SereneScene

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RECOVERY PROCESS FROM ADDICTION WITH MENTAL ILLNESS

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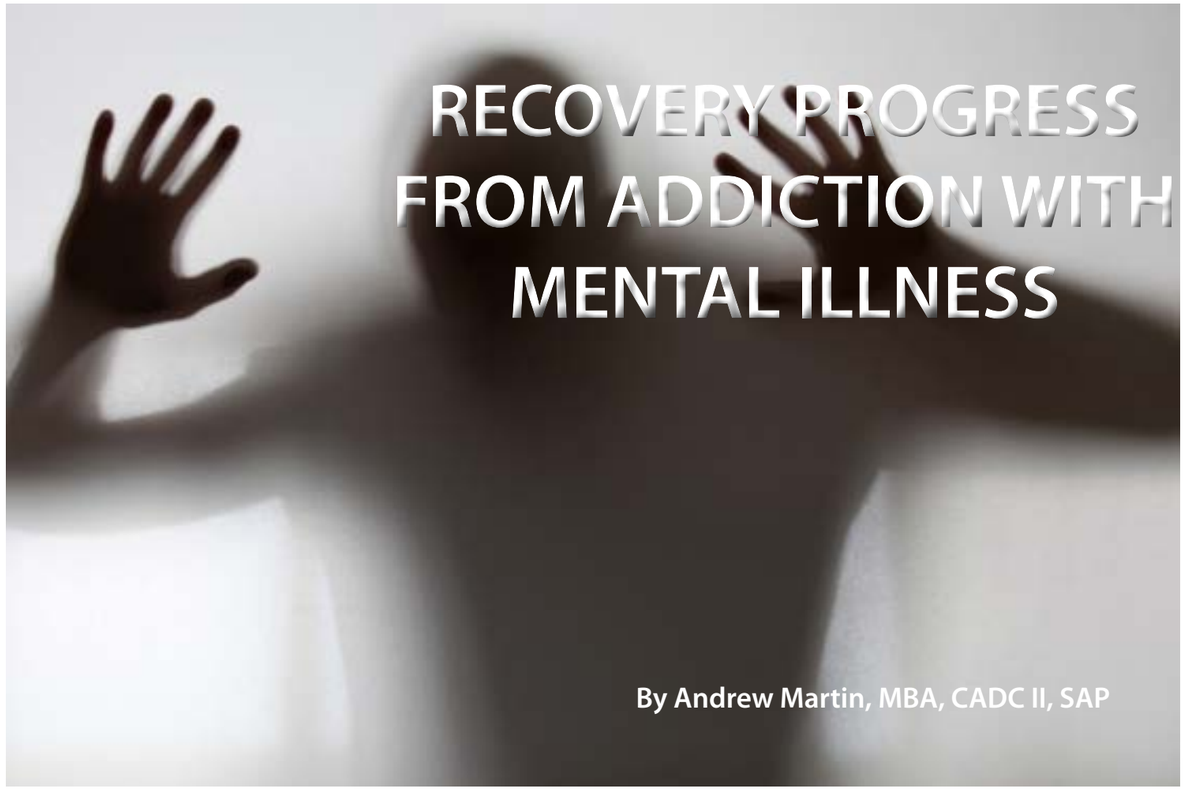
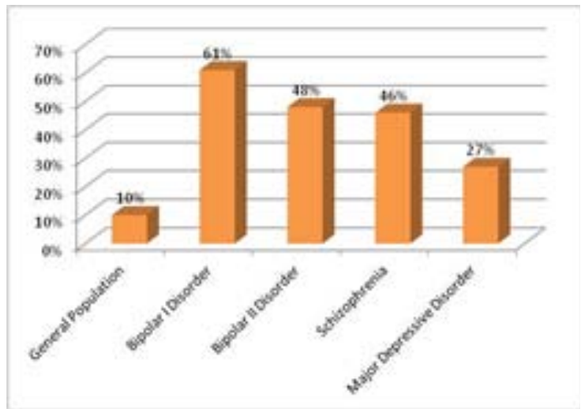


When an individual with the disease of addiction is also suffering from a mental illness or disorder, they are said to have comorbidity or co-occurring disorders. The interaction between the two illnesses can often lead to additional complications in treating the patient as a whole. It can be difficult for the clinician to determine which illness to treat first, or to treat both at the same time. To further complicate matters, a different type of clinician is often required when treating each facet of illness from which the patient is suffering.

Studies confirm that addicts are much more likely to suffer from comorbidity than the general population. It is unclear as to whether drug use causes the mental illness or worsens the pre-existing mental illness, but it is clear that a person vulnerable to one type of brain disease may also be susceptible to another. This is because the same neuro-pathways, chemicals, neurotransmitters, and molecules in the brain are effected by any brain disease. There is An unclear genetic component to the predisposition of addiction and mental illness as well.



Drug use can be a form of self-medication for many individuals with mental illness. For an individual with schizophrenia, smoking seems to help them experience calmness. For an individual with major depressive disorder, certain drugs can stimulate the pleasure center of the brain which helps to elevate mood. Conversely, drug use is linked to symptoms of mental illness. Stimulants can cause panic attacks, anxiety, manic episodes and sleep disorders. Methamphetamine can cause involuntary hallucinations. Heavy marijuana users exhibit signs of psychosis.

When treating addiction, it is often necessary for the patient to remain abstinent for thirty to ninety days before treatment for a mental illness can commence. This is because some of the symptoms of mental illness are mimicked by the substance use and continue into post-acute withdrawal. Once a definite diagnosis is reached, treatment for both the addiction and the mental disorder is recommended to take place concurrently.

Treating comorbidity is very often more difficult than treating just one illness. Patients suffering from symptoms of comorbidity are usually more resistant to treatment, have symptoms that are more persistent, and have more severe symptoms as well. As a result, it is critical to adjust expectations for treatment results in patients with comorbidity.

There are a multitude of treatment approaches that are effective in treating comorbid patients. The National Institute on Drug Abuse (NIDA) publishes the following information on the treatment of comorbidity:

Therapeutic Communities (TCs)

TCs focus on the "resocialization" of the individual and use broad-based community programs as active components of treatment. TCs are particularly well suited to deal with criminal justice inmates, individuals with vocational deficits, women who need special protections from harsh social environments, vulnerable or neglected youth, and homeless individuals. In addition, some evidence suggests the utility of incorporating TCs for adolescents who have been in treatment for substance abuse and related problems.

Assertive Community Treatment (ACT)

ACT programs integrate the behavioral treatment of other severe mental disorders, such as schizophrenia, and co-occurring substance use disorders. ACT is differentiated from other forms of case management through factors such as a smaller caseload size, team

From WebMD.com

Bipolar I disorder (pronounced "bipolar one" and also known as manic-depressive disorder or manic depression) is a form of mental illness. A person affected by bipolar I disorder has had at least one manic episode in his or her life. A manic episode is a period of abnormally elevated mood, accompanied by abnormal behavior that disrupts life.
Most people with bipolar I disorder also suffer from episodes of depression. Often, there is a pattern of cycling between mania and depression. This is where the term "manic depression" comes from. In between episodes of mania and depression, many people with bipolar I disorder can live normal lives.

Bipolar II disorder (pronounced "bipolar two") is a form of mental illness. Bipolar II is similar to bipolar I disorder, with moods cycling between high and low over time.
However, in bipolar II disorder, the "up" moods never reach full-on mania. The less-intense elevated moods in bipolar II disorder are called hypomanic episodes, or hypomania.
A person affected by bipolar II disorder has had at least one hypomanic episode in life. Most people with bipolar II disorder also suffer from episodes of depression. This is where the term "manic depression" comes from.
In between episodes of hypomania and depression, many people with bipolar II disorder live normal lives.

Schizophrenia is a chronic, severe, and disabling brain disorder that has affected people throughout history. About 1 percent of Americans have this illness.
People with the disorder may hear voices other people don't hear. They may believe other people are reading their minds, controlling their thoughts, or plotting to harm them. This can terrify people with the illness and make them withdrawn or extremely agitated.
People with schizophrenia may not make sense when they talk. They may sit for hours without moving or talking.
Sometimes people with schizophrenia seem perfectly fine until they talk about what they are really thinking.
Families and society are affected by schizophrenia too. Many people with schizophrenia have difficulty holding a job or caring for themselves, so they rely on others for help.
Treatment helps relieve many symptoms of schizophrenia, but most people who have the disorder cope with symptoms throughout their lives. However, many people with schizophrenia can lead rewarding and meaningful lives in their communities. Researchers are developing more effective medications and using new research tools to understand the causes of schizophrenia. In the years to come, this work may help prevent and better treat the illness.

Major Depression is characterized by a combination of symptoms that last for at least two weeks in a row, including sad and/or irritable mood (see symptom list below), that interfere with the ability to work, sleep, eat, and enjoy once-pleasurable activities. Disabling episodes of depression can occur once, twice, or several times in a lifetime.

management, outreach emphasis, a highly individualized approach, and an assertive approach to maintaining contact with patients.

Dialectical Behavior Therapy (DBT)

DBT is designed specifically to reduce self-harm behaviors (such as self-mutilation and suicidal attempts, thoughts, or urges) and drug abuse. It is one of the few treatments that is effective for individuals who meet the criteria for borderline personality disorder.

Exposure Therapy

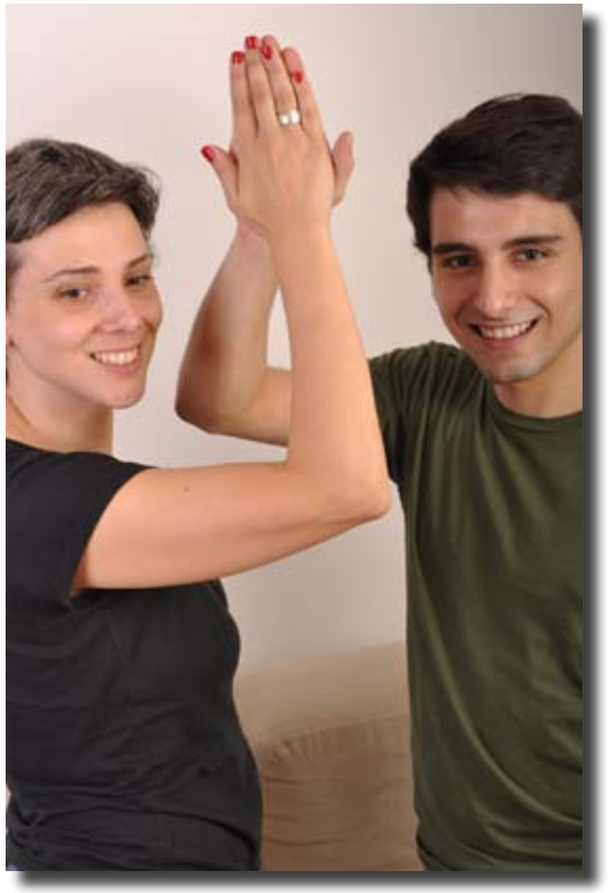
Exposure therapy is a behavioral treatment for some anxiety disorders (phobias, PTSD) that involves repeated exposure to or confrontation with a feared situation, object, traumatic event, or memory. This exposure can be real, visualized, or simulated, and always is contained in a controlled therapeutic environment. The goal is to desensitize patients to the triggering stimuli and help them learn to cope, eventually reducing or even eliminating symptoms. Several studies suggest that exposure therapy may be helpful for individuals with comorbid PTSD and cocaine addiction, although retention in treatment is difficult.

Integrated Group Therapy (IGT)

IGT is a new treatment developed specifically for patients with bipolar disorder and drug addiction, designed to address both problems simultaneously.

Progress in the treatment of a patient with comorbidity can be slow and cumbersome. There are often periods of considerable insight and improvement, followed by periods of regression and relapse. This can be frustrating for the patient as well as the family members of the patient. It can be difficult to remain motivated when disappointments occur and it is necessary for all parties involved to stay motivated in order to reinforce what is learned in treatment. It is helpful to develop treatment plans that include specific goals, and to monitor progress toward those goals. It is imperative that the treatment plan is revisited regularly for modifications as comorbidity often involves significant shifts in treatment.

Reinforcement of progress toward treatment goals is the best way to create momentum and motivation in the treatment of a patient with co-occurring disorders. Goals should be well defined and broken down into small incremental successes toward a larger objective. Each time a milestone is reached, the achievement should be celebrated and reinforced; providing the patient with the needed confidence to continue with their hard work. For example, a patient with vocational problems due to drug use and bipolar 1 disorder has been unable to retain a job for more than a few weeks at a time. A vocational objective may be long-term employment. The goals moving toward long-term employment may include:



- Revising resume
- Researching potential employers
- Managing coping mechanisms for stressors associated with contacting potential employers
- Rehearsing how to communicate with potential employers on the phone and internet
- Reviewing how to dress for success
- Purchasing or putting together the appropriate clothing for an interview
- Contacting potential employers
- Completing employment applications
- Managing coping mechanisms for stressors associated with interviews
- Handing in employment applications
- Rehearsing interviews and building interview skills
- Managing sleep patterns
- Managing coping mechanisms for stressors associated with authority figures
- Employment interviews
- Managing coping mechanisms for stressors associated with responsibility
- Managing coping mechanisms for stressors associated with interpersonal contact and communication
- Time management for arrival on time to the workplace
- Beginning work
- Managing coping mechanisms for stressors associated with guilt and shame
- Asking for performance feedback

By being very diligent about identifying and carrying out the small steps in the progress of the patient, the patient is more likely to succeed in the long-term. If there are periods of regression and/or relapse, the goals are re-written to reflect the point at which the patient is starting again.

Above all else, the patient and the family members need to keep appropriate expectations. All parties involved need to be looking for overall progress, and avoid the trap of expecting too much too quickly. With time comes healing and recovery. ***SS***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Andrew Martin began his entrepreneurial approach to business in 1982 at the age of fifteen. Throughout his career, Andrew has fulfilled his duties as a senior executive in viable business ventures in various industries including; health care, sound reinforcement and lighting, electrical safety equipment, commercial catering, specialty metal shapes manufacturing, and the entertainment overhead suspension industry.

Andrew's current business efforts are encompassed by Serene Recovery Network, a group of branded organizations with a common vision of helping people in early recovery to help themselves to a long-term rewarding quality of life without addiction. The individual businesses include Serene Center, a 36 bed transitional sober living facility in Long Beach, CA which also conducts outpatient counseling services, drug testing and monitoring, and outpatient detoxification. Serene Connections, a publishing and professional educational conference production company catering to the field of addiction treatment. Serene Directory, an online directory of professionals and organizations affiliated with behavioral and mental health. Serene Foundation, a micro loan lender providing funding for the continuum of addiction care.

Andrew has authored many articles related to addiction treatment, health care agency productivity, industry specialties, as well as business approach and leadership and has been published in Serene Scene, Behavioral Health, Freedom Newspaper, Sound & Video Contractor, Western Wall and Ceiling Contractors Association Bulletin, Connections Magazine (Australia), dB Magazine, EQ, Lighting & Sound International (Canada), Sound & Communications, Live Sound International (UK), Recording-Engineering-Production. Additionally, many patents and trademarks have been awarded to Andrew Martin for various business related products, brand names, and service marks.

Andrew is also very active in the California Association of Alcoholism and Drug Abuse Counselors (CAADAC) Board of Directors and Sober Living Network. Andrew also keynotes for many organizations.