

**Dual Diagnosis  
&  
Addictions**

Supporting people  
With  
Developmental  
Disabilities

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**Prevention**  
Have fun being yourself



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**What do we know?**

- ❖ We suspect that there may be more similarities than differences with respect to supporting people to prevention awareness and addiction.

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## Concurrent Disorders Canadian Mental Health

### Protective Factors

- ❖ Positive role models
- ❖ Good supervision (children)
- ❖ Attachments
- ❖ Goals and Dreams
- ❖ Meaningful activities, work, recreation, volunteer.

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## A quick look at some of the issues.

- ❖ Clients who have missed alcohol /drug awareness education.
- ❖ Misunderstand information or cannot generalize
- ❖ Access to services such as meeting groups.
- ❖ Vulnerable to being taken advantage of.
- ❖ Statistics developmental disabilities and addiction?

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## Challenges /Vulnerabilities

- ❖ Employment opportunities for the developmental population may be limited.
- ❖ May require support to engage in healthy social activities and find acceptance.
- ❖ Lack of comprehensive and ongoing preventative education.
- ❖ Current models for maintaining recovery may be geared towards the general population.
- ❖ May require support to access resources consistently.

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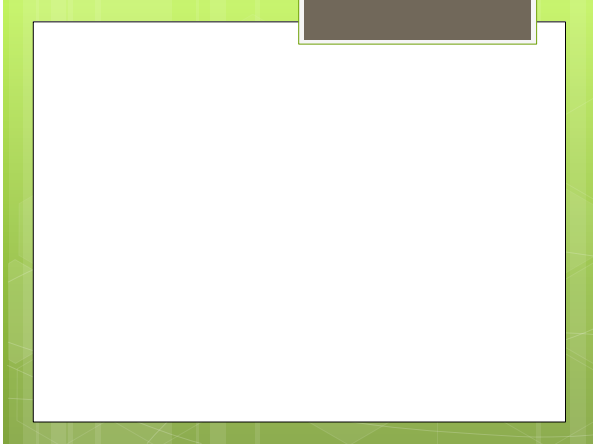
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**Where do we start?**

- ❖ Research/ pilot projects. In the process of developing a pilot prevention and recovery group with support from the Trauma Initiative committee, Southern Network of specialized care.
- ❖ Ask those with developmental disabilities what will help and what doesn't help.

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**cont.**

- ❖ Collaboration with experts in addiction. Adapting current programs so that they are "user friendly"
- ❖ More similarities than differences when providing service to these two populations?

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## Overview

- ❖ Suggestions for clinicians when supporting people with developmental disabilities.
- ❖ Prevention/safe drug and alcohol use
- ❖ Defining Addictions
- ❖ Identifying when people need help
- ❖ Stages of addiction
- ❖ Recovery tool box

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## Adaptations : Suggestions for Clinicians

Suggested readings/authors

**First Stage trauma treatment: A guide for therapists working with women.** Dr. Lori Haskell Toronto: CAMH

**Trauma Treatment with Clients Who Have Dual Diagnoses: Developmental Disabilities and Mental Illness.** Margaret Charlton Ph.D. Brian Tallant, M.S Presented by NCTSN 2003

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## continued

**Healing Trauma; the power of Group treatment for People with Intellectual Disabilities.** Nancy J Razza & Dr. Tomasula. 2005

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## General Suggestions

- ❖ Slow down speech.
- ❖ Use comprehensible language.
- ❖ Use visuals to support language.
- ❖ Present information one item at a time.
- ❖ Ask for feedback after each item is presented.

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## Cont.

- ❖ Be specific about steps to change
- ❖ Practice coping skills and encourage feeling of competence

Be aware of bias when working with this population. (Avrin, Charlton, & Tallant, 2002; Charlton, 2002; Mansell & Sobsey, 2001; Butz, Bowling, & Blitz, 2000).

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## Prevention : Things to consider

- ❖ Information and education that is comprehensible, and accessible.
- ❖ Risks related to alcohol consumption include: age, gender, health, amount of consumption and family history (Canada's Low Risk Alcohol Drinking Guidelines)

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❖ Include education about any dangers of mixing alcohol and drug use.

❖ Do not assume that the person understands and can generalize risk.

❖ Fully explain the link between alcohol use and certain diseases.

❖ Explain the relative immediate effects of too much alcohol.

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**Be specific about the impact:**

❖ You might do things when you are drunk that you would not do otherwise.

❖ Make choices that might get you in trouble. Example spend too much money.

❖ Change your mood, lose your temper.

❖ Don't leave your drink unattended

❖ Can become vulnerable to be taken advantage of, robbery

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**Use Visuals**

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### Your limits

Reduce your long-term health risks by drinking no more than:



- 10 drinks a week for women, with no more than 2 drinks a day most days
- 15 drinks a week for men, with no more than 3 drinks a day most days

Plan non-drinking days every week to avoid developing a habit.

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Make a Plan

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 **What works (Pros)**

 **What does not (Cons)**

Adapted to support MI

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- ❖ Decide how many drinks you will have before going out.
- ❖ Decide how you will get home.
- ❖ Provide options i.e.. May want to consider fancy non alcoholic drink.
- ❖ Peer pressure. Create possible social situations and support people to practice what to do.

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### Create reminder key chains




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Safe Limit Reminder

Call taxi Reminder  
10:30 am

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## Understanding Addictions

- ❖ Addiction is a primary, chronic, neurobiological disease, with genetic, psychosocial, and environmental factors... It is characterized by behaviours that include one or more of the following:
- ❖ Impaired control over use
- ❖ Compulsive use,
- ❖ Continued use despite harm, and craving
- ❖ (Savage et al., 2003).

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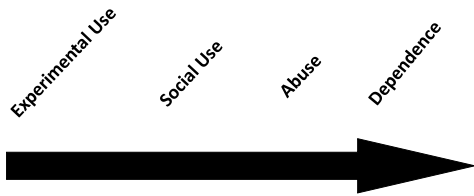
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## Addictions Continuum



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### Why do People Experience Addiction Problems?

- ❖ People often use drugs/alcohol as a means of gaining acceptance and connectedness with a peer group
- ❖ People interpret being with the party crowd as being associated with the popular crowd
- ❖ People often use addictive behaviour to help them manage a situation which they feel they are lacking certain skills. In particular, situations such as socializing, managing stress, use of leisure time, taking on new challenges, building relationships, intimacy and communication
- ❖ People may use addictive behaviour to shut off thoughts or ideas which are overwhelming, confusing or negative
- ❖ People may turn to addiction to shut off memories (recent or historical) of difficult experiences in their lives

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### Signs of Substance Abuse

- ❖ Neglecting responsibilities.
- ❖ Using alcohol/drugs under dangerous conditions or taking risks while high.
- ❖ Alcohol or drug use creates legal issues.
- ❖ Alcohol or drug use causes problems in relationships.
- ❖ Building tolerance.
- ❖ Substance is used to avoid or relieve withdrawal symptoms.

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- ❖ Loss of control over the substance
- ❖ Abandonment of activities the person used to enjoy.
- ❖ Continued use, despite knowing it's hurting them.

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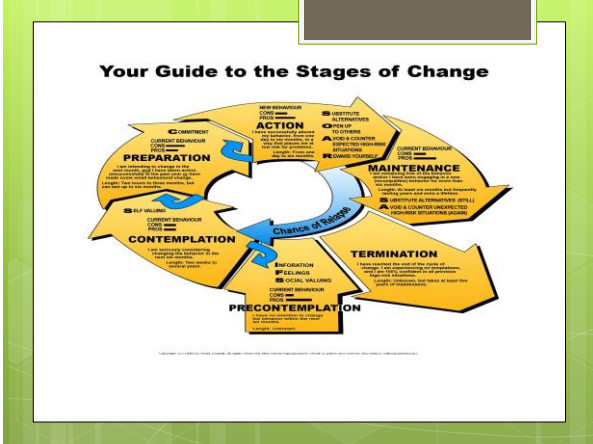
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**Recovery Tool Box for those supporting people**

- ❖ Don't Panic
- ❖ Establish rapport and trust
- ❖ Validate the function of the behaviour
- ❖ Agree on the direction (reduce harm, change amount, stop completely) needs to be driven by the person (person centered)

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**continued**

- ❖ Don't rush the person
- ❖ Create a space to explore all aspects of change
- ❖ Explore costs and benefits of change
- ❖ Normalize ambivalence
- ❖ Encouraging clients to openly clarify and state their attraction to substances

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❖ Encourage clients to openly state their concerns about use.

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		Monday	Tuesday	Wednesday	Thursday	Friday	What happened?
State							
Use							
Ask about							
Repeat							
End							
Overall							

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### Questions?

- ❖ What would happen if you stopped using?
- ❖ What do you think you will do ?
- ❖ Adapt questions and support with visuals
- ❖ Active learning mediums.
- ❖ Portable tools

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First	Then

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❖ Where do we go from here ?

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- ❖ Place next steps on a visual key chain.
- ❖ Power cards

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❖ How would you like things to turn out now for you, ideally

❖ What would you like to do every day?

❖ Adaptation

❖ What would your best day be like?

Source: Miller and Rollnick, 1991

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### Strength Based approach

- ❖ Acknowledge the courage of their decision to try something different. Adaptation: Point out strengths observed during the session as they are presented. Frequently and concretely.
- ❖ Offer hope that help is available Adaptation: be concrete who to call
- ❖ Make recommendations for reduction in use, develop a plan.
- ❖ Identify support system

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### Keep a record of success



Day	Evening record of success

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continued

- ❖ Celebrate
- ❖ Acknowledge and validate the changes being made
- ❖ Teach social skills
- ❖ Teach budgeting skills
- ❖ Teach emotional regulation skills
- ❖ Change living environment
- ❖ Teach coping skills with respect to triggers.

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**KEEP  
CALM  
AND  
STAY  
HEALTHY**

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Questions

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