

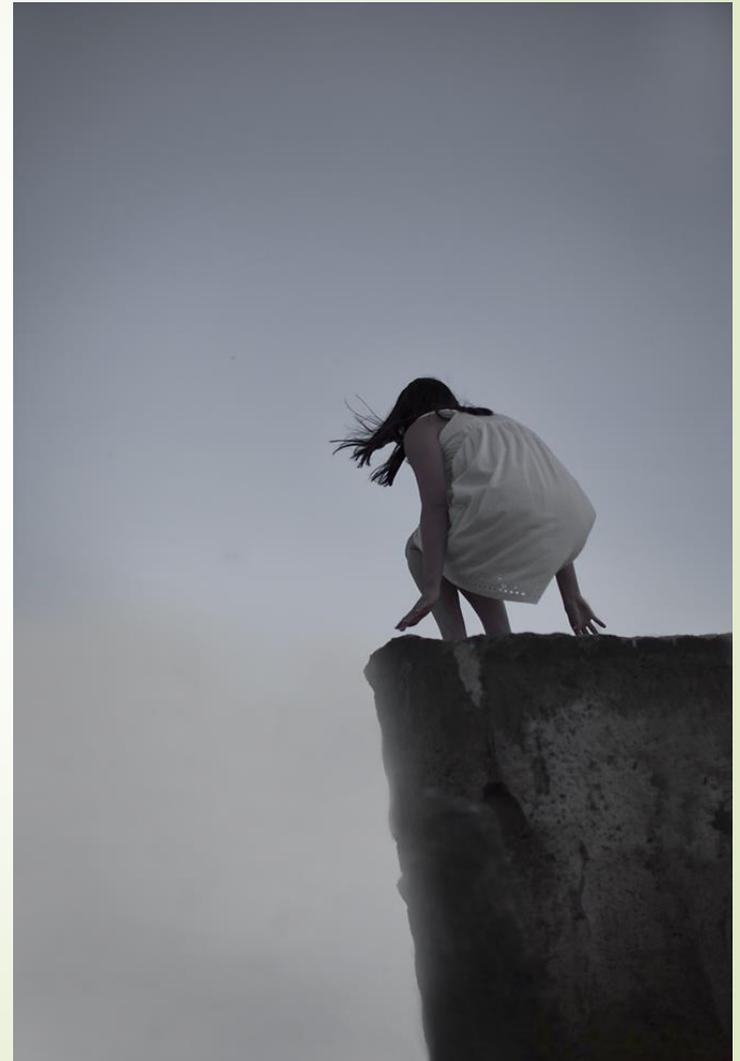


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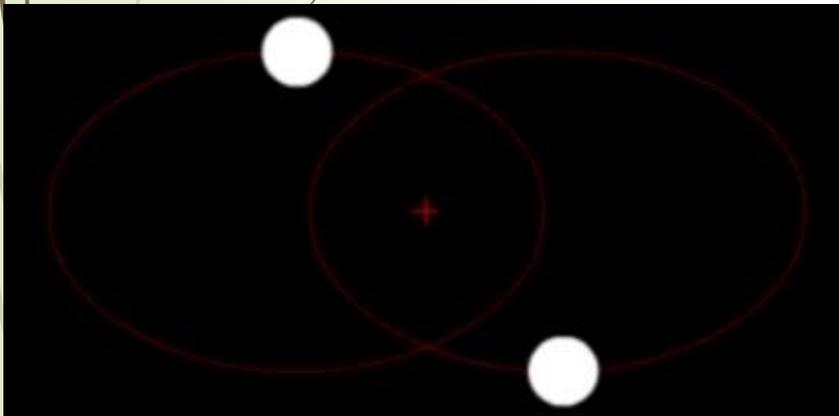
Overview

- Prevalence of specific dx (including trauma related to addictions)
- Difficulties in treating these cooccurring disorders
- Recommendations for treatment approaches



Co-occurring Dx Common

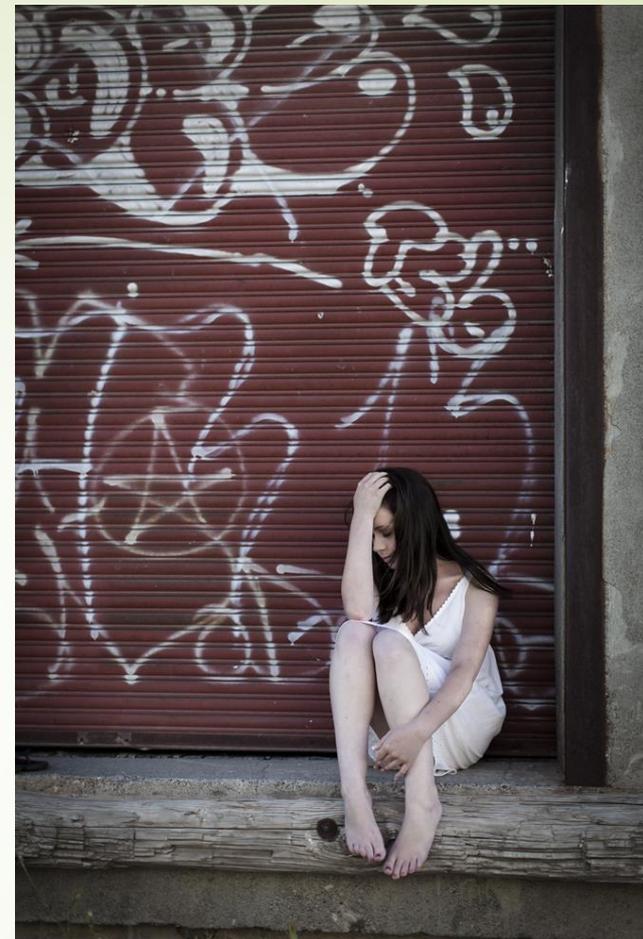
- 20% of all persons in the general population with a current substance use disorder had at least 1 current independent mood disorder
- Over 86% of pathological gamblers screened positively for at least one of the four targeted psychological disorders. (Soberay, Faragher, Barbash, Brookover, & Grimsley, 2013)



"Addictions more than coexist; they interact reinforce, and become part of one another" ~Dr. Patrick Carnes

Contributing factors to development of addiction

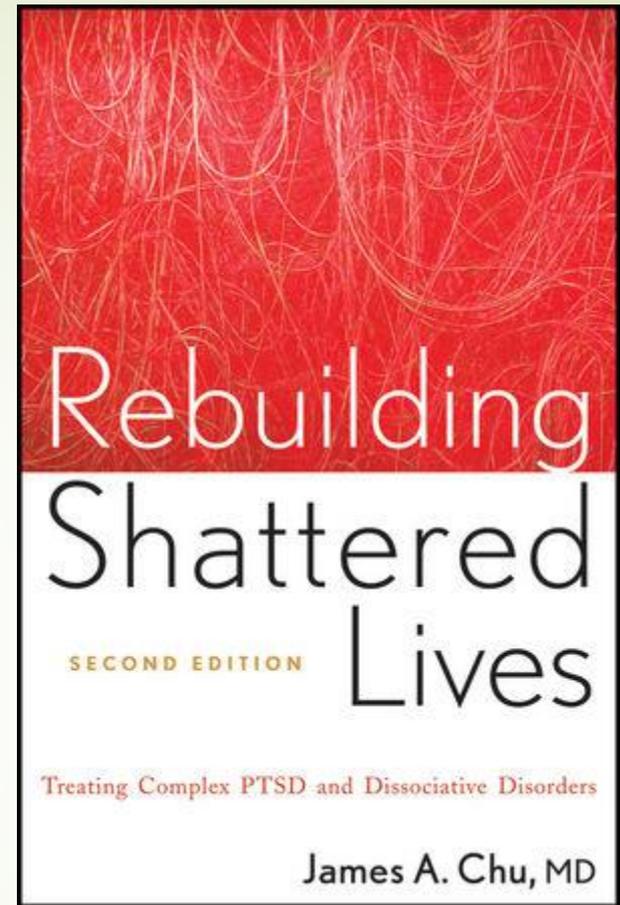
- Attachment disorder:
 - Inhibited type: detached, unresponsive or resistant to comforting, withdrawn, avoidant, shuns relationships with everyone
 - Disinhibited type: indiscriminate sociability, inappropriately familiar or selective in choice in attachment figures, seeks attention from anyone, displays inappropriate childish behavior, frequently asks for help doing things, violates social boundaries
- FAS - lack of focus, delayed development and problems in thinking, speech, movement, and social skills, poor judgment
- PTSD - disassociation, hyperarousal, avoidant, reliving, negative beliefs and feelings
- Borderline Personality Disorder - frantic efforts to avoid real or imagined abandonment, having severe dissociative symptoms, impulsive and often dangerous behaviors





Course of Tx Model

- Pre-treatment
- Early Stage
- Middle Stage
- Late Stage



Pre-treatment

- Comprehensive assessment, with attention to diagnosis within:
 - posttraumatic/dissociative spectrum:
 - - acute psychotic
 - - panic
 - - dissociative
 - depressive features one spectrum of extreme cases
 - symptoms of narcissistic personality and antisocial personality on the other
 - symptoms of multiple personality and borderline personality



Comorbidity

- Screen for comorbidity (specifically):
 - Substance abuse
 - Medical illness
 - Eating disorders
 - Affective disorders





- Focus on safety
- Focus on individual psychological stabilization
- Education
- Skill building
- Development of the treatment alliance – building community, through peers

Early Stages of Treatment

Trauma Processing

- ▶ involves revisiting and reworking the trauma with careful processing to integrate traumatic material along with its associated but often avoided emotion.
- ▶ expression of pain and profound grief but with the support and witnessing of the therapist.
- ▶ re-working of trauma is always destabilizing, so the skills learned in the early stage of treatment provide the frame and skill-set needed to face and integrate the previously avoided traumatic material.



Middle Stage of Trauma Tx

Resolving trauma techniques:

- prolonged or graduated exposure
- cognitive processing therapy
- cognitive restructuring
- narrative exposure
- Eye Movement Desensitization and Reprocessing



Middle Stage of Trauma Tx

Late Stage of Tx

- Identity
- Self-Esteem development
- Improved relationship skills
- Issues surrounding intimacy, sexuality
- Life choices
- Continue/end certain relationships
- Vocational choices



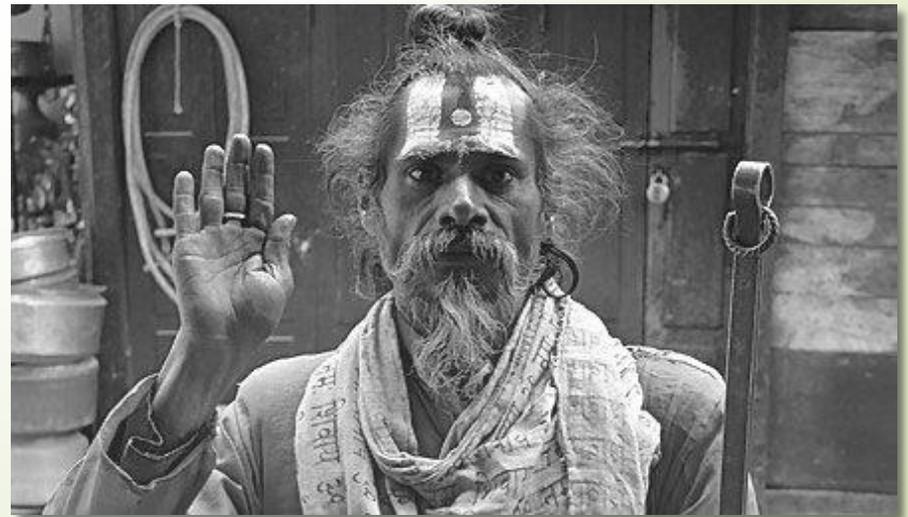
Late Stage of Tx

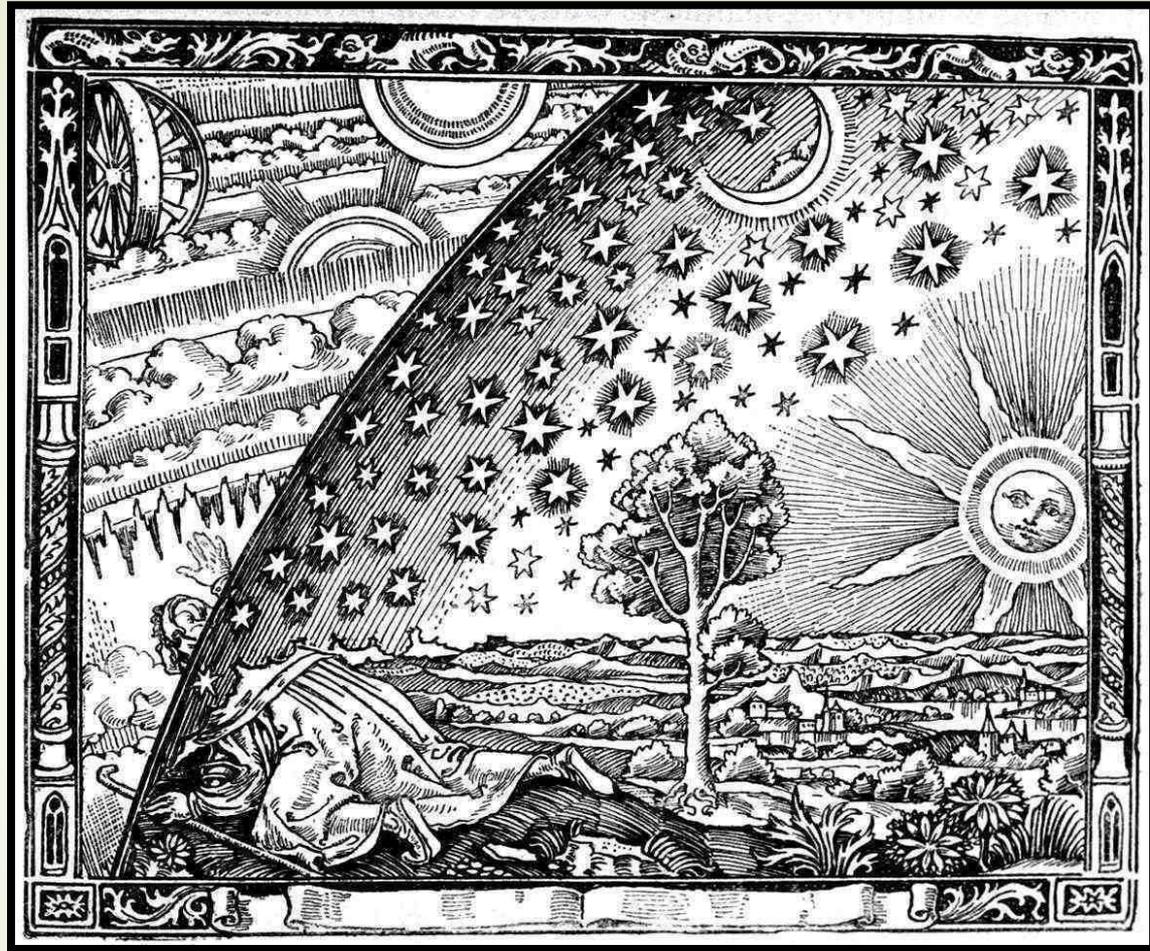
- Existential Exploration
- Meaning Making





Attitudes of life





“Myths are public dreams,
dreams are private myths.”
~Joseph Campbell