

DUAL DIAGNOSIS: THE DEFENDANT WITH CHRONIC ADDICTION AND MENTAL HEALTH PROBLEMS

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WHAT THIS SESSION IS ABOUT

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- **Discuss** ways to identify mental health issues
- **Understand** severity of problems and risk factors as they impact the defendant/family
- **Examine** ways to intervene and services to offer
- **Implement** information into case planning

DUAL DIAGNOSIS

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- Most of the adults we work with have more than one presenting problem.
- Mental health disorders co-occur.
- They are highly correlated with addiction, domestic violence, and dependency problems.
 - ▣ About 50% of individuals with severe mental health disorders are affected by substance abuse (JAMA).

COMORBIDITY CONSEQUENCES

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- Compared to those with one disorder, people with severe mental illness and substance abuse are statistically at greater risk:
 - Violence
 - Overall poorer functioning
 - Medication noncompliance
 - Failure to respond to treatment
 - Greater chance of relapse

CO-OCCURENCE

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- These disorders have shared risk factors:
 - Overlapping genetic vulnerabilities
 - Overlapping environmental triggers
 - Involvement of similar brain regions
 - Early exposure
 - Developmental disorders often begin in teen years, when the brain experiences dramatic changes.
 - Early exposure to drugs may change the brain to increase risk of mental disorders.

CHICKEN OR EGG?

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- The vast majority of adults with addiction problems have unaddressed and undisclosed traumatic episodes.
- The addiction is typically just secondary to the mental health issues.
- If we do not help them feel they can survive sobriety, they will continue to use.
- Mental health needs often trump addiction, in terms of intervention.

LIMITS OF TYPICAL TREATMENT

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- Traditional drug treatment programs are not recommended for those with mental illness:
 - ▣ Fragmented and uncoordinated services
 - ▣ Heavy confrontation
 - ▣ Emotional jolting
 - ▣ Discouragement of medication use
- May produce stress levels which exacerbate symptoms or cause relapse

BARRIERS TO INTEGRATED TREATMENT

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- Separate treatment systems for drug use and mental illness
 - ▣ Neither with adequate services to address both
- Bias against using medication for drug-users
- Lack of services in criminal justice system
 - ▣ 45% of inmates are estimated to have a mental health problem comorbid with drug abuse/addiction.

WHY GET SOBER?

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- To let go of addiction is unthinkable, as it helps to manage underlying fear and terror.
- Letting go of their addiction increases their fear and anxiety.
- There is no upside for them.

OFFER AN UPSIDE

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- It is the relationships that we help support, encourage, offer, and facilitate that make the difference.
- None of this work can be done with a remote hope of success that is not done in the context of a relationship.

WHERE TO BEGIN

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- Every single encounter you have with the defendant is an opportunity to do relationship/attachment repair.

SHAME

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- Mental illness carries a nasty social stigma.
- They often feel responsible but project this onto others (children, helpers, spouses).
- They often feel alone and isolated.
- **Early trauma creates an embedded sense of unworthiness.**

GUILT

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- They often blame themselves and think they are deficient, weak, or bad.
- They have been told they could change if they wanted to badly enough.
- They have had repeated failure experiences and feel inferior.
- **Early trauma leaves a person feeling as though they should have been able to stop the abuse, or that they ‘deserved it’.**

DENIAL

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- It is very important to help the person come to grips with their struggle.
- They often normalize and minimize their troubles and have lost perspective about what they miss in daily life and relationships.
- They have taught their children to compensate.
- **Early trauma has created defense mechanisms to shut down and shut off emotional experiences.**

GRIEF

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- What has the person lost due to mental illness?
- What have their children lost?
- Have they named, acknowledged, and mourned these losses?
- **Early trauma is an experience of loss. Loss of safety, loss of comfort, loss of joy, loss of self, and loss of control.**

KNOW YOUR LETTERS

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- DSM
- SDM
- DMM
- MMR
- MRI
- DUI
- OCD
- NYPD

AXIS I

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- Bipolar Disorder
- Schizophrenia and Psychotic Disorders
- Anxiety and Depression
- Mood Disorders
- PTSD
- Dissociative disorders
- Dementia
- ADHD
- Bipolar
- **Substance abuse**

AXIS II

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- Personality disorders are characterological – they are imbedded parts of who the person is.
- Borderline Personality Disorder
- Antisocial Personality Disorder
- Narcissism
- Thought Disorders

AXIS III

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- **Medical conditions** that are organic
- Autism
- Traumatic Brain Injury
- Pervasive Developmental Disorder
- Tourette's Syndrome
- FASD
- Mental Retardation

AXIS IV

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- When bad things happen to people that complicate their lives (**psychosocial and environmental problems**).
- Violence, crime, addiction, grief and loss, relationship problems, lack of social support, neglect and abuse.
- Parent child conflict, divorce, financial hardship, homelessness...

AXIS V

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- The **overall functioning** of the individual.
- This is the **most arbitrary** and subjective.
- **Scores vary** greatly based on the clinician doing the evaluation.

WHAT TO TREAT FIRST?

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- Addressing mental health and trauma issues first is often necessary to help the defendant relinquish their dependency on drugs/alcohol.
- An altered physical and emotional state is why they use. They need another option of how to find that.

AREAS OF IMPAIRMENT

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- Housing
 - Work
 - Job
 - Relationships
 - Parenting – ability to facilitate attachment
-
- These all affect the parent-child relationship.

NEEDED INFORMATION

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- Previous history of abuse and/or neglect of children or self
- Substance abuse – duration and episodes of previous treatment
- Cognitive or physical deficits
- Involvement with criminal justice system
- Basics about the parent/child attachment relationship
- Military service

PROPER DIAGNOSIS

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- Identify and evaluate each disorder concurrently:
 - ▣ Broad assessment tools are less likely to result in a missed diagnosis.
 - ▣ Those entering drug treatments should be screened for mental illness and vice versa.

EARLY ASSESSMENTS

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- Does the defendant need a neuropsychological exam to determine any brain injury, memory loss, learning deficits, or cognitive impairment?
- Are there any serious traumatic events that would have been a contributing factor for the defendant to use/abuse drugs?

GET SOME HISTORY

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- How long has the condition been present?
- Is there a pattern? Is the client doing better or worse than in the past?
- Have treatments or services been used in the past, and what, if any, worked?
- Does the parent even admit/recognize they have impaired mental health/addiction?

QUESTIONS TO ASK

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- Were your needs met as a child?
- Were you raised by your parents most of the time?
- Who was the person you could count on?
- Can you still count on them?
- Are you connected to your family yet?
- Have your children ever been in out-of-home care?
Why?

THEN WHAT?

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- You know the defendant has to start from the beginning—or you know who to help them reconnect with.
- The work will be long-term—or not.
- The defendant will require a relationship and some support to succeed.

HIGH RISK FACTORS

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- ❑ Failure to take medications
- ❑ Hallucinations that involve the child
- ❑ Frequent police contact due to violence
- ❑ Failure to work with mental health professional

- ❑ Termination of Parental Rights cases upheld by MN Supreme Court

IMPACT ON CHILDREN

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- Child suffers anxiety
- Child feels it is their fault
- Child is worried they will turn out like their parent
- Child normalizes the illness and sees all adults as unreliable or unsafe
- Child develops emotional disturbance

IMPACT ON PARENTING

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- It is difficult to give what you never had.
- They seldom see their child as harmed, as they are internally-focused and view themselves as the victim.
- They use consequences out of a need to punish rather than teach.
- They will be extremely hard to shift, inconsistent, not open, and cannot separate self from child.

IMPACT ON PARENTING

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- The parent is emotionally unavailable, as they are overly focused on themselves.
- The child learns to read the parent cues and care take.
- The parent underestimates how harmful neglect/abuse is.

INDICATORS FOR PARENTING

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- Can the parent empathize (experience the child's emotional world)?
- Does the parent accept responsibility (even some) for the circumstances they are in?
- Does the parent know about child development, or are they willing/able to learn?
- Can their support system either **MAINTAIN** sobriety or help during **RELAPSE**?

RISK FACTORS FOR CHILDREN

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- Five years and younger
- No siblings
- Low cognitive abilities
- Mother is the ill parent
- Maternal delusions are centered on the child
- Parent can provide for basic needs BUT nurturance is absent

-William Bradshaw, U of MN

ADDITIONAL RISK FACTORS

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- The child has had **multiple moves** and caregivers.
- There has been **inconsistent care giving** in the early years.
- Child has experienced **abuse and neglect** in the past.
- Child may never have had a **secure attachment** relationship.
- **Prenatal exposure** to alcohol, other drugs, violence.

-Differential Assessment Tool

PROTECTIVE FACTORS

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- **Knowledge** that the parent is ill and it is not the child's fault
- Therapeutic interventions for the child and parent (**psychotherapy**)
- Child has a sense of **self-esteem** and competence, with outside interests
- Other strong, **healthy adults**
- **School** is a positive place, social connections

WHAT IS GOOD ENOUGH?

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- Physical and sexual safety
- Are the children usually fed?
- Are they supervised for the most part?
- Is there someone they can run to for help?
- Do they know how to use the phone?
- Is the house dangerous (imminent harm)?

PTSD

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It is an **anxiety disorder** that occurs after a person experiences or witnesses a traumatic event that they perceive as life-threatening to self or others.

- Sometimes we see extreme or layered trauma, one after the other.

THE PTSD DEFENDANT

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- Returning military personnel
- The parent with a traumatic childhood.
- The older child who never received services.
- The immigrant who survived starvation/genocide.
- The chronic addict who cycles through programs.

PTSD SYMPTOMS

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- Symptoms can occur directly after the event or much later, for no obvious reasons. They can last from a few months to years.
- **The victim re-experiences the event** in a way that makes them relive the trauma, with an emotional response as if it were occurring in the present.

PTSD SYMPTOMS

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- **Intense fear**, sleeplessness or restless sleep, nightmares/night terrors
- **Anxiety** and hypervigilance or dissociation
- Exaggerated **startle** and **arousal** responses
- Frequent physical complaints
- **Anger/irritability**
- Trouble concentrating, confusion

ADD DRUGS TO THE MIX

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- They will provide some regulation and lessen anxiety.
- They can be a sleep aid; it provides comfort.
- Drugs change how the brain processes data, so their ability to gauge crisis or fear is skewed.

TREATMENT

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- Cognitive Behavioral Therapy
- EMDR
- Desensitization
- Bio feedback/relaxation
- Group therapy
- Couples/family therapy
- Individual therapy
- Medication

PTSD PROGNOSIS

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- This is a disorder that can be treated, managed and sometimes, be put to rest. A person may re-experience trauma throughout one's life span, requiring episodic treatment.
- PTSD must be addressed as primary when dealing with dual diagnosis. The addiction is a coping strategy for the trauma.

QUESTIONS TO ASK

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- Its not your fault.
- You are not weak, stupid, or bad.
- It does not mean you do not love your family.
- It will get better.
- You do not have to live like this; you and your family deserve and need support.
- Your family needs you to address this.

DEPRESSION/ANXIETY

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- These are brain-based illnesses.
- There is no one single cause of either.
- It is not necessarily related to a major life event or stressor, but it may be triggered or exacerbated by trauma/distress.
- They are often misdiagnosed.
- Symptoms can vary greatly based on developmental stage of person.

ADD DRUGS TO THE MIX

48

- They take the edge off.
- They make it possible to talk to people.
- They add a point of pleasure to the day.
- They speed up or slow down the person's ability to manage the next task.
- They lessen feelings of guilt about what/who is being neglected.

TREATMENT

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- Most effectively treated with **medication and therapy**
- Accurate and early diagnosis
- **Individual and group therapy** that focus on adaptive skills and emotional/relationship disturbances

QUESTIONS TO ASK

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- ❑ You can't "decide" to get better.
- ❑ It is not a matter of attitude.
- ❑ Medication will probably be necessary.
- ❑ These conditions improve over time, if you take care of yourself.
- ❑ Your child needs you every day—you must think of them, not your own pride.

PERSONALITY DISORDERS

51

- Emerging research describes these disorders in a similar fashion to children with severe **attachment problems**.
- Lack of **interpersonal relationship** health.
- Lack of child-centered thinking
- **Push me/pull me** dynamic: too close or too far away
- Impossible to please in the long haul

FEATURES

52

- These folks have a history of failed relationships and **little insight** into why.
- They have **unclear boundaries** between adults and children in their families of origin that will repeat themselves.
- They almost always have a trauma story.

TREATMENT

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- This population is **treatment-resistant** and not prone to use insight-oriented therapy.
- Group work is good to build social networks.
- DBT and Cognitive Behavioral can help.
- They tend to fire therapists over time.
- They do not have a sense of empathy for the distress they cause others and must learn attunement and empathy.
- Individual therapy.

QUESTIONS TO ASK

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- Your child needs you to do better.
- You can offer a better legacy to your child than you had.
- You have the power to make the change.
- You must know who to ask for help when you are overwhelmed.
- Practice a safety plan with parent/child.
- Your child needs professional support.

BIPOLAR DISORDER I and II

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- Symptoms include some occurrence of mania and hypomania with depressive state preceding or following. It may be a **one-time episode or reoccurring**, and it may be mild, moderate, or severe.
- Often **associated with alcohol** and other substance abuse
- Some family history

SYMPTOMS

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- **Presence or history** of a major depressive or manic/hypomanic episode
- Symptoms cause distress or impairment in social, occupational, or other life domains
- Lethargy, catatonia
- Sleepless, restless energy
- **Unpredictable**, moody, can't regulate

ADD DRUGS TO THE MIX

57

- Alcohol and other drugs level the playing field.
- It is the one factor they feel they can control.
- It takes the edge off or gives them one.
- Drugs may enhance the mania which feels scary but good.
- Drugs dulls the horror of when they crash.

TREATMENT NEEDS

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- Patients with dual-diagnosis often exhibit symptoms that are more persistent, severe, and resistant to treatment compared to people with either disorder alone.
- Comorbid conditions need to be treated concurrently with comprehensive, integrated services.

APPROPRIATE PROGRAMS

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- Interventions are bundled together
 - ▣ Same professionals in one setting
- Gradual approach
- Accepts denial as inherent part of the problem
- Realizes patients lack insight into seriousness of problem
- Abstinence is not a precondition for treatment
- Counseling/Therapy

THE RIGHT APPROACH

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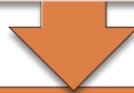
- Clients proceed at own pace
- Recovery is long-term and community-based
- Convey understanding of client's difficulty
- Credit is given for any accomplishment
- Clients have opportunity to develop social supports, which serve as reinforcement

TREATMENT STAGES

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TRUST

is established to...



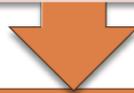
MOTIVATE

the client to learn the skills to...



ACTIVELY CONTROL

their illness and focus on goals to...



PREVENT RELAPSE

by staying on track.

THERAPIES

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- Therapeutic Communities (TC)
- Assertive Community Treatment (ACT)
- Dialectical Behavior Therapy (DBT)
- Exposure Therapy
- Integrated Group Therapy (IGT)

ASSISTANCE

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- Services beyond therapy and medication:
 - Assertive outreach
 - Intensive case management
 - Job/housing assistance
 - Family counseling and education
 - Relationship management
 - Stress management
 - Social networking

INTERNAL RESOURCES

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- Intellect
- Periods of reasoning
- Children who can cope
- Insight into the problem
- Past success

MAKE A CONNECTION

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- Affirm their need to have help.
- Affirm how hard things have been for them.
- Tell them good things about their children.
- Tell them something good about them.
- Normalize their experience.
- Explain why you got called and sympathize.

JOIN WITH THE CLIENT

66

- Everyone deserves a little help and support.
- Take advantage of the government; everyone else does.
- You have never had a fair shake; it's about time.
- Your kids need to come first.
- Your kids deserve as good as anyone else's.

RESOURCES

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