

Monmouth University Presentation

Dec 2, 2011

Mental Illness and
Addictive illness are
both chronic, relapse
prone illnesses-they
exacerbate one
another.

Wrap-Around Services

New Jersey Department of Children and Families: Division of Child Behavioral Health Services

- Goal of Wrap-Around Services
- Design
- Eligibility

A Definition

- Multicultural competence in counseling and psychotherapy should refer to the capacity to read the various cultural dynamics of clients (and therapists) and to react to each of these aspects of cultures in a manner that best suits the client's mental health needs and the therapist's skills.

- *Helms & Richardson in: Pope-Davis (1997)
- *Multicultural counseling competencies.* Sage

Responsibility

- When we listen to another's message, we must recognize there is a world from which it comes. Ultimately, if I understand the message of another, then that understanding must be respected as my own understanding, an understanding of the other appropriated into my own world.
- Ricoeur, 1981, cited by Baydala, et al. 2006

Safety Screening

- Safety screening requires that early in the interview the clinician directly ask the client (and anyone else providing information) if the client has any immediate impulse to engage in violent or self-injurious behavior or is in any immediate danger from others.

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Major Aims of the Assessment Process

- To obtain a more detailed chronological *history* of past mental symptoms, diagnosis, treatment, and impairment, particularly before the onset of substance abuse, and during periods of extended abstinence.

- To obtain a more detailed description of *current* strengths, supports, limitations, skill deficits, and cultural barriers related to following the recommended treatment regimen for any disorder or problem.
- To determine *stage of change for each problem*, and identify external contingencies that might help to promote treatment adherence.

There are 5 Domains on the MST Assessment

Emotional/ Behavioral Symptoms	Risk Behaviors	Life Domain Functioning	Caregiver Needs	Caregivers Strengths
<ul style="list-style-type: none"> ➤ Psychosis ➤ Impulsivity/ Hyperactivity ➤ Depression ➤ Anxiety ➤ Oppositional ➤ Conduct ➤ Adjustment ➤ to Trauma ➤ Anger ➤ Control ➤ Substance Abuse 	<ul style="list-style-type: none"> ➤ Suicide Risk ➤ Self- Mutilation ➤ Other Self Harm ➤ Danger to Others ➤ Sexual Aggression ➤ Runaway ➤ Delinquency ➤ Judgment ➤ Fire Setting ➤ Social Behavior 	<ul style="list-style-type: none"> ➤ Family ➤ Living Situation ➤ School ➤ Social Development ➤ Recreation ➤ Developmental ➤ Vocational ➤ Legal ➤ Medical ➤ Physical ➤ Sexuality 	<ul style="list-style-type: none"> ➤ Physical ➤ Mental Health ➤ Substance Use ➤ Developmental ➤ Safety 	<ul style="list-style-type: none"> ➤ Supervision ➤ Involvement ➤ Knowledge ➤ Organization ➤ Social Resources ➤ Residential Stability

Stages of Change

Continue to drink as before

Benefits

Helps me relax

Enjoy drinking
with friends

Costs

Could lose my family

Bad example for my
children

Damaging my health

Spending too much money

Impairing my mental ability

Might lose my job

Wasting my time/life

Abstain from alcohol

Benefits

Less family conflict

More time with
friends

Feel better physically

Helps with money
problems

Costs

I enjoy getting high

What to do about my
my children

How to deal with stress

Motivational Interviewing, Preparing People for Change, William R. Miller & Steven Rollnick, 2002 The Guilford Press

Group Therapy

Group Interventions are widely used in addiction treatment settings and are generally perceived as helpful. On face value, groups encourage disclosure, facilitate problem solving and remove feelings of isolation (i.e. the “all in the same boat” phenomena). However, recent research has suggested that the “deviancy training” that can go on in adolescent friendships within the group process is predictive of, “increases in delinquency, substance use, violence, and adult Maladjustment” (Dishion, McCord, & Poulin 1999, p.755).

Dishion, McCord, & Poulin (1999) did a thorough review of empirical findings related to positive versus negative effects of group interventions. They suggest that more research is vital but their observations suggest the following:

- 1. Youth with moderate levels of deviancy will digress if placed in a group where the median level of delinquency is higher,
- 2. Youth experience reinforcement through laughter and other forms of social attention and this is likely to increase the problem behavior,
- 3. Youth acquire meaning, value and motivation through the deviancy training process,
- 4. Older youth are more susceptible to negative influences of delinquent / deviant peer aggregates,
- 5. Family involvement seems predictive of more positive treatment outcomes, and
- 6. Youth placed in a group that exhibits mixed levels of deviancy / delinquency, seem to have a greater likelihood of positive outcomes.

Relapse Assessment

- Sometimes I don't care what happens to me
- I often feel depressed and lonely
- I prefer being alone and avoid people
- I hate it when people argue with me
- I often skip meals
- I still see most of my old crowd of friend and attend the same social activities
- I am committed to being chemical-free and I know I will never drink or use drugs again
- I have difficulty sleeping
- I feel no one appreciates my struggle to quit and how much I have accomplished

Relapse Assessment

- Sometimes I have difficulty thinking clearly and figuring out what to do next
- I feel that I don't need to see my counselor or my support group anymore
- Many of my friends have a difficult time accepting and supporting the changes I've made
- I often feel angry or anxious, but it's difficult to pin down a cause
- I can't understand why other people can't give up their habits, too
- Now that I understand my problem, I'm sure I could handle just a little alcohol (cocaine, marijuana, etc.)

Resource List

- Counselor _____
- Support Group Sponsor _____
- Physician _____
- Clergy _____

Relapse Map

- People I'm likely to relapse with
-

- Events that cause me to think about using
-

- Places where I'd be likely to relapse
-

- Things that stress me
-

Asking Others to Change Their Behaviors

1. I have the right to let others know that their behavior bothers me. I also have the right to ask them to modify their behavior.
2. When I do not exercise this right I deny the importance of myself as well as the relationship.

Asking Others to Change Their Behaviors

3. The following formula (DESC) is useful to ask for a change in behavior:
 - a. Describe the behavior I see and/or hear in the other person. It is important that I use descriptive rather than labeling words, e.g., you have been leaving your dirty laundry all over the room...rather than you are an inconsiderate slob!
 - b. Express the feelings I experience as a result of the other person's behavior, e.g., I feel angry and resentful when you leave your dirt laundry all over the room.
 - c. Ask for Specific change in behavior, e.g., I would like you to keep your dirty laundry in the closet. Are you willing to do this?
 - d. It may be necessary to spell out specific and reasonable Consequences should the person not comply with my request,, e.g., if you continue to scatter your dirty laundry all over the room, I will simply sweep it all underneath your bed. (But first see what results you get on the first three steps).

Asking Others to Change Their Behaviors

4. Remember to demonstrate assertive body language:
 - a. Maintain direct eye contact
 - b. Maintain an erect body posture
 - c. Speak clearly and audibly
 - d. Do not whine
 - e. Make use of gestures and facial expression for emphasis

5. Giving other people direct messages about how their behavior effects me is a skill that can be learned

(Modified from Bower, 1973, and Manderino, 1974 by Herman, 1976)

I FEEL _____ WHEN _____
(How are you feeling?) (Behavior you dislike)

BECAUSE _____ I PREFER _____
(Why it bothers you)

(Agreement)

ASSERTIVE COMMUNICATION

1. "I" messages
2. Be direct; honest
3. Describe behavior you see/ hear in the other person
4. Express the feelings you experience as a result
5. Ask for a specific change in behavior
6. Requests must be reasonable

ASSERTIVE BEHAVIOR

1. Eye Contact
2. Posture
3. Tone of voice
4. Facial Expressions
5. Gestures
6. Discuss on it the specific content of the subject

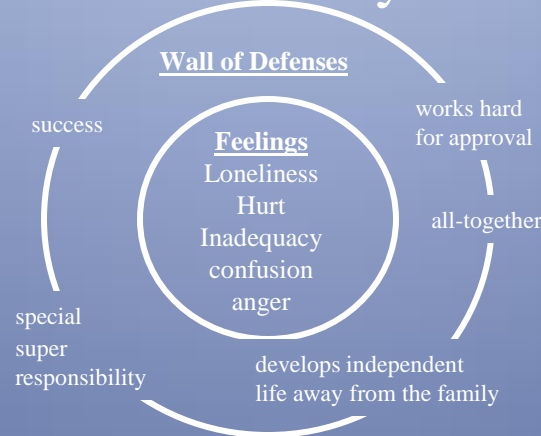
Family Systems Adapt to Achieve Homeostasis:

- Dysfunctional ?
- Family secrets
- Interaction with child welfare / courts

The Chemically Dependent Person



The Family Hero



The Chief Enabler



The Scapegoat



The Lost Child



The Mascot



Information taken from: "The Family Trap" by Sharon Wegscheider, Johnston Institute, 1976



	Visible Qualities	Inner Feelings	Represents to Family	Characteristics	Possible Future Characteristics	
					Without Help	With Help
Family Hero	Visible Success Does What's Right	Inadequate	Self-Worth (Family can be Proud)	High Achiever Grades Friends Sports	Workaholic Never wrong Responsible for everything marry dependent	Accept Failure Responsible for self not all good executives
Scapegoat	Hostility Defiance Anger	Hurt Guilt	Takes Focus off the Alcoholic	Negative Attention Won't complete with "family hero"	Unplanned Pregnancy trouble-maker in school & later in office prison	Accept responsibility Good counselor courage ability to see reality
Lost Child	Withdrawn Loner	Loneliness Unimportant	Relief (One child not to worry about)	"Invisible" Quiet No friends Follower Trouble making decisions	Little zest for life Sexual identity problems Promiscuous or stays alone often dies at early age	Independent Talented Creative Imaginative
Mascot	Fragile Immature Needs protection	Fear	Fun & Humor (comic relief)	Hyperactive learning disabilities short attention span	Ulcers, can't handle stress compulsive clown	Take care of self. No longer clown. Fun to be with. Good sense of humor

Alcoholism and the Family / Putting the Pieces Together

Role	Behaviors	Self Worth	Needs
Chemically Dependent Person	Perfectionist Grandiose Aggressive Righteous, no mistakes Charming Blaming	Shame Inadequacy Guilt	Confrontation Support Accountability Loved Accepted
The Chief Enabler	Super responsible Marty-others first Fragile Sickly Powerless Complaint Manipulative	Anger Guilt Inadequacy	Support Self-care Confrontation Expression of feelings
The Family Hero	Successful Perform well Independent Seeks approval Perceptive Help	Guilt Inadequacy	Allow mistakes Take risks Vulnerable Express feelings
The Scapegoat	Sullen Defiant Acting out Chemical use Blaming	Hurt at not being heard Loneliness	Support of feelings Confrontation Acceptance Challenge To be listened to
The Lost Child	Creative loner Solitary Withdrawn	Loneliness Rage	Invitation Consistency Encouragement Rewards for efforts
The Mascot	Hyperactive Humor Clumsy Center of attention	Fear of not belonging Fear of breaking down	Physical touch Taken seriously Information



Dedicated to Success in Recovery

Adult Intake:

Dottie Halasz 732-946-3030 ext. 247

Tracee Truglia 732-946-3030 ext. 201

Detoxification Intake:

Debbie Vasta 732-946-3030 ext. 237 (During Business Hours)

Detox Desk 732-946-3030 ext. 254 (Off Hours)

Veronica Migliore 732-946-3030 ext. 245 (Off Hours)

Adolescent Intake:

Catherine Camillary 732-946-3030 ext. 235

Open Door:

Samantha Kuncken 732-246-4800

Freehold:

Samantha Kuncken 732-308-0113

Phillip House:

Tara Rogers 732-870-8500

