

Double Trouble:

Substance Abuse and Major Mental Illness

*Lovers and madmen have such seething brains,
Such shaping fantasies, that apprehend
More than cool reason ever comprehends*

*A Midsummer Night's Dream
V: i*

*Teleconference
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Symptoms of Mental Illness

Positive Symptoms

Positive Symptoms are the *presence* of sensations, beliefs, and behaviors that would normally not occur. Here are examples of positive symptoms:

Disturbance of Thought Processes

It can feel like certain alien thoughts have been physically put into your mind (**thought insertion**) or as if something or someone has pulled one of your thoughts out of your mind (**thought withdrawal**). It might also seem like your thoughts are being **broadcast out loud** so that other people can hear them.

Delusions

Delusions are beliefs that are not true. Believing that people are trying to harm you when this is not true is a **paranoid delusion**. This can be a terrifying experience because it seems so real. **Delusions of reference** occur when things in the environment seem to be directly related to you even though they are not. For example, it may seem people are talking about you or special personal messages are being communicated to you through the TV, radio, or other media. **Somatic delusions** are false beliefs about your body, perhaps that a terrible physical illness exists or that something foreign is inside or passing through your body. **Delusions of grandeur** occur when you believe you are very special or have special powers and abilities.

Hallucinations

When you see, hear, smell, taste, or feel something that is not really there. There are five different kinds of hallucinations, one for each of our senses:

- **Auditory**-hearing things that others do not hear
- **Visual**- seeing things that others do not see
- **Olfactory**- smelling things that others do not smell
- **Tactile**- feeling something touching your skin that is not there
- **Gustatory**- Tasting something that is not there

Feelings

Your emotions may be very erratic: on some occasions your mood may be better than usual- extremely happy or silly; other times you may be very sad or depressed. You may feel you are not real or alive. You may have no feelings at all. You may not even want to live.

Movements

Movements may be slow, fast, or even jerky. Some are unable to move at all (**catatonia**)
Voices may command a person move in a certain way. Sometimes movement is dictated by delusional beliefs (tap a foot to get people to stop talking about you).

Behavior

People may act in ways that are unusual for them. For example, some people develop very poor judgment or behave in sexually inappropriate ways. Others may become threatening to those around them because of fears they themselves may be harmed.

Negative Symptoms

Negative symptoms are the *lack* of important abilities. Some of these include

- The inability to enjoy activities as much
- Low energy

- A blank, blunted facial expression or having less lively facial movement or physical movement
- Low motivation
- Difficulty initiating activities
- Inability to make friends or keep friends, or not caring to have friends

Cognitive Symptoms

Cognitive symptoms refer to difficulties with concentration and memory.

- Disorganized thinking
- Slow thinking
- Difficulty understanding
- Poor concentration
- Poor memory
- Difficulty expressing thoughts
- Difficulty integrating thoughts, feelings, and behavior

Coping with Symptoms of Mental Illness

Positive symptoms

- Take medication as prescribed
- Talk with someone about the symptoms
- Check with someone you trust and ask for a reality check
- Remember you have control over what you do. You do not have to do what the voices say
- Change what you are doing when symptoms occur
- Tell yourself “This is a biological illness. It will get better.”

Negative symptoms

You don't feel like doing anything

1. Make a list of five activities you can do in your spare time. Put it on the refrigerator.
2. Build structure into your day
3. Make plans for at least one fun activity every weekend
4. Plan for daily exercise

Your family says you don't look good

1. Shower daily
2. Use deodorant
3. Keep your hair clean
4. Brush teeth daily
5. Wear clean clothes
6. Take off your coat whenever you are in a heated room

It's so hard to look at people

1. Talk with someone about what it is that bothers you when you look at someone
2. Practice looking at people when you talk
3. Ask family or friends to let you know when you don't make eye contact

You feel tired all the time

1. Seek a medication adjustment
2. Force yourself out of bed
3. Exercise daily to increase energy

It's hard to keep a conversation going

1. Practice listening to people
2. Repeat back to them what you hear they say
3. Add a follow up question based on something the person said
4. When you are not sure what to ask, remember *who, what when, where, and why*. Choose one to ask your question

Coping with Emotions

Anxiety

- Get to know the feelings that accompany your anxiety. What happens, when?
- Tell yourself this is a signal something is frightening you
- Take three slow, deep breaths. Listen to your breath going in and out
- If possible, talk to someone about what is frightening you. If not, write it down
- Remind yourself anxiety is only a feeling and it will go away
- Again take three slow, deep breaths. Then find an activity to help change the direction of your thoughts

Disorganization

Problems include missed appointments, falling behind in work, misplacing things

Lists

- Keep a list of things to do
- Number items on the list according to which ones need to be done first
- Look at the list every morning and evening

Calendars

- Enter all appointments immediately
- Write in reminders of things to do
- Look at the calendar at the same time each day

Goal Setting

- Keep a list of long-term goals
- Keep a list of some shorter term goals
- Break goals down into small steps
- Write down what the steps will be
- Check each step off as you complete it

Concentration Problems

It's hard to read

- Begin by reading magazines
- Move on to easy, entertaining books
- Return to type of reading done before the illness

Motivational Interviewing

“Anyone who willingly enters into the pain of a stranger is truly a remarkable person.”

Interest usually begins with why people don't change. “You would think...”

More productive is to think **why** people do change. **Motives, motion and direction.**

What is change?

- Change occurs naturally
- What happens after treatment mirrors natural change, rather than being a unique form of change
- The likelihood that change will occur is strongly influenced by interpersonal interactions.
- An empathic style seems to facilitate change
- Confrontation deters change
- People who believe that they are likely to change do so.
- People whose counselors believe they will change do so.
- Those who are told they are not expected to improve indeed do not.
- What people say about change is important
- Statements that reflect motivation predict future behavior
- Arguments against change (resistance) produce less change
- Both kinds of speech can be influenced by interpersonal style

Therapist characteristics – Warmth, empathy, and genuineness.

Ambivalence is normal phase in the process of change. It's when people get stuck in ambivalence that problems can persist and get worse.

Don't ask why a person isn't motivated but rather “For **what** is this person motivated?”

What is Motivational Interviewing? **Ready, willing, and Able**; Readiness, willingness and ability.

- A. Inter-view: A looking together at something. Two people sitting side by side looking at a photo album. One is telling stories the other listening with friendly and personal interest.
- B. Client centered- It doesn't focus on teaching new coping skills, reshaping cognitions, or excavating the past.
- C. Consciously directive- Responds selectively to speech to resolve ambivalence and move a person toward change.
- D. It's a method of communication rather than a set of techniques.
- E. The focus is on eliciting person's intrinsic motivation for change.
- F. Goal is to explore and resolve ambivalence as a key to elicit change.

Traps to avoid

1. Question/Answer trap: Role Play
2. Taking sides
3. Being the expert: It's not “I have what you need” but rather “You have what you need” or perhaps “We together have what we need”.
4. Labeling: Not what you are but who you are and “what do you want to do?”
5. Premature focus
6. Blaming – Whose fault is the problem?

Early Methods

1. Ask open-ended questions: Role play
2. Listen reflectively- Guess at meaning
3. Affirm the person:
4. Summarize

5. Elicit change talk- Use examples

- **Disadvantages of status quo**

What worries you about this?

What makes you think you need to do something?

What is there about your drinking that you or other people might see as reasons to change?

In what ways does this concern you?

How would changing help?

What might you lose when you decide to quit using?

- **Advantages of change**

How would you like things to be different?

What will others notice when things are better?

How will they treat you different?

What will your ---know coming here is worthwhile?

What do you have to do to get them off your back?

What are you going to have to do to not come here anymore?

- **Optimism about change**

What makes you think if you decided to do it, you could change?

When don't you have this problem?

What is different about those times?

What encourages you that you can change if you want to?

How have you dealt with similar problems in the past?

If a miracle happened....

How confident are you on a scale from 1-10 that if you decided to change you could?

- **Intention to change**

How important is it to you to change?

What would you be willing to try?

Of the things you mentioned which would you like to work on first?

What have you tried to do about this?

How will you know when things are better?

What will be the first thing your mom will see that let's her know things are changing?

On a scale from 1-10 with 1 being the worse things have been and 10 where you want them to be, where are you now?

Where would your family say you are?

What do you know that they don't, yet?

6. What is most needed is **restraint, intense curiosity, and attention to language.**

- Curiosity allows for exploration.
- Restraint requires us to adopt a not-knowing stance and willingness to learn.
- Attention to language conveys faith in the client's own internal resources.
- Each session, each client, and each experience is unique.