SPEAKER NOTES

Understanding People with Dual Diagnosis and How to Treat Them

Summarized by Thomas T. Thomas

By some estimates, 60 percent—perhaps as many as 85 percent—of people with serious mental illness also have a problem with alcohol or drug abuse, known as "dual diagnosis." How can friends and family members help with the problem? And what are some of the motivational issues that bear on management of dual diagnosis?

Bonita House in Berkeley offers both residential and supported-living housing programs that specialize in treatment of dually diagnosed clients. **Rebecca Woolis, MFCC**, is Director of Dual Diagnosis at this facility, as well as author of the best-selling *When Someone You Love has a Mental Illness*. A regular with our programs, she spoke at our January 27 meeting.

"This is a challenging population to work with," Woolis said, "because historically there have been different systems for dealing with substance abuse and mental illness. For example, many substance abuse counselors have a history of abuse themselves, which is hardly true of psychologists and psychiatrists. So the program for mental illness tends to be comforting, while that for substance abuse is usually more confrontational.

"Still, the two conditions have many similarities. Both have a psychological component. For both, heredity is a factor. Both are long-term illnesses with a propensity for relapse. Both lead to uncontrolled behavior. Both conditions get worse if not treated. For both, denial is a factor in accepting treatment, and when patients do face up to their condition there can be secondary problems, such as depression. And finally, both substance abuse and mental illness have a profound impact on family and friends."

Woolis said that, despite the stigmas involved in both substance abuse and mental illness, there were benefits in getting the family involved with treatment. But first the family members need education; they should learn about the illness, its symptoms, treatment, and what the family can do to support treatment. Patients need treatment, often with medication, and support if they are going to avoid a relapse.

As a beginning to understanding, she offered this comprehensive definition: "Addiction is a lifelong bio-psycho-social progressive family illness of denial with a tendency to relapse."

As part of their education, friends and family members need to discover the early warning signs of a person's impending relapse. In the mental-illness dimension, what behaviors occur as the person gets sicker, and what are the symptoms of an acute episode? In the addictive dimension, what are the triggers or emotional changes that lead the person to go out and consume alcohol or drugs?

Woolis noted parallels between the two problems. “An abuser exhibits the behaviors of lying, manipulation, wheeling and dealing to get the substance, then covers up using it. This behavior is similar to someone in the midst of mania and psychosis,” she said.

After the family members inform themselves about the illness and addiction, they need to find coping strategies and decide on the limits or boundaries they will set between supporting the person and enabling his or her destructive behavior. How much support is effective?

“When the mental illness is in the foreground,” she said, “support is needed. When substance abuse is uppermost, then you need some of that confrontation. You must find a middle ground there between severing the relationship and permitting the addiction to go on.

“Ultimately, only the person can decide to seek treatment, and that’s the toughest half of the problem. People usually have to hit bottom before they can recover. One never recognizes an addiction the first time around,” Woolis said. “Pretreatment is a process of engagement. The family can point out the problem, against the person’s denial, but it’s pointless to get into nagging.”

She recalled the 12-step programs’ definition of insanity: Doing the same behavior over and over and each time expecting a different result. The person says, “This time I’m going to control my drinking …” That’s similar to the delusions of mental illness.

“It’s hard for the family to deal with the fact that violence, theft, and prostitution are part of the substance abuse lifestyle,” Woolis said. “But all they can do is say, ‘Your life will go down further until you get help.’ They can’t afford to support the behavior.”

In the middle stages, when the person finally agrees that there’s a problem but resists or fails to get help, the family tends to become persistent. “At this point you need to pull back,” she said. “Get re-centered in your life, and stay removed enough to remain strong and healthy, so as not to get more and more desperate and frantic.”

Substitution is a way of ending the addiction, Woolis said. And going to 12-step programs is a way of substituting their community of support for the addictive substance. If “the bottle is my best friend,” then the program offers other friends as a way to deal with life and its difficulties, some place to go and people to call on when the cravings hit.

“The problem with dual diagnosis,” she said, “is that while Alcoholics Anonymous and similar groups have the official view that prescribed medications are acceptable, people at the meetings tend to focus on abstinence from *all* substances. What we need is DRA—Dual Recovery Anonymous, an idea that’s catching on around the country—where the tone is a little softer. The talk at DRA is about assets and liabilities, rather than character flaws as in AA. The group realizes that symptoms of illness lead to craving for drugs or alcohol for relief. They also know that esteem is important for the mentally ill person.”

Bonita House is hoping to start a DRA program with open meetings for family members and friends. The format would be drop-in, with no staff leader but with leadership coming from within the group. One of the guidelines at the

beginning of the meetings would be that, if a person is feeling particularly symptomatic, he or she probably shouldn't try to speak or become too disruptive.

"Recovery is a process that goes on for several years," Woolis said. "People are changeable, and what they may think today, won't be so next week. Recovery is a back-and-forth process."

She also said that there is no one answer for everybody. Use of Antabuse as a behavior-modification strategy with alcohol, or Naltrexane as a way to reduce cravings for alcohol or heroin, is not for everyone. Going cold turkey works for some people, while others may adopt a process called "harm reduction"—trying to control and reduce use of the substance, and so avoid the damage it does. "The higher rule for the family," Woolis said, "is to support any effort the person is making toward recovery."

Finally, the family members must consider their own use of alcohol or drugs in relationship to the person. It can be hard for someone to engage in holidays or family gatherings where the abused substance is openly available.

One of the special problems for the dually diagnosed is that, when they finally get their illness controlled and get a good look at their lives, they may turn to drugs and alcohol for emotional relief. For others, the street drug does something for them that prescribed medications cannot—such as the familiar use of nicotine by people with schizophrenia.

Another particular problem is that, when a person has a long history of substance abuse, it is difficult for a doctor to get a good diagnosis. Even after the person stops using, he or she is subject to "post acute withdrawal syndrome," where the person's brain and behavior are still vibrating from the withdrawal process. That alone can look like the symptoms of illness.

Bonita House is a residential facility of 15 beds. The dual diagnosis treatment program includes group exercises, education about the illness, practice of life skills such as daily chores and money management, and recreation that teaches clean and sober ways of having fun. "We tolerate relapses up to a point," Woolis said, "as an experience from which the person can learn. We then assign them to learn about triggers, behaviors, and so on."

The average stay is four to six months, rarely more than a year. The conditions governing length of stay are complex, depending on which county or agency is paying for the treatment. "However, expecting recovery in a short period of time sets the person up for failure," she said.

Bonita House also has a supported independent living program, where people can stay for a few years but not permanently. In order to qualify, the person must be able to handle his or her medications, be under a doctor's care, and agree to 15 hours per week of structured activity in the community, such as school, a job, or volunteer work.

"Our statistics are about as good as anyone else's," Woolis said, "which means the relapse rate is still quite high. But at least a third to half of our clients get something out of the program and go away with an improved outlook and better functioning."