



# Addictions, Mental Health, and Lifestyle Management

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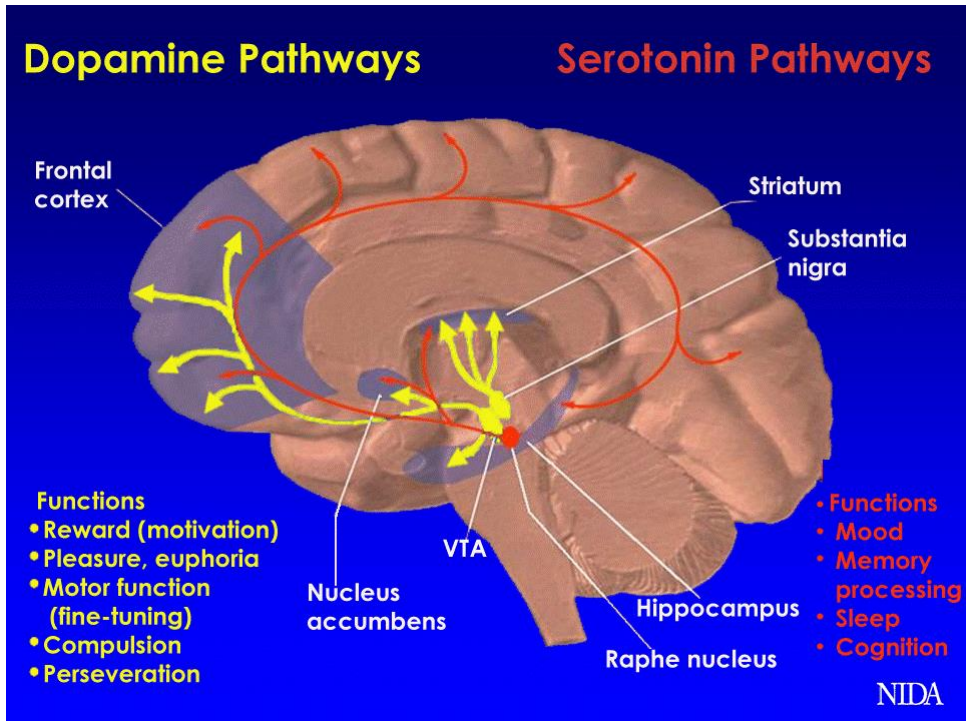
*GuestHouse*

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## ASAM Definition of Addiction

- Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
- Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

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## Behavioral Characteristics of Addiction

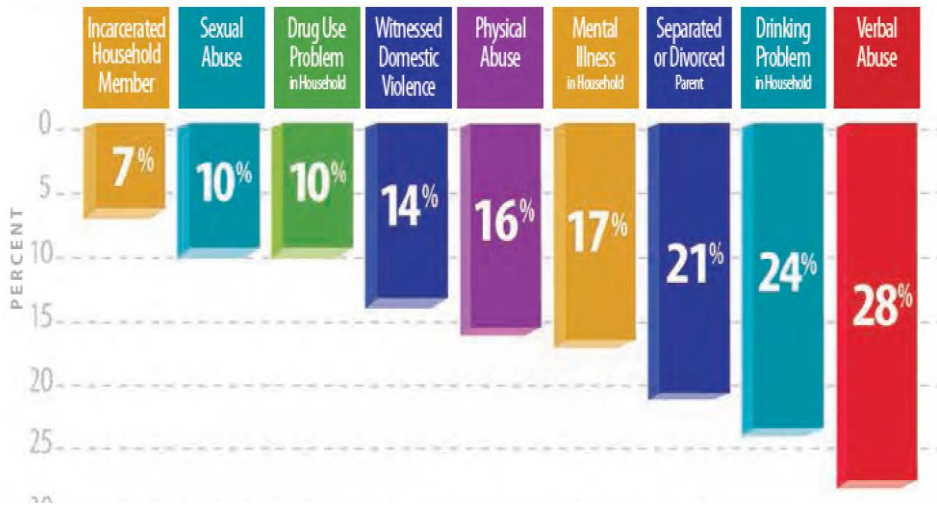
1. Cognitive and affective distortions, which impair perceptions and compromise the ability to deal with feelings, resulting in significant self-deception
2. Disruption of healthy social supports and problems in interpersonal relationships which impact the development or impact of resiliencies.
3. Exposure to trauma or stressors that overwhelm an individual's coping abilities
4. Distortion in meaning, purpose and values that guide attitudes, thinking and behavior
5. Distortions in a person's connection with self, with others and with the transcendent (referred to as God by many, the Higher Power by 12-steps groups, or higher consciousness by others)
6. The presence of co-occurring psychiatric disorders in persons who engage in substance use or other addictive behaviors.

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# Adverse Childhood Experiences (ACEs)

## PREVALENCE OF INDIVIDUAL ACEs

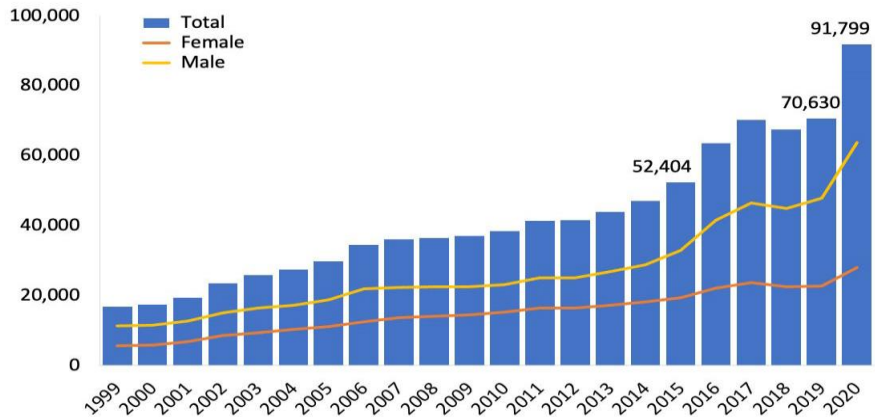
MINNESOTA 2011



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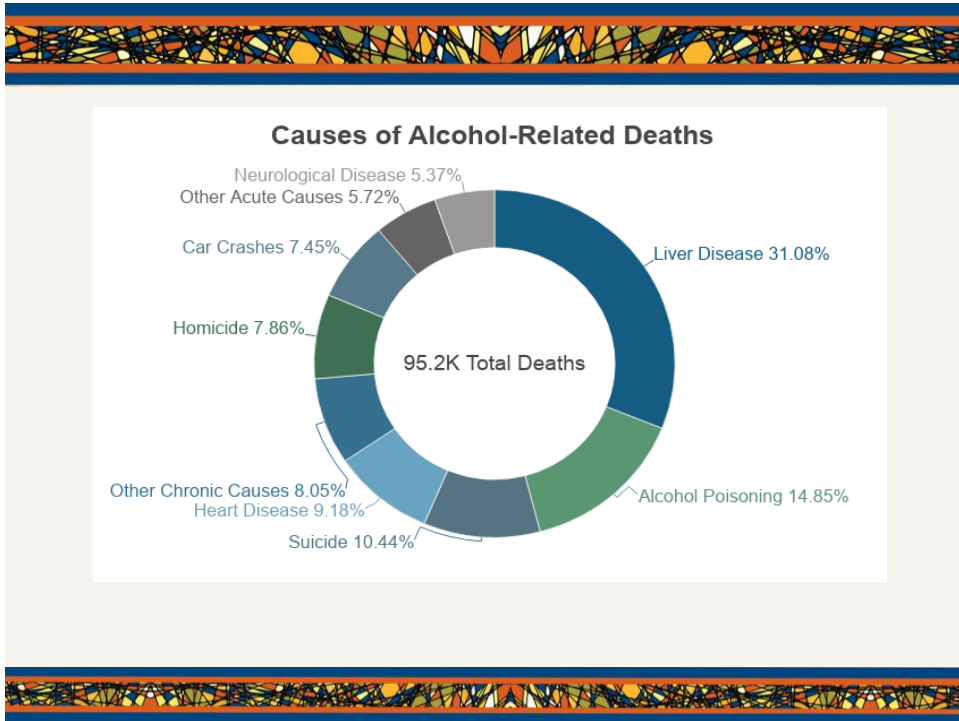


**Figure 1. National Drug-Involved Overdose Deaths\* Number Among All Ages, by Gender, 1999-2020**



\*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2020 on CDC WONDER Online Database, released 12/2021.

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**Definition of Process or Behavioral Addiction**

**Behavioral addiction** is a form of addiction that involves a compulsion to engage in a rewarding non-substance related behavior despite any negative consequences to the person's physical, mental, social or financial well-being.

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## Common Behavioral Addictions

- Pathological Gambling
- Compulsive Spending
- Compulsive Internet Use
- Cluttering and Hoarding
- Online “Screen Time” & Pornography Addiction

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## Pornography Addiction

Pornography addiction refers to a person becoming emotionally dependent on pornography to the point that it interferes with their daily life, relationships, and ability to function.

### Signs of Emerging Addiction to Pornography

- They ignore other responsibilities to view pornography.
- They view progressively more extreme pornography to get the same release that less extreme porn once offered.
- They feel frustrated or ashamed after viewing porn but continue to do so.
- They want to stop using pornography but feel unable to do so.
- They spend large sums of money on pornography, possibly at the expense of daily or family necessities.
- They use pornography to cope with sadness, anxiety, insomnia, or other mental health issues.

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## American Psychiatric Association Definition of Mental Disorder

Mental disorder is any condition characterized by cognitive and emotional disturbances, abnormal behaviors, impaired functioning, or any combination of these. Such disorders tend to be chronic in nature and cannot be accounted for solely by environmental circumstances and may involve physiological, genetic, chemical, social, and other factors.

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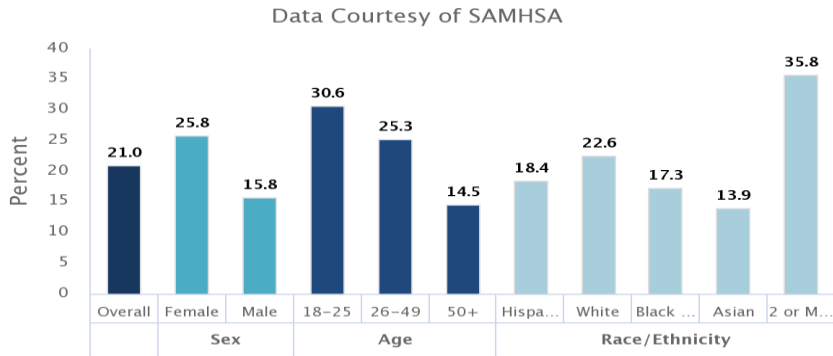
## Major Categories of Mental Disorders

- Anxiety Disorders, including Panic Disorder, Obsessive-compulsive Disorder and Phobias
- Depression and Bi-Polar disorder and other mood disorders
- Eating Disorders
- Personality Disorders
- Post Traumatic Stress Disorder
- Psychotic Disorders, including Schizophrenia

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## Prevalence Data 2020

Past Year Prevalence of Any Mental Illness Among U.S. Adults (2020)



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Data Courtesy of CDC

Rank	Select Age Groups						
	10-14	15-24	25-34	35-44	45-54	55-64	All Ages
1	Unintentional Injury 692	Unintentional Injury 12,044	Unintentional Injury 24,614	Unintentional Injury 22,667	Malignant Neoplasms 37,301	Malignant Neoplasms 113,947	Heart Disease 655,381
2	<b>Suicide 596</b>	<b>Suicide 6,211</b>	<b>Suicide 8,020</b>	Malignant Neoplasms 10,640	Heart Disease 32,220	Heart Disease 81,042	Malignant Neoplasms 599,274
3	Malignant Neoplasms 450	Homicide 4,607	Homicide 5,234	Heart Disease 10,532	Unintentional Injury 23,056	Unintentional Injury 23,693	Unintentional Injury 162,127
4	Congenital Abnormalities 172	Malignant Neoplasms 1,371	Malignant Neoplasms 3,684	<b>Suicide 7,521</b>	<b>Suicide 8,345</b>	CLRD 18,804	CLRD 159,486
5	Homicide 168	Heart Disease 905	Heart Disease 3,561	Homicide 3,304	Liver Disease 8,157	Diabetes Mellitus 14,941	Cerebrovascular 147,810
6	Heart Disease 101	Congenital Anomalies 354	Liver Disease 1,008	Liver Disease 3,108	Diabetes Mellitus 6,414	Liver Disease 13,945	Alzheimer's Disease 122,019
7	CLRD 64	Diabetes Mellitus 246	Diabetes Mellitus 837	Diabetes Mellitus 2,282	Cerebrovascular 5,128	Cerebrovascular 12,789	Diabetes Mellitus 84,946
8	Cerebrovascular 54	Influenza & Pneumonia 200	Cerebrovascular 567	Cerebrovascular 1,704	CLRD 3,807	<b>Suicide 8,540</b>	Influenza & Pneumonia 59,120
9	Influenza & Pneumonia 51	CLRD 165	HIV 482	Influenza & Pneumonia 956	Septicemia 2,380	Septicemia 5,956	Nephritis 51,386
10	Benign Neoplasms 30	Complicated Pregnancy 151	Influenza & Pneumonia 457	Septicemia 829	Influenza & Pneumonia 2,339	Influenza & Pneumonia 5,858	<b>Suicide 48,344</b>


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## Treating Dual Diagnosis/Co-Occurring Disorders

Substance use disorders — the repeated misuse of alcohol and/or drugs — often occur simultaneously in individuals with mental illness, usually to cope with overwhelming symptoms. The combination of these two illnesses has its own term: **dual diagnosis**, or **co-occurring disorder**. Either disorder (substance use or mental illness) can develop first.

National Alliance on Mental Illness



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## Factors Leading Clergy & Religious to Substance Use and Mental Health Disorders



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## Clergy & Religious Risk Factors

- **Isolation**—Individuals that are in remote areas or that live alone or live with colleague with whom the struggle relating to.
- **Loneliness**—Individuals may feel they do not have someone they can turn to with troubles and feelings or given their position they must be emotionally infallible.
- **Trauma**—Dealing with human tragedy and loss. Handling parish members trauma is trauma experienced by Clergy and Religious leading to Post-Traumatic Stress Disorder over years of exposure.
- **Lost Connection**—Separation from human connection due to isolation, living alone, the COVID shut down, and/or absence of community.
- **Loss of Spiritual Direction**—Clergy that that struggle with a reduction in spirituality, mentorship support, reduction in prayer life.

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## Most Prevalent Conditions Treated at Guest House

- **Mental Health & Emotional Conditions**
  - Depression
  - Anxiety Disorders
  - Unresolved Trauma
  - Bi-Polar Disorder
  - Unresolved Grief
  - Spiritual Despondence
- **Addiction & Process Addictions**
  - Alcoholism
  - Benzodiazepine
  - Prescription Medication
  - Compulsive Overeating
  - Pornography Addiction
  - Cluttering & Hoarding
- **Physical Conditions**
  - Uncontrolled Diabetes
  - Dental Problems
  - Gastrointestinal
  - Cardio-vascular Disease
  - Cardiac Arrhythmias
  - Cognitive Impairment

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## Guest House Approach to Treating Mental Health & Substance Use Disorders

- All clients receive a multidisciplinary comprehensive evaluation conducted by our Medical Staff, Psychiatrist, Psychologist and Social Workers, Nutritionist and a Physical Therapy team.
- Each client completes psychological testing administered by our Forensic Psychologist and neuropsychologic testing if indicated by our Neuropsychologists.
- Clients and their leadership receive the evaluation report including recommendations and coordination of care for all assessed physical, substance use and mental health disorders.



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## Residential Care

- Medically Monitored Withdrawal Management if necessary
- Two Week Extensive Evaluation with Recommendations
- Primary Care with a minimum of 90-day length of stay.
- Transition to Discharge



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# Lifestyle Management



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## Lifestyle Management for Long-Term Recovery



- **Spiritual Direction**
- **Twelve-Step Meeting Participation**
- **Understanding Triggers And Relapse Prevention Plan**
- **Design A Schedule**
- **Regular Exercise**
- **Healthy Nutrition**
- **Helping Others and Service Work**
- **Manage Ministry Stress**
- **Establish Connection in a Mutual Aid & Recovery Community**
- **Create Accountability**


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## Guest House Treatment Episodes Extends Beyond Residential Care



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## Continuing Care & Case Management Program

- **Case Management Staff Consists Of**
    - Clinical & Nursing Case Managers
    - Medical Staff
    - Counseling Staff
    - Recovery Coaches
  - **Case Managers Purpose**
    - Serve as Guides on the Client's Recovery Journey
    - Provides Education for the Client's Recovery Support & Leadership Team
    - Provides Check In Calls and Supportive Coaching Calls
    - Provides Necessary Recovery Resources to Fill Gaps to Prevent Relapse
    - Conducts Monitoring of Alcohol & Drug Testing
    - Provides Accountability Partnership
    - Treats Client With Respect and Dignity
    - Provides Coordination Of Care With All Providers
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## Continuing Care Program

- Continuing Care Purpose
  - Continuing Support
  - Guidance & Refinement of Recovery Skills
  - Continuing Education
  - Provides Connection With Peers
- Continuing Care Program (virtual or in-person)
  - **Phase I** 6- Months after Discharge
  - **Phase II** 12-Months After Discharge
  - **Phase III** 18-Months After Discharge
  - Program Consists of 3-hour Group & Didactic Sessions over 3-Days
  - Continuing Education                                      Lifestyle Balance
  - Spirituality Building                                        Relapse Prevention
  - Provides Connection With Peers                        Group Therapy