What is Dual Diagnosis?

- Dual diagnosis is a term used when someone experiences a mental illness and a substance abuse problem simultaneously.

Five Types of Symptom Interaction

- CREATE
- PRECIPITATE
- EXACERBATE
- MIMIC
- MASK

It Is Still There

1. Brain Lock

2. Relationships
3. Ancient Philosophy With A Modern Twist

Men are disturbed, not by things, but by the principles and notions which they form concerning things.

The Rosehip Neuron

Biology AND Biography

A=Nature   B=Nurture

What do you see?

VACATION OR VERTIGO?
How Does Hygiene Become Pathological?

Physical Pain to Relieve Emotional Pain

Eating Disorders

Substances Are Not the Problem – It Is the Way People Have Learned to Deal With Problems

Practice Makes Permanent

That Which Is Learned Can Be Unlearned
E/I Rather Than I/E

More Likely a Cognitive Imbalance Rather Than a Chemical Imbalance

The Nuts and Bolts of Change

Distinction Between the Brain and the Mind

FEELINGS ARE REAL BUT THEY ARE NOT AUTHORITATIVE

As Good As It Gets
- https://www.youtube.com/watch?v=rRl2QQKkI8

The Dog
- https://www.youtube.com/watch?v=itIDxKxfGjI

The Gay Neighbor
- https://www.youtube.com/watch?v=ji-H8IBeMno

The Waitress
- https://www.youtube.com/watch?v=L59t24vh3QI
- https://www.youtube.com/watch?v=LrtpRNsdPYs

As Relationships Deepen – Symptoms Diminish

Michelson’s CBT Variation

TRIGGER

SCHEMA

CORE

BELIEFS/VALUES
Everything You Know – Or Think You Know

Were the Good Old Days Good?

Historical Overview
The Past: “The good old days.”

The Present: Where we are now.

The Future: Where we need to be. DSM-V considerations.

The Past
- 441’s and a few 882’s
- Grab and Go or Cuff and Stuff
- Bull Street – The Fourth Floor @ Greenville General - Moccasin Bend – CPI
- Pick Up – Lock Up – Dope UP
- The Thorazine Shuffle

Two Must-Read Books

Cocaine, Heroin, Opium, Morphine... WE CALLED THAT MEDICINE

AMERICAN PSYCHOSIS

JOHANN-HARL
CHASING THE SCREAM
THE FIRST AND LAST DAYS OF THE WAR ON DRUGS

clean

Overcoming Addiction and Smart Answers to Restarting Your Life

David Sheff
False Brain Messages

The New Version of the Old Mental Hospital

Deinstitutionalization: Present
- Larger role for other than mental health clinicians
- Jails have become defacto psychiatric institutions
- Some have a prior diagnosis – some have no diagnosis – some have the wrong diagnosis
- Drug courts and Mental Health courts help identify appropriate interventions

Crisis Intervention Training (CIT)
1. Redirect people with mental illness away from the penal system toward mental health services
2. Redirect people with chemical dependency issues away from the penal system toward CD treatment
3. Accurately identify those persons who have both issues and determine which of the two is prepotent

Why is Dual Diagnosis so Prevalent?
If the nest is broken then the eggs will be cracked. For Freud all nests were broken and the cracked eggs adapt to fit their cracks.

Jung
Archetypes – dimensions of personality – Myers Briggs
Adler

Primary motivation of human behavior social – not sexual – Freud missed it!

Rogers

Unconditional positive regard – Human beings are inherently good.

Yalom/May/Frankl

Motivation – search for meaning - Existentialism

Fritz Perls - Gestalt

The therapist/counselor is first of all a perceiver and constructor of patterns. Physical and psychological functioning are inherently related.

Skinner/Bandura

Man is different than the animals – or is he????

Ellis -REBT

It's never the events that happen that make us disturbed, but our view of them
Must – Ought - Should

- [https://www.youtube.com/watch?v=GyRE-78g_FL](https://www.youtube.com/watch?v=GyRE-78g_FL)

Beck - CBT

Automatic thoughts are not automatic - profound importance of schemas

William Glasser

We choose our misery – all others can give to you is information.

White/Epston – Narrative Therapy

The client is not the problem – the problem is the problem.

Dialectical Behavioral Therapy (DBT)

Why are they co-occurring so often?

- “They drink in order to forget the pain of being a (human) man.” - Samuel Johnson (18th century)
- The “law” of human gravity teaches us that we will normally move from a place of greater stress (pain) to a place of less stress (pain).
They are co-occurring so often because

**ALLOSTASIS**

**HOMEOSTASIS**

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**The Cycles of Addiction**

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**General Cycle of All Addictions**

BELIEF SYSTEM

UNMANAGEABLE - IMPAIRED THINKING - ADDICTION CYCLE

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**Individual Cycle - Specific Addiction**

PREOCCUPATION

DESPAIR - RITUAL - COMPULSION

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**General Assessment**

- Nobody wants to be an addict or MI
- They are using to change a feeling which they do not know how to deal with
- Respect can be your ticket to the truth – Motivational Interviewing/Stages of Change
- Alcohol and drugs are *not* the problem – it’s how they deal with the problem

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**The Four Levels of Life**

- INTEGRITY – congruent “one for one”
- Duplicity – parallel lives with minimum consequences (RED)
- HYPOCRISY – develop “masks” and strategies to avoid disclosure (YELLOW)
- APOSTASY – void of discernment (GREEN)
Three Phases of Addiction

- **Early**
  - Body friend
  - Get high
  - Euphoria
  - Fun
  - Hang out
  - Quit *

- **Middle**
  - Body problem
  - Get By
  - Tolerance
  - Withdrawal
  - Pass Out
  - Maintain

- **Late**
  - Body enemy
  - Stay Alive
  - Internal damage
  - Felony
  - Black out
  - Dominate life

My Own Considerations

- P.E.T. Scans and clinical studies in brain function
- Nurture – Dysfunctional Families/Culture (60%) 
- Nature – Chemical Imbalance: Neuroplasticity (40%)
- Etiology may not be as important as methodology... if your motel is on fire you get out first and figure out the origin of the fire later.
- Client-counselor relationship trumps theory
- Editorial: “It takes about 18 months for the brain to return to homeostasis.”

What about the future?

- Keep working on the “stigma” problem - we are not consistent with the disease concept
- Most people who choose to drink or whatever the self-medication are desperate, not weak.
- Move from emphasis on the “bladder” to the “brain.”

Future . . .

- Resolve the contrast and conflict between a supportive, benign and non-threatening approach with the intense, confrontational approach. (Glasser, Choice Theory)

Future . . .

- There is no one correct approach to individuals with co-occurring disorders. Treatment must be matched according to the clients need.
- Major changes with DSM-V
  - Advances in research-more dimensional, less categorical
  - Cultural paradigm shifts
  - Managed care $$$

DSM5 – Substance Use Disorders

- Former Dependence criteria(7) and Abuse criteria(4) merged into a single dimensional disorder – “Substance Use”
- Legal consequences eliminated and craving added
- Severity specifiers: 2-3 mild; 4-5 moderate; 6+ severe
- With/without physiological dependence removed and controlled environment/maintenance therapy(MAT) added
- Tolerance/withdrawal excluded where medication is used under medical supervision
Conclusions

- You can learn more from listening than talking.
- If this was easy then everybody would do it.
- Everyone has a mother and father.
- Mental illness and addiction are no respecter of persons.
- Learn to carry the message and not the mess!
- Legalize everything or abolish everything and you will still have 15% struggling with addiction – remember the problem is not what you put in you but what is in you before the first use – removing the substance does not solve the problem – it reveals the problem.

QUESTIONS?

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