



Texas Behavioral Health Institute

## Managing Early Recovery Symptoms of Depression

### Session #1

Brad Patterson CCDC II, MBA  
Director, Keystone Treatment,  
Sioux Falls, SD  
bpatterson@crchealth.com

---

---

---

---

---

---

---

---

## Program Overview-Session #1

- Introduction
- Differences between Addictive Depressive Disorder and Clinical Depression
- Basic Neurology of Depression
- Additional Factors that Influence Depression
- Benefits of Cultural Competence

---

---

---

---

---

---

---

---

## Introduction

- What is Depression?
  - Is it just feeling bad?
  - Just feeling agitated?
  - Monday blues?
  - Not wanting to get out of bed?
  - Diminished interested in work, family, hobbies, and life in general?

---

---

---

---

---

---

---

---

## Introduction-continued

### ■ Yes!!!

- But depression is much more than just feeling down.
- It is a psychological, biological and sociological response to a wide array of potential causes and needs to be carefully assessed to properly address the needs of the client.
- In most cases, if prognosis is adhered to, depression is treatable

---

---

---

---

---

---

---

---

## Depression Definition-DSM-IV- Major Depressive Episode

A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

**Note:** Do not include symptoms that are clearly due to a general medical condition, or mood-incongruent delusions or hallucinations.

(1) depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., **feels sad or empty**) or observation made by others (e.g., appears tearful). **Note:** In children and adolescents, can be irritable mood.

(2) markedly **diminished interest or pleasure** in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others)

(3) significant **weight loss** when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. **Note:** In children, consider failure to make expected weight gains.

(4) **insomnia or hypersomnia** nearly every day

---

---

---

---

---

---

---

---

## Depression Definition-DSM-IV

(5) **psychomotor agitation or retardation** nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)

(6) **fatigue** or loss of energy nearly every day

(7) **feelings of worthlessness** or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)

(8) diminished ability to think or concentrate, or **indecisiveness**, nearly every day (either by subjective account or as observed by others)

(9) recurrent thoughts of death (not just fear of dying), recurrent **suicidal ideation** without a specific plan, or a suicide attempt or a specific plan for committing suicide

---

---

---

---

---

---

---

---

## Major Depressive Episode- DSM-IV

- B. The symptoms do not meet criteria for a Mixed Episode.
- C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- D. **The symptoms are not due to the direct physiological effects of a substance** (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).
- E. The symptoms are not better accounted for by Bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation

---

---

---

---

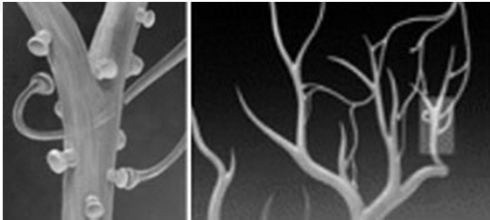
---

---

---

---

## Depressed Nervous System



Reduced Dopamine  
and Norepinephrine  
Receptors

Dendrite Nerve  
Endings in the  
Brain

---

---

---

---

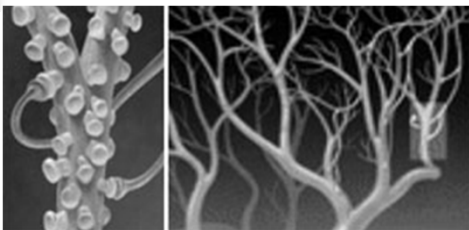
---

---

---

---

## Healthy Nervous System



Dopamine and  
Norepinephrine  
Receptors

Increased Dendrite  
Nerve Endings in  
the Brain

---

---

---

---

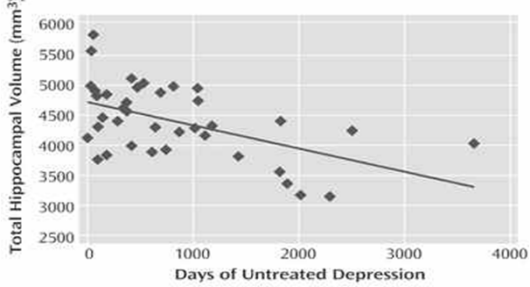
---

---

---

---

## Hippocampus Shrinkage



---

---

---

---

---

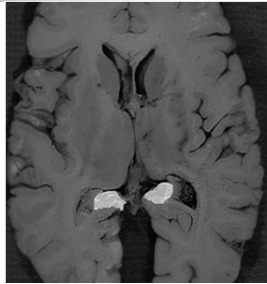
---

---

---

## Hippocampus Function

- Portion of the cerebral hemispheres in basal medial part of the temporal lobe.
- Learning and memory
- Converting short term memory to more permanent memory
- Recalling spatial relationships in the world about us
- Most importantly, Hippocampus helps to govern mood



---

---

---

---

---

---

---

---

## Depression Overview

- Involves much more than just "bad" brain chemistry
- Serotonin is just one of many factors
- Inflammation
- Elevated stress hormones
- Immune system suppression
- Abnormal activity in certain parts of the brain
- Nutritional deficiencies
- Shrinking brain cells
- Social and psychological factors – such as loneliness, lack of exercise, poor diet, and low self-esteem – also play an enormous role in depression.

---

---

---

---

---

---

---

---

## Nature of Depressive Symptoms

- Symptoms Exist on a Continuum
- Symptoms can increase, decrease or be sporadic
- Symptoms can be greatly effected by environment or the perception of one's environment
- Addiction and alcoholism greatly effects depressive symptoms

---

---

---

---

---

---

---

---

## Substance Use Disorder (DSM-IV Coding 291.89&292.84)

- Prominent and persistent disturbance in mood characterized by 1) **depressed moods** or 2) elevated, or irritable moods
- Occurs during Substance Intoxication or Withdrawal
- Chemical use is etiologically related to (causes) mood disturbance

---

---

---

---

---

---

---

---

## Depressive Symptoms in relationship to Substance Use Disorder

- Increases likelihood of experience depressive mood or depressive disorder
- Having depressive disorder increases likelihood of having substance Use disorder
- Depressive symptoms can precede, follow and co-occur with Substance Use Disorder

---

---

---

---

---

---

---

---

## Depressive Symptoms and Withdrawal

- Detoxification leads in most cases to Depressive symptoms
- Addictions and Alcoholism artificially stimulate and depress brain activities and result in brain deficiencies upon cessation
- Depressive symptoms generally last from 3 to 6 months, but as long as 18 months, during the first part of early recovery

---

---

---

---

---

---

---

---

	Intoxication	Withdrawal	Chronic Use
Alcohol	Amplified moods, disorientation, poor choices	<b>Depressed Moods,</b> poor appetite, anxiety, insomnia, psychosis	Depressive Symptoms
Opioids	Low energy, low appetite, poor concentration	<b>Depressed Moods,</b> poor appetite, anxiety, insomnia, poor concentration	Depressive Symptoms
Stimulants	Anxiety, low appetite, paranoia, psychosis	<b>Depressed Moods,</b> poor appetite, Insomnia, suicidal ideation	Depressive Symptoms
Cannabis	Anxiety, apathy, increased appetite	<b>Depressed Moods,</b> anxiety, irritability	Motivation Loss, Apathy
Sedative-Hypnotics	Fatigue, hypersomnia, apathy	<b>Depressed Moods,</b> anxiety, insomnia, paranoia, psychosis	Depressive Symptoms

---

---

---

---

---

---

---

---

## What AA says about Depression

Men and women **drink** essentially because they like the effect produced by alcohol. The sensation is so elusive that, while they admit it is injurious, they cannot after a time **differentiate the true from the false**. To them, their alcoholic life seems the only normal one. They are **restless, irritable and discontented**, unless they can again experience the sense of ease and comfort which comes at once by taking a few drinks—drinks which they see others taking with impunity. After they have succumbed to the desire again, as so many do, and the phenomenon of craving develops, they pass through the well-known stages of a spree, **emerging remorseful**, with a firm resolution not to drink again. This is repeated over and over, and unless this person can experience an **entire psychic change** there is very little hope of his recovery.

The Doctor's Opinion, pages xxviii-xxix, 4<sup>th</sup> ed.

---

---

---

---

---

---

---

---

## AA's thoughts on Emotional Sobriety

- Physical sobriety is a first step, but one needs to achieve both spiritual and emotional sobriety, as well
- Most in early recovery will have to weather depression that usually occurs during the first year, but can be experienced throughout recovery efforts
- Reliance on false perceptions, self, other people, material things will hinder spiritual transformation

---

---

---

---

---

---

---

---

## Effects of Substances on Recovery from Depressive Symptoms

- Substance use and abuse worsens and complicates recovery from depressive symptoms
- Helplessness and hopelessness is often experienced
- Hopelessness fosters relapse
- Suicides are highest among substance abusers and the depressed
- Any suicide ideation needs to be carefully assessed by a certified professional

---

---

---

---

---

---

---

---

## Distinguishing Between **Normal Moods**, Depressive Symptoms and Depressive Illness

- A variety of affects are experienced-not blocked or avoided
- The range of affects expressed is appropriate
- Affects can vary of a period of time
- Individuals continue to engage in solving life's dilemmas
- Individuals do not get "locked into" extreme emotions
- Individual is cognitively able to assess and change a mood
- Mood swings are time limited and generally appropriate
- Mood swings don't impact general life functioning

---

---

---

---

---

---

---

---

## Distinguishing Between Normal Moods, **Depressive Symptoms** and Depressive Illness-continued

- Depressive symptoms pervade beyond an appropriate time frame
- Affects are felt too powerfully and are blocked or distorted
- Although affects may be perceived as "normal" by the client, others see expression as over or under-reactive
- Individuals begin to "get stuck" in an emotion
- Individuals will begin to seek outside influences to change mood
- Significant life impairment may begin
- Reduction in use of healthy coping methods
- Pessimistic cognitive biases pervade
- Inability to accurately assess cause or response to feelings or situations

---

---

---

---

---

---

---

---

## Distinguishing Between Normal Moods, Depressive Symptoms and **Depressive Illness**-continued

- Individuals will demonstrate depressive symptoms described on previous page
- Will become limited in the emotions that can be expressed
- Will get "locked into" an emotion and respond to all stimuli through that emotion
- May recognize their moods, responses, reactions and feelings as extreme, but not be able to correct or alter the behavior
- Will become significantly impaired in one or more areas of life functioning
- May have significant cognitive distortions about environment and identity

---

---

---

---

---

---

---

---

## Factors Besides Substance Abuse Influencing Depression

### Gender

- Women are 3 times more likely to seek care for depression
- Women are 4 times more likely to experience severe depression
- Some researcher argue this prevalence towards depression suggests lack of gender equity
- Other researcher acknowledge pregnancies and hormonal adaptation as motivating care for depression
- Many believe that women are simply more honest than men when it comes to admitting their feelings and symptoms of depression

Depression and Gender—An International Review, Frances M. Culbertson, University of Wisconsin—Whitewater and Mental Health Associates

---

---

---

---

---

---

---

---

## Factors Besides Substance Abuse Influencing Depression

### Diet and Physical Fitness

- Depressed clients often are lacking balanced diets, specifically foods with folic acid (green leafy vegetables), Omega-3 (fish and walnuts) and vitamin B-12 (liver, turkey and clams)
- Clients who suffer from obesity and/or have eating disorders often suffer from depression as well
- Depression sufferers also tend to lack in regular exercise
- Those who do not participate in regular physical fitness are more likely to experience high stress, reduced self esteem, sleep and weight problems

---

---

---

---

---

---

---

---

## Factors Besides Substance Abuse Influencing Depression

### Work

- Depressed clients report great difficulty in experiencing job satisfaction
- These clients tend to experience greater fears and stresses in the workplace
- Depression negatively influences adaptability to change in work environments
- These clients tend to carry day's stress beyond workplace into home and family
- Jobs are experienced by perceptions of survival rather than thriving.

---

---

---

---

---

---

---

---

## Factors Besides Substance Abuse Influencing Depression

### Education

- Low academic achievers tend to be statistically more susceptible to depression
- Academic structures become perceived as strong sources of validation
- Early success with academics tends to result in future success and aspiration
- Early failures seem to restrict students and they perceive themselves limited to academic identification
- Persevering through early learning challenges improves opportunities and diminishes depression likelihood

---

---

---

---

---

---

---

---

## Factors Besides Substance Abuse Influencing Depression

### Client's History

- Victims of Violence and Crime
- Victims of Sexual Abuse
- Health and Self Care
- Family History of Depression
- Family History of Substance Abuse
- Social and Community Engagement

---

---

---

---

---

---

---

---

## Factors Besides Substance Abuse Influencing Depression

### Socio-Economics

- Poverty stresses individuals due to lack of resources
- Issues that are taken for granted in more affluent environs, like food, health care, shelter, security become daily urgencies
- Financial uncertainty inhibits long term planning or aspiration
- Change is feared and avoided
- Dependence upon governmental aid is stigmatized
- Education is abandoned in favor of the urgency of earning or acquiring

"Socioeconomic Status and Mental Illness: Tests of the Social Causation and Selection Hypotheses" Christopher G. Hudson, Ph.D., Salem State College; American Journal of Orthopsychiatry, Vol. 75, No. 1.

---

---

---

---

---

---

---

---

## Depressive Factors Overview

- Like with Substance abuse and Chemical Dependence, social and demographic factors are not causal, but highly correlative.
- Exceptions exist in every population where factors did not cause depression
- When many factors co-exist, likelihood of depression increases
- By breaking the cycle of the influencing factors, clients tend to better experience healing and freedom from depression

---

---

---

---

---

---

---

---

	Can Treat Substance Abuse	Can Diagnose Clinical Depression	Can Treat Clinical Depression	Can Address Depressive Symptoms
Substance Abuse Counselors	Yes	No	No	Yes
Clinical Social Workers	Yes	Yes	Yes	Yes
Licensed Psychologists	Yes	Yes	Yes	Yes
Psychiatrists	Yes	Yes	Yes	Yes

---

---

---

---

---

---

---

---

### Common Attitudes about Depressive Symptoms

<p><b>Beliefs and Attitudes</b></p> <ul style="list-style-type: none"> <li>If a person stops using psychoactive drugs, the depression will take care of itself</li> <li>This is not my job!!! I am a substance abuse counselor</li> </ul>	<p><b>Known Facts</b></p> <ul style="list-style-type: none"> <li>This is sometimes true, but for proper recovery, both substance abuse and depressive symptoms must be addressed directly</li> <li>A clients depressive symptoms will almost always present roadblocks to recovery. We cannot do our jobs as SA counselors, unless we address depressive symptoms</li> </ul>
---	--

---

---

---

---

---

---

---

---

### Common Attitudes about Depressive Symptoms-cont.

<p><b>Beliefs and Attitudes</b></p> <ul style="list-style-type: none"> <li>I don't have the skills to work with someone who is depressed</li> <li>I work with the 12 Steps. What has any of this got to do with them?</li> </ul>	<p><b>Known Facts</b></p> <ul style="list-style-type: none"> <li>Although working with clients experiencing depressive symptoms does require special skills, these skill are readily available and can be learned and applied to enhance a SA counselors capacity</li> <li>The 12 Steps and 12 Traditions are powerful tools that ordinary people can utilize to facilitate dramatic life changes. They are not only applicable to addictions, but offer tangible solutions to a variety of life's problems</li> </ul>
--	--

---

---

---

---

---

---

---

---

## Common Attitudes about Depressive Symptoms-cont.

### Beliefs and Attitudes

- Depression is the result of a lack of spirituality

### Known Facts

- Although many depressive symptoms can be strongly addressed by enlarging one's spiritual connection, for many individuals, spirituality alone is not enough to overcome depressive symptoms. Specific treatments like talking and group therapy and possibly medication are needed to overcome depression

---

---

---

---

---

---

---

---

## Becoming Culturally Competent

- CD and MH Counselors can improve their therapeutic impact through cultural competence
- Cultural competence is the process of maintaining a set of values, behaviors and attitudes that enable people to work effectively across all cultures
- Becoming culturally competent helps to free counselors of limiting prejudice and equips them to reach more clients more effectively

---

---

---

---

---

---

---

---

## Attitudes and Behaviors of Culturally Competent Counselors

Attitudes	Behaviors
Respect	Validate Client's opinions and worldview Engage Client as a partner in treatment Communicate with client in client's primary language Respect client's self determination
Humility	Acknowledge professional limitation, refer maintaining cultural sensitivity Seek to improve cultural professionalism Be sensitive to power differential between counselor and client
Openness	Value indigenous helping practices Collaborate alliances with indigenous caregivers Consult with indigenous caregivers when treating a client of a different culture

---

---

---

---

---

---

---

---

## Attitudes and Behaviors continued

Attitudes	Behaviors
Acceptance	Maintaining non-judgmental attitudes towards client Considering what is important to the client
Sensitivity	Understand client's experiences of racism and stereotyping Understand client's daily realities and financial constraints
Equity	Intervening on client's behalf when problems stem from racism or bias Actively engage with all races to foster authentic perspective
Flexibility	Adapt approaches and communication styles to suit your client's cultural context Match therapeutic intervention to client's race, culture, and socio-economics

---

---

---

---

---

---

---

---

## Benefits of Cultural Competence

- Improves therapeutic alliance with client
- Improves likelihood of treatment engagement
- Improves trust in treatment plan
- Improves likelihood of engagement of post treatment care
- Removes one more potential stumbling block for the client to choose healing

---

---

---

---

---

---

---

---

## What is missed with Quick Prescriptions

- If symptoms are masked, client may not seek to resolve core causes and conditions
- Detrimental choices and environments may deteriorate
- Appropriate help may not be sought or maintained
- The pharmaceutical solution may even make matters worse for the recovering individual

---

---

---

---

---

---

---

---

## Program Overview-Session #2

- Initial treatment for the chemically dependent depressive
- 12 Steps as a tool for overcoming both dependence and depression
- Physical strategies for reducing depressive symptoms
- Depressive Medications and Contra-Indications for Substance Abusers

---

---

---

---

---

---

---

---

## Initial Placement

- Determine if depressive symptoms are present along with substance abuse
- Assess level of depressive symptoms
- Assess counselor and treatment center's capacity to care for depressive symptoms
- Place client with appropriate treatment center and counselor
- Remember balanced integration and client centered approaches for treatment planning

---

---

---

---

---

---

---

---

## Principles of Effective Care

- Depressive symptoms must be expected among substance abuse clients and addressed in screenings, assessments, and treatment planning
- Both depressive symptoms and substance abuse should be considered primary
- Co-occurring disorders should not be approached with a single method of treatment
- Fundamental provider attitudes must be respect, empathy, and believe in client's capacity to recover
- Treatment should be individualized to accommodate for unique needs, goals, and cultural perspectives

---

---

---

---

---

---

---

---

## Developing Therapeutic Alliances

- Foster respect, acceptance, warmth, empathy, hope, confidence, and non-judgment
- Set appropriately frequent and consistent appointments
- Listen reflectively
- Provide accurate feedback
- Express interest and understanding
- Address missteps and conflict actively
- Set appropriate limits and boundaries
- Be a good role model

---

---

---

---

---

---

---

---

## Motivational Techniques

- Emphasize client's responsibility to talk honestly about fears, resistances, ambivalences, hopes and frustrations
- Facilitate client's appropriate goal setting
- Identify client's values
- Confirm client's need for change
- Discuss options for change
- Help to verify client's strengths
- Develop a strategic plan to achieve goals and change

---

---

---

---

---

---

---

---

## Cognitive Behavioral Techniques

- Help client to learn to think and act more adaptively
- Convey changes in thinking and action facilitate changes in perspectives, feelings, moods, motivation and behavior
- Identify the vicious cycle of negative expectations and attributions
- Help clients to record negative thinking and help them to connect thoughts to feelings and behaviors
- Help clients to break existing problems down into more manageable components for mastery
- Help clients to recognize, assess and ultimately change underlying assumptions and mal-adaptive behaviors that have made them vulnerable to depressive symptoms

---

---

---

---

---

---

---

---

## Readiness For Change

- **Pre-contemplation**-No perception of problem or interest in change
- **Contemplation**-Might be a problem and might consider change
- **Preparation**-Definitely a problem, getting ready to change
- **Action**-Actively working on change, even if slowly
- **Maintenance**-Has achieved stability and is focused on maintenance

---

---

---

---

---

---

---

---

## Post Treatment Strategies

- Most clients entering into early recovery will experience at least one depressive symptom
- As many as 1 in 2 will experience several depressive symptoms
- 3-6 months is usually required to balance the body from a long period of substance abuse and co-occurring depressive episodes
- Strategies that work for those experiencing depressive symptoms should include 12 Step recovery, physical therapy, cognitive and psychosocial therapy, and finally spiritual investment and enlargement
- Finally, we cannot accurately assess the depth and weight of depressive symptoms, unless a diligent effort is made with the above strategies and these strategies are given time to take effect

---

---

---

---

---

---

---

---

## 12 Steps as a Tool

- Many components of 12 Step recovery are appropriate and therapeutic to depressive symptoms
- Clients experience acceptance, comfort and support which addresses feelings of hopelessness
- 12 Step process helps to clarify and address many aspects of depressive symptoms
- 12 Step programs confront "Stinking Thinking" breaking cycles of fear and isolation
- Non-judgmental environments encourage depressive clients to accurately reflect in without self denigration

---

---

---

---

---

---

---

---

## Step 1 for Depressive Clients

- As with and supportive strategy for caring for depressive clients, helping clients to engage with skilled practioneers is necessary
- Step one admits powerless and unmanageability
- Can be seen as a familiar escape or rut
- Step 1 is the starting point and with our confession are requesting help and guidance from the next 11 steps

---

---

---

---

---

---

---

---

## Step 2 for Depressive Clients

- Step 2 facilitates one to identify with their "lying minds," "broken compasses" and insanity to seek help from a Higher Power who can facilitate change and healing
- Depressive clients can get stuck with the excuse of just identify with insanity and not seek change or repair
- Trust is often a difficult thing for depressive clients and trusting in a power greater than themselves to help them can be challenging
- Prejudice and misconception about a Higher Power can be a hurdle, but assurance can be made that there is much love available when even the simplest trust occurs

---

---

---

---

---

---

---

---

## Step 3 for Depressive Clients

- The term surrender is often feared and surrender our will and our life can seem impossible
- We are only surrendering our thoughts and our actions that lead to our heartache
- Though Step 3 is only a decision, the primary outcome of working this step is to follow the instructions in working the remain 9 Steps
- Depressive clients will have to overcome trust issues which will be better facilitated with a trustworthy sponsor

---

---

---

---

---

---

---

---

## Step 4 for Depressive Clients

- Step 4 is a fact finding and fact facing process
- Depressive clients discover misperceptions about the reasons why destructive choices were made in the past through listing character defects, causes, instincts and responsibilities
- Selfishness, resentments, fears and social misconduct are carefully identified and reviewed
- Ultimately through the 4<sup>th</sup> Step process, one is able to accurately identify their part and responsibility in past wounds, wrongs and harms committed

---

---

---

---

---

---

---

---

## Step 5 for Depressive Clients

- Step 5 requires a cathartic confession of the exact nature of our character defects
- Good 5<sup>th</sup> Steps need to be facilitated by one who can help identify both truth and deception; strengths and weaknesses in the confessor
- Reading one's written 4<sup>th</sup> Step and discussing the specifics helps depressive clients to be ready for the discarding of deceived and dysfunctional thinking and behaviors

---

---

---

---

---

---

---

---

## Step 6 & 7 for Depressive Clients

- With trust building in the 12 Step process, depressive clients seek their Higher Power to remove defected and objectionable components of their lives
- The process re-confirms the source of past problems and the loving nature of the Higher Power
- The exchange encourages the surrender of the bad to be removed from impact and the surrender of the good to be made better and more effective
- Recovering individuals begin to sense a purpose and healing as they complete Steps 6 & 7

---

---

---

---

---

---

---

---

## Step 8 & 9 for Depressive Clients

- Real house cleaning requires that one cleans house
- Many fears can be misperceived before initiating these Steps, but upon the first few successful completions of the amends process, authentic confidence and trust is greatly enhanced
- A proper amend has a confession, contrition, repentance and restitution
- Many of the depressive symptoms which kept the client in bondage are found to hold no power upon completion of Steps 8 & 9

---

---

---

---

---

---

---

---

## Step 10 for Depressive Clients

- With much of the past wreckage addressed or being addressed, formerly depressive clients are free to attend to life with an effective daily inventory
- Like paying off a credit card, new expenses are dealt with as they come
- Clients watch for selfishness, resentments, fears and dishonesty and when mistakes are made, they are quickly addressed and corrected

---

---

---

---

---

---

---

---

## Step 11 for Depressive Clients

- With trust built and recovery fellowship working, our focus becomes to improve our effectiveness at working with others
- We learn that our relationship with our Higher Power is best developed when we seek Direction and Power to help others
- As with any relationship, we must make consistent time for seeking and listening
- Remembering that is was selfishness that we found to be a the root of all our troubles, we invest in this relationship building making sure that we are not only seeking improvements for ourselves
- Formerly depressed clients often find transformative improvements when these instructions are diligently followed

---

---

---

---

---

---

---

---

## Step 12 for Depressive Clients

- We can't give away something we don't have, so we need to be careful to accurately follow the instructions of the previous 11 steps
- The step suggests that we have experienced an awakening as the result of these Steps. We must make sure not to push the snooze button and go back to sleep
- Service work with others is the most rewarding and fulfilling component of 12 Step recovery
- Consistent service work with others is the best insurance for addicts, compulsive gamblers and alcoholics against relapse.
- Consistent service work with others helps us to see tangibly how our selfishness tries to reign our lives and when we can help others with their difficulties, we get out of our selfishness

---

---

---

---

---

---

---

---

## Post Treatment Aftercare

- Treatment affords both the addict and those suffering from depressive symptoms a great and healing beginning
- Post treatment care should offer professional and peer accountability for client till ownership of recovery is properly established
- Good aftercare programs follow modalities introduced in treatment but during 1-2 hour sessions that might occur once or twice a week
- Aftercare should not replace 12 Step recovery, but rather they build the client up in parallel
- Good aftercare programs should have weekly attendance for the first 6-9 months, then step clients down as they show proper commitment to their own recovery. Full programs should last a minimum of 1 year
- 3 year programs have remarkable success in maintaining goals of recovery

---

---

---

---

---

---

---

---

## Physical Therapies- Physical Activity

- Little is mentioned of the healing effects experienced through physical development
- Most in early recovery have been long removed from regular physical activity-which leads to depressive symptoms being experienced at higher rates
- Physical activity should be monitored by professionals that can be found at health clubs, but if no professional is available, beginner training plans can easily be found on the web
- Physical fitness of most clients in early recovery is very poor, so earnest, but low intensity exercise should be implemented at the start
- Walking, bicycling slowly, low intensity aerobics, low intensity weights, basketball, golf, and swimming are examples of initial activities
- Consistency is most important to best see results and programs should have 5 days of low intensity effort that last at least 30 minutes each day
- For physically challenged clients, alternative physical activities can be utilized to get the heart rate up and activate the brain's natural reward mechanisms

---

---

---

---

---

---

---

---

## Physical Therapies- Proper Eating

- With physical activity begun, we will experience something unfamiliar to many in early recovery- Hunger
- Most have damaged their systems by poor diet and this has a significant impact on our experiencing depressive symptoms
- Meals should be eaten regularly at least 3 times a day
- Adding up to 2 small snacks each day is beneficial
- Eating balanced diets from the 4 food groups
- Taking a vitamin supplement may help to correct previous impacts of bad dieting, but foods are best source of necessary vitamins

---

---

---

---

---

---

---

---

## 4 Food Groups



---

---

---

---

---

---

---

---

## Physical Therapies- Proper Sleep

- One of the most exacerbating things to the treatment of depressive symptoms is improper sleep
- Proper sleep is necessary to replenish the bodies physical and chemical resources
- While experiencing depressive symptoms or actively using, most clients don't sleep regularly or consistently
- Suggest to client that they initially avoid naps and try to get to bed early

---

---

---

---

---

---

---

---

## Physical Therapies- Proper Sleep continued

- Wake up early, if possible and attempt to work out with some physical activity in the morning
- Eat your last meal at least 4 hours before you plan to retire
- Don't go to bed with the TV on
- Reading is a better pre-sleeping activity, but reading is best done in another room besides the bedroom
- Sleep inconsistencies and difficulties will be experienced, but if the above suggestions are followed, sleep will regulate on a healthy cycle
- Achieving regular and consistent healthy sleep is a most important strategy for diminishing depressive symptoms

---

---

---

---

---

---

---

---

## Individual Counseling

- Counseling can offer positive support, guidance and accountability for depressive clients in early recovery
- Counseling efforts need to confirm integration in clients other recovery efforts
- Individualize counseling should not be the only strategy for support utilized by clients during early recovery efforts
- Counseling efforts and theories should be educational, validating and corrective when necessary

---

---

---

---

---

---

---

---

## Spiritual Investment

- 12 Step recovery introduces clients to their need for spirituality- but they are not a church-Each client must seek their own spirituality
- Spirituality is a personal investment to discover and relate to a power greater than themselves
- Churches can be positive resources
- Churches may also be sources of past pain and prejudice and may not be the best initial resource for developing one's spirituality
- Elders, mentors, and other positive examples should be utilized as guides and accountability partners for spiritual commitments
- Authentic development of a personal spirituality is a most significant influencer of the way we perceive ourselves, others the world and our depressive symptoms
- Many clients will denote significant reduction in both cravings, relapses and depressive symptoms with authentic spirituality

---

---

---

---

---

---

---

---

## Other Observations

- **Yale 1994 study** demonstrated that an increase in serotonin or noradrenalin produces: #1 a craving for alcohol, #2 anger, #3 anxiety, especially in alcoholics

Krystal JH, Webb: E, Cooney N.; et al., "Specificity of Ethanol-like Effects Elicited in Serotonergic and Noradrenergic Mechanisms," ARCHIVES OF GENERAL PSYCHIATRY, Vol.51, Issue 11, pgs 898-911.

- Numerous reports have been made by reformed alcoholics (some for 15 years and longer) who are being "driven" to alcohol again after being prescribed Prozac, Zoloft, Paxil, Luvox, Serzone, Effexor, Anfranil, and the new diet pills, Fen-Phen and Redux

"Alcohol Cravings Induced via Increased Serotonin"  
by Ann Blake Tracy, Director, ICFDA

---

---

---

---

---

---

---

---

## Antidepressants and General Side Effects

- **SSRIs:** nausea, diarrhea, agitation, headaches. Sexual side effects are also common with SSRIs, such as loss of libido, failure to reach orgasm and erectile dysfunction
- **TCAs:** dry mouth, blurred vision, dizziness, tremors, sexual problems, skin rash, and weight gain or loss, vision, drowsiness
- **MAOIs:** Rare side effects of MAOIs include, heart attack, stroke, hepatitis and seizures
- **Serotonin Syndrome** is a side effect of MAOIs and SSRIs which occurs when mixed with other drugs or taken in overdose. This syndrome can be fatal
- Many antidepressants have cases of increased suicide ideation, especially at the initiation of antidepressant therapy

---

---

---

---

---

---

---

---

## Hamilton Depression Rating Scale (HDRS)

- 17 question clinician administered depression assessment scale
- Questions allow client to respond to describe their mood and affect
- Questions allow of a range of response from 0-being unaffected to 4-being extremely affected
- Maximum score possible would be 54 and scores of 20-23 indicate the beginnings of moderate to severe depression. Scores of 7 or less is considered normal or in clinical remission

---

---

---

---

---

---

---

---

## Should Anti Depressants Be Prescribed to Addicts?

- In 2009, Dr. Robert DeRubeis & Jay Fornier of U of Pennsylvania tested 718 adults with mild to severe depression
- 71% of participants had HDRS scores below 23 and these candidates were responded only with statistically small difference between antidepressant and placebo (Less than 0.20, or 2 out of 10 experienced the prescribed effects of antidepressants over placebo)
- 25% had HDRS scores above 25 and their response to antidepressants was significantly better than their response to placebo
- Antidepressant used in study were Paxil and Tofranil

---

---

---

---

---

---

---

---

---

---

---

---

## U.S. and Antidepressants

Drug	Brand	Class	2007 Pre- scriptions	Side Effects/Contraindications for Addicts
<u>Sertraline</u>	<u>Zoloft</u>	SSRI	29,652,000	Suicide ideation may increase, may cause increase craving for alcohol or other drugs
<u>Escitalopram</u>	<u>Lexapro</u>	SSRI	27,023,000	Suicide ideation may increase, may cause increase craving for alcohol or other drugs
<u>Fluoxetine</u>	<u>Prozac</u>	SSRI	22,286,000	May cause cravings for alcohol, suicide ideation
<u>Bupropion</u>	<u>Wellbutrin</u>	NDR	20,000,000	No contraindications, but suicide ideation may increase
<u>Paroxetine</u>	<u>Paxil</u>	SSRI	18,000,000	May cause cravings for alcohol, suicide ideation
<u>Venlafaxine</u>	<u>Effexor</u>	SNRI	17,000,000	<b>Causes increased craving for alcohol, and possibly other drugs</b>
<u>Citalopram</u>	<u>Celexa</u>	SSRI	16,000,000	Suicide ideation may increase, may cause increase craving for alcohol or other drugs

---

---

---

---

---

---

---

---

---

---

---

---

## U.S. and Antidepressants

<u>Trazodone</u>	<u>Desyrel</u>	SRI	15,000,000	Increased anxiety, suicide anxiety, possible cravings for alcohol and other drugs
<u>Amitriptyline</u>	<u>Elavil</u>	TCA	13,000,000	Weight gain, suicide ideation, may cause cravings for alcohol and other drugs
<u>Duloxetine</u>	<u>Cymbalta</u>	SNRI	13,000,000	<b>Causes increased craving for alcohol, and possibly other drugs</b>
<u>Mirtazapine</u>	<u>Remeron</u>	TcCA	5,000,000	No contraindications, but suicide ideation may increase, possible weight gain
<u>Nortriptyline</u>	<u>Pamelor</u>	TCA	3,000,000	Suicide ideation may increase, may cause increase cravings for alcohol or other drugs
<u>Imipramine</u>	<u>Tofranil</u>	TCA	2,000,000	Weight gain, suicide ideation, may cause cravings for alcohol and other drugs

**Total Antidepressant  
Prescriptions in 2007  
200,941,000**

---

---

---

---

---

---

---

---

---

---

---

---

## Not Just Antidepressants...

Condition	Instead of...	Consider...
Upper Respiratory infections	Sedating antihistamines (may cause fatigue and sedation, or alter judgment)	Non-sedating antihistamines (loratadine [Claritin], cetirizine [Zyrtec], fexofenadine [Allegra]), nasal steroids, azelastine (Astelin) nasal spray, ipratropium bromide (Atrovent) nasal spray (Avoid Nasal sprays in addicts who snorted their drug of choice)
	Decongestants (may stimulate, trigger relapse)	Saline nasal spray, sinus irrigation
	Dextromethorphan or opiate cough medications (may cause sedation and alter mood)	Benzonate (Tessalon Perles), 100 to 200 mg three times a day as needed for cough; guaifenesin (Humibid L.A.), 600 to 1,200 mg twice a day as needed as an expectorant
Gastro-Intestinal conditions	Diphenoxylate-atropine (Lomotil)	Over-the-counter anti-diarrheals, including loperamide (Imodium), or bismuth compounds
	Chlordiazepoxide; clidinium bromide (Librax)	Dicyclomine (Bentyl), 20 mg four times a day as needed; hyoscyamine sulfate (Levsin), 0.125 mg to 0.250 mg every four hours as needed
	Belladonna alkaloids; phenobarbital (Dorogal)	

---

---

---

---

---

---

---

---

---

---

## Not Just Antidepressants...

Condition	Instead of...	Consider...
Obesity	Stimulants (e.g., ephedra, phentermine [Fastin], sibutramine [Meridia])	Orlistat (Xenical)
Pain disorders	Opiate medications (may become addictive alternative and may cause sedation and alter mood)	Acetaminophen, 500 to 1,000 mg orally every four hours as needed, nonsteroidal anti-inflammatory drugs
	Acetaminophen, dichloralphenazone, isometheptene mucate (Midrin) and migraine treatments containing butalbital	Triptans
	Carisoprodol (Soma)	Orphenadrine (Norflex), 100 mg twice a day as needed

---

---

---

---

---

---

---

---

---

---

## Warning-Drugs that are Contra-indicated for addicts

- A contraindication is a specific situation in which a drug, procedure, or surgery should NOT be used, because it may be harmful to the patient.
- Some treatments may cause unwanted or dangerous reactions in people with allergies, high blood pressure, or pregnancy.
- Drug addiction and alcoholism is seen as an allergic response to certain chemicals
- Many anti-depressants are contraindicated for alcoholics and can actually cause cravings for alcohol when ingested
- Non-alcoholic clients have also experienced increase craving for their drugs of choice when beginning anti-depressant medication
- Make sure to ask about any prescribed drug's side effects and contraindications
- Ask your psychiatrist for an exit strategy or a exact time frame when one might expect to taper off an anti-depressant prescription

---

---

---

---

---

---

---

---

---

---

## Most Recent Data On Efficacy of Antidepressants

- Journal of American Medical Association recently reported in **Antidepressant Drug Effects and Depression Severity Study** that antidepressants only work statistically for the severely depressed
- The magnitude of benefit of antidepressant medication compared with placebo increases with severity of depression symptoms and may be **minimal or nonexistent**, on average, in patients with mild or moderate symptoms.
- JAMA 2010, Volume 303, Number 16, page 1596

---

---

---

---

---

---

---

---

## After 6 months and still depressed

- If our client has carefully followed our suggestions for 12 Step recovery, Physical Fitness, Aftercare, Individualized counseling and development of Spirituality and is still depressed-Then we need to seek additional support
- If our clients have not followed the suggestions, then we may suggest that they re-double their efforts-Healing takes time and investment
- Clinical depression is different from the expected depressive symptoms that one in early recovery might face and generally overcome
- When seeking appropriate psychiatric care, make sure to have our clients notify their doctors that they are in early recovery from addiction and/or alcoholism

---

---

---

---

---

---

---

---

## Managing Depressive Symptoms Review

- Most clients who find themselves beginning a recovery program will experience an array of depressive symptoms
- Most clients experience these symptoms before they begin recovery and initial sobriety will actually amplify the experience of depressive symptoms
- This experience amplification of symptoms will make clients eager to find a quick fix
- Encourage clients to follow treatment plan

---

---

---

---

---

---

---

---

## Managing Depressive Symptoms Review-continued

- Addicts and alcoholics have relied for years on chemical solutions to overcome their perception of depressive symptoms-they will continue to seek this in early recovery, despite focusing on sobriety and recovery
- Recovery takes time and investment to truly experience the promised results-Encourage clients not to quit or give up before the miracle takes place
- Working an authentic 12 Step program will do much to relieve depressive symptoms being experienced
- Developing proper diet, sleep, physical fitness and a personal spirituality will do much to authentically relieve depressive symptoms

---

---

---

---

---

---

---

---

## Managing Depressive Symptoms Review-continued

- After 3-6 months, if depressive symptoms have not improved, then seek psychiatric support
- Seek immediate and appropriate mental health support if client expresses thought of suicide or intentions to harm another
- Regardless of psychiatric involvement, continue to emphasize the suggestion for proper establishment of a personal recovery
- Encourage your clients to be gentle with themselves, keep to the basics, do the next right thing and most importantly give themselves ample time for their real healing to effect

---

---

---

---

---

---

---

---

## Questions?

Get your own copy of TIP 48:  
"Managing Depressive Symptoms  
In Substance Abuse Clients During  
Early Recovery"

At <http://ncadistore.samhsa.gov>

[bpatterson@crchealth.com](mailto:bpatterson@crchealth.com)

Stay in Touch!

---

---

---

---

---

---

---

---