Counseling Those with Dual Diagnosis: Integrating 12 Step Recovery with Counseling Theories

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Overview

Getting on the same page (where fields have grown up separately)

Understanding the purpose of diagnostics (letting go of “labels”)

Common “dual diagnoses”

Where 12 Steps and therapeutic approaches meet

What are the greatest challenges you face when working with clients with multiple diagnoses? Case Studies
Participant Check – Who is Here?

- LCDC
- Therapists
- Counselors
- Physicians
- Peer Recovery Support Specialists

- Treatment Centers
- Judicial system
- Schools
- Private Practice
- Non-profits
A Little History...

- Earliest recorded records of humans show alcohol & opium as being used for “recreational” purposes
- Addiction “demonized”
- DSM- was first published in 1952
- AMA first classified alcoholism as a disease in 1956
- 1980 Substance Use Disorders in DSM-III
- DSM-V closest to Addiction field criteria
Understanding the purpose of diagnostics (letting go of “labels”)

The “elephant in the room”
Is it a cold, allergies or the flu?: The difference between a diagnosis and a “label”

Research shows how misdiagnosis delays treatment and sometimes can be life-threatening.

9,000,000 people in the U.S. have co-occurring disorders

Criteria based for streamlined treatment
Categorizing for own ease (basic human need to know what something is) and often judgment
Common “dual diagnoses” or possible co-occurring disorders

- Depression, bipolar and other mood disorders
- Anxiety disorders
- PTSD & other trauma disorders
- ADHD
- Borderline Personality Disorder
- Schizophrenia Spectrum
Where do these overlap and what happens with misdiagnosis?

**Overlap**

- Mood lability –
  - Sadness, guilt and shame
  - When mania goes unreported
- Hypo-mania and hyperactivity
- Anxiety and hyperactivity
- Binge behavior - Bipolar, Borderline Personality D.O.
- Hallucinations, dissociations and delusions – under the influence or not?

**Misdiagnosis**

- SSRIs and other anti-depressants can trigger a bipolar episode
- Bipolar is managed completely differently than hyperactivity
- Overall, mismanagement (ignoring, assuming treating one will address the other and misdiagnosis) can cause
  - relapse
  - years of frustration
  - worsening of symptoms
  - depletion of resources
  - ultimately life-threatening situations
Developing a Strong Treatment Plan

**Intake Questionnaire**
- Mood
- Behavior
- Substance Use
- Medical
- Current and past
- Family history
- Who and how
  - administers the questionnaire,
  - evaluates it
  - shares it

**Individualized Treatment Plan**
- Must be built on the intake information
- The question of where to start must be addressed up front
- Qualify how and when other aspects will be addressed
- Who will be involved in treatment, e.g. who is going to address which parts?
- Competencies with ethics
- Trusting clinical partners
Varying Perspectives

- Lay person sees addiction as a moral & willpower issue.
- Psychology field and other counseling disciplines have taught that it is a manifestation of an underlying psychological issue.
- Medical field identifies that it’s a disease, with a focus on pharmacological treatment.
- 12 Steps says it’s a disease that one must address through personal & spiritual change.

Which of these are correct?
12 Step Programs

- Therapists can sometimes think that 12 steps says person suffering with addiction is not responsible and balks at that concept.
- or will look for the “real reason” for the addiction

- A more genuine glimpse into 12 steps is that the individual is responsible for “working a program of recovery”.

- Offers
  - a set of guidelines that are understandable to the lay person
  - social support
  - non-religious spiritual context
Going to therapy at all

- In and of itself is step 3, willingness to accept help
- Often have tried soooo many other things before going to therapy
- People don’t “believe in counseling” – Steps 1 & 2
- We’re asking them to trust us and the “power” of the field
- For some, becoming a therapist has been a 12th step
- Sharing with another human being – Step 5
**Context**

- ABC of CBT
  - Activating Event
  - Beliefs
  - Consequences
- Core Beliefs – a therapist will help client identify these and address
  - Cognitive Distortions
- Meichenbaum’s Cognitive Behavior Modification (CBM)
  - Phase 1: self-observation
  - Phase 2: starting a new internal dialogue
  - Phase 3: learning new skills

**12 Steps**

- Overall 12 Steps challenge Core Beliefs (CB) and Cognitive Distortions
- Steps 1-3 focus on challenging CB of yourself, the world and your place in it
- Step 4 explores Consequences
- Steps 10 &11 are about creating a more effective response
- 12 Step meetings and sponsorship are ways of CBM
Mindfulness

Context

• “Mindfulness is a method of becoming more aware of yourself and your environment. You notice your thoughts, feelings, and physical sensations in a nonjudgmental way. Mindfulness is always set in the present moment because that is the only time when you can consciously direct your awareness moment by moment.

• The number of different mindfulness techniques is virtually endless. No matter what you’re doing, you can do it mindfully. In fact, the goal of mindfulness therapy is to help you develop an attitude of mindfulness that informs every part of your life.

• Nearly any type of therapy can make use of mindfulness. Some types of therapy rely heavily on mindfulness techniques.
  • Mindfulness-Based Stress Reduction
  • Dialectical Behavior Therapy
  • Acceptance and Commitment Therapy
  • Mindfulness-Based Cognitive Therapy.”

12 Steps

• Living One Day At A Time
• Each step has strong focus on self-awareness
• Steps 10 & 11
Interpersonal Therapy

Context

• “Interpersonal psychotherapy (IPT) is a time-limited, focused, evidence-based approach to treat mood disorders. The main goal of IPT is to improve the quality of a client’s interpersonal relationships and social functioning to help reduce their distress. IPT provides strategies to resolve problems within four key areas.”

• “Addresses interpersonal deficits, including social isolation or involvement in unfulfilling relationships.”

• Theory, Targets, Tactics, Techniques

12 Steps

• Step 4 – 9
• Changing inappropriate social groups
• Family of origin work – ACOA, codependency
• Big Book, Abstinence, Meetings, Sponsors

*Psychology Today – Therapy Types
Acceptance and Commitment Therapy (ACT)

Context
• “ACT theory does not define unwanted emotional experiences as symptoms or problems. It instead works to address the tendency of some to view individuals who seek therapy as damaged or flawed and aims to help people realize the fullness and vitality of life. This fullness includes a wide spectrum of human experience, including the pain inevitably accompanying some situations.”
• Developing creative hopelessness
• Accepting one’s emotional experience
• Choosing direction based on values
• Commitment toward change

12 Steps
• Powerlessness
• Acceptance (of disease)
• More of Step 4 “moral inventory” assumes exploration of values
• Humility - Steps 6 & 7, “…we try as best we know how to make progress in the building of character.”
Psychoanalytic Therapy

Context
• “The goal of psychoanalytic therapy is to help patients better understand the unconscious forces that can play a role in current behaviors, thoughts, and emotions.”
• Structure of Personality
  • Id
  • Ego
  • Superego
• Consciousness & the Unconscious
• Anxiety
• Ego-Defense Mechanisms
  • Rationalization
  • Denial
  • Projection
  • Displacement

12 Step
• Rationalization and denial are addressed throughout 12 steps and Big Book
• The Steps involve exploration of the mismanagement of the id and development of the ego to balance the id and superego
Group Therapy

**Context**
- Instillation of hope
- Universality
- Imparting information
- Altruism
- Corrective recapitulation of the primary family group
- Development of socialization techniques
- Imitative behavior
- Interpersonal learning
- Group cohesiveness
- Catharsis
- Existential factors

**12 Steps**
- Meetings...
- Sponsors
Family Systems

Context
• “the personalities, emotions, and behaviors of grown individuals are a result of their birth order, their role within their family of origin and the coping mechanisms they have developed for dealing with emotional family issues.”

12 Steps
• Steps 8 & 9 very often have to do with healing family relationships
• Most treatment programs have Family Weekends/Weeks
• ACOA theories – Woititz, Lerner, Black & Bradshaw all deal with these issues
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<thead>
<tr>
<th>Question</th>
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<tbody>
<tr>
<td>Identify symptoms.</td>
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<tr>
<td>Generate rule outs.</td>
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<tr>
<td>What are some of the cultural considerations?</td>
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<tr>
<td>What are, if any, accessibility considerations?</td>
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<tr>
<td>(financial, location, family)</td>
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<tr>
<td>What else would you need to know?</td>
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<tr>
<td>Generate treatment recommendations to include recommended therapeutic approaches.</td>
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Manny G.

- **Symptoms**
  - Depression
    - Depressed mood
    - Weight gain
    - Loss if interest in pleasurable activities
  - Sleep disturbance
  - Suicidal ideation
  - Hypomania
    - Irritability
    - Decreased need for sleep
    - Distractibility
    - Increase in goal directed activity
    - Activities that have high potential for painful consequences
  - Substance Use
    - Continuing to use despite negative consequences
- **Rule outs**
  - Major Depressive Disorder
  - Bipolar II Disorder (hypomanic, not manic – severity)
  - Substance Use Disorder - marijuana and alcohol

- **Cultural considerations**
  - Cultural expectations?
    - Machismo/hypermasculinity (player, being in dating rels)?
    - Work ethic of family
    - How is his identity development as bi-ethnic?

- **Accessibility Considerations**
  - Motivation for treatment
  - Family support?
    - Psychologically – don’t believe in counseling
    - Emotionally – are worn out from supporting him
    - Financially – have funds been depleted

- **Treatment recommendations**
  - SASSI or other assessment to understand degree of substance use
  - Needs an MMPI or other assessment to determine depression or bipolar
  - Medication appropriate to diagnosis
  - Could benefit from exposure to 12 step approach
  - Counseling
    - ACT
    - Interpersonal
Karen W.

• Symptoms
  • Substance abuse
    • Continuing to use despite negative consequences
    • Loss of control
    • Centering one's life around using (efforts at obtaining and using)
  • Depression with suicidal ideation
  • Anxiety
  • Irritability/hostility
  • Significant weight loss
  • Sleep disturbance
  • Mood swings
  • Difficulty focusing/distractibility
  • Trauma history
  • Pattern of unstable relationships

• Rule outs
  • Substance Use Disorder – amphetamines, opioids
  • Anorexia Nervosa
  • Bipolar II Disorder
  • ADHD – predominately inattentive (self-medicating?)

• Cultural considerations
  • Family of origin dynamics
  • Sexual orientation identity
  • Medical/nurse culture

• Accessibility
  • Has not been fired from job, likely has insurance
  • Emotional and psychological support from family

• Treatment recommendations
  • Assessment
    • SASSI or other appropriate assessment
    • Neuropsychological
    • Psychological battery (to include ADHD)
  • Detox
    • Inpatient at least until suicidal ideation has been stabilized
  • 12 step
  • Health professional track?
  • Trauma therapy
    • EMDR
    • CBT
    • Psychodynamic
    • Group
    • Family
Wrapping it up

• Discussion
• Question & Answer
References and Resources

- https://www.goodtherapy.org/learn-about-therapy/types/acceptance-commitment-therapy
- https://www.goodtherapy.org/learn-about-therapy/types/psychoanalysis
- https://www.verywellmind.com/what-is-group-therapy-2795760
- https://www.dualdiagnosis.org/infographics/understanding-co-occurring-disorders/
- https://www.goodtherapy.org/blog/common-therapy-approaches-to-help-you-heal-from-trauma
- https://www.psychologytoday.com/us/therapy-types/interpersonal-psychotherapy
- https://iptinstitute.com/about-ipt/

- *Brief Interventions and Brief Therapies for Substance Abuse.* Chapter 8—Brief Family Therapy. Center for Substance Abuse Treatment. Rockville, MD. Substance Abuse and Mental Health Services Administration(US); 1999.