



Working with People with Mental Health Issues and Substance Use Disorder

Presented by
Peter Kim LCSW CADC CCATP C-DBT

**GOD OUR
PROVIDER**

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



What came first the chicken or the egg?



GOD OUR PROVIDER

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



Since the “egg” came first, do we work on the
“egg” first?

No.

**GOD OUR
PROVIDER**

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



We live in a timeline where both exist, and both need the other to survive. In the same sense, people with mental health disorders often feel they need substances to survive or cope.

GOD OUR PROVIDER

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



The good news: You do NOT need a background in Mental health to help!
The bad news...: It helps to understand the context of a person before judging.

Thoughts to consider:
Is Schizophrenia an illness?
How about Bipolar disorder?
What about Diabetes?
What about Addiction?

**GOD OUR
PROVIDER**

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



Disease Model

▶ American Society Addiction Medicine (ASAM) defines Addiction as 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

The **disease model of addiction** (also known as the brain disease model) defines addiction as a **treatable, chronic medical disease** that involves complex interactions among brain circuits (particularly those governing reward, motivation, and memory), genetics, environment, and life experiences, leading to compulsive substance use or behaviors despite harmful consequences.

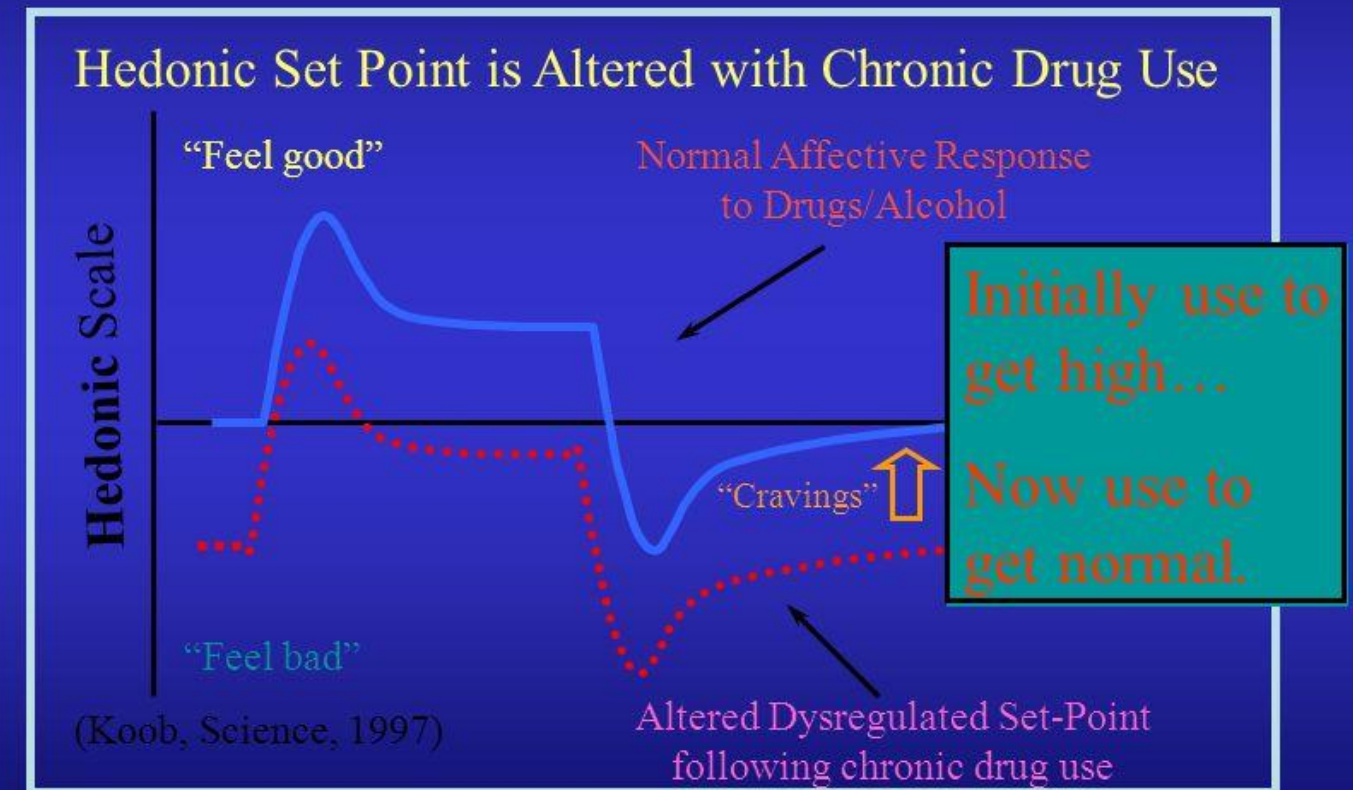
Initial use is often voluntary, but repeated exposure causes lasting neurobiological changes that impair self-control, produce intense cravings, and make quitting extremely difficult, much like other chronic illnesses such as diabetes or hypertension.

Brain Disease

Hedonic treadmill/setpoint

The Hedonic treadmill refers to the reward cycle we feel from something gratifying that releases dopamine. When it goes past the setpoint in higher unnatural ways, set point gets higher and higher, thus creating a feeling of diminished returns, cravings, dysregulated mood/emotions/thought patterns.

Hedonic Homeostatic Dysregulation





Mental Disorders and their symptoms:

Schizophrenia – Paranoia, hallucinations, delusions, disorganized thoughts

Bipolar – Up and down mood, some with periods of manic

Borderline – Volatile moods with high ups and downs and a “favorite person” complex

Depression – Feelings of sadness/low affect, with behaviors such as sleeping too much or little, eating too much or little, little to no physical activity, and isolating.

Anxiety – Hypervigilance of internal or external stimuli regarding self or external possibilities that become overwhelming. Physical symptoms include tenseness of shoulders, clammy hands, tightness of chest, fast breathing, and restlessness

GOD OUR PROVIDER

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



Prevalence in the justice system:

These individuals are significantly overrepresented in the U.S. criminal justice system compared to the general population, with much higher rates of arrests and incarceration involvement ("run-ins with the law").

Only about 10% of adults with co-occurring disorders received treatment for both conditions in the prior year; 42% received no mental health or substance use treatment at all. Treatment gaps are larger for Black (47% received any treatment) and Hispanic (43%) adults compared to White adults (64%). Arrests often lead to jail time, which can worsen symptoms, increase recidivism, and create barriers to housing, employment, and recovery.

GOD OUR PROVIDER

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



Arrest Statistics (Most Direct Measure of Law Enforcement Encounters)The most comprehensive recent U.S. data comes from an analysis of the National Survey on Drug Use and Health (NSDUH, 2017–2019):

- Adults with past-year co-occurring disorders make up only about 2% of the U.S. adult population.
- They accounted for 15% (1 in 7) of all arrests during that period and 18% of people arrested multiple times in a year.
- More than 1 in 9 (roughly 11–12%, or about 650,000 adults annually) with co-occurring disorders were arrested each year.
- This arrest rate is 12 times higher than for adults with neither condition and 6 times higher than for those with mental illness alone.
- Nearly half (48%) of arrests for this group involved a drug-related charge (e.g., possession) as the most serious offense; 10% involved violent offenses and 17% property offenses.
- Women with co-occurring disorders faced especially high risk: arrested 19 times more often than women with neither condition and making up 22% (more than 1 in 5) of all adult women arrested.
- Black adults with co-occurring disorders were arrested at higher rates than White or Hispanic adults with the same conditions (16% annual arrest rate vs. 11%).

GOD OUR PROVIDER

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



Incarceration and Jail/Prison Prevalence

People with co-occurring disorders are also heavily overrepresented once inside the system:

- Roughly 44% of people in jails and 37% of people in state prisons have a mental illness.
- Roughly 63% of jail inmates and 58% of prison inmates have a substance use disorder.
- Among those in jails or prisons with a mental illness, about 70–72% also have a co-occurring substance use disorder (a very common overlap in justice settings).
- As a result, studies estimate that 25–32% of people admitted to or held in prisons/jails have full co-occurring disorders—far higher than the 2–4% rate in the general U.S. population. One large U.S. and international review found a pooled prevalence of dual diagnosis in custody around 25%.

One analysis of prison admissions showed the share with co-occurring disorders more than doubling over time in some systems (from ~15% to 32% in one jurisdiction between 2009 and 2017), driven by rising methamphetamine and opioid issues.

People with co-occurring disorders (especially severe mental illness + SUD) are about 5 times more likely to experience incarceration than those with mental illness alone. Prior incarceration, lack of treatment, substance use starting young, victimization, and multiple prior convictions are strong predictors of ongoing justice involvement.

GOD OUR PROVIDER

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



Considerations for the Reentry population:

Reentry for COD is complicated by fragmented services, limited access to medications (e.g., for OUD), stigma, and barriers like housing/employment. Incarceration often worsens symptoms, and post-release gaps increase overdose/relapse risks.

Evidence supports integrated, evidence-based interventions (e.g., cognitive-behavioral therapy, peer support, MAT + mental health care) starting in-custody and continuing seamlessly. Programs targeting high-risk COD individuals (with intensive services) yield the best reductions in recidivism and better health outcomes.

Having the person cared for holistically and consistently is the best chance for someone to thrive in life and LIVE.

GOD OUR PROVIDER

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



The most common co-occurring disorder you will encounter is bipolar and substance use. While there are severe forms of depression and almost everyone has anxiety, bipolar takes the cake on diagnosable mental health disorders that people experience.

This is where being in tune with a person comes in handy. Bipolar disorder has 3 different types. Bipolar 1, 2, or cyclothymic. Bipolar 1 have periods of being manic (a state of abnormally elevated mood, extreme energy, and frenzied behavior, often characterized by little need for sleep, rapid speech, racing thoughts, and impulsive, high-risk action) that can last up to around 7 days, followed by a depression period. During the manic cycle, it can be unbearable or feel good to the person. During the depression stage, mood swings are common and emotional highs and lows are volatile. This is the reason why Substance Use is common in people with bipolar. Emotions become unbearable, they turn to substances to numb or mute the emotions, addiction exacerbates bipolar symptoms. Then they spiral and repeat.

GOD OUR PROVIDER

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



Where to begin?

Remember. They are also children of God. They are NOT their illness. We often want to see the label of the person first rather than the creation of God. I want to challenge all of you to do this.

Exercise: Imagine facing the main character from the movie Split played by James McAvoy or the Joaquin Phoenix/Heath Ledger version of the Joker. How comfortable do you feel knowing that these people act very different?

GOD OUR PROVIDER

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



To further complicate, now imagine if they are addicted to opioids and going through withdrawal at the same time.

What should be addressed first and why?

GOD OUR PROVIDER

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



Let's do *Split* first. James McAvoy plays a character with a condition called Dissociative Identity Disorder (DID) or previously referred to as split personality disorder/multiple personality disorder.

A person whose personality changes depending on the circumstance of what is needed and what defense mechanisms are necessary, complicated with an opioid withdrawal with one of the personalities.

GOD OUR PROVIDER

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



START WITH THE BASICS.

The human/the child of God in front of you has a name and so do you!

Start with empathy that turns into compassion for this person
(e.g. Hey I noticed that you look like you have a cold or illness, anything I can do to help?)

DON'T and I really mean DON'T make promises you can't keep regarding their withdrawal.

DO what you can to help. (comfort, find an extra blanket, sweets, medic if it gets too bad)

GOD OUR PROVIDER

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



Being in tune means paying attention to behavior, to ask and address a persons needs, and to be direct and consistent in your responses. To control what you can control, you.

GOD OUR PROVIDER

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.



Next, address the way the mental health disorder that shows up.

In this case, a few different personalities might show up to advocate for help or curse you out. Talk to each of them because there is a core to that person and each personality needs to be addressed

Ask EACH of the personalities what they think would help when they show up (even if hostile)

At the bare minimum, be an ear for the person(s) to be heard.

**GOD OUR
PROVIDER**

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



Comfortable seeing people with co-occurring disorders yet?

In case you are not, lets go over some basic skills that can help keep interactions consistent and helpful.

GOD OUR PROVIDER

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



Motivational Interviewing (MI)

Motivational Interviewing (MI)- is a collaborative, goal-oriented communication style designed to strengthen personal motivation and commitment to change by exploring and resolving ambivalence. The main goal of MI is to be present with the person and make them feel heard and understood. It forces the interviewer listen and draws out dialogue from the interviewee.

**GOD OUR
PROVIDER**

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



Motivational Interviewing (MI) Cont.

- O** *Open-ended* questions that allow patients to give more information including their feelings, attitudes and understanding.
- A** *Affirmations* to help overcome self-sabotaging or negative thoughts.
- R** *Reflections* as a way to express ambivalence.
- S** *Summarize* to let your patient know that they are being heard.

**GOD OUR
PROVIDER**

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



Motivational Interviewing (MI) Cont.

ROLLING WITH RESISTANCE - is a technique where the counselor avoids arguing for change, instead validating the client's ambivalence and treating resistance as a signal to adjust their approach.

Example, person states, "These MEDS have TRACKERS INSIDE THEM!"
How would you "roll" with this?

**GOD OUR
PROVIDER**

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



Motivational Interviewing (MI) Cont.

Roll with resistance:

- **Validation:** Acknowledging the client's perspective and feelings of ambivalence without judgment, which helps the client feel heard.
- **Reflection:** Utilizing reflective listening to mirror back resistance (“I hear that you can’t trust your medication right now”) rather than challenging it, which can reduce the likelihood of further resistance.
- **Shifting Power:** Letting go of the expert role and allowing the client to take ownership of their own behavior change.
- **Understanding Resistance:** Viewing resistance as an interpersonal, natural reaction to the counselor's approach or as a sign of ambivalence rather than a personal trait of the client

**GOD OUR
PROVIDER**

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



Motivational Interviewing (MI) Cont.

Put yourself in this person's shoes. A person who has struggled with a mental health condition since possibly from 17 and older. Has paranoia that is so intense that it overtakes cognition. Little to no one they can trust. Uses substances such as amphetamines and opiates to stay focused and relax. In constant state of fight or flight.

Does fighting or arguing help this person? Or does being present to their reality help this person?

**GOD OUR
PROVIDER**

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



Let's imagine the Joker (Joaquin Phoenix version) has delusions and hallucinations. Also has cognitive distortions and laughs uncontrollably at odd times. Mixed with a substance use disorder. Knowing that this person is unpredictable and can harm you at any second what is your move?

GOD OUR PROVIDER

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.



Crisis situations:

With COD, crisis's are a common occurrence due to the nature and severity of the issues that arise. High risk behaviors often result in high consequences and relationships often falter due to high-risk behaviors.

Question, the last time you had a crisis, what helped you?

**GOD OUR
PROVIDER**

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



Things to consider for crisis:

Is this person actively suicidal? (Ideation, plan, intent)

Is this person in withdrawal? (alcohol, benzodiazepines, opioids)

Is this person not stable because they are not compliant with medication?

Has this person taken something that can be causing the crisis?

Are they in immanent danger?

GOD OUR PROVIDER

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



Other things to consider in crisis:

You are NOT going to get them calm, cool, and collected. What is necessary is to help them deescalate their mental stress/intense cravings/emotional distress back down to levels where they can listen and talk coherently.

First things first. Tell them to relax.

KIDDING!

**GOD OUR
PROVIDER**

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



Coping Skills:

When in crisis it is easier for someone to coach a coping skill rather than having them remember one. The EASIEST anyone can teach and learn is called a sensory check down, and it goes as follows:

Name out loud the following:

- 5 things you can see
- 4 things you can touch
- 3 things you can hear
- 2 things you can smell
- 1 thing you can taste

GOD OUR PROVIDER

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



Things to consider:

Often people with cooccurring disorders have only been to places where they only handle one of the issues. It is important for you who has contact with them to acknowledge that they are struggling with multiple things at once and all can be addressed with grace and dignity. This means listen to the person in full context not just the struggle you can see.

GOD OUR PROVIDER

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



QUESTIONS?

COMMENTS?

CONCERNS?

GOD OUR PROVIDER

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE



THANK YOU

Email: Peter.kim@wheaton.edu

**GOD OUR
PROVIDER**

Phil 4:19 And my God will meet all your needs according to his riches in glory in Christ Jesus.

CMCA 2026 SUMMIT | MAY 14 - 16, 2026 | WHEATON COLLEGE