
- This assessment can be accomplished through monitoring the client's daily activities, identifying each activity as a "want," "should," or combination of both.
- Many people report that activities they once found pleasurable (e.g., hobbies and social interactions with family and friends) have gradually been replaced by "using" as a source of entertainment and gratification.
- One global self-management strategy involves being encouraged to pursue again those previously satisfying, non-drinking/non-using recreational activities.



# Balanced Lifestyle and Positive Addiction

- Additionally, the specific skills clients learn, such as relaxation training, stress-management, and time management, can be used to achieve greater lifestyle balance.
- Helping clients develop “positive addictions”—that is, activities (e.g., meditation, exercise, or yoga) that have long-term positive effects on mood, health, and coping— is another way to enhance lifestyle balance.
- One's belief in one's ability to succeed in specific situations or accomplish a task often increases as a result of developing positive addictions. This is caused largely by the experience of successfully acquiring new skills by performing the activity.





THANK YOU!

ANY QUESTIONS?

Dr GP Berger  
Regional Vice-President, Mid-Central  
Region, NAADAC

[drgpberger@hotmail.com](mailto:drgpberger@hotmail.com)