Learned Helplessness & Perceived Control

Influence on Addiction & Co-Occurring Disorders
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Norms for today
Disclaimers

- Research and/or recommendations contained herein are the result of information and research gathered and reviewed by the presenter.

- Any recommendations for client care must be evaluated against individual client circumstances ~ not considered universal & complete.

- Materials, interventions and modalities presented may be beyond your scope of practice.

- As addictions and behavioral health professionals be responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your professional standards.
OUTCOMES

✓ Participants will better understand concepts of learned helplessness & perceived control

✓ Understand these dynamics in co-occurring disorders to treat the whole person, not simply the “disorder”

✓ Develop toolkit for various settings

✓ Assist clients in enhancing “perceived control” to obtain and sustain recovery
Co-Occurring Disorders

- Definition: Behavioral health disorders, which include substance use and mental health disorders

- People with mental health disorders more likely than people without mental health disorders to experience an alcohol or substance use disorder

- Sometimes difficult to diagnose due to the complexity of symptoms ~ both may vary in severity. Often, clients receive treatment for one disorder while the other disorder remains untreated
Co-Occurring Disorders

- A co-occurring treatment model important in preventing relapse

- If only addiction concerns addressed, behavioral health factors—depression, anxiety—may be left untreated

- May contribute either to unsuccessful treatment, counseling or may be part of relapse dynamic

- Mental health concerns often present before a person starts using
Trauma & Addiction

“... heavy overlap between trauma and addiction... and anything we can do to work on this from any angle possible needs to be done...”

In a recent interview, Dr. Carol Smith, discussed the link between opioid addiction and traumatic stress disorders
Adverse Childhood Experiences~ ACE

- **MENTAL HEALTH:** Adults who experienced ACE more likely than adults without ACE to have poor mental health

- **ADULT SUBSTANCE ABUSE:** More likely than their peers to report early initiation of drug use as well as any drug use in their lifetime

- **PHYSICAL HEALTH:** ACE appear to increase the likelihood of numerous health problems in later life

- **INTIMATE PARTNER VIOLENCE:** Study found participants who experienced physical or sexual abuse or witnessed violence against their mother during childhood appear to be at increased risk of becoming a victim or perpetrator of intimate partner violence
Neuroscience Research
Research

A major issue for our clients is how much they feel their lives are:

- Unpredictable
- Uncontrollable
- Overloaded
Perceived Control Research

“When ... experiences are perceived as negative, they can have an adverse effect on students’ motivation and performance thereby placing some students’ academic futures in jeopardy.”

“The extent to which college students’ (academic) coping style and motivation mediate their academic stress and performance.”
Learned Helplessness

Behavior is learned; can be “unlearned” or new behaviors can be learned
What is Learned Helplessness~ LH?

- Feeling of helplessness or out of control in any situation; uncomfortable can cause secondary feelings of stress, depression and anxiety
- “Not trying to get out of a negative situation”
- Way clients perceive negative events can impact s/he feels “helpless” or not
- If such feelings continue to occur in response to any adverse environment, people may develop a condition known as learned helplessness
Recognizing Learned Helplessness

- Clients ~ whether in family systems or individually
- Approach life tasks, substance use Tx., behavioral health Tx. with very low expectations of success ~ give up quickly
- Client believes that no matter how hard s/he tries, failure will result.
- Attributes failure(s) to lack of ability rather than controllable causes - insufficient effort or reliance on an inappropriate strategy
- Following failure, make severe reductions in their estimates of future success probabilities
- Attribute successes to external and uncontrollable causes rather than to their own ability or effort.
How Learned Helplessness & Perceived Control relate to Co-Occurring Disorders

- “I’ve tried to stop using, haven’t been successful, so why try again/why bother?”

- “I’ve tried counseling before (for depression, etc.).”

- “My _______ continues to drink/use, the situation will not change.”

- “My parent(s) were alcoholics/experienced Bipolar Disorder, it’s in my DNA~ not something I can change. That’s the way I am.”
“Unlearning”
Learned Helplessness
Retraining

- Cope with failures by *retracing their steps to find their mistake*
- Analyze the problem to find another approach
- Remedy the situation
- Concentrate on the task at hand vs. worry about failing
- *Action: 1 “do-able action”*
- Change their thinking!
- Help clients notice they ARE doing things differently.
- Change takes time & practice!
THE PROCESS OF CHANGE

1. IMMobilisation (Shock)
2. Denial of Change
3. Incompetence (Guilt)
4. Acceptance of Reality
5. Trying/Testing/Anger/Frustration
6. Understanding
7. Integration

COMPETENCE

TIME
HOW DO CLIENTS COPE?
Coping

- Problem-focused
- Avoidant-focused
Influence of coping on well-being

- Coping style plays important role in the way clients manage stressful events and perform in life - in relationships, in their recovery, in families, in work.

- Influences perception of stressful events.

- **Coping style and motivation** = Clients who engaged in problem-focused coping were more likely to be motivated and perform better - less stress than clients who engaged in emotion-focused coping.

- Greater stress = poorer Tx outcomes/recovery, etc.
Questionnaire to identify
Patterns of coping
&
Develop new ways of coping
ACT for Enhanced Awareness & Action

What away behaviors (like running) do you do?

What toward behaviors (like hug) could you do?

Away

Toward

What unwanted internal stuff (like fear) shows up in you?

Who and what’s important?
Increasing Perceived Control

- It’s a GOOD thing!

- Research

- Different coping strategies and how that affects clients’ stress

- Evidence-based practices
Increase Control

Decrease Stress
Why it Matters...
“Planning for change greatly enhances the likelihood that it will eventually happen.”
Strategies for Change

- Assist clients with 1 “do-able” action ~ in 12 Step language: “take contrary action”

- Help clients set realistic goals & pursue them

- Assist them in developing the ability needed to reach those goals

- Apply reasonable effort
Strategies for Change

- Intention to persist despite problems & confidence in achieving eventual success
- Seek help to learn strategies for accomplishing the task
- Ask for “performance feedback” from healthcare, behavioral health providers & addictive behaviors treatment team, peer mentors & trusted others who can point out remedies, errors
- Providers reassure clients that they are developing mastery
Targeted Strategies

• Provide feedback: client’s current performance

• Did it surpass his/her prior attainments? Not how they compare with others

• Acknowledge and REWARD client based on actual accomplishments/effort (not just task participation)

• Encourage clients to seek support
Targeted Strategies

Set goals *prior to* working on tasks

Goals

- challenging but attainable
- phrased in terms of specific performance standards
- oriented toward immediate short-term outcomes
Targeted Strategies

• Increase positive social support “Wrap-around” accomplishes this!

• REFER to Counseling, Case Management, Peer Recovery, others?

• Provide resources
Social Solutions
Evidence-based Practices: Your Tool Box
One goal many routes...

ACT, BAT, CBT, DBT, EQ, MI, MBSR, RP
Applied to Settings

- Mental Health
- Outpatient
- Residential
- Private Practice
- Healthcare settings
- Prevention
- Addiction Prevention & Tx.
- Outpatient
- Residential
- Family/Groups
WRAP UP

① Refer to the “learning outcomes or ”take aways” you identified at beginning of presentation

① Have these goals been met?

① At your tables:

① Develop plan of how you’ll incorporate some of the ideas from today’s presentation into YOUR setting/your work with clients
In Closing

- CARES
- CONCERNS
- COMMENTS
- QUESTIONS