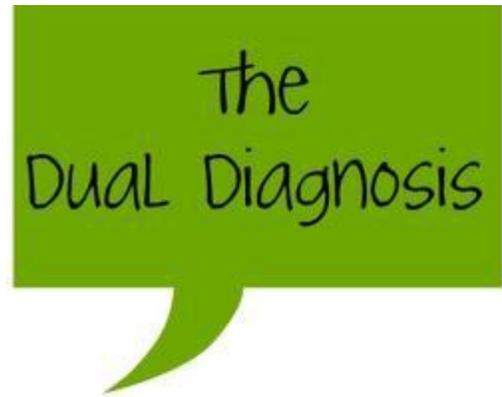




Dual-diagnoses: Addiction + OCD or ADHD and how to deal with it.

Rebellion Dogs Radio #8 features Dr. Tim Bilkey and professional rocker, Paul Nelson

Attention Deficit Hyperactive Disorder, Obsessive Compulsive Disorder – what if you have these traits as well as addiction? **Dr. Tim Bilkey** and guitarist **Paul Nelson** are both guests on Rebellion Dogs Radio Episode 8 to help us tell the story of addiction comorbidity or dual diagnosis or double-winners if you prefer. Not to minimize or oversimplify but consider that being left-handed is not a disorder. We live in a world that is largely designed with right-handed advantages but left-handed people don't need to fix their predisposition. We lefties might have to be a bit more proactive than righties. Though a minority in a right-handed world, not many of see ourselves as handicapped.



Though not by degree, the same holds true for those of us with OCD, ADHD or addiction for that matter; we don't need an alcohol free world in which to thrive—we only need to make conscious adjustments to a world that sees no need to baby us. In these notes, we'll look at how not to be a slave to these conditions. We're not helpless. Some lefties will buy left-handed scissors, some will adjust to

right handed scissors and others will train themselves to do certain tasks right-handed. There is help available for those of us who present with ADHD or OCD from self-help to cognitive behavioral therapy to medicine.

Maybe as you're reading you're already doing a check list to evaluate yourself. Do you think you have any obsessive or compulsive symptoms beyond your obvious relationship with your drug(s) of choice? Are you chronically late, forgetful or do you have a hard time focusing on even the chores that are very important to you?

What about others in your life? Who would you label with ADHD or OCD? Let's look at smoking; you either smoke or you know what it's like to walk through the blue cloud as you enter the school, church or community center that is home to your 12-Step meeting. There's a reason why there's more smokers outside the AA or NA meeting than there is outside the book club, city council meeting or any other gathering that isn't all-addicts. We'll look at some definitions of Attention Deficit Hyperactivity Disorder and Obsessive Compulsive Order first:

Attention Deficit Hyperactivity Disorder:

“ADHD is five to 10 times more common among adult alcoholics than it is in people without the condition. Among adults being treated for alcohol and substance abuse, the rate of ADHD is about 25%...

People with ADHD tend to be more impulsive and likely to have behavior problems, both of which can contribute to drug and alcohol abuse, researchers say. Also, both ADHD and alcoholism tend to run in families. A child with ADHD who has a parent with alcoholism is more likely to also develop an alcohol abuse problem. Researchers have pointed to common genes shared between ADHD and alcoholism.”ⁱ

Obsessive Compulsive Disorder and addiction:

“OCD, is an [anxiety disorder](#) in which an individual experiences recurring thoughts that cause irrational fears and anxiety. Individuals with OCD engage in repeated, compulsive rituals, such as counting items, hand washing and organizing. Executing these rituals provides temporary relief while they are being performed, but the anxiety returns soon after they stop. OCD is a highly destructive disorder that can overtake the life of an individual and keep him from enjoying many life's most rewarding activities.

The [Journal of Anxiety Disorders](#) estimates that over 25 percent of those who seek treatment for OCD also meet the criteria for a substance use disorder. Individuals who experience OCD symptoms for the first time in childhood or adolescence are more likely to develop a drug or alcohol problem, often as a way to cope with overwhelming anxiety and fear. Treating an addictive disorder without addressing the emotional symptoms of OCD is unlikely to be effective.”ⁱⁱ

Chapter Five of *Alcoholics Anonymous* describes those who will struggle with the AA modality. In the 1939 language AA writers, “There are those, too, who suffer from grave emotional and mental disorders, but many of them do recovery if they have the capacity to be honest.”

There is more to grave emotional and mental disorders than simply Obsessive Compulsive Disorder and Attention Deficit Hyperactivity Disorder. But this is what we’re focusing on for this blog/radio show. To help tell this story, we invite to our show a psychiatrist who will relate to us his clinical experience, plus a professional guitar player who had a layperson’s firsthand experience managing his friend, guitar legend, Johnny Winter which included dealing with addiction and OCD.



Dr. Tim Bilkey (pictured) specializes in adult ADHD. He has two videos, *ADHA Across The Lifespan* and *Her Fast Mind: An In Depth Look at ADHD as it affects Women*. F.A.S.T. M.I.N.D.S. is an acronym that Tim Bilkey has developed to help test for ADHD. This 2013 co-authored book: *Fast Minds: How to*

Thrive If You Have ADHD (Or think you do) is published by Harvard Health Publications.

Our second guest, guitarist Paul Nelson (pictured right of Johnny Winter), had a dream come true when he got to play with his childhood idol, Johnny Winter. Paul was asked to take over managing Johnny and the band. In 2014, just after Johnny Winter’s 70th birthday Winter died while on a European tour as his career was experiencing a resurgence. Before Johnny died



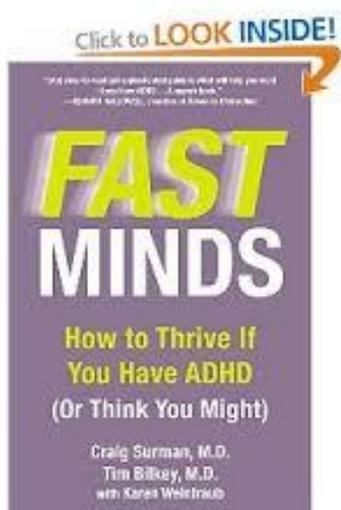
director Greg Oliver completed, *Johnny Winter: Down & Dirty*, a documentary that Paul Nelson was executive producer for. The movie debuted at SXSW in March of 2014 and it includes appearances from brother Edgar Winter, Aerosmith’s Joe Perry, ZZ Top’s Bill Gibson, footage with BB King, Janis Joplin

and plenty of fans in North America, Asia and Europe. We talk to Paul Nelson in the limo from Toronto International Airport to the Canadian debut of *Johnny Winter: Down & Dirty* as part of Toronto's Reel Independent Film Festival in October, 2014.

Meanwhile, Dr. Tim Bilkey was addressing the Bellwood Health Services *Many Faces of Addiction*, at their 6th annual addiction symposium. Dr. Tim Bilkey was good enough to make time for us just as guests were arriving to a private party he was hosting. In typical Rebellion Dogs guerrilla-radio style, our interview was in the basement kitchen of Boland's Open Kitchen on Mt. Pleasant Road in Toronto.

Here is what the acronym FAST MINDS stands for. See if you identify:

- F – Forgetful
- A – Achieving below potential
- S – Stuck in a rut
- T – Time challenged
- M – Motivationally challenged
- I – Impulsive
- N – Novelty seeking
- D – Distractible
- S – Scattered



In the book *Fast Minds*, Dr. Bilkey describes those of us with ADHD as having learning *differences* – not learning *disabilities*. Dealing with ADHD is a three-fold approach; Accommodation / Medication / Mindfulness. In Bilkey's presentation to the *Many Faces of Addiction* delegates, the doctor disclosed his closeness to *Big-Pharma*; among his speaking commitments Dr. Bilkey is a spokesperson and consultant to some of the manufacturers of ADHD drugs. We talk in the radio interview about special considerations with medications when it comes to addicts.

For anyone with a 12-Step background, Bilkey unintentionally talks our language. He describes his book as self-help and I would describe it as easy reading. Like addiction recovery, a blend of talking personal responsibility and seeking outside help is required to thrive with ADHD. The Fast Minds approach draws on the three

prerequisites that 12-Step modality draw on—honesty, open-mindedness and willingness. There is list making, not unlike personal inventories and our lists of people we have affected with our addiction. There are action steps like sharing our shortcomings with another and making amends. *Fast Minds* self-help treatment isn't 12-Steps but the core principles we are familiar with do manifest themselves in Dr. Bilkey's book.

The first three steps for success with ADHD are: awareness, decision, getting and accepting help. Doesn't that have a Step One, Two, Three sound to it? Step one is to admit and accept (be aware of) our habits, choices and emotions. Acceptance is the key. Then in Step Two, we have to make a decision; we chose our priorities and identify the steps to get there. Step Three is to help ourselves. Beyond our immediate resources we seek out and engage the help we need. That could be professional help, medicine, electronic devices that help focus and organize us, and/or engaging friends and loved ones to give us feedback. We create an environment that accommodates our style.

This step-by-step process isn't so far off from admitting we have a problem that is making our lives unmanageable, come to believe that there is a better way and making a decision to seek and accept help. The fourth level (step) in what Bilkey calls the Pyramid for Success with Adult ADHD is to design your life with structure and accountability. We accept what we can't change and have the personal responsibility to change the things we can.

Every addict ought to identify with some aspects of obsessive-compulsive disorders. To be addicted is to be preoccupied and obsessed with our drug-of-choice. Process or substance addictions such as drinking, gambling or sexual compulsion, all have rituals and repetitive processes enslaving the addict insofar as we are more driven by our habits than by our free will. OCDs are activities that relieve anxiety. Duh—so does drinking. But like drinking the relief is short lived and the costs to the consequences or side-effects may get progressively worse.

Does it seem hypocritical to you that people—be they bragging or exuding gratitude—talk of how they were spared from the ravages of addiction through a spiritual awakening while puffing on cigarettes that will likely cause premature death from a preventable habit? Let me back off a bit if I sound rigid or self-righteous. I want to be clear that there is a difference between a bad habit and chronic, unmanageable addiction. Some of us smoke and some of us eat more chips and ice cream than we'd like; but smoking and overeating doesn't have us lying to our kids, parents and employers or going to jail for driving over the limit, committing sex crimes or selling narcotics.

While some of us smoke and overeat and call it “living a little,” some of us wish we could control ourselves but can’t. We aren’t blind to the consequences of unhealthy choices. Yes, we already endured the temptations and risks that face any addict/alcoholic who transitions from addiction to recovery; we made it through to the other side. It seems like a cruel joke that knowing what we know, achieving what we’ve achieved, we still can’t apply our knowledge and experience to stopping these other habits.

Just saying no to smoking is a simple act of willpower for some and a bafflingly ineffective to others. If we were the same, Charles Duhigg’s *The Power of Habit* or the best seller of the last generation, Stephen Covey’s *The 7 Habits of Highly Effective People*, or the Twelve Steps themselves, would convert everyone. The compromised life of bad habits would be swiftly traded for the fulfilling life of good habits—if it was just about desire and commitment. But books and Step don’t work for everyone and everything. OCD (and ADHD) can explain some of this. Paul Nelson talks of how a methadone-free Johnny Winter was a more obsessive/compulsive Johnny Winter. Freedom from addiction didn’t solve his problems, it exposed them. Johnny Winter had to go to therapy for OCD and so did the whole family and band. In the end, Nelson was frustrated that while Johnny Winter’s story had a happy ending in one sense, his life, career and the joy he brought to others was cut short because Paul could never help Winter quit smoking.

From DualDiagnosis.org above, we read a definition of obsessive-compulsive disorder and how it frequently makes fast friends with addiction. Some of who have had success in 12-Step recovery think we should be able to do it ourselves when it comes to emotional or mental health. We are reluctant to admit to ourselves that we are suffering if we see the 12-Steps as a cure-all. We may be reluctant to share this new setback with others. Shame doesn’t make it easier. We live in a society that loves to judge, celebrating our successes and also condemning us for falling short or not conforming to the norm.

In the UK, a community/charity helps lend support to OCD sufferers. Here’ how OCD UK frames the challenges to, and benefits of, seeking help:

“When you first see a health care professional about your symptoms, it is very important that you are honest and open about your thoughts and behaviours, no matter how embarrassing they may seem. Almost certainly, they have heard it all before – and by being honest, you will help them to identify the most suitable treatment for you.

Many OCD sufferers have depression and thoughts about harming themselves or others, and for some suicidal thoughts are also a feature – it is important to discuss these feelings openly and honestly.

Also, many people with OCD, especially those with thoughts of a physical, sexual or harmful nature, are fearful of the consequences if they tell anyone about what goes on their heads. Whilst we generally encourage people with OCD to be honest and open about their thoughts and symptoms, you may wish to talk with your GP or therapist in general terms first of all until you feel comfortable that they actually understand OCD. Generally, most therapists that do understand OCD will have heard your story many times before, and will probably read between the lines and will help you by asking direct questions which will make it easier for you to open up.^{»iii}



It is not surprising that Cognitive Behavioral Therapy is a natural choice for sufferers of OCD. While some medicines can help some sufferers relieve their anxiety, for those of us who are pill-adverse, there can be lasting benefit from CBT. The automatic thoughts and feelings and especially the extreme of anxiety and depression can be mitigated by the thought (and feeling) records that are part of the thinking/feeling/behaving inventory of the CBT process. OCD patients might just apply their OCD to the CBT, replacing an unproductive habit with the positive activity of understanding and monitoring the cycle of thoughts, feelings and actions that we are trying to be more conscious of. In Paul's story of how he helped transition Johnny Winter (pictured above with Jimi Hendrix) from negative to positive habits, he joked that Johnny could get as committed to a healthy vanilla milkshake as he could to his methadone or nicotine dependency.

While Dr. Bilkey's tool kit will surely be a permanent part of my own self-help it will also have a long shelf-life on my *recommended readings* for fellow travellers I talk to or work with. Another book that I recommend whenever it's appropriate is Gabor Maté's *Scattered Minds*. While Tim Bilkey's *Fast Minds* is more current, one feature of Gabor Maté's writing style is his sharing of his personal journey.

Gabor Maté was diagnosed with Attention Deficit Disorder by the medical health practitioner that was working with his affected children. Like addiction, AD(H)D is often hereditary. The Maté book blends the clinical explanation with his first-hand personal accounts of his struggle. Like the 12-Step fellowship approach, Maté shares his troubles in this 1999 book.

He writes:

Where they know it or not, a large number of people addicted to behaviors and substances of various sorts have attention deficit disorder, no matter what their proclivity may be: for gambling, compulsive sexual roving, chronic impulsive buying, workaholism, excessive physical training, danger-seeking pursuits, like drag racing or for nicotine or cocaine, alcohol or marijuana. As an example, according to some surveys, the rate of smoking among the ADD population is three times that among the non-ADD population.

It is easy to understand the appeal addictive substances would have for the ADD brain. Nicotine, for one, makes people more alert and improves mental efficiency. It also elevates mood, by stimulating, the release in the brain of neurochemicals dopamine, important in feeling of reward and motivation, and endorphins, the brain's natural opioids, which induce feelings of pleasure. The endorphins, being related in chemical structure to morphine, also serve as analgesics, soothing both physical and emotional pain.^{iv}

In *Scattered Minds*, Maté gets very personal with us:

Terrified of my mind, I had always dreaded spending a moment alone with it. There always had to be a book in my pocket as an emergency kit in case I was ever trapped waiting anywhere, even for one minute, be it a bank lineup or supermarket checkout counter. I was forever throwing my mind scraps to feed on, as if to a ferocious and malevolent beast that would devour me the moment it was not chewing on something else. All my life I had known no other way to be.

The shock of self-recognition many adults experience on learning about ADD is both exhilarating and painful. It gives coherence, for the first time, to humiliations and failures, to plans unfulfilled and promises unkept, to gusts of manic enthusiasm that consume themselves in their own mad dance, leaving emotional debris in their wake, to the seemingly limitless disorganization of activities, of brain, car, desk, room.

ADD seems to explain many of my behaviour patterns, thought processes, childish emotional reactions, my workaholicism and other addictive tendencies, the sudden eruption of bad temper and complete irrationality, the conflicts in my marriage and my Jekyll and Hyde way of relating to my children.^v

The driven and hyperfunctioning workaholic tries to delude himself that he must be very important, since so many people want him. His frenetic activity numbs him to emotional pain and keeps his sense of inadequacy out of sight, out of mind. During a group psychotherapy session a few years ago, I heard one of the leaders say that a truly important person is one who considers himself worthy enough to grant himself at least one hour each day that he can call his own. I had to laugh. I realized I had worked so hard and make myself so ‘important’ that I couldn’t beg, borrow or steal a minute for myself.

There is one major respect in which the specific neurophysiological impairments of ADD do hinder the development of a cores sense of self and the attainment of self-esteem. ... The fluctuations are greater and more rapid than most people’s experiences. It seems there is less to hold on to. Self-esteem does require a degree of self-regulation, which the neurophysiology of ADD sabotages. The child or adult easily flung into extremes of emotion and behavior does not acquire the mastery over impulses that self-esteem demands.”

If you’re in the 12-Step community you may or may not suffer from ADHD; but you’re going to encounter your fair share of those of us who are OCD or ADHD in the rooms. *Fast Minds* is written in plain language, it uses anecdotal case histories. It has practical ideas that I found helps me deal more consciously and less reactively to the *FAST MINDS* symptoms I live with. Again, the videos are *ADHD Across the Lifespan* and *Her Fast Mind: An In Depth Look At ADHD As It Affects Women*.

The movie *Johnny Winter: Down & Dirty* or the new record *Step Back* which was posthumously released



September 2nd 2014 are part of the legacy of Johnny Winter (February 23, 1944 – July 16, 2014). Watch this doc, listen to this record. The Johnny Winter story is a *good-news* story. It portrays addiction and mental health as a process—not an event—in the lives of people like us. The legacy of music, which is dozens of studio, live and compilation records from 1968 to 2014, is a reminder to me that we need not see mental health conditions (OCD in Winter’s case) as a handicap; look how productive and successful Johnny Winter was. Again, it’s like being left-handed. I’m left handed. I play guitar; it’s no handicap; it requires slight adjustments.

Most left-handed guitarists adjust by using guitars that are strung left handed. Like the righty guitars, lefty guitars have the thickest wound string is at the top of the guitar neck and the thinnest unwound string at the bottom. That’s what Paul McCartney does and that’s what Jimi Hendrix did.

I play a right-handed guitar upside down. The thin string is at the top and the thickest string at the bottom. I didn’t know anyone famous who did this but later I found several – some indie musicians, some casual players and some stars. Is it a handicap? Well most chords are designed for playing the other way around. All music books that teach music have to be transcribed (interpreted) and some songs just can’t be duplicated to sound the way a right-handed person would play a right-handed guitar.

Limits also bring opportunities. Surf-rock legend Dick Dale made his idiosyncrasy an advantage creating unforgettable sounds that favor an upside-down lefty. Blues man Albert King was an upside-down lefty. He preferred the Gibson Flying-V design guitar (over the more popular



Gibson Les Paul or Fender Stratocaster) because it presents no handicap playing the high notes when you turn it upside down. Canadian, Mark Gane of Martha and

The Muffins wasn't handicapped when he wrote hit songs "Echo Beach," "White Station/Black Station" or "Women Around the World at Work."

I didn't know it when I started but I wasn't alone as an upside-down lefty. Lots of guitars that went before me found ways to accommodate. I am sure many more lefties learned to play right-handed, too. I did it so that I could play anyone else's guitar and they could play mine. I don't need a handicap sticker on my guitar case.

Being an alcoholic doesn't exclude us from society. Some will choose dry gatherings over bars or other licensed surroundings. Some sober alcoholics are bartenders and do their job their own way but just as well as any of their colleagues. For many more, it's not black and white. Before going to a wedding or to watch the big game at a sports bar we check our motives and see if we're emotionally and mentally fit. The world will go on if we feel that we need to cancel.

The same is true with mental health issues. Like other *disorders*, ADHD and OCD come in light, medium and extreme versions. Some of us will have more limits forced upon us than others. All of us can benefit from learning more, being willing and seeking help when necessary.

Links:

<http://www.johnnywinter.net/>

<http://www.timbilkeymd.com/>

Scattered Minds

http://www.amazon.com/dp/0676972594/ref=as_sl_pc_tf_lc?tag=rebeldogspubl-20&camp=14573&creative=327641&linkCode=as1&creativeASIN=0676972594&adid=0KH68AY02V63D81GD7ES&&ref-refURL=http%3A%2F%2Frebilliondogspublishing.com%2F

Fast Minds

http://www.amazon.com/Fast-Minds-Thrive-Think-Might/dp/0425274063/ref=as_sl_pc_ss_til?tag=rebeldogspubl-20&linkCode=w01&linkId=EE6WDELD7RMU2VPC&creativeASIN=0425274063

ⁱ <http://www.webmd.com/add-adhd/guide/adhd-and-substance-abuse-is-there-a-link>

ⁱⁱ <http://www.dualdiagnosis.org/ocd-addiction/>

ⁱⁱⁱ <http://www.ocduk.org/ocd-treatments>

^{iv} Mate, Gabor M.D., *Scattered Minds: The Origins and Healing of Attention Deficit Disorder*. Toronto: Vintage Canada (Edition), 2012 p. 298

^v IBID p. 4