Haley Hartle, NAADAC: All right. Everybody welcome in. We are super excited to have you here today for part 6. This is the last part of our Treatment and Co-occurring disorders.

Haley Hartle, NAADAC: An S. Ud. Specialty Online Training Series. So we are super excited that you're here, and we are looking forward to hearing from Tricia Chandler and Tara Matthews. And today we'll be talking about mood anxiety disorders and their co-occurrence with substance use disorders.

Haley Hartle, NAADAC: So my name is hayley Hartle and the training Programs manager here at Nedak, the Association for Addiction Professionals. I'll be facilitating the training today, and then with me behind the scenes who you'll see in the chat is Alison White, our training and customer care specialists, so she'll be addressing any issues or questions you might have that aren't specifically for our presenters.

Haley Hartle, NAADAC: So you have a lot of support here from us today. Just a reminder that the permanent page for nadak webinars is www.nadak.org forward slash, Webinars! It's up on my slide at the bottom.

Haley Hartle, NAADAC: So be sure to bookmark that web page and stay up to date on the latest in addiction education.

Haley Hartle, NAADAC: We are using Zoom Webinar for today's live event. So you'll see the zoom control panel that looks like the one on my side at the bottom of your screen.

Haley Hartle, NAADAC: There are 3 items to be aware of on this menu. The first is the chat box. So this is where you can chat back and forth with attendees. You can leave comments you can share where you're listening in. From that way we can get to know you a little bit.

Haley Hartle, NAADAC: and then you can also message us panelists privately if you have any tech issues or questions. The second is that Q. A. Box? So if you open up the Q. A. Window. You can ask questions to our presenters, and we will either reply to you in there if it's something non-related to the presentation, or we'll answer them in our live Q. A. Period which will be doing throughout the presentation today.

Haley Hartle, NAADAC: and then any questions that we don't get to. By the end of the training we will collect, and we'll send those directly to the presenters, and then we'll post those questions and answers to our website. The third one is that live transcript button. It looks like it has been enabled. So we're using zoom for our closed captioning service.

Haley Hartle, NAADAC: that has been enabled. So if you want to see the subtitles, just click on the live transcript button and select show subtitles, and then, lastly, we'll be sharing in the chat box, the link to any handouts where you can find the Pdf. Of the Powerpoint slides, as well as some instructions on how to access your see quiz, and we'll also go over those here in just a couple of minutes. So each needac Webinar has its own web page that has everything you'll need to know about that particular Webinar, and as you all have probably seen by not, we're about 3, 4 months into using it.
Haley Hartle, NAADAC: We do have our new Needac education Center. So all of our educational content is living within there now.

Haley Hartle, NAADAC: and that is where all of our live and on demand. Webinars are. So that includes your Ce quizzes, your survey evaluations, and your certificates. We know there have been a few bumps in the road along the way, so if you have any issues, or if something isn't looking right.

Haley Hartle, NAADAC: And you're having an issue getting access to that ce quiz or certificate, you can always email us@ceatnadak.org, and we'd be happy to help you. So

Haley Hartle, NAADAC: your old certificates will still be housed in your account, so the old way that you would access. Those is how you'll get anything that you've taken before using the Education Center. So each Webinar will continue to have its own web page on the website. And then you'll notice when you go to register for a live event, or take the on-demand training, you'll be redirected into a course within the Education Center.

Haley Hartle, NAADAC: So here is where you can purchase and register for a live event if it's a specialty series, and that's also where you can access the registration for our free webinars.

Haley Hartle, NAADAC: and then through here you'll also complete the See quiz, survey evaluation, and have your certificate in there. So you'll see the structure up on my screen of what the what the course looks like, and then each step is built out in a particular order will also make the on demand recording available here

Haley Hartle, NAADAC: lots of information. So after this ends you can navigate to the Ce quiz by clinky clicking on the link in the Thank you box, or you'll receive an email soon after the webinar ends that contains the link to the sequence as well. So there's 2 places you can access that

Haley Hartle, NAADAC: once you click on the link to the Ce quiz, complete the questions, send in your answers, and then pass it with a score of 80% or higher. You'll then be able to take the survey evaluation and get your Ce certificate from there.

Haley Hartle, NAADAC: and, as always, we invite you to explore all of our educational content on the Education Center page. You can click on that events button up in the top left hand side, and that will send you to all of our upcoming live events, and then you can explore under the education tab as well.

Haley Hartle, NAADAC: So now, without further ado, I can introduce our presenters for the day. So our first presenter is Tricia Chandler. So Tricia Chandler has worked clinically with diverse populations, with trauma histories, mental health issues, and substance use disorders, 1,993.

Haley Hartle, NAADAC: She is a license professional counselor and art therapist, who currently teaches as a graduate adjunct professor for both mental health and substance use counseling students. She supervised interns and paraprofessionals, developed treatment, curriculum and provide clinical supervision in day treatment schools.

Haley Hartle, NAADAC: She's also presented emotional freedom technique for nadak and his co-
authored and co-edited, an integrative textbook.

Haley Hartle, NAADAC: co-occurring mental illness and substance use disorders evidence-based integrative treatment and multicultural application.

Haley Hartle, NAADAC: and that was in collaboration oops, sorry about that.

Haley Hartle, NAADAC: I was in collaboration with Dr. Tara Matthews and Frederick.

Haley Hartle, NAADAC: and then our second presenter. Today is Tara Matthews. So Terra is a license professional counselor. And nutritional health. Coach Matthews has been teaching in higher education since 2,009, and working clinically with diverse populations, living with co-occurring disorder since 2,004.

Haley Hartle, NAADAC: as a nutritional health Coach Matthew he's been able to integrate health coaching into her work with colleagues and clients living with co-occurring disorders.

Haley Hartle, NAADAC: Matthews is also provided clinical supervision to those seeking professional licensure.

Haley Hartle, NAADAC: Matthews is presented on various topics, including professional ethics and self-care she's also co-authored and co-edited co-occurring mental illness and substance use disorders, evidence-based integrative treatment and multicultural applications. So we can now turn things over to our presenters.

Tara Matthews: that

Tara Matthews: thank you. I am excited to be with you. I feel like I was just with you a couple of weeks ago, so I am looking forward to sharing mood. Anxiety and substance. Use disorders with you.

Tara Matthews: and let me just double check. Here are you just seeing my slide, Hayley.

Tara Matthews: Yeah, you're good to go perfect. Thank you so much. We are excited to be with you today. We have so much material to cover. It is virtually impossible to cover every mood, every anxiety, disorder.

Tara Matthews: But the combination of these 2 is just really important to explore in terms of co-occurring disorders and treatment.

Tara Matthews: We really want to say the most. If you get only one thing from our presentation. It would be that mental health and addiction treatment it. They are both our responsibility. It's our responsibility to help.

Tara Matthews: A lot of times clients will seek treatment. Maybe it's for substance. Use disorder. and they they come to you and you create that
Tara Matthews: relationship, and you are able to

Tara Matthews: work on the substance. Use the

Tara Matthews: the issue that we want to draw your attention to is that a lot of times there's a lot of mental health issues going on as well.

Tara Matthews: Clients often can only afford one treatment. Clients may only be interested in opening up to one therapist. Taking that step to get help

Tara Matthews: is a big step, so they might not have the time or willingness to explore multiple different therapists and multiple different therapies.

Tara Matthews: We have to remember that clients come to us because they're seeking relief.

Tara Matthews: and there are some long and short-term effects of substance. Use disorders that can

Tara Matthews: trigger mood and anxiety or just unmask what's been there all along?

Tara Matthews: Oftentimes the the symptoms of mood and anxiety Disorders can sort of trigger that self medicating

Tara Matthews: need to to feel better

Tara Matthews: right mood and anxiety. Disorders are commonly diagnosed concurrently in adolescents and adults. So, regardless of what population you're working with, These things go hand in hand

Tara Matthews: a lot of times. We're also seeing that depressive symptoms and anxiety symptoms are are also surfacing both with clients

Tara Matthews: in it when they're

Tara Matthews: initially using maybe it's a self medicating maybe it's early recovery. But these things are surfacing, and we need to be able to address what's going on with them.

Tara Matthews: Mood Disorders include unipolar and bipolar anxiety has to do with

Tara Matthews: phobias and traumas and ritualized behaviors. Anticipatory fears. So we're really talking about a large gamut of combination disorders that can occur with clients that we're

Tara Matthews: that we're working with.

Tricia Chandler: So we're not really going to talk about

Tricia Chandler: and read these really heavily wordy
Tricia Chandler: slides for you, because this is all information that can be gotten out of the Dsm. 5. But what we really want to talk about with major depression is that

Tricia Chandler: it's relevance as far as prevalence, gender differences, age of onset.

Tricia Chandler: and just a tiny bit. I want to talk about the medications that are used with these, with these types of mental health issues, because when children have major depression

Tricia Chandler: and are put on a psychotropic medication, it does. It affects them differently.

Tricia Chandler: Medications have been traditionally normed on men.

Tricia Chandler: not women, not children, not adolescents. So these psychotropic drugs that are prescribed to children and adolescents can be have adverse effects on them.

Tricia Chandler: because they weren't meant for them.

Tricia Chandler: and so just lowering the dose doesn't matter

Tricia Chandler: a child was major depression can look more angry and irritable than withdrawn.

Tricia Chandler: and if you put them on an antidepressant, they might become suicidal.

Tricia Chandler: So we don't advocate for long-term use of psychotropic medications for those kinds of reasons Tara and I are very much into nutrition and holistic health.

Tricia Chandler: But just to understand that 15 to 20% of teams develop a major depressive disorder

Tricia Chandler: during their times as teams.

Tricia Chandler: Additionally, they could have the persistent depression.

Tricia Chandler: And the difference between persistent depression and major depression is

Tricia Chandler: is that

Tricia Chandler: if you've ever known anyone who the class is always half input.

Tricia Chandler: we there. They always view things with suspicion.

Tricia Chandler: with just a life sort of has this little black cloud over their head all the time.

Tricia Chandler: That's more of a persistent depression. It's less

Tricia Chandler: dramatic. As a major depressive episode. and major Japanese episodes can remit. Someone with persistent depression is
Tricia Chandler: is Someone who has a low, level depression all the time. and they it's not diagnosed in children unless it's been present for 2 years.

Tricia Chandler: It has to be present for a year to be diagnosed in adults.

Tricia Chandler: But, on the other hand, major depression can be diagnosed. After 2 weeks of symptoms the symptoms might be less intense in in persistent depression. But, as I said.

Tricia Chandler: it's a prevalent issue.

Tricia Chandler: as the statistics know 2 to 2.5 to 6% of the population has this disorder.

Tricia Chandler: That's a lot of people all right.

Tricia Chandler: So this can onset in in adolescence. And if it's not treated.

Tricia Chandler: and most children in adolescents, don't have tremendous access to mental health treatment.

Tricia Chandler: Their parents have to think it's worth it, and they have to have insurance to pay for it. Generally speaking.

Tricia Chandler: which is minimal in this country. So in adolescence.

Tricia Chandler: youth may start using substances to to try to treat their own symptoms

Tricia Chandler: gone on long enough, and they created a co-occurring disorder.

Tricia Chandler: So in

Tricia Chandler: all right, because now, i'm confused, am I doing the bipolar part the the bipolar? Okay, Thank you. Tara. Bipolar disorder is actually

Tricia Chandler: scarier than depression in my mind

Tricia Chandler: as a clinician for 30 years.

Tricia Chandler: especially bipolar, one

Tricia Chandler: bipolar, One disorder has the extremes of both mania

Tricia Chandler: and euphoria

Tricia Chandler: along with major depression. and that cycle can be swiftly happening to the extreme of every
Tricia Chandler: today. It changes in bipolar, too. It rapid cycling is very common.

Tricia Chandler: and there can be times when people will stay in a manic episode for 3 weeks and become so sleep deprived that they become psychotic

Tricia Chandler: in the major depression symptoms, they can last for a month. They can ask for the majority of the year. I have seen clients who have seasonal mania

Tricia Chandler: 3 or 4 times a year, and the rest of the time they're more depressed.

Tricia Chandler: The real disturbing part of this with co-occurring disorders is that mood stabilizers or sodium based

Tricia Chandler: and they actually flatten both ends of the mood spectrum.

Tricia Chandler: So a lot of the clients that I've had in the past with bipolar, one that engage in using substances. They do it to feel anything at all.

Tricia Chandler: They say that the psychotropic man that's flattened they're moved to the degree that they they never have any sense of relief.

Tricia Chandler: and so

Tricia Chandler: in the substance use world the person with bipolar. One disorder is the most likely

Tricia Chandler: to have suicidal ideation

Tricia Chandler: to chase the mania

Tricia Chandler: with downers of some sort, some form of opiate or marijuana, or something of, or alcohol.

Tricia Chandler: and to chase away the depression with

Tricia Chandler: probably substances like math cocaine

Tricia Chandler: amphetamines anything that lists moved. They may drink red bulls.

Tricia Chandler: but 50 of them a day. I mean. This is the kind of extremism that you can see in the bipolar disorders. So I was gonna add, Trisha, you You're You're a 100% right, I I think.

Tara Matthews: sometimes with the cycling.

Tara Matthews: I just I like the mania. So I seek drugs that make me continue that feeling, and when I am in the depression I want to feel that mania again. So I seek the drug. That brings me
Tara Matthews: there, you know, when we talk about co-curring disorders, this one also makes me think about a lot of process disorders that go hand in hand here because some of those risk taking grandiose things during the mania can can lead to some other process disorders as well.

Tara Matthews: Yes, I had one client years ago.

Tricia Chandler: who had bipolar. One disorder, and his co-occurring disorder was gambling. And When he went into his mania

Tricia Chandler: he spent money.

Tricia Chandler: He he ran up something like 50 or $60,000 in debt one time, and lost his business, lost his family, lost his home. It it's a very, this one is to me one of the most disturbing ones. And what

Tricia Chandler: and what substance use counselors really need to understand about this is

Tricia Chandler: most times. These people will also be on psychotropic medications. So now they're mixing a psychotropic medication which is so.

Tricia Chandler: I have so many adverse of that side effects to it that people have to have

Tricia Chandler: blood test done every 6 weeks to make sure their liver functioning has not been diminished because of these these

Tricia Chandler: psychotropic medications, and then they're doing multi

Tricia Chandler: level drugs on top of that.

Tricia Chandler: So at the least they're wiping out the good effects of the medication.

Tricia Chandler: And at the worst they're really risking, destroying their kidneys, their their liver, and their health.

Tara Matthews: Yeah. And I think it's important to say that the good is subjective, because if the goal of the medication is to flatten the mania and the depression.

Tara Matthews: Then that perception of good is not good to the person who wants to feel something.

Tricia Chandler: and I have known people who have chased

Tricia Chandler: wanting to be manic. They love the mania.

Tricia Chandler: Now there's been a lot of creativity associated with people with bipolar wine in the past, and and they do. They love the mania, their writers, their actors, their their artists. And if you wanted to look that up you would find a lot of them earnest, Anyway, it was one of them.
Tricia Chandler: And then, Doc. they assume the Van Gogh had bipolar disorder.

Tricia Chandler: So you can see if you look at history in the creativity piece of it. People can think they're more creative when they're manic, and then they don't want to give up that mania.

Tara Matthews: Oops. This might be a great time

Tara Matthews: to do a poll.

Tara Matthews: So what are the risks associated

Tara Matthews: with

Tara Matthews: bipolar disorder one?

Tara Matthews: And then, while you guys are completing the poll.

Tara Matthews: I that I believe is up on your screen right now. I encourage you to

Tara Matthews: start thinking about any questions that you might have, because we will

Tara Matthews: do a quick pause here in a few slides, and be able to take some of your questions. So we want to save some time for questions at the end, but it might be easier to ask some along the way as well. So once you've created the poll feel free to put some questions in the question log, and we will start addressing those

Tara Matthews: looks like quite a few people have responded, and I'll go ahead, and and Kayle will share share the results

Tara Matthews: so based on what we just talked about, it looks like you guys are all on the same page with us that that there are some pretty significant, dangerous risks

Tara Matthews: when we start looking at uncontrolled impulses spending sex substance Use tricia, mentioned a gambling

Tara Matthews: co occurring. I've often seen a a lot of sexual addiction, gambling, I mean, these things all go hand in hand, sleep, deprivation.

Tara Matthews: things that can lead to psychosis and hospitalization from combining these medications from not sleeping, so all of the above is certainly

Tara Matthews: important to note.

Tara Matthews: And then Trisha started talking about Bipolar, too, if you want to.

Tricia Chandler: and share more about that.
Tricia Chandler: Well, Bipolar, too, is again sort of like a lesser form

Tricia Chandler: of by bowler one.

Tricia Chandler: The depression will be more spiritual moods, anger, and the irritability that really comes out is when people are hypermanic.

Tricia Chandler: They're not full blown mania, which is euphoric where they love what's going on in their stimuli. And whatever.

Tricia Chandler: but they're more angry. And and so the common factors of that is, it's still treated in the same way.

Tricia Chandler: If in a a medical model approach, that person would still be put on a mood stabilizer, maybe not to the degree, you know, not to dose that someone with Bipolar one would have

Tricia Chandler: point 6%

Tricia Chandler: internationally in the Us.

Tricia Chandler: Male to female ratio. This is fairly equal, 1 point, one to one.

Tricia Chandler: So this one's pretty equal in depression. Depression is much more prevalent in women.

Tricia Chandler: They They say internationally that one in 10 women will will be depressed at some point in their life. Have a major depressive episode.

Tricia Chandler: There's all kinds of depression out there, but in this regard it

Tricia Chandler: 3, 37% will have an additional substance. Use disorder.

Tricia Chandler: Those are pretty pretty big statistics, actually.

Tara Matthews: you know, and that tells me you're going to run into that. If you're working in the field of substance, use treatment, you're going to run into it. It's it's inevitable. Which is why we need to be on the

Tara Matthews: it needs to be. In our awareness. We need to be asking the right questions. We need to be open to recognizing that.

Tricia Chandler: And the more than one thing can be going on.

Tricia Chandler: and the other thing to understand about that in in traditional addiction, counseling facilities.
Tricia Chandler: Most of the time there is not someone trained in mental health and mental health diagnoses are deferred.

Tricia Chandler: That means if they're on medication. They'll receive the medication.

Tricia Chandler: but they're not going to get any treatment if they're in a residential facility for for 30 days or 2 months, or whatever. They're not going to get any therapy for their mental health issue.

Tricia Chandler: So what happens when you.

Tricia Chandler: when you get somebody who's self medicating as a way to cope.

Tricia Chandler: and you take that one coping mechanism away from them the substances you they've been using.

Tricia Chandler: What do you think happens?

Tricia Chandler: Relapse relapse happens.

Tricia Chandler: That's that's Why, if we don't treat these things and understand these things from both ends of those scales and come together to treat it

Tricia Chandler: in a holistic, integrative way, we're not doing the client

Tricia Chandler: much in the way of a favor.

Tara Matthews: and I think that

Tara Matthews: leads us to our next poll. We do have a couple of questions, and it might be a good time to i'll pop into

Tara Matthews: i'll. We could read one of those.

Tara Matthews: But while you're doing your poll feel free to add any questions as well.

Haley Hartle, NAADAC: Yep. I know some people said they had trouble with the first poll so hopefully. You all can see this, and it's allowing you to answer. It looks like answers are coming in right now, so

Haley Hartle, NAADAC: should be good to go. We'll give you

Haley Hartle, NAADAC: maybe 1015 more seconds, and then we'll share results, and then we can take some questions.

Haley Hartle, NAADAC: Okay, leave it open for about 5 more seconds. If you Haven't voted in the poll yet go ahead
Haley Hartle, NAADAC: all right, and then sharing results. Now

Haley Hartle, NAADAC: are you able to see them? Tara and Tricia?

Tara Matthews: I can see the results.

Tara Matthews: So I think the most important thing to note is that depressive and bipolar disorders

Tara Matthews: can put people at a higher risk if left untreated.

Tara Matthews: And and I think that goes to that whole desire to feel normal, feel something, feel anything.

Tara Matthews: and that at the core is what substance use Disorder is it's it's using a substance outside of yourself to change the way you feel inside

Tara Matthews: immediately.

Tara Matthews: You know medications are going to do it immediately. A lot of those take time to work, and and if it's untreated, undiagnosed. Absolutely

Tara Matthews: any.

Tara Matthews: you know. Do all people with depressive disorders and bipolar disorders end up with substance, use disorders? Do all people with substance use disorders? Have depressive and bipolar disorders. No.

Tara Matthews: no; but but it is important

Tara Matthews: to consider what’s going on

Tara Matthews: under under underneath, because if they're not both treated absolutely absolutely right self medication return to use.

Tara Matthews: It's exactly what we need to be concerned about. A couple of questions have come in. Trish, Trisha.

Tara Matthews: I wanted to address a couple of them. Well, one of them is my absolute favorite, which is why don't substance use problems in a great medal. They that is my favorite question. Why don't they?

Tara Matthews: I don't know why don't they right they should, and I think that's the whole. I I think I think that's the message behind doing this specialty.

Tara Matthews: you know. Certificate. I think that's the message behind everything that Tricia and I and friend stand for it's it's really we need to change that language. I know i'll if you've been in the field for a while, I mean I I remember
Tara Matthews: training and doing the diagnoses very different from other versions of the Dsm. And looking at axes and saying, Well, substance use has to be identified first.

Tara Matthews: and then whatever else we'll just figure it out later.

Tara Matthews: and I I remember having those conversations and thinking that doesn't make any sense. If this is the whole person, if there's all these things going on.

Tara Matthews: And and you just say, Well.

Tara Matthews: I know your whole life. You've been using such and such a substance to self medicate. But we're just gonna stop doing that, and not address. What else is going on? It just never made sense to me. So I so to answer that question, Why? They don't

Tricia Chandler: Well, there is a reason they don't.

Tricia Chandler: and that is money.

Tricia Chandler: and your part of the pie.

Tricia Chandler: And and so my question back to you all would be Why, it is our minds.

Tricia Chandler: our brains treated as if

Tricia Chandler: we're separate from our physical health.

Tricia Chandler: Why is mental health and addiction treatment treated as a and people are stigmatized for it.

Tricia Chandler: We have research from back in the late nineties that demonstrates that even small

Tricia Chandler: traumas in a child's life

Tricia Chandler: can create a lifelong problem with mental illness and substance issues.

Tricia Chandler: It comes from trauma.

Tricia Chandler: So why are we not addressing this? Well, this is why Tara and Fred and I wrote the book we wrote, but it's also our passion to inform.

Tricia Chandler: so that maybe some of these changes can happen, and people can have access, even people with really good mental. I'm, with good health insurance, which very few really have anymore. But even those with great health insurance Don't have great mental health
Tricia Chandler: coverage.

Tricia Chandler: And so

Tricia Chandler: we are edge of trying to educate all of you, all that have joined into this series, and and

Tricia Chandler: we teach at the graduate level in the Mac programming for for a master's addiction counselors. and we want our country to come on board with understanding that

Tricia Chandler: that we've got to get the greed out of treatment. We've got to get the greed out of of private insurance. How can we get

Tricia Chandler: get to these forms of treatment for people where it's holistic and integrated and all under one roof.

Tricia Chandler: If there are people who are

Tricia Chandler: who have the power to say, oh, well, that cuts into our profit margin.

Tara Matthews: Is it another really great question. Slash comment Here they're all great, but this is another one that just jumped out to me. I thought the mental health part wasn't treated because doctors are trying to get a more accurate diagnosis.

Tara Matthews: And I really like that one because you're bringing to the surface something that's really important, that

Hmm.

Tara Matthews: That what we're saying is, it's it's it's not that simple

Tara Matthews: right? Sometimes the early withdrawal symptoms can appear a certain way sometimes, you know, and you're all sometimes long term.

Tara Matthews: You know, our brains need to heal. Once we take those substances out of a brain doesn't magically go back to what it was, or how it was before they use. So when we say, Why don't that or the doctors just waiting?

Tara Matthews: The question really should be, Who Who are these doctors? And have they been trained in co-occurring disorders? Are they the the family doctor is this the psychiatrist that your agency is using?

Tara Matthews: You know we we we need to make sure that we're not just changing our language and our approach that we're changing the language and approach

Tara Matthews: to all all people that are helping those living with co-occurring disorders. Do you want to add to that, Trisha, in terms of your experience with doctors? Why, Don't.
Tricia Chandler: Well, you know what we've become very specialized in the last 120 years prior to that oops. That was the way it happened.

Tricia Chandler: You doctors didn't just

Tricia Chandler: become addiction doctors or psychiatrists. They didn't become just looking at your toenails. We've become so specialized that we've lost

Tricia Chandler: sort of the vision that we're whole complex people.

Tricia Chandler: And and I think that really explains a lot of what's been going on, and that we need. We've done a great job, I mean, I would go back to what?

Tricia Chandler: What is

Tricia Chandler: Seligman? Martin Solidman said. We've studied site. We study pathology for over a 100 years.

Tricia Chandler: He said that in the late nineties.

Tricia Chandler: since we need to study what is strength based, and wellness in people to help people get well.

Tricia Chandler: So that kind of opened the door for this to start happening.

Tricia Chandler: But I want to address another question that says in her experience, Doctor, mental health folks say

Tricia Chandler: people with co-occurring disorders have to get sober first.

Tricia Chandler: So this leads me to what integrated treatment really is.

Tricia Chandler: Integrated. Treatment is in one facility

Tricia Chandler: all of the different

Tricia Chandler: professionals who can treat the whole person.

Tricia Chandler: Now you would find this in a hospital setting, or you might find it in a one of those really high in residential facilities, and I worked in one for a couple of years, that

Tricia Chandler: if that

Tricia Chandler: if that model was presented in a way that anybody

Tricia Chandler: could access it. it wasn't so expensive.
Tricia Chandler: then it could be very, very, very effective. It is effective

Tricia Chandler: so to get somebody sober for sure you got to get them through detox. But then you don't defer

Tricia Chandler: you treat the whole person

Tricia Chandler: right.

Tricia Chandler: and and so that then belies the fact that we need treatment facilities that can house people

Tricia Chandler: in that First. my

Tricia Chandler: or 2 months to just start working with all of the issues.

Tricia Chandler: and and we can do that.

Tricia Chandler: But that would require our Government to start being willing to making changes in the way

Tricia Chandler: the FDA pharmaceutical companies. the am. A. And the insurance companies

Tricia Chandler: work in this country to work for the people instead of for private profit.

right?

Tricia Chandler: And and that actually answers James. Question 2. You don't have to be licensed in all of it, unless you intend to be all of it

Tricia Chandler: back in my day of becoming a therapist.

Tricia Chandler: A lot of people chose to get both the Lpc. Or the Mft, as well as their addiction, counseling certification so that they could be able to treat the whole person.

Tricia Chandler: but in an integrated facility all the people would be in the same under the same roof.

Tara Matthews: You know, Tricia, what just what you said, what sort of pop to me is, and maybe this is what some of these questions are are kind of getting at being an integrative treatment provider is a mindset.

Tara Matthews: It's a mindset that requires

Tara Matthews: ongoing training and learning, interest, curiosity, and certifications right, and in some cases licenses to be able to treat both, but at the very core of it is a mindset, and it's a mind shift
Tara Matthews: that this is not one box of substance. Use disorders and one box of mental health that bringing that together, it's changing that mindset. This is a person

Tara Matthews: with

Tara Matthews: all of these boxes are part of what's going on with them.

Tara Matthews: And there's some other good questions, too. But I think we want to jump into anxiety disorders, and and we'll touch on some of those questions as we as we move forward. So these

Tara Matthews: anxiety is is a whole. I always like it's a whole. Another chapter, and it's important to note that there's lots of different kind of anxiety. The Dsm. Looks at 3 distinct forms.

Tara Matthews: There is the transient fears, generalized anxiety. These are just some of those, and and we'll see that there's also the obsessive behaviors anxiety. But then

Tara Matthews: the anxiety due to trauma and stress related events. I think that's a that's a really really big one that we really want to be aware of. Trauma is a major. I mean. She mentioned it earlier about the

Tara Matthews: early childhood traumas, but

Tara Matthews: traumas throughout a lifetime can can certainly contribute to substance, use substance, use, and substance, use disorders.

Tara Matthews: The common theme of all anxiety disorders is excessive worry.

Tara Matthews: I it, but to to have an anxiety. Disorder diagnosed. It's going on for 6 months or more, and I think that's you know.

Tara Matthews: I want us to to hear that. Think of you. You are a person, you are a person, and you would have to experience this negative, excessive worry for 6 months before it could even be diagnosed.

Tara Matthews: assessed.

Tara Matthews: or treated, the the how long before

Tara Matthews: our natural instinct to seek relief occurs, and that natural self medicating

Tara Matthews: desire

Tara Matthews: we we want to feel

Tara Matthews: better. So

Tara Matthews: some of them like panic phobia's, agoraphobia, insecure attachment, social anxiety.
Tara Matthews: general anxiety, general anxiety, is very I don't I don't like the word popular but very popular experience of people. It it happens to a a significant amount of people, but we can also see other anxiety

Tara Matthews: type things occurring like porting or body, dysmorphic

Tara Matthews: disorder, obsessive, compulsive disorder again pushing our our desire to to.

Tara Matthews: to calm, to to feel something different.

Tara Matthews: Everything is about feeling, and I always use air quotes when I say normal, because normal is not healthy. It's what you get used to. I don't know your normal. You don't know my normal. But I know when i'm not feeling okay.

Tara Matthews: And so it's. It's very

Tara Matthews: it. It makes sense. If if you're living with anxiety and desire to feel more comfortable and anxiety to change the way you're feeling inside, seeking relief through the drugs or alcohol may initially offer temporary relief.

Tara Matthews: and

Tara Matthews: then that lays the foundation for the substance. Use disorder to then become

Tara Matthews: problematic as well.

Tara Matthews: When we look at

Tara Matthews: generalized anxiety again, this is right. From the Dsm. We start looking at. You know how many adults are living living with generalized anxiety? Well, 2.9 adults in the Us.

Yeah.

Tara Matthews: that females tend to be twice as likely to.

Tara Matthews: I have generalized anxiety, disorder, and it often happens in

Tara Matthews: middle age or peaks in middle age. I think these are really important things to note as you start to consider. they the stage of life for the age of the clientele that you're working with

Tara Matthews: social anxiety is about 7% in the Us. It's much more prevalent in the adolescent female. But you know this is something that maybe

Tara Matthews: genetically related

Tara Matthews: Right? So that's a whole. Another avenue when we talk about tricia mentioned earlier.
Tara Matthews: You know how long things go untreated things that surface, maybe in adolescence, and it's not just you, a person deciding whether to seek treatment or diagnosis.

Tara Matthews: It's the whole family deciding whether it's worth it financially, whether it's, you know whether something's really going on, and when you start looking at some of these disorders have that genetic component to it.

Tara Matthews: then

Tara Matthews: then it's. Then it could be happening in the family, and that

Tara Matthews: that creates a whole another level of concern. More more likely that when they're an adult they would have lived for a long time without being

Tara Matthews: treated or diagnosed. There's panic and and phobia disorders. They're not as

Tara Matthews: prevalent, but they still exist, and they they start to happen in the early twenties.

Tricia Chandler: and they can be debilitating.

Tara Matthews: Yeah, Well, anxiety can be debilitating.

Tara Matthews: It's gonna have a negative impact, maybe, even on daily functioning or the ability to do some pretty important things in your life, whether it's socially or work related independent functioning, and it can be paralyzing.

Tara Matthews: Let's see.

Tara Matthews: we are looking at obsessive, compulsive disorder has an age of onset around 19 and a half, but most most of these cases about 25. Why should they? Most About 25% of these cases

Tara Matthews: start exhibiting symptoms around the age? Of 14. Why we want to point out some of these age and gender differences is because

Tara Matthews: it goes to your question. You know. How can we know about all these things. Well, we want to start thinking about the clientele that you're engaging with some people working with adolescents, some people working with adults, some people primarily working with emails or males and just start to

Tara Matthews: you know it's See what's more likely to be going on, based on the symptomology that's being presented.

Tara Matthews: There's a lot of risk factors with Ocd negative emotionality, behavioral inhibitions. So you know, sometimes the childhood included physical and sexual abuse.

Tara Matthews: But then, again, now we're leading into the trauma right, which is, which is a big contributor to Co. Current disorders and substance. Specifically, substance use disorders.
Tara Matthews: Body dysmorphic disorder falls under the anxiety category as well. Some of you may be working with teens, tweens, adolescents.

Tara Matthews: 2 thirds of people that have that are living with body dysmorphic disorder. This. It's a surfacing before the age of 18.

Tara Matthews: And then we're seeing that link with depression, anxiety, social anxiety, right? And these these are all recipes for substance use.

Tara Matthews: And then, of course, we have trauma and trauma is so important to recognize. I I do like

Tara Matthews: lately that the conversations have really opened up lately to talking about trauma, the adverse childhood experiences trauma that just happened trauma from before, and accepting that as part of the holistic self that are

Tara Matthews: body and mind carries with us all that has happened to us throughout our life.

Tara Matthews: Trauma can trigger

Tara Matthews: trauma can cause trauma, can exacerbate other neurological mental health issues.

Tara Matthews: And then trauma and stress disorders are also a standalone disorder. So I think it's just important to to just re reflect on.

Tara Matthews: If I If I was thinking.

Tara Matthews: Hmm. I really do want to be more integrative. I really do want to treat my clients with as a whole person. I think trauma is a good place to start learning about trauma.

Tara Matthews: understanding how that plays a role. Would you agree with that, Trisha?

Tricia Chandler: Well, yeah, I think first of all, every one of you could go on the Cdc's website and read that initial

Tricia Chandler: research that was done by Kaiser Permanente, and and the Cdc. In 19 late 19 nineties published 1,998.

Tricia Chandler: It really talks about that

Tricia Chandler: things that or so

Tricia Chandler: typical in our society these days divorce single parenting

Tricia Chandler: drugs and alcohol in the home trauma in the home, it mental illness in the home.

Tricia Chandler: domestic violence.
Tricia Chandler: all of these different things losing a parent to.

Tricia Chandler: you know, to death or to jail, or you know these are the little te's, and when people are resilient and have an ability, children to have ability to to work through those issues. Then they they become part of our our trauma memory.

Tricia Chandler: and they actually launch in the cells of our body.

Tara Matthews: And you said all the little T's. But no matter how resilient one is.

Tara Matthews: if there's enough little tease.

Tricia Chandler: we're not even talking about the big one. Sexual abuse in the family, you know physical abuse emotional. Those become the big teas, but these little teas add up

Tricia Chandler: and then think about generational oppression.

Tricia Chandler: The societies within our culture.

Tricia Chandler: the the

Tricia Chandler: African American societies, the indigenous cultures, the Hispanic cultures. They have been systematically abused in our country, and and those people have trauma that is just cyclical that it just continues over and over and over again, generationally.

Tricia Chandler: And so societal issues. When Tara was looking at body dysmorphic issues a lot of the women I've treated that were sexually abused, as children have body dysmorphic issues, as well as move disorders as well as Ptsd. As well as I mean, we're just layering on and on and on.

Tricia Chandler: And

Tricia Chandler: besides, the trauma piece that goes with body, dysmorphic issues is the societal piece that a girl needs to look

Tricia Chandler: like. She's dirt thin. the the the media, the

Tricia Chandler: the Hollywood, the the whole imagery thing that women and men need to look a certain way. They need to have a certain physique, and if it isn't

Tricia Chandler: just right on, and then they're not good enough.

Tricia Chandler: and that causes body dysmorphic disorders and eating disorders and substance use disorders and anxiety

Tricia Chandler: it is, it's all in a related.
Tricia Chandler: And so that's why we need to treat the whole person.

Tara Matthews: I say, take it away with Ptsd. Trisha. Your Well, we've been talking about Ptsd: All of this stuff causes Ptsd.

Tara Matthews: it used to be. When you think of Ptsd. You think of veterans.

Tricia Chandler: Well, the veterans that get the worst. Ptsd are the ones that also had childhood Trauma

Tricia Chandler: and Ptsd is something that

Tricia Chandler: takes over your brain neurologically

Tricia Chandler: when your limbic brain is activated to seek survival

Tricia Chandler: because of trauma and witnessing or experiencing trauma.

Tricia Chandler: Then your higher cognitive, that executive functioning which is your cortex in your neocortex is not running the ship.

Tricia Chandler: Your limbic brain is running the ship. Therefore talk therapy doesn't even work. because the person who is so highly hyper.

Tricia Chandler: vigilant

Tricia Chandler: and paranoid and scared about. You know the future of

Tricia Chandler: experiencing that trauma again.

Tricia Chandler: You've got to reach a level of body up 3.

Tricia Chandler: First to soothe the Olympic right.

Tricia Chandler: and that is why a lot of people with Ptsd

Tricia Chandler: self medicate

Tricia Chandler: the drugs, the medications that are made for this. They're not working.

Tricia Chandler: They're not working for those people. not generally speaking.

Tricia Chandler: and the long-term effects of the using psychotropic medications are a problem unto themselves.

Tricia Chandler: The brain I think, pretty much disabled, just like if they were using illicit drugs.
Okay.

Tara Matthews: I think it's time for a poll.

Tara Matthews: and I think and and this is a good time Also, in addition to the poll to add any other questions. We'll be popping into the Q. A. Here in a moment.

Tara Matthews: Our question here is really sort of finish. The sentence here: substance use disorders can result from

Tara Matthews: hopefully. Yeah. So I see, Hopefully, you guys see the responses as well.

Tara Matthews: and and it's interesting because

Tara Matthews: substance use disorders can result from. And then finishing that sentence, the majority of you say self medicating. And I I think that's really the

Tara Matthews: a big message of of what we're saying, although that

Tara Matthews: is not the only way that substance use disorders can occur. Self medicating based on mood and anxiety. Disorders can certainly be

Tara Matthews: lay the foundation for substance use disorders right that seeking to calm the limbic system, that seeking to change the way I feel inside that, seeking

Tara Matthews: to be able to function in that social situation, to be able to sleep, right to be able to

Tara Matthews: self medicating.

Tara Matthews: And then Trisha just touched on the whole medication as prescribed for mental health diagnosis. Something interesting to note here is that, particularly with the anxiety disorders, we see a lot of Benzodia as a piece prescribed by doctors, and this is

Tara Matthews: can be problematic as well. So Benzodiazepines are an interesting category of drug that also can be

Tara Matthews: a problematic. I I think maybe I mean? I know I've certainly seen plenty of clients who

Tara Matthews: there

Tara Matthews: initial drug of use, Their initial drug of preference, maybe, is the Benzo Diazepines, and well, my doctor gave it to me and said, When I feel nervous to take it Well, that is a that's a dangerous

Tara Matthews: dangerous road to travel. We learned that about opiates. I think we are learning that about Benzos. So it it's important to be aware. And and this is also where we do want to have some good communication with the
Tara Matthews: medication prescribers that are working with the clients that you're working with.

Tara Matthews: because even let's say a client comes to you because they are living with a substance use disorder. But there's also anxiety, diagnosable anxiety going on.

Tara Matthews: and the doctor chooses to treat the anxiety with the Benzodia as a P.

Tara Matthews: That can be very triggering to return to use. We're activating the same

Tara Matthews: sort of parts of our brain that say, alcohol would also trigger, and so it may be harder for the client to

Tara Matthews: heal holistically, because really that that goes into the whole

Tara Matthews: mit treatment, and that's that's a whole another webinar. But we just want to be really mindful of. If the client is going to be using medication prescribed by a physician, that the physician is aware of

Tara Matthews: the substance use

Tara Matthews: disorder as well. Would Would you want to add anything to that, Trisha.

Tricia Chandler: Yeah, I I feel like really, all of these can happen. You know the experimenting and use one time Isn't really going to create

Tricia Chandler: addiction. But

Tricia Chandler: if you are a 14 year old girl or a 15 year old girl with social anxiety. You might think that drinking some alcohol lowers your inhibitions, makes it easier for you to talk to people.

Tricia Chandler: and that one time use becomes a bit habitual.

Tricia Chandler: and then that one that habitual use becomes less social over time and more needed. Now my brain is telling me I need to drink.

Tricia Chandler: and and so we need to look at. All of these are really in this particular poll part of the equation

Tricia Chandler: that for some clients

Tara Matthews: I think I think we want to jump now into what hopefully everybody is familiar with, since we're coming together from a substance, use disorder, perspective, just thinking about what substance use disorders are.

Tara Matthews: and we have in the back of our mind this framework of these mood and anxiety disorders that we've looked at right so
Tara Matthews: clinically significant impairment, taken in larger amounts over time, maybe unsuccessful attempts at cutting back, spending time, seeking or recovering from its effects, cravings.

Tara Matthews: and then using, regardless of those consequences. Well.

Tara Matthews: I think

Tara Matthews: i'm experiencing these mood and anxiety disorders.

Tara Matthews: Maybe I maybe I like tricia, was saying. This person who wants to feel more comfortable in a social environment, and then I find that drinking makes it so. I can do that. And then I start feeling a lot of these needs and very unhealthy

Tara Matthews: ways right if I can. If I can alleviate these anxiety symptoms by using a substance, it makes sense that even if that substance starts causing problems in important areas of my life

Tara Matthews: I was able to calm that anxiety, even giving me a sense of control over what's going on inside, even when that substance use then

Tara Matthews: becomes out of control, or there is a loss of control.

Tara Matthews: Again, this is criteria right from the Dsm: When we're talking about tolerance, withdrawal

Tara Matthews: problems.

Tara Matthews: recurrent use and hazardous situations, important social, occupational, recreational activities are reduced or abandoned because of substance use. Now remember, with the anxiety disorders we're saying they can be debilitating, they can be paralyzing.

Tara Matthews: Well, now, the very thing that maybe was used self medicating to be able to do those things then becomes another

Tara Matthews: okay

Tara Matthews: problem disorder that needs to be addressed as well. We we can't just pull one out and and fix the other thing. They they come. They we need to treat that whole person.

Tara Matthews: And so this next poll

Tara Matthews: goes to exactly what we're we're looking at here, so I think this might be our final

Tara Matthews: Well, no, it's not our final poll, but it is close to our final poll. And so we want to know what's most likely to happen if you just defer working with the mental illness when treating substance, use disorder.
Tara Matthews: what is most likely to happen?

Tara Matthews: So again, we're looking most likely to happen. It is most likely to happen.

Tara Matthews: And, Tricia, Would you like to address the poll?

Tricia Chandler: Well, sure, I would say both of the

Tricia Chandler: responses they got. The most

Tricia Chandler: points people voted for are both things to be concerned about and and really to be aware of.

Tricia Chandler: And and we would say to you that

Tricia Chandler: the majority of people who who have a co-occurring disorder that only treat the addiction piece

Tricia Chandler: first. and and consider that mindset of separate

Tricia Chandler: that they will relapse. There's the high risk that they'll relapse and return to use, and even

Tricia Chandler: more so.

Tricia Chandler: And then those who who may have a short period of

Tricia Chandler: of abstinence

Tricia Chandler: have they really learned how to cope women's things, don't go well

Tricia Chandler: that that then can lead to laps or relapse. Is that

Tricia Chandler: the traditional approaches of getting people sober? Don't address how to stay sober. you know, just saying we'll go to a

Tricia Chandler: do that that works for some people.

Tricia Chandler: About a third of the people statistically, will maintain their sobriety with

Tricia Chandler: with

Tricia Chandler: a source like a a a third of them will still relapse, and a third of them will never get well

Tricia Chandler: that use Aa, and that's the statistics that have been around

Tricia Chandler: so for us from our perspective. And our mindset is that if we work with the whole
person.

Tricia Chandler: then and get the treatment, and and if they have to go someplace else to get their mental health treatment.

Tricia Chandler: a lot of people don't have access or ability to do that, as Tara mentioned right at the beginning of our

Tricia Chandler: our talk is that when

Tricia Chandler: when you're not doing well

Tricia Chandler: and you have multiple issues, having to go to different places to get treatment is is not going to be as effective.

No. yeah.

Tara Matthews: So a couple of questions come in that talk about

Tara Matthews: You know what what language should we be using, and and what can I do? I i’m a and a a certified, a substance of use, Counselor. And and I also think the question also often surfaces

Tara Matthews: about well, you know which which came first. Was it the untreated mood and anxiety disorders that

Tara Matthews: you know, triggered the self medicating? Or was it self medicating that, you know, you know, in in what we want to say is some of the language that we want to do

Tara Matthews: change is that the chicken and the egg doesn't matter.

Tara Matthews: That co-occurring means simultaneously

Tara Matthews: right it is All of who that person is that substance use disorders can mask or exacerbate symptoms of mood and anxiety disorders that. Let's imagine a person started using in adolescence just

Tara Matthews: out of curiosity. A substance. Use disorder. Develops. Well, okay. But then, when they, when you eventually see them in treatment, maybe in a in adulthood.

Tara Matthews: some of these other disorders.

Tara Matthews: or even

Tara Matthews: diagnosed or addressed or surface until different times in their physical development. So the it it's just they. They just work together against the client that we really

Tara Matthews: want to look at this idea that use and abuse of substances may have been self medicating
to another disorder, but over time they can create another set of symptoms, or

Tara Matthews: you know, maybe the other disorder hadn't surfaced yet simply because of of of age. Right?

Tara Matthews: I can, meaning some.

Tricia Chandler: Go ahead. This can change.

Tara Matthews: Yeah, and disorders can change our brains, change disorders over over time. Right? So one disorder doesn't disappear with the treatment of the the other. I I think a lot about the magic wand which I wish we all had.

Tara Matthews: But we can't magically wave a wand and say, Well, now you're cured of everything

Tara Matthews: that if the substance use, disorder is not treated.

Tara Matthews: the mood and anxiety disorder can't be fully addressed.

Tara Matthews: and and one could say also that if the mood and anxiety disorder is not treated.

Tara Matthews: The return to use remains very high.

Tricia Chandler: Am I doing this one?

Tara Matthews: Yeah, I think we should look a little bit about some gender differences.

Tricia Chandler: One of the things I really want to bring up

Tricia Chandler: is that in 2,011,

Tricia Chandler: and I think this was a rewrite, because I think it first came out in 2,009 Sam to put out

Tricia Chandler: proper treatment for women.

Tricia Chandler: and that women need specialized treatment. That is different from men. because the reasons that women use, and the reasons that men use are different.

Tricia Chandler: And yet in every residential facility I've ever worked in that that worked with addiction issues. They mixed men and women.

Tricia Chandler: I've heard horror stories

Tricia Chandler: about the Betty Ford center of how the the

Tricia Chandler: people will slip into each other's rooms, and it becomes more of a meat market than
Tricia Chandler: working on my treatment. And so we want to bring up that. Yes, we're all on some level. We're human. We've got the same whatever. But, on the other hand, the gingers are different.

Tricia Chandler: The needs are different.

Tricia Chandler: And excuse me one thing we we're not going to talk a whole lot about. But

Tricia Chandler: excuse me, the need for women that are pregnant that are using. They have specialized treatment.

Tricia Chandler: Take over it. Sarah. I'm coffee.

Tara Matthews: Sure. So I think.

Tara Matthews: when we look at this idea that men are traditionally seeking treatments to for substance use disorders, they may not be coming forward with symptomology related to mental health issues, but that doesn't mean it's not happening.

Tara Matthews: Same with women who maybe seek. They're more likely to seek help for mental health issues and minimize

Tara Matthews: that substance use, and it's important to know that as well. I mean a lot of agencies. Well, an ivy

Tara Matthews: clients comment. I'm surprised. There's more men here as clients than women. Why aren't there women here? Well, he, the reason is because men traditionally see treatment for substance use disorders.

Tara Matthews: whereas a woman maybe is more likely to seek treatment for mental health, and because these things Aren't necessarily treated holistically integrated, then they'd be going to completely different places to do that. But if we are not aware

Tara Matthews: that in just because the symptomology is, we have to ask the right questions right? The symptomology isn't present.

Tara Matthews: we still want to ask the right questions, to know if something else is going on.

Tara Matthews: and then adolescents maybe start using substances out of experimentation.

Tara Matthews: But again, we're we're going back to that childhood trauma as a foundation for that ongoing self. Medicating

Tara Matthews: and Trisha kinda talked about a few things about why gender specific treatment is important. There are unique needs. Are you?

Tara Matthews: You want to go ahead, Trisha? Or are you okay? A lot of times women have underlying
depression and anxiety.

Tricia Chandler: and they will go seek treatment for that if they're able to have the means to.

Tricia Chandler: But

Tricia Chandler: often women are

Tricia Chandler: the backbone of the family.

Tricia Chandler: You're afraid.

Tricia Chandler: but if they wind up, needing to go into residential treatment for period of time, they could lose their children.

Tricia Chandler: and also in a lot of families women take care of the elders

Tricia Chandler: a minute.

Tricia Chandler: maybe not so much in some cultural perspectives, but in others they do.

Tricia Chandler: And so the women

Tricia Chandler: that are so coming to substance use.

Tricia Chandler: They're afraid

Tricia Chandler: they're afraid to be marginalized. They're afraid to lose their families. They're afraid of judgment.

Tricia Chandler: Judge mentally. Yeah towards them.

Tricia Chandler: but also physically, physically financially

Tricia Chandler: capable of taking care of people.

Tricia Chandler: So that creates a whole

Tricia Chandler: mess of things for women, and why they won't necessarily admit initially.

Tricia Chandler: 2 substance use.

Tricia Chandler: And why we really need to consider that

Tricia Chandler: population, and especially young women.
Tricia Chandler: You know we have such a horrible problem in this country with young women that are pregnant, just going ahead and having children that are also now addicted to and have all kinds of neurological problems because of drugs

Tricia Chandler: and within, men may only come to

Tricia Chandler: treatment once they've done something legally

Tricia Chandler: to get some in trouble

Tricia Chandler: or their a employee assistance program says, hey.

Tricia Chandler: their behavior is demonstrating their kind of out of control, and they have a substance issue. So there's a lot of men who only come into treatment

Tricia Chandler: or substance issues when they're legally forced to.

Tricia Chandler: But for them it may not seem as bad to say. Well, maybe I have a little bit of an alcohol problem. Then just say.

Tricia Chandler: Well, i'm fighting anxiety.

Tricia Chandler: Somebody mentioned the stigma of our language and the stigma that's that's attached to getting mental health treatment, and it may seem like it's more so for men

Tricia Chandler: to admit they have an a mental or an emotional problem.

Yeah.

Tara Matthews: So since

Tara Matthews: I just skip the adolescent slide, we have it in there. If you're in, you know, if you would like to look at it. But we are

Tara Matthews: coming up on on probably the the last. a section of our

Tara Matthews: presentation, and and we really do want to spend some time talking about some of those integrative approaches, some of those things that maybe we can address. So we'll do this poll, and then

Tara Matthews: move forward from there.

Tara Matthews: So which one of these statements do you believe to be true?

Tara Matthews: And while you're completing the poll, one of the things that we we hope that you're noticing is is that with these polls sometimes there's not a clear.
Tara Matthews: perfect answer that there can be more than

Tara Matthews: one way to look at

Tara Matthews: the issue, and and the goal is for us to have that conversation.

Tara Matthews: That's what changing the language. Changing the conversation is.

Tara Matthews: So I I think

Tara Matthews: those of you who answered, D. I think that the it's not always possible to place people in gender specific treatment, and I think that's what we're seeing at a lot of agencies that sometimes it isn't possible. And so that goes to our

Tara Matthews: mindset, and our ability to provide integrative care because individualized treatment is still

Tara Matthews: possible.

Tara Matthews: Would you agree?

Tricia Chandler: I I agree.

Tricia Chandler: One of the things that I I think, is really come out of the addiction assessment that I think, is one of the best to set assessment tools out. There

Tricia Chandler: is the addiction, severity, index. and that because it's holistic.

Tara Matthews: it's integrated.

Tricia Chandler: It asks about

Tricia Chandler: family history of mental illness and substance use it. It asks to quantify what the client knows about their mental health issues and their substance use issues. It talks about education, it talks about work, it talks about problems and interpersonal issues.

Tricia Chandler: It asks about spiritual needs.

Tricia Chandler: This is a very holistic

Tricia Chandler: assessment tool. and and our next slide that that ask what you can you do to help?

Tricia Chandler: That's somewhere where you can become knowledgeable as addiction counselors not to defer

Tricia Chandler: when you come up with a client
Tricia Chandler: that has all these other issues. then you need to figure out how to treat them into in an integrated approach.

Tricia Chandler: even if your agency isn't totally integrated.

Tricia Chandler: That's where we start to change the mindset. It's individual. It's what

Tricia Chandler: I go out and do every day. It's what Tara goes out and does every day. It's what you go out and do every day with your clients. You become more educated about

Tricia Chandler: what

Tricia Chandler: approaches can be helpful for people.

Tricia Chandler: and you really get to know them and ask them.

Tricia Chandler: And if your agency doesn't have a psychiatrist on staff

Tricia Chandler: to diagnose and and prescribe for mental illness. then your agency me to have one of those

Tricia Chandler: contracted with. If your agency doesn't have somebody who's licensed to do mental health treatment.

Tricia Chandler: then your agency needs to see if there's any that we contract to do that with them. even if it's not a full time. Kick.

Yup!

Tara Matthews: I I've seen a lot of agencies these days, maybe contracting with, say, a a trauma specialist to come in and help provide that integrative care. You see.

Tara Matthews: I see a lot of agencies contracting with

Tara Matthews: equine services so that they can have groups that include horses. There are ways

Tara Matthews: of Ask if we don't ask the questions. We're just not gonna know. And you you just said that the the Severity Index right? Asking questions. We need to ask the the questions. If I don't. If I don't

Tara Matthews: ask about childhood trauma. Most people are not going to volunteer it. If I don't ask about

Tara Matthews: certain symptomology. most people Aren't going to volunteer it

Tara Matthews: and addressing factors like developmental age gender, looking at that whole
Tara Matthews: person. Not just a diagnosis, I think. Insurance companies sort of try to pigeon, pull us into looking at things in a box, right they have to be. They are this disorder getting treatment for this, and we've worked very hard to change that language

Tara Matthews: to be a person living with substance use disorder. So how about a person living with co-occurring disorders, person living with some symptomology or some trauma, or some things? We need to look at

Tara Matthews: right, because learning about

Tara Matthews: various treatments that are available, and like we were just saying that may include other providers. But even if

Tara Matthews: you know you can't do it. All that doesn't mean. Your agency can't change that mindset to be more integrative and offer different services. Maybe it's a an acupuncturist who who comes in

Tara Matthews: one of my previous clinical supervisors. When I was doing internships in graduate school, he sought training so that he could do the acupuncture for the year, which has

Tara Matthews: yep, significantly helps with things like stress cravings, especially helpful and early recovery in in, and just offered it to clients. So you even offered it in in groups. It's just

Tara Matthews: offering those services so you can seek specialized training yourself.

Tara Matthews: Looking at that multidisciplinary approach.

Tricia Chandler: There's a lot of

Tricia Chandler: lot of therapies that you can become certified in without being a licensed.

Tricia Chandler: a professional counselor or a license marriage family therapist. There are there are many, many certifications out there right now

Tricia Chandler: becoming trauma informed I back that on a wholeheartedly trauma informed care because probably

Tricia Chandler: 99% of the clients that you have have experienced some form of trauma that has affect them adversely.

Tricia Chandler: and

Tricia Chandler: the not a piece. I want to tell you that I live in Colorado, and the state

Tricia Chandler: facility

Tricia Chandler: where people wind up when they fail. Treatment after treatment after treatment has used
Tricia Chandler: and that's the needles in the ear. The acup. There's 4 needles, and that we do this cravings. It reduces triggers. It reduces anxiety.

Tara Matthews: Well, and that's something we could very easily get training for You mean he. He was a license professional counselor, but he also got training for it. But then I've gone places where

Tara Matthews: that's the training the person has, and and they they. They're not a license, for, you know, professional, but but they receive the the training and the certification there. You know, Yoga is another great one. I've known a lot of treatment Providers who have also become

Tara Matthews: certified in in Yoga, or to be able to do guided imagery or things like that. It's just looking outside of that insurance box and and treating the whole person.

Tara Matthews: I love this, you know. Dennis Don’t. Just treat the top teeth right. Neurologists are just looking at one part of your brain. They're looking at the whole picture

Tara Matthews: when we change that language from co-occurring disorders looking at that whole person. I'm not just looking at the one thing the substance use. That's why you walked in the door. I'm looking at everything else that's going.

Tara Matthews: That's going on.

Tara Matthews: We touched on some of these

Tara Matthews: it's spirituality, mindfulness, 12 steps, medication, but also energy, psychology, acupuncture, different exercise, animal assisted therapies, 250.

Tara Matthews: There are oh, these are great! These are great facts for consideration. Again, our slide deck is got lots of great resources in it. But the one thing here that I I love that. You

Tara Matthews: reminded me of Bill Wilson himself right? So we think about the Aaa founder, the the 12 step right. He

Tara Matthews: he's high doses of Niacin to treat his depressive symptoms after achieving sobriety. So what is that? What does that mean? That means he had more than one thing going on that it wasn't just

Tara Matthews: the substance use so it.

Tricia Chandler: The story of Bill Wilson is is.

Tricia Chandler: I I think I need to tell it, because I think this is so incredibly important. Osomolecular medicine is treating your neurology with high doses of vitamins, amino acids, and minerals.

Tricia Chandler: We have learned through neural science, neurobiology
Tricia Chandler: that our neurotransmitters must have high doses.

Tricia Chandler: vitamins, minerals, amino acids to maintain balance.

Tricia Chandler: So when Bill Wilson and his friend Bob Smith

Tricia Chandler: got together and started a a and they, and they quit drinking right.

Tricia Chandler: and then Bill finds out. Oh, my gosh! Underneath my drinking is i’m highly depressed.

Tricia Chandler: I'm so dressed depressed, I'm gonna relapse to his friend Bob, who was a doctor. Doc, the doctor tells him 10,000. I use a day of niacin now. The FDA would just go crazy with that. And in fact they did.

Tricia Chandler: because after a couple of months Bill didn't have it depression anymore.

Tricia Chandler: And he wanted to include this knowledge of orthomolecular medicine as part of addiction treatment, and the FDA wouldn't let him.

Tricia Chandler: they shut him down.

Tricia Chandler: But prior to World War II. When when our our pharmacology became so increased in this country.

Tricia Chandler: or the molecular medicine was treating people with schizophrenia successfully.

Tara Matthews: So what i'll say is tricia, and I can go on and on about this, because it is our favorite topic.

Tara Matthews: and we have some slides here that we're not going to go over. But these are things that we have just

Tara Matthews: sort of mentioned everything, from acupuncture to animals, to all that. This is the textbook that Hayley was talking about earlier. But the other thing i'd know is that Tricia and I will be doing a presentation. I believe it is in July talking more about that health, wellness, perspective, and dressing, nutrition, and and all this kind of stuff, and we would love you to join us.

Tara Matthews: And with that, since we see Haley in the corner, that means it is our time to hand it back over to Haley.

Haley Hartle, NAADAC: I lost track of time because this was so great, and there’s been great questions and

Haley Hartle, NAADAC: so much great interaction. Yes, the other one is in July, and I was actually

Haley Hartle, NAADAC: going to try to get the link to the page. But I don't have it yet. So, Allison. Maybe if you could share the link to register for that free Webinar. It's called Health Wellness and
Haley Hartle, NAADAC: in July. So thank you both so much. We will get that link. If we don't get the link in there, it's available on the website. So

Haley Hartle, NAADAC: We're excited for that as well, so I'll go over the CE quiz instructions really quick here in like 10 s. But thank you both so much for being here, and lots of great information. We're excited to have you back in July, so just a reminder of the CE quiz. You can access it on this web page, make sure you refresh your browser. It might not show up there right away.

So just refresh that page where you logged into the live event, and that should be there.

Haley Hartle, NAADAC: You can check out our upcoming webinars on our website. We're starting our next Specialty series, incorporating the family into treatment and recovery. That begins on Friday, April 20 first, so be sure to check all of that out, and that is a 6 part series as well. You can also check out the Rtr. So geometric certificate information on the website.

Haley Hartle, NAADAC: on top of our other Specialty Training Series. We also have the Adolescent and Women Series that we did last year. So

Haley Hartle, NAADAC: membership benefits of Needac. You can check those out on the website as well@nadak.orgforwardoryoucanemailusatnedaka.org. So thank you all so much for being here. Thank you both Tara and Trisha for being here with us, and I hope you all have a great weekend.

Haley Hartle, NAADAC: Bye, bye.

Tricia Chandler: Thank you, bye.