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S I E R R A T U C S O N

P R O G R E S S

## Depression & Addiction: What's the Connection?

“Depression is a big piece of chemical dependency.”  
“Addiction does create depression; alcohol is a depressant.”

Both statements from Linda M. Hampton, M.A., LPC, LISAC, are true. As one of the Unit Therapists in Sierra Tucson’s Mood and Anxiety Program (MAP), Linda helps patients with a primary diagnosis of anxiety or panic disorder, bipolar disorder, obsessive-compulsive disorder, depression, or other affective disorders. She, along with Unit Therapist Brenda Baker, M.Ed., LISAC, guides patients in this program to dig deep into the process of recovery, often overcoming extreme sadness and histories of multiple relapse.

“There are precipitating factors that lead to depression and addiction,” states Linda Hampton. “It’s never just out of nowhere.” Although many patients in the Mood and Anxiety Program have clinical depression without substance abuse, others have coexisting chemical dependency issues. Many have received addiction treatment more than once. “Addiction and depression are common comorbid conditions,” according to Sierra Tucson’s Medical Director Michael E. Scott, M.D. The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) reports: “The rate of past month illicit drug use was nearly twice as high among adults who had experienced a major depressive episode in the past year (14.2%) compared with adults who had not experienced a major depressive episode in the past year (7.3%).” Addictions and mood disorders become linked over time, with symptoms of each worsening the other. Sierra Tucson is distinguished by our commitment to treat individuals’ psychiatric disorders as well as their addictions. “We don’t ignore any part of the person,” comments Linda.

It is difficult to determine whether depression or addiction is the initiating or responding condition. Dr. Michael Scott confirms that “alcohol or drug use can produce a substance-induced mood disorder that is indistinguishable from clinical depression. Process addictions like sexual compulsivity, gambling, shopping, etc. can further complicate the clinical condition.” Conversely, depression can lead to substance abuse and addictions, as people try to escape from emotional pain. “It is easy to tell the difference between an alcoholic and a person who can drink moderately without addiction (i.e., an occasional glass of wine with dinner),” Linda observes. “The alcoholic wants to change his/her world; the reason to drink

is to alter his/her mood. The change of mood that results from alcohol use then becomes increasingly significant until he/she cannot just take it or leave it.” The end stage of addiction is using alcohol (or any mood-altering substance) to just feel normal.

### Complex Diagnostic Assessment

As part of Sierra Tucson’s thorough diagnostic process, the following tests are given to every patient upon admission and discharge: Beck Depression Inventory II, Beck Hopelessness Scale, and Beck Scale of Suicide Ideation. Liz Douglass, Ph.D., Clinical Psychologist at Sierra Tucson, advises, “Some of these tests may be used at varying intervals throughout the treatment process, as well, to evaluate the patient’s progress and the effectiveness of their medical, psychiatric, and therapeutic interventions. In addition, more sensitive psychological testing instruments are available to help the treatment team more clearly differentiate and define a complex diagnostic picture; e.g., distinguishing a borderline personality pattern from what might look like a bipolar spectrum diagnosis, or a major depression diagnosis from what might look like ADD.”

### Biological Components

After a person is clear from chemicals, his/her mood may improve—but for some, it may worsen. For example, Linda advises, “Due to brain changes from opiate use, depression may be worse after an opiate addict is detoxified and stabilized.” This biological component of chemical imbalance may cause or exacerbate depression. Some people are also genetically hard-wired toward mood disorders. Just as physical diseases like cancer or heart disease can be inherited, depression is prevalent in some families. Medications can play an important role in balancing chemicals in the brain and helping to stabilize mood.

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### Secondary to Medical Conditions

Depression and other mood conditions are sometimes secondary to medical issues. For example, those with diabetes or hypoglycemia may experience mood disorders due to imbalanced levels of blood sugar. Other illnesses such as stroke, certain types of cancer, or anorexia can also lead to problems with mood. Many patients with depression have poor nutrition, so they routinely consult with a registered dietitian at Sierra Tucson and may be prescribed nutritional supplements.

### Underlying Psychiatric Issues, Precipitating Factors

Patients who have relapsed in an addiction several times may have never had their mood or trauma issues addressed. All of a person's behavior is profoundly connected to underlying concerns that also affect mood. Sierra Tucson's comprehensive approach looks at patients from every angle. A patient who entered treatment primarily for chemical dependency may move to the Mood and Anxiety Program to heal from deeper issues that have contributed to and triggered their addiction. Feelings, family-of-origin issues, belief systems, developmental stages, personal development, history, trauma, spirituality, grief and loss, medical concerns, etc. are all addressed at Sierra Tucson, with the Mood and Anxiety Program focusing on the acute psychiatric needs.

### Integrative Approach

Sierra Tucson's integrative approach to healing uses many avenues to help bring awareness. The incredible natural environment of the Santa Catalina Mountains and brilliant sunlight embrace each patient on their journey to wellness. Spirituality is enhanced through Twelve-Step work, experiencing and connecting with nature, and consultations for grief and spirituality. In addition to traditional therapies such as Cognitive-Behavioral Therapy (CBT), therapeutic and recreational activities like Equine-Assisted Therapy, the Challenge Course, and the Climbing Wall combine physical and mental challenges to reveal specific interpersonal issues. The mind-body connection is further enhanced through healthy exercise and the following Integrative Therapies: Acupuncture, Chiropractic, Massage Therapy, Qi Gong, Reiki, Shiatsu, Somatic Experiencing®,

Yoga, and Zero Balancing. Healing is achieved through the entire treatment experience—even living with a roommate can provide an opportunity for personal growth.

### DBT Skills Training

Along with an Axis I diagnosis of depression, anxiety, bipolar, or other acute mental condition, an Axis II personality disorder is often present in MAP patients. Sierra Tucson teaches Dialectical Behavior Therapy (DBT) Skills to deal with personality disorders. "DBT was originally developed to address people with borderline personality disorder, as this is one of the hardest populations to keep engaged in any kind of a treatment process," says Linda. "Such individuals have a higher rate of suicidal and parasuicidal behaviors (which include excessive conduct such as cutting, chemical use, speeding in cars, etc.). DBT Skills training was so successful, research was begun to treat chemical dependency. There was great success in each population!"

Although DBT is designed to be an outpatient process, Sierra Tucson incorporates the skills training into other activities. "DBT Skills build resilience into patients, helping them build self-worth and confidence," explains Linda. The four DBT Skills below are taught in the Mood and Anxiety Program and the Eating Disorders Program at Sierra Tucson:

- Mindfulness
- Distress Tolerance
- Interpersonal Skills
- Emotional Regulation

People with acute mood disorders find it extremely difficult to function in daily life. These skills provide a sense of capability and boost one's ability to function. For example, Emotional Regulation improves people's sense of mastery. As they are reminded of past successful experiences, they realize that they are able to deal with stressors—big and small—and accomplish more than they previously thought.

### Medication

The majority of patients entering treatment for mood disorders are already taking medications. Sierra Tucson's expert psychiatrists and addictionists assess each individual and, with the patient's

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## Letter from the Executive Director Keith P. Arnold

Dear Friend,

This time of year is so special... enjoying family, friends, and memories.

At Sierra Tucson this time is like no other, with the closeness of the patient community, the increased meaning of family week, and the bond of our employees. We have so much to be grateful for. Our talented staff works so incredibly hard for the patients and family members. They are the heart and soul of Sierra Tucson. We are also grateful to you, the referring professional, for trusting us with your clients. We recognize that you sometimes work with individuals for months before they have the courage or ability to

begin inpatient treatment. Our gratitude extends to the other remarkable treatment centers and resources around the country—for their trust and willingness to work with our collective patients.



Enjoy this time in a way that nourishes your soul. Thank you, again, for your support and trust.

Wishing you a healthy, abundant, creative new year,

*Keith P. Arnold*  
Keith P. Arnold  
Executive Director

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## Groundbreaking Ceremony at Sierra Tucson

On November 9, 2006, Sierra Tucson announced expansion plans to add a new lodge with 44 additional beds! The Groundbreaking Ceremony drew national, state, and local dignitaries and was covered by the media. Speakers included retired Four-Star General Barry McCaffrey, who was formerly the U.S. Drug Czar and is now on CRC's Board of Directors. Tucson Mayor Bob Walkup also spoke at the event, along with CRC Western Regional Vice President John Lacy and others who support Sierra Tucson's significant work toward recovery. Acknowledging that the \$8 million expansion is driven by an increasing demand for treatment, Executive Director Keith Arnold emphasized, "This will allow us to help more people. Sierra Tucson is committed to maintaining compassionate care and clinical excellence in an intimate treatment community."



Bob Walkup  
Tucson Mayor

John Lacy  
CRC

Barry McCaffrey  
General USA (Ret.)

Keith Arnold  
Sierra Tucson

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input, determine which (if any) medications will be most helpful. Richard B. Meyer, M.D., serves as the attending physician for most MAP patients. Sufferers of depression usually experience intense fatigue, have racing thoughts, and find it very difficult to make decisions, concentrate, sleep, or eat in a healthy manner. Appropriate medications stabilize mood and enable patients to focus on their therapeutic issues. Addictions are often exacerbated by an anxiety disorder, which is almost always improved with the right antidepressant. Dr. Michael Scott comments, "Today's medications are improved, in that they target the biological foundation of addiction as they work on neurotransmitters such as serotonin, dopamine, and endorphins. The challenge is to decide whether the patient will be helped with medication. Truly, these decisions are based on each individual's needs."

### Family Program

Family members and significant others are a central part of assessing and healing the entire psychosocial picture. Sierra Tucson's

Family Program is extremely beneficial to families of MAP patients. "Addiction is sometimes more easily explained than mood disorders," says Linda. "This program helps families actually understand the internal thoughts and struggles of their loved one and realize that their mood disorder is not 'something they can just snap out of.'"

### Beginning and Continuing a Life of Freedom

Myriad benefits are enjoyed by patients who complete treatment for mood disorders. Patients experience much lower relapse potential for addiction, with longer periods of wellness and shorter incidences of psychiatric disturbances. After doing the foundational work to identify issues that have triggered depression and addiction and beginning a process of work that will continue (either with individual therapy, extended care, or an intensive outpatient program), patients gain a new level of functioning, confidence, and freedom.

By Kathy A. Steffens



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 P R O G R E S S

WINTER 2006-2007

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*Meet Christi Cessna, M.S.  
 Director of Marketing & Intake*

*“She’s back!”* This phrase has been heard frequently among Sierra Tucson’s staff as they enthusiastically welcome Christi Cessna’s return as the new Director of Marketing and Intake. Christi previously served as a clinical outreach coordinator in the Marketing Department from 1997 through 2005. *“Returning to Sierra Tucson is very gratifying—it feels like ‘coming home!’”* says Christi. *“I so enjoyed working with professionals throughout the country. I look forward to reconnecting with these remarkable people, who play such an important role in providing care and hope for those who are hurting.”*

A native of Arkansas, Christi earned a master’s degree in Counseling Psychology at the University of Central Arkansas and then received her license as a Psychological Examiner. Her therapeutic experience includes working as a therapist with young adults, adolescents, and their families in various settings (outpatient and inpatient, college campus counseling center, and in-home counseling) and representing an eating disorder facility based in Utah.

Christi has been married for over 12 years and has a daughter and two sons. Moving from Arkansas, she is also coming home to extended family in Tucson. During her free time, Christi enjoys outdoor activities such as camping, canoeing, and hiking, and

she is *“loving Tucson’s warm weather, gorgeous mountains, and amazing views!”*

Thinking of what drew her back to Sierra Tucson, Christi comments, *“Sierra Tucson is truly a special place. What other place offers such a variety of programs and works with all types of people? Sierra Tucson is a pioneer and leader in many fields, such as the use of Equine-Assisted Therapy, EMDR, and Integrative Therapies, plus adding the Mood and Anxiety Program and the Program for Sexual and Trauma Recovery. Sierra Tucson really responds to the clinical needs of the general population, continually assessing, strengthening, and adding to its solid programs. I am proud to be part of this treatment center.”*

*“It’s very exciting to be leading the Marketing and Intake team,”* exclaims Christi. *“We have become like a family because of the special relationships we have working with each other.”* Christi is also happy to remain under Keith Arnold’s direction as Executive Director at Sierra Tucson. *“He has left big shoes to fill in Marketing and Intake, but his leadership is outstanding, and I feel supported in this new, rewarding adventure.”*

