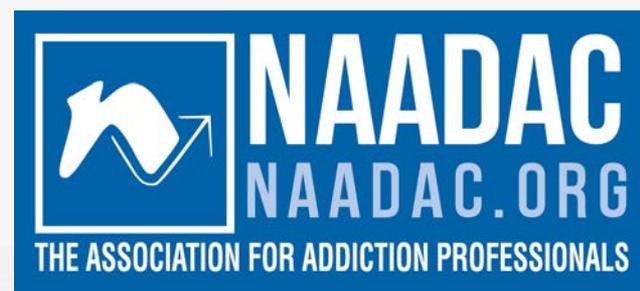


Dual Diagnosis in Women: Diagnosis, Self-Harm and Treatment

Amanda L. Graham, EdD, LPC, NCC, FACACAC, CSAC



July 13, 2016



Thomas Durham, PhD

Director of Training

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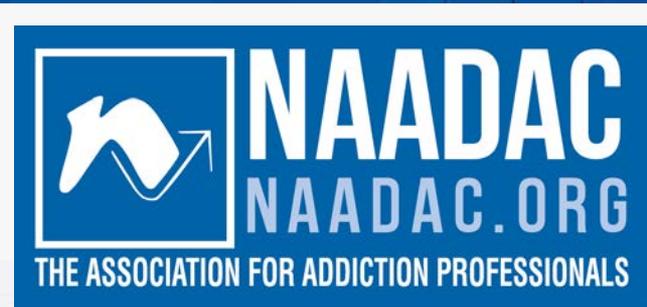
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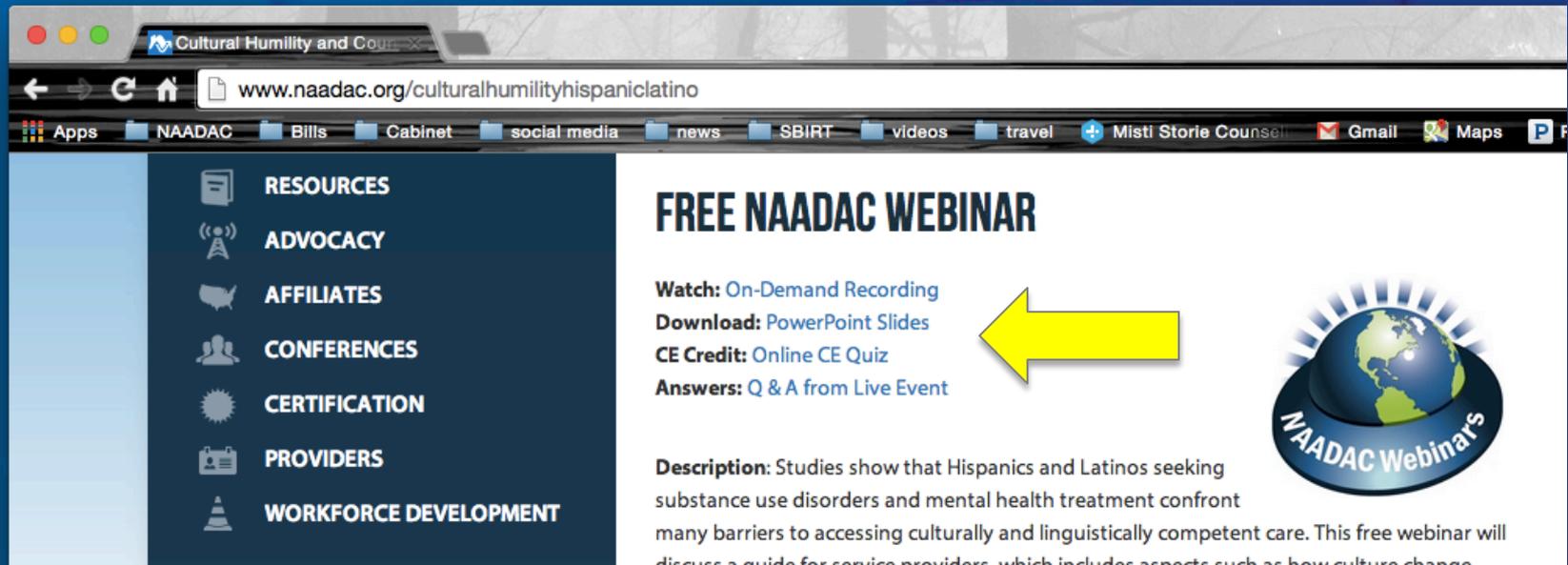
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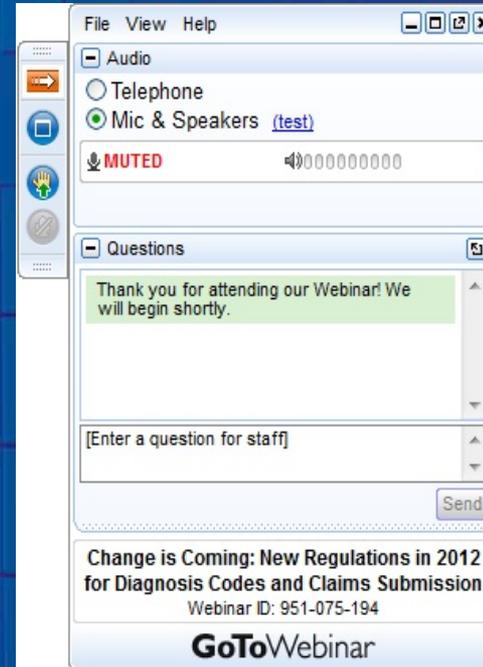
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Using GoToWebinar – *(Live Participants Only)*

- Control Panel
- Asking Questions
- Audio (phone preferred)
- Polling Questions



Webinar Presenter



Amanda L. Graham, EdD, LPC, NCC,
FACACAC, CSAC

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Kaplan University
Mid-America Christian University

Webinar Learning Objectives

1

Identify and define a dual diagnosis

2

Identify self-harm behaviors in women

3

Properly assess and determine proper treatment for women with dual diagnosis and self-harm behaviors

Definition of Self-Injury

- “Deliberate or intentional injury to one’s own body that causes tissue damage or leaves marks”
- Usually done to cope with a stressful or overwhelming situation

Definition of Dual Diagnosis

- Dual Diagnosis- combination of mental illness and substance misuse
- Comorbid



Poll Question: Men are more likely than women to receive mental health treatment:

True

False

Women and Dual Diagnosis

- Women with substance abuse suffer from affective disorder; men suffer from schizophrenia or personality disorders
- Less likely to report
- Have history of abuse as a child
- Majority of substance users are men; limited treatment for women
- Women are more likely to share drug paraphernalia therefore higher rates of HIV



Women and Dual Diagnosis Facts

- Women substance abusers more likely to suffer from physical complications of use
- Women more likely to have borderline personality disorder
- PTSD is often misdiagnosed in women as borderline (childhood abuse)



Questions to ask yourself and client?

- How does this impact families? Women are primary care takers of children and elderly
- Does domestic violence play a role in use?
- What about legal aspects to use? Women are less likely to commit violent acts than men (in and out of prison) but suffer a higher rate of self-harm and suicide than men while incarcerated
- Is there adequate treatment for women?



Poll Question: Clients who self-harm are attempting suicide

True

False

Definition of Nonsuicidal Self Injury

- “the deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned.”
- Includes tattooing and piercing when they become excessive and are done with the intent for harm

Facts about Self-Harming Behavior

- The number is growing (nearly 2 million people in the US use some form of self-harming behavior)
- Not a suicide act but must be taken seriously
- Performed in private
- Majority of acts go unreported due to embarrassment
- Does not discriminate; however, it is seen in teenage girls and professional white women more predominately



Most Common Self-Injurious Behaviors

- Cutting with any sharp object such as razor blade, knife, needles, fingernails; cut in places near private parts, torso, arms, and legs because they are easily reached and can be hidden under clothing
- Burning or branding with a lighter or hot object, or a friction burn from rubbing a hot eraser on your skin
- Picking at skin or reopening scrapes
- Piercing or tattooing if done by self
- Hitting or banging their head
- Drinking harmful chemicals

New form of self-injury

- Digital self-injury or ‘Digital Munchausen’
- Post embarrassing or critical information anonymously then respond with another anonymous name
- Looking for attention and sympathy to “cope” with victimization

Why do they do it? In their own words

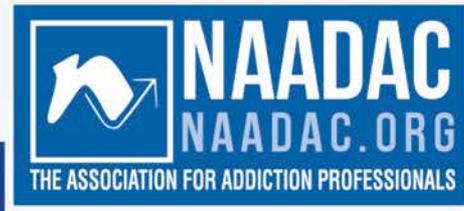
- To express emotional pain I cannot put into words
- It's a way to feel control over my body because I do not have control over anything else in my life
- It's a way to punish myself for all of the bad things I have done
- I feel a great sense of relief after I cut. I feel like the emotional pain is replaced by the physical pain and I'd much rather have the physical pain. At least it's something I can see and deal with.

Common Traits in SIBs

- Often times they suffer from mental illnesses that exacerbate self-injury
- They lack healthy coping skills
- A lack of learned communication
- Many have suffered from physical abuse, emotional abuse, or sexual abuse
- Overwhelming emotions and often a feeling of being numb or void

Ways to Help Self-Injurious Behavior Clients

- Self Injury is an Addiction
- Don't judge or criticize
- Help the client identify triggers for the behavior
- Give the client time to calm or cool off if they appear angry or upset
- Assist the client in developing healthy coping skills in dealing with emotions

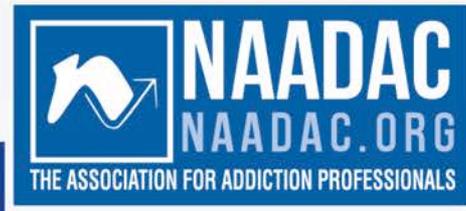


Assessment Questions

- Psychological assessment: cognition, affective, and behavioral antecedents (coping skills)
- Biological aftermath: experience pain during or after? Wound care?
- Behavioral elements: Clean instruments? Hid instruments?
- Body image: negative thoughts; history of abuse?
- Social context: perform act alone?
- Physical location: locked bedroom
- Period of time between episodes as well as number of wounds per episodes

Treatment Goals

- Tolerance of the present moment
- Identification and acceptance of feelings
- Distraction by journaling, drawing, or thought-stopping techniques
- Self-soothing in positive ways, relaxation, and stress management
- The development of positive social skills



What are some health coping skills...

- For those who harm themselves to express pain?
- For those who want to see blood?
- For those who harm themselves to calm down?
- For those who harm themselves because they feel numb?
- For those who harm themselves to release anger and tension?

If the Client self-harms to Express Pain and Intense Emotions...

- Paint, draw, or scribble on a big piece of paper with **red** ink or paint
- Express your feelings in a journal
- Compose a poem or song to say what you feel
- Write down any negative feelings and then rip the paper up
- Listen to music that expresses what you're feeling

If the Client self-harms to Calm down...

- Take a bath or hot shower
- Pet or cuddle with a dog or cat
- Wrap yourself in a warm blanket
- Massage your neck, hands, and feet
- Listen to calming music

If the client Self-harms to see blood

- Draw on yourself with a red felt-tip pen or lipstick
- Take a small bottle of liquid red food coloring and warm it slightly by dropping it into a cup of hot water for a few minutes. Uncap the bottle and press the tip against the place you want to cut. Draw with the bottle in a cutting motion while squeezing it slightly to let the food color trickle out
- Draw on the areas you want to cut using ice that you've made by dropping six or seven drops of red food color into each of the ice-cube tray wells
- Paint yourself with red paint or ink

If the client self-harms because they feel disconnected and numb...

- Call a friend (you don't have to talk about self-harm)
- Take a cold shower
- Hold an ice cube in the crook of your arm or leg
- Chew something with a very strong taste, like chili peppers, peppermint, or a grapefruit peel.
- Go online to a self-help website, chat room, or message board (be cautious with online chat rooms and online sites; check online websites out before referring clients)

If the client self-harms to release tension or vent anger...

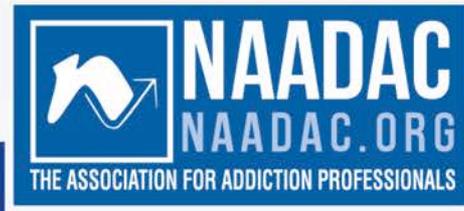
- Exercise vigorously—run, dance, jump rope, or hit a punching bag
- Punch a cushion or mattress or scream into your pillow
- Squeeze a stress ball or squish Play-Doh or clay
- Rip something up (sheets of paper, a magazine)
- Make some noise (play an instrument, bang on pots and pans)

Methods to delay self-harm

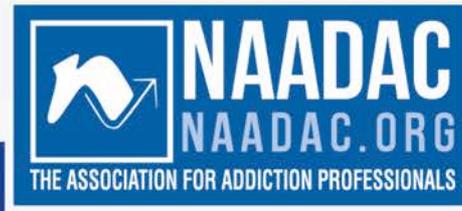
- Fifteen minute game
- Tell yourself to do it later
- Make tools hard to get too and place a list on the box of tools for reasons NOT to self-harm, wrap in another box, then repeat until you have a stack of boxes
- Put self-harm tools in a gallon jug of water and freeze it

Treatment Methods

- Emotion regulation
- Acceptance and Commitment Therapy
- Life Charting
- Self-esteem building
- Distraction Box Therapy
- “My Body Needs” Activity or Care tags
- Peer support (most beneficial)
- Motivational Interviewing
- Dialectal Behavior Therapy
- Harm Reduction
- Medication



Questions?





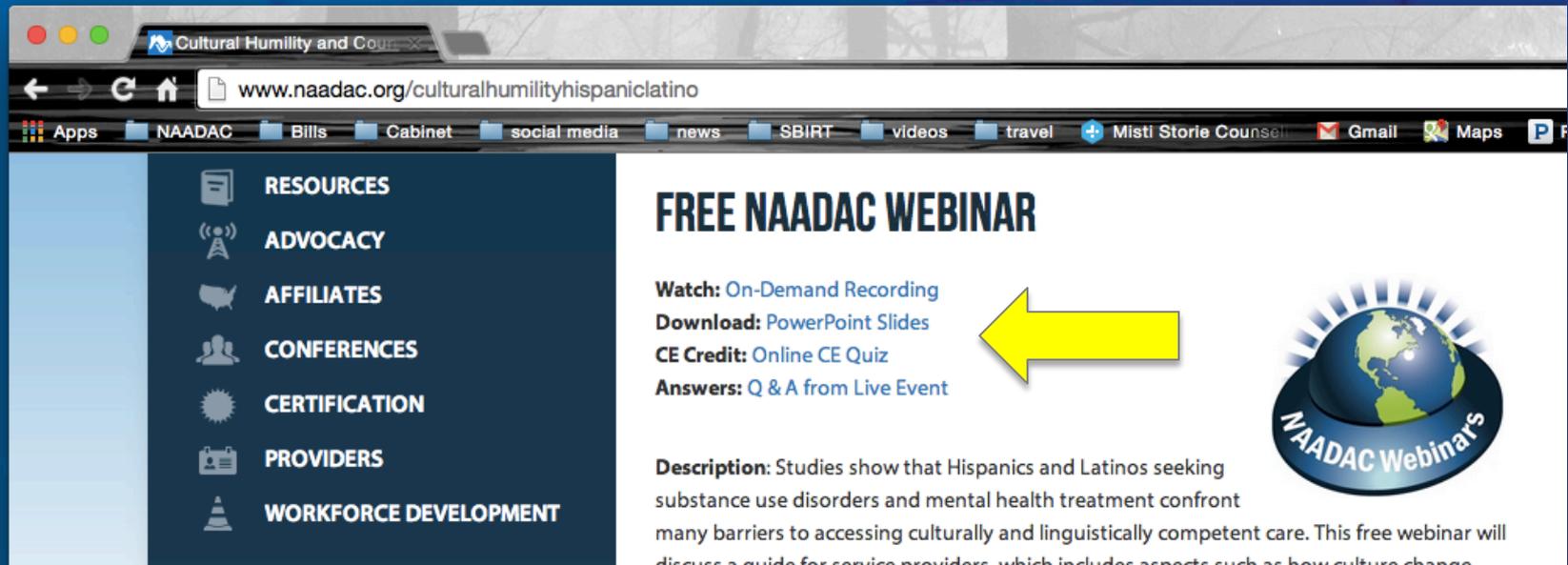
Thank You!

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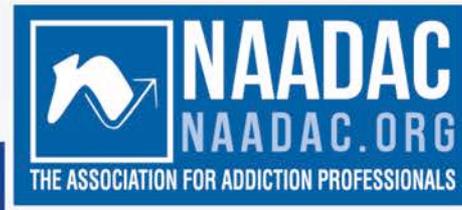
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July 27, 2016



Compassion Fatigue, Burnout and the Strength-Based Workplace
By Bob Phillips

August 24, 2016



Addiction & HIV and Other Blood-Borne Pathogens: 2016 Update
By Mita Johnson

August 10, 2016



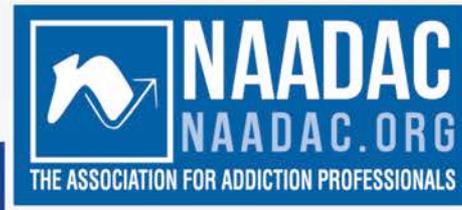
Acceptance and Commitment Therapy and Resource Tapping (EMDR) in the Treatment of Chronic Pain
By Michael Bricker

September 7, 2016



Children's Experience of Addiction within the Family
By Elizabeth Devine

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