Integrative Treatment of Substance Use and Other Mental Health Disorders in the College Population

NECHA 2014 Annual Meeting October 30th, 2014

> Felix F. Pizzi, LMHC, CCMHC Associate Dean of Student Affairs Director, Counseling and Wellness Center The Boston Conservatory



Introduction and Overview

- Substance Use and Other Mental Health Issues in the College Population
- Substance Use and Other Mental Health Disorders in Treatment
- Understanding Addiction and Substance Abuse from an Integrative or Multi-Theoretical Model
- Focus on Treatment Treatment Goals, Considerations and Interventions

Substance Use and Other Mental Health Disorders in the College Population

- Increasing rates of mental health disorders among college age population
 - Depression, anxiety, bi-polar illness, suicidality
- Significant co-morbidity between substance abuse, major depression, borderline personality disorder and other personality disorders.

Substance Use and Other Mental Health Disorders in the College Population

- Higher numbers of college students meet criteria for alcohol use disorders in comparison to non-college peers (22.9% v.s. 8.5%).
- College students with drug and alcohol use issues are less likely to receive treatment
 - Social acceptance of drug and alcohol use
 - High stigmatization of substance use

Who are we talking about?

 BG – is a 19 year old sophomore student who presents with a history of frequent anxiety for the last couple of years. He reports that anxiety symptoms are not related to anything in particular and states he has mainly been using marijuana to cope with symptoms, but recently this has not only been ineffective, but has also been increasing the intensity of symptoms and leading to panic attacks. Student has heard about Xanax and has also used some un-prescribed meds which he thought were effective and requests a medication appointment at point of intake.

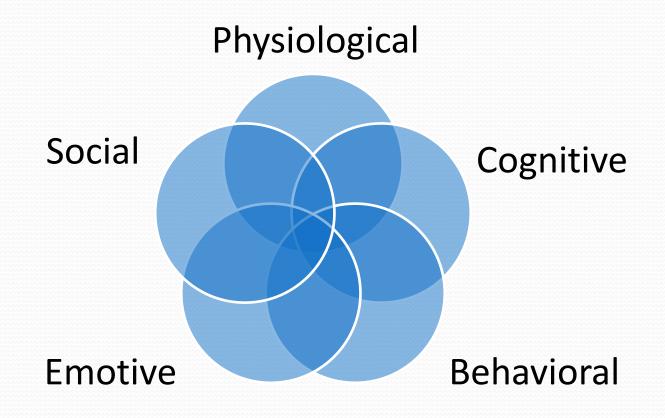
Substance Use and Other Mental Health Disorders

- Possible presentations:
 - Prominent substance use disorder, with "other mental health" disorder which is more difficult to detect.
 - Prominent "other mental health" disorder, with more subtle symptoms of a substance use disorder.
 - Prominent symptoms of both substance use and "other mental health" disorder.
 - "Other mental health" disorder after substance use.

Substance Use and Other Mental Health Disorders

- Substances can have a similar or opposite effect than the symptoms present with another mental health disorder – substance can be "causing" or "treating" the other mental disorder.
- Need for Integrated Treatment of substance disorder and other mental health disorder.

Understanding Addiction and Substance Abuse from an Integrative or Multi-Theoretical Model



Continuum of Use

Away from a Binary Perspective....

Fully Developed

Problematic Use

At-Risk Use

Recreational Use

Freimuth, M. (2008).

Intervention is possible at any point...

<u>Recreational</u> Level

Controlled by the situation

- Relatively stable frequency or intensity
- Negative consequences are unexpected, private and direct effect of behavior

At-Risk Level

- Controlled by intrinsic reinforcement
- A once social behavior occurs alone
- Negative consequences are a direct effect of the behavior but no longer unexpected

<u>Problematic</u>

- Behavior has psychoactive effects/psychological purpose
- Intensity/frequency of behavior increases over time
- The behavior is more important than the people it is done with
- Secondary negative consequences: lateness, employment or relationship problems, guilt

Fully Developed

- Behavior continues even after desired effect is achieved
- Signs of tolerance and cravings
- Negative consequences occur frequently and become more severe
- Harm created by behavior is hidden, minimized or denied

Freimuth, M. (2008).

Biological Physiological Cognitive Behavioral

Psychoanalytic Psychodynamic

Existential
Phenomenological

Biological Physiological

- Drugs change brain chemistry and functioning.
- Some of these changes are reversible once drug use stops, others are permanent.
- Drug use can lead to tolerance, dependence and withdrawal.

- Substance using behavior can create patterns of behavior and distortions of thought.
- Patterns are difficult to change and which lead to compulsive use and loss of control.

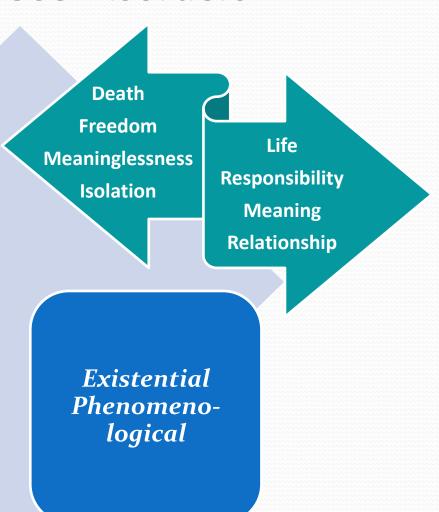
Cognitive Behavioral

- Addiction is a narcissistic illness.
 - Internalized anger.
- The substance using person has poor ego strength.

Addictive behavior is a defense mechanism against intolerable or unbearable affect.

Psychoanalytic Psychodynamic

- Addictive behavior is a defense against existential angst.
- The person's relationship with the world is broken.
- The person's relationship with time is stuck in the present.



Affected brain and overall physiological functioning

Compulsive pattern of behaviors and thinking

Narcissistic, internalized anger, poor ego strength, defending against unbearable affect

Existential angst, stuck in the present, broken relationship with the world

Goals for Treatment

Biological Physiological

Substance Use Stabilization

Psychopharm Treatment Cognitive Behavioral

> Cognitive-Behavioral Change

Psychoanalytic Psychodynamic

Ego Strength

Emotional/Affect Tolerance

Externalization of Anger

Existential Phenomenological

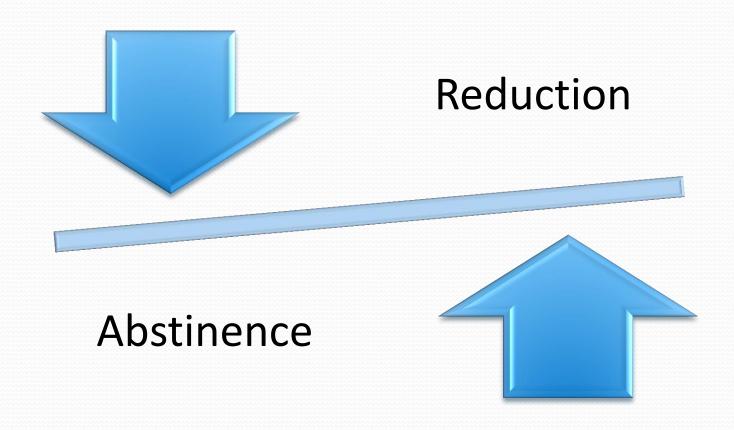
Relationship with the World and Time

Existential Commitment

Treatment Considerations

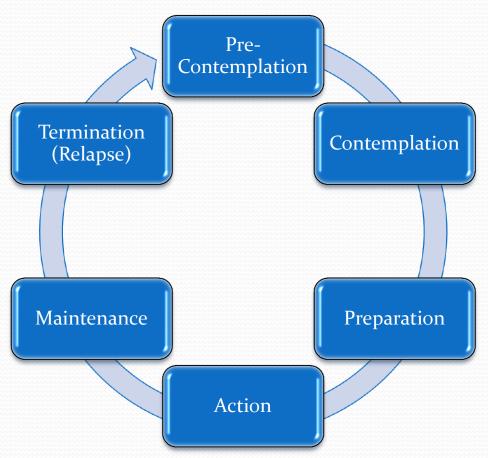
- Primacy of building the treatment relationship and engaging the client in treatment.
- Interventions need to be attuned with the client's current level of functioning, motivation, ego strength, and emotional and interpersonal tolerance.
- Importance of Integrated Treatment for substance disorders and other mental health disorders.
 - Away from independent or separate treatment.

Treatment Considerations



Treatment Considerations

Stages of the Change and Motivational Interviewing



Miller, W., & Rollnick, S. (2002).

Treatment Issues

- Psychopharmacological Issues
 - Risks and benefits of psychotropic medications for substance using patients
- Joining the Client's Defensive Structure
 - Working WITH, not against the resistance
- Following the contact
- Self-Help Groups 12 Steps/Smart Recovery/Other
- Referral Issues and Treatment Options
- Relapse Prevention

Discussion and Questions

Case # 2

 MK – Is a 24 year old, graduate student who presents due to depression symptoms. He reports chronic depression since his teen years and on-going suicidality for the past few years since undergrad. At time of intake, suicidality was daily, at times laying in bed for hours fantasizing about slashing his neck with a knife, or other gruesome ways of dying. He did not indicated he would act on thoughts and did not met threshold for commitability. He additionally reported frequent social drinking with regular binge behavior, particularly at times when he felt pressured to drink by others and then was unable to control his alcohol use leading him to regular social and physical negative consequence. He reports increased depressed mood and suicidality after binge drinking episodes.

Selected Recommended Readings

- Bishop, F.M. (2001). Managing Addictions: Cognitive, Emotive and Behavioral Techniques. North Bergen, NJ: Jason Aronson, Inc.
- Dodes, L. (2002). The Heart of Addiction. New York, NY: Harper Collins Publishers.
- Flores, P. (1997). Group Psychotherapy with Addicted Populations: An Integration of Twelve-Step and Psychodynamic Theory (2nd ed.). Binghamton, NY: The Haworth Press.
- Freimuth, M. (2008). Addicted? Recognizing Destructive Behavior Before It's Too Late. Lanham, MD: Rowman & Littlefield Publishers, Inc.
- Kay, J., & Schwartz, V. (Eds.). (2010). Mental Health Care in the College Community. United Kingdom: John Wiley & Sons Ltd.
- Landau, J. (2004). Introduction to the 2004 Edition of Schizophrenia, Alcoholism and Addiction "Let's Talk Interviews Dr. Spotnitz." InnerRESOURCES Publications.
- Landy, M. (1994). Understanding Drugs of Abuse: The Process of Addiction,
 Treatment and Recovery. Washington, DC: American Psychiatric Press.

Selected Recommended Readings

- McWilliams, N. (1994). *Psychoanalytic Diagnosis, Understanding Personality Structure in the Clinical Process.* New York, NY: The Gilford Press.
- Miller, W., & Rollnick, S. (2002). *Motivational Interviewing: Preparing People for Change* (2nd ed.). New York: The Guilford Press.
- Spotnitz, H., & Meadow, P.W. (1995). Treatment of Narcissistic Neuroses (Rev. ed.) Northvale, NJ: Jason Aronson, Inc.
- Van Kaam, A. (1966). The Art of Existential Counseling: A New Perspective in Psychotherapy. Denville, NJ: Dimension Books.
- Westermeyer, J., Weiss, R., & Zeidonis, D. (Eds.). (2002). Integrated Treatment of Mood and Substance Use Disorders. Baltimore, MD: The John Hopkins University Press.
- Whitman-Raymond, R. (2005). Inform Treatment by Understanding Gambling's Addictive Process. Addiction Professional, March 2005, 46-48.
- Yalom, I. (1980). Existential Psychotherapy. USA: Yalom Family Trust.