at the SUMMIT

ISSUE 25 | SUMMER 2017

Reclaiming Our Power for Change

Andrew C. Nichols, M.S.W., L.C.S.W.

THIS EDITION OF OUR NEWSLETTER focuses on *chemical dependency.* And although this article is applicable to chemical dependency problems, I am expanding on the subject by drawing on wisdom found in what continues to be the most successful means of treating addiction, the 12 Steps of Alcoholics Anonymous (AA).

I'm going to focus on what I see as a *hidden equation* in the 12 step program, which applies not only to addictions, but to all serious problems in human living. Problems of this type can be defined as *any* ***persistent*** *situation in which the way things* ***are*** *doesn't match the way we think they* ***should*** *be.*

AA Step 1: We admitted we were powerless over alcohol – that our lives had become unmanageable.

Steps 1 through 12 progressively free one from this essential aspect of any serious problem: *We frequently try to exercise control over things we cannot control.* Step 1 focuses our attention on this question: "Do I actually have any control over what I believe I need changed in order to be happy or content?" If not, the *Serenity Prayer* provides excellent advice:

God, grant me the serenity to accept
the things I cannot change,
Courage to change the things I can,
And wisdom to know the difference.

And what do we try to control? *Anything* that disturbs our sense of well-being. That's what control is: We have an idea of the way things should be, and we behave in whatever way is necessary to bring things to where we think they should be, and keep them there. This works just fine as long *as we have the power to change what needs changing.* But what if we don't?

Usually, just recognizing when we don't have control over something helps, because the energy we've been using for control comes back to us. But we might need additional help. Here's where the simple equation hidden in the 12 Steps comes to our aid:

Our ***E****motional state is approximately equal to our current* ***p****erception of what is,* ***minus*** *our personal* ***s****tandard for what "should be," or,*

$$E \approx p - s$$

It aids understanding if we use numbers. Here's an example. On a scale of 0 to 10, let's say my standard for cleanliness is an 8, but when I look around the house I perceive a 3. Using our equation, my Emotional state would be approximately 3–8, or an upset *negative* 5! Suppose my standard for my kids is to clean the kitchen 2 days per week, but this week they cleaned it 5 days! Emotional state, a surprised, happy, *positive* 3! If my standard for a good day is a 7, and my perception of today is a 7, what is my Emotional state? 0 or *content*.

So, to change my Emotional state I can (1) act on my environment to change what I perceive, or (2) move my standards closer to what currently is. Are my standards realistic or achievable by me? If not, the good news is that we have power to change our standards. By recognizing when we are powerless, we recover our power! ■

Andrew C. Nichols, M.S.W., L.C.S.W., *has over 20 years of experience treating individuals, couples, and families suffering a variety of mental health and substance abuse issues. He also provides Eye Movement Desensitization Reprocessing (EMDR) Therapy for people suffering from grief, anxiety, depression, and other forms of distress.*

SUMMIT CLINICAL SERVICES

630.260.0606
www.summitclinical.com
1761 S. Naperville Road
Suite 200
Wheaton, IL 60189

MORE SUMMIT NEWS >

Q&A

Q Are there any medications that can help me quit drinking?

A Medications to treat alcohol dependence work best when used in conjunction with behavioral approaches to reducing alcohol use. Three oral medications (naltrexone, acamprosate, and disulfiram) and one injectable medication (injectable naltrexone) are currently approved in the US for treating alcohol dependence. There are also medications used "off label" (not approved by the FDA, but show benefits) which include agents such as topiramate, gabapentin or ondansetron.

The goal of these medications is to help people achieve abstinence from alcohol by reducing cravings (working on brain's rewards system), reducing long-term withdrawal distress (such as insomnia or nausea) and reducing numbers of heavy drinking days. Complete abstinence from alcohol is not required for some medications; however, it helps to improve outcomes. Disulfiram is contraindicated in those who continue to drink alcohol, as it can lead to a serious interaction with alcohol. Also, treating other comorbid psychiatric conditions concurrently may help with alcohol abstinence success.

Recent studies show that a very limited amount of people struggling with addictions receive any type of help. So, be an advocate, and talk to your doctor to assess if medications may help you quit drinking alcohol. ■

***Anna Makender, M.D.**, is a board-certified psychiatrist.*

The Opioid/Heroin Epidemic: Finding Local Support

WE CONTINUE TO HEAR OF THE national and local battles against prescription opioid abuse and heroin use throughout our country; too many of us have been personally touched. The DuPage County Health Department's Coroner, Richard A. Jorgensen, said it was his understanding Americans consume 85 to 90 percent of the world's opioids. He expressed alarm over the ascendancy of the synthetic drug fentanyl, "500 times stronger than morphine," he said, which is being used to enhance the effects of heroin or as a heroin substitute. Many are being manufactured and smuggled into the U.S. by members of Chinese, Dutch and Mexican drug cartels, he said.

Close to home, the DuPage Coalition Against Heroin has dedicated resources to fight substance abuse and addiction in the County. Due to the alarming increase in deaths due to opioid use and overdose, the Coalition supports programs around the County to increase awareness, educate youth and families, and provide safe disposal for prescription pain pills. Additionally, the Coalition is committed to connecting people with resources and to supporting families fighting addiction. The following 2 programs are among those supported by the Coalition.

The DuPage Narcan Program (DNP), approved by the Division of Alcoholism and Substance Abuse (DASA) in September 2013, is the first county-wide overdose prevention program in the State of Illinois. The DNP is a collaborative effort among the DuPage County Coroner, Chiefs of Police Association, Sheriff, State's Attorney and Health Department that was initiated due to a dramatic increase in heroin deaths in June 2013. The DNP has since trained police departments within and outside of DuPage County to meet the needs of our local and regional law enforcement partners. The DNP focuses primarily on training law enforcement but also has trained school districts and other social services agencies.

As a result, the DuPage Narcan Program was implemented to reverse the effects of heroin and other opioids to save lives. Since 2014, 3,143 individuals have been trained to administer naloxone among 60 program sites across DuPage County and the northern Illinois area.

Project Connect offers additional intervention, as well as support and treatment opportunities to those who have recently had their lives saved through the DuPage Narcan Program.

To get help or a referral to these services, please call 630-627-1700. ■

***Bonnie Knox, L.C.P.C., C.A.D.C.**, provides individual and family therapy to adolescents and adults. In addition to treating depression, anxiety disorders and addictions, she specializes in offering EMDR services.*

Dual Diagnosis

MANY PEOPLE STRUGGLING WITH substance abuse actually suffer from two separate illnesses: the substance abuse, and another mental illness such as anxiety, depression, anorexia, bipolar illness or schizophrenia. Unless both disorders are treated, long-term success is unlikely.

Either disorder can come first. Long-time addicts often develop mental illness resulting from the substance use. Others with addictions have tried for years to mask symptoms of mental illness with alcohol or drugs. For example, a man with serious insomnia may drink to fall asleep. Alcohol may well help him fall asleep, but over the years he may have to increase his drinking to treat the insomnia (a symptom of anxiety) until he is no longer be able to stop drinking. He may in fact develop symptoms of alcoholism and progress down the path of alcohol addiction.

According to a 2010 study done at the Substance Abuse and Mental Health Service Administration (SAMHSA), around 24 million Americans live with a substance abuse disorder, and 5 million of them also have a co-occurring mental illness.

It used to be thought that the addiction needed to be treated first, then any remaining mental health problems could be treated. Now we know that many people with addictions will relapse before the mental health concerns can be addressed, so both are treated together.

Though anyone can have a dual diagnosis, according to SAMSHA, the most frequent patient is a male aged 18 to 25, who is employed. The National Alliance on Mental Illness (NAMI) statistics show males, particularly war veterans, who have an additional medical diagnosis, and come from a low socioeconomic background are more likely to have a dual diagnosis.

The most effective treatment for dual diagnosis starts with a comprehensive evaluation to adequately screen for both conditions. Appropriate medication management is mandatory for those with dual diagnosis (contrary to the traditional approach to alcoholism treatment, in which medications are not used). In addition, AA or NA, active work with a sponsor, and ongoing psychotherapy to address underlying psychological conditions such as post-traumatic stress disorder, are also strongly indicated. ■

***Sharon Beck, D.N.P.**, is a nurse practitioner and psychotherapist at Summit. She enjoys both prescribing medications and continuing a limited therapy practice.*