

Co-occurring Disorders & Methamphetamine

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Brief History of Meth

- Amphetamine including meth is synthesized in early 20th century
- Identified for medical use in early 1930's
- 1st manufactured as bronchial dilator then for a variety of conditions-narcolepsy, ADD, obesity and fatigue
- Due to increase in abuse, it was made a schedule II substance in 1970
- 1970-1980 brought further restriction on prescription and precursor chemical needed for manufacture
- In the 1980's meth reappeared with a vengeance in Hawaii and the West
- In the 1990's meth use grew steadily in West and Northwest

What Is a Mental Disorder?

“A clinically significant behavioral or psychological syndrome or pattern associated with present distress or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom...”

What Is a Co-occurring Disorder?

- Co-occurring disorder denotes the simultaneous diagnosis of substance use disorder and serious mental illness
- A substance use disorder includes abuse or dependence on drugs or alcohol as classified in the DSM IV TR, 2000
- Serious mental illness includes a mental, behavioral, or emotional disorder that meets criteria listed in DSM IV TR and results in functional impairment with one or more life activities (OAS, 2004c)

Addiction

- Addiction is a state in which an organism engages in compulsive behavior, even when faced with negative consequences
- Behavior is reinforcing (rewarding or pleasurable)
- Loss of control in limiting intake
- Occurs within the reward pathway of the brain

Dependency

- A state in which an organism functions normally only in the presence of a drug
- Neurons adapt to repeated drug exposure and only function normally with the drug
- When the drug is removed, physiologic reactions occur (withdrawal)
- Occurs within the thalamus and brainstem
- Tolerance: Increasingly larger amounts of drug are needed to produce the same effect

Co-occurring Factors

- 45% of women with illicit drug dependence or abuse had an SMI, compared to 22% of men
- Approximately 2% of the adult female population has a co-occurring mental health and substance abuse problems (Office of Applied Studies, 2004)
- 65% of women with a substance use disorder have a co-existing psychiatric or psychological disorder (Helzer & Pryzbeck, 1988)

Clients with Co-occurring Disorders

- Use greater treatment resources
- Have a more complicated course of treatment
 - Higher rates of relapse
 - Higher rates of re-hospitalization
 - More frequent ER visits
 - Violence, suicide, homelessness
 - Increased morbidity and mortality
- Poorer treatment compliance
- More contact with criminal justice

Women & Co-occurring Disorders

- Women with co-occurring disorders tend to have mental disorders such as depression, anxiety, eating disorders and low self-esteem (CSAT, 2005)
- Tend to have a history of victimization, homelessness and violence (Najavts, Weiss, & Shaw, 1997)
- Women with co-occurring disorders are more likely to have multiple treatment episodes with higher rates of relapse and hospitalization (OAS, 2002)

Domestic Violence & Mental Health

- Many women who experience domestic violence do not develop mental health conditions. They may have some symptoms of depression or other mental illnesses but symptoms resolve when social support and safety increase.
- Other women experience significant mental distress. Women with domestic violence are at increased risk for depression and PTSD. Substance abuse, eating disorders and mental health problems have been linked with adult and childhood abuse.
- A review of 16 studies of depression and PTSD among women receiving domestic violence services found:
 - A range of 33-64% of shelter clients met criteria for depression.
 - A range of 33-88% of shelter clients met criteria for PTSD.

Carole Warshaw, MD Domestic Violence and Mental Health Policy Initiative

Eating Disorders & Mental Health

- Up to 35% of substance abusers have an eating disorder (vs. up to 3% in the general population) (National Center on Addiction and Substance Abuse, 2003)
- Weight control is cited as a reason for drug use among young women (NSDUH, 2005).
- Young women with eating disorders use alcohol more frequently and have more negative consequences of alcohol use (Anderson et al., 2005)
- Fear of weight gain is a relapse trigger

Common States of Being for the Eating Disordered Individual

- | | |
|--|---|
| ■ Low self esteem | ■ Quest for perfection |
| ■ Diminished self-worth | ■ Desire to be special/unique |
| ■ Belief in the thinness myth | ■ Need to be in control |
| ■ Need for distraction | ■ Need for power |
| ■ Dichotomous (black and white) thinking | ■ Desire for respect and admiration |
| ■ Feelings of emptiness | ■ Difficulty expressing feelings |
| ■ Lack of coping skills | ■ Need for escape or a safe place to go |
| ■ Lack of trust in self and others | |
| ■ Terrified of not measuring up | |
- HOW MANY OF THESE ALSO APPLY TO WOMEN ADDICTED TO METHAMPHETAMINE?

Costin, The Eating Disorder Sourcebook, 1996

Co-Occurring Eating and Substance Disorders

- Some women may be more likely to have both disorders
 - Impulsive behaviors
 - Poor psychiatric functioning
 - Co-occurrence of other psychiatric disorders
 - Co-occurrence of borderline and cluster B personality disorders
 - Severe sexual abuse history
- Methamphetamine use may be initiated because of eating disorder

Methamphetamine & Mental Health Disorders

- Amphetamine- Induced Psychotic Disorder with Delusions
- Amphetamine-Induced Mood Disorder
- Amphetamine-Induced Anxiety Disorder
- Amphetamine-Induced Sleep Disorder
- Amphetamine-Induced Psychotic Disorder with Hallucinations

DSM-IV TR

Common Mood Disorders Associated with Methamphetamine Use

- Major Depressive Disorder
- Dysthymic Disorder
- Bipolar I & II
- Cyclothymic Disorder
- Bipolar Disorder NOS
- Mood Disorder NOS
- Adjustment Disorder with depressed mood

DSM-IV-TR Diagnostic Criteria

- **Major Depressive Disorder:** Requires presence of mood disturbance or loss of interest or pleasure in activities for 2 weeks or more accompanied by at least four other symptoms of depression.
- **Dysthymic Disorder:** Depressed mood for most of the day, for more days than not, as indicated either by subjective account or by observation by others, for at least 2 years.
- **Cyclothymic Disorder:** For at least two years, the presence of numerous periods with hypomanic symptoms and numerous periods with depressive symptoms that do not meet the criteria for a major depressive episode. (Milder end of bipolar spectrum)
- **Disorders NOS:** Mostly used for billing when there is inadequate information for full diagnosis.

DSM IV-TR, 2000

DSM-IV-TR Diagnostic Criteria Continued

- **Bipolar I Disorder:** Currently (or recently) in a Major Depressive Episode. Previously there has been at least one Manic or Mixed Episode.
- **Bipolar II Disorder:** Presence (or hx) of one or more Major Depressive Episodes. Presence or hx of at least one Hypomanic Episode.
- **Adjustment Disorder with depressed mood:** The development of emotional or behavioral symptoms in response to an identifiable stressor occurring within 3 mos of onset of the stressor. Symptoms include marked distress in excess of what would be expected from stressor and they cause significant impairment in social or occupational functioning.

DSM IV-TR, 2000

Education to Improve Disease Management Skills

Principals

- **Gear Education** to educational, cultural, motivational factors of individual & families.
- **Include both knowledge** about the disorder in general & how it affects the client's own life.
- **Pay attention** to opportunities for destigmatization and demystification.
- **Emphasize the role** of the person in treatment including the costs and benefits of specific TX options according to the indiv's priorities.

DSM-IV-TR Mental Disorders
Diagnosis, Etiology & Treatment, 2005

Education to Improve Disease Management Skills:

Psychoeducation Components

The Disorder

- Biological Basis
- Environmental components
- Course & Outcome

Treatment

- Somatic therapies: somatic & psychosocial
 - Goals
 - Side effect recognition and management
 - Costs & benefits of indiv TX options
- Coping Skills
 - Recognition of early signs of relapse
 - Avoidance/management of triggers for episodes
 - Activation of adaptive coping behaviors & avoidance of maladaptive response.

DSM-IV-TR Mental Disorders
Diagnosis, Etiology & Treatment, 2005

Best Practices for Treating Women with Methamphetamine & Mental Health Problems

- Build on strengths and use supportive rather than confrontational approaches
- Provide women specific services including dealing with the effects of trauma
- Develop services for women and their children
- Provide access to long term treatment and mental health services, including effective aftercare

CSAT, 2005

Engaging the Client in Treatment

- Ambivalence is expected
- Make treatment accessible
- Provide support for being in treatment
- Respond quickly and positively when the client contacts treatment program
- Convey empathic concern and understanding

CSAT, 1999

Co-occurring Disorders & Treatment Challenges

- This is a difficult population to work with over time
- Client's lack follow-through with appointments/commitments
- Clients do not follow medication management plans
- Treatment providers fail to make concessions for mental illness
- Clients receive conflicting messages from treatment and MH providers
- Providers fail to communicate on behalf of the client

Co-occurring Disorders & Treatment Challenges

- Mental health and drug treatment often not provided together
- Many treatment programs not ready to deal with the problems of co-occurring disorders despite numerous trainings and free access to materials
- Mental health programs are under funded and provide crisis intervention with limited additional services
- Programs often fail to communicate with each other on behalf of the client

Therapeutic Techniques

- Conduct a thorough and timely assessment screening for co-occurring disorders
- Use motivational interviewing techniques
- Understand trauma and the role of relationships with staff/other women as a source of motivation for treatment
- Provide case management services
- Apply Cognitive-Behavioral Therapy (CBT) in order to identify and replace self- defeating beliefs and actions

Educate the Client on What to Expect

- Provide education on the effects of withdrawal including expected duration
- Effects lasts 10 days to 2 weeks
- Physical effects often times mimic depression, anxiety and paranoia
- Need help to deal with cravings & irritability
- Need to understand she will be fatigued, have poor memory and trouble concentrating for a length of time

CSAT, 1999

Stage of Treatment vs. Stage of Change

Stages of Change

- Precontemplation
- Contemplation & Preparation
- Action
- Maintenance

Stages of Treatment

- Engagement
- Motivation
- Active Treatment
- Relapse Prevention

Mueser, 2003

Drug Use Causes Physiological Changes

- Prolonged drug use causes changes in brain chemistry
- Causes dramatic affects on the central nervous system
 - CNS effects such as psychosis and stroke are most common presenting symptoms in ER
- Heavy use can cause cardiovascular complications
 - Cardiac arrhythmias & stroke
- Skin disorders
 - Infections and lesions from “picking”
- Liver disease
 - Related to Hepatitis B and C infection

Implications for Co-occurring Disorders

Co-occurring disorders are associated with

- Problems in the brain
- Negative mood states
- Poor object relations
- Poor impulse control
- Difficulty understanding the consequences of behavior in the moment

Relapse and Recovery

- Relapse - slip or fall back into a former worse state (as of illness) after a change for the better.
- Recovery - act of regaining or returning toward a normal or healthy state
 - Must first admit have problem
 - Relapse does not occur until after action
- Moving from Acute to Chronic Perspective of Treatment

Considerations in Relapse

- Women have more barriers to treatment than men.
- Women are judged more harshly for addiction than men.
- Women take on the addiction patterns of their partners, where men do not.
- Women with addiction have more emotional problems than men.
- Viewed as more difficult to treat – but why?
- Women relapse less often than men – 22% of women (compared to 32% of men) relapsed within 6 months of completed a 6 month treatment program.
- Women are more likely to experience negative feelings prior to relapse. Men are more likely to experience positive experiences and use as a reward.

Why Evidence Based Practice when Providing Treatment for Co-occurring Disorders?

- What is Evidence Based Practice?
- Skills needed to plan, implement and evaluate the quality of services offered
- Last decade field of drug treatment has had a shift toward EBT, but...
- The Code of Ethics for many boards directs practitioners to continually strive to increase professional knowledge, skills and APPLY them to practice
- Best possible client-centered care

Exercise

- Break up into assigned groups
- Designate someone to record your answers for the group
- Think critically about what you can do using EB
- Identify risk factors in each vignette
- Develop a plan & report back to the group

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