Working Effectively with Clients With Severe and Persistent Mental Illness

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A Brief History of Mental Illness

“And what is as important as knowledge?”, asked the mind. “Caring, and seeing with the heart.”, answered the soul.

- **Asylums: Colonial America**
  - Lunatics; Mania and melancholy
  - Ice water submersion, leaching - induced vomiting

- **Moral Treatment: Early 19th century**
  - Tranquilizing chair, Gyrator

- **Mental Hygiene: Late 19th century**
  - Restraints, Shock therapy, Phrenology

- **Community Mental Health: Middle 20th century**
  - Trans-orbital lobotomy, insulin, psychotropic medicine

- **Community Support Movement: 1975 - present**
  - Deinstitutionalization, client advocacy
Some Statistics

- 22.1% of Americans 18 or older 44.3 million have a mental disorder
- 15.4 years lost death or disability, 2\textsuperscript{nd} only to cardiovascular conditions
- 18.8 million 9.5% - Depression
  - In 2007, 34,598 suicides – 90% with mental illness
  - Second only to Ischemic heart disease in disease burden
- 2.3 million 1.2% – Bipolar
- 2.2 million 1.1% Schizophrenia – less than 50% are treated
- 5.2 million 3.6% PTSD
- 3.3 million 2.3% OCD
- Mental illness 2\textsuperscript{nd} leading cause of premature death,
- 61,772 hospitalized clients (from 500,000 1955)
- 283,00 mentally ill in jails, prisons
The Fractured Self
(The Experience of having a Psychotic Break)

“In psychosis these (self) structures are destroyed, but their disconnected fragments are secondarily reorganized, rearranged into delusions and then rationalized through the efforts of the remaining integrative functions of the psych.”

Heinz Kohut: “The Analysis of the Self”
The Self as a Central Organizing Function

- The Nuclear Self
  
  “The basis for our sense of being an independent center of initiative and perception, integrated with our most central ambitions and ideals and with our experience that our body and mind form a unit in space and a continuum in time”

  - Kohut: “The Psychology of the Self”
Development of the Self

- Primary narcissism – undifferentiated self-object representations
- Empathic mirroring and transmuting internalization
- Separation/individuation process
- Self and object constancy
- Development of the nuclear self
- Establishment of the cohesive self
Psychosis as a Loss of Self

- Self-enfeeblement/fragmentation
- Disintegration of the nuclear self
- Regression to archaic narcissism
- Resurrection of archaic narcissistic self-objects in psychotic form
Stress-Vulnerability

- **Enduring predisposition**
  - Genetic predisposition & structural changes in the brain
    - Disturbances in information processing, mind/body response anomalies, deficits in social competency

- **Stress vulnerability and developmental arrests**
  - Processing capacity overload, hyper-arousal
  - Life and developmental stress vulnerability
From the Client’s Perspective

Choose a challenging severe and persistently mentally ill client you are currently working with – one you would like to learn from – and try to see the world through their eyes. Describe from their perception their experience of their symptoms, how/why they are seeing you and your agency, how they believe you, their family and society perceives them.
The Role of Trauma

“Large scale research surveys confirm a correlation between infant traumas in the first two years of life and the later development of schizophrenia.”

- Clancy Douglas Mckenzie, M.D. Delayed Posttraumatic Stress Disorders from Infancy: The Two-Trauma Mechanism
Trauma & Self-Fragmentation

- The subjective experience of self-fragmentation
- Mind/body disintegration
- Splintering: emotional, cognitive, perceptual
  - Delusions, intrusions
  - Projection and introjection
SIBAM Model of Traumatic Dissociation

Sensation

Image

Affect

Behavior

Meaning

From: Dr. Peter Levine “Somatic Experiencing”
Information Processing

- Attention and Distractibility
- Persistent Intrusions
- Avoiding and Numbing
- Inability to Modulate Arousal
- Altered Defense Mechanisms
- Changes in Personal Identity
Trauma and Self-Concept

- Self-shattering effects of psychosis
  - The shattered self and self-hatred
  - The narcissism of most delusions

- The divided self
  - Grandiose/devalued self
  - Omnipotent/paranoid object
  - Mind/body split
Trauma and Affect Regulation

- Chronic physiological arousal
  - Inability to modulate arousal
  - Long term neural-chemical alterations
- Affect regulation and impulse control
  - Decreased ability to regulate affect and impulses
- Return to primitive defense mechanisms
  - Splitting, projection and projective identification
SPMI and Substance Abuse

“It is now well established that the abuse of drugs and alcohol by persons with severe mental illnesses has a wide range of adverse impacts on the course of mental illness and psychosocial functioning, resulting in poor compliance with treatment, poor prognosis, and higher rates of utilization of acute services leading to more costly care” — Co-Occurring Severe Mental Illness and Substance Use Disorders: A Review of Recent Research: Psychiatr Serv 50:1427-1434, November 1999
Dual Diagnosis Overview

- About 20% of the adult population of the USA suffer from some form of addictive disorder throughout their lives;
- Approximately 25% of the adult population in the ECA study had some form of Axis I diagnosis besides the addictive problem;
- Of this 25%, about half (12.6%) suffered from major depression and about 5% could be diagnosed with psychotic, bipolar and other disorders;
- Women substance abusers show a high incidence of PTSD as comorbidity.
Dual Diagnosis Overview

- About 30% to 50% of schizophrenic patients may meet the diagnostic criteria for alcohol abuse or alcohol dependence; the two most commonly used other substances are: cannabis (15 to 25%) and cocaine (5 to 10%)
- Every fifth psychiatric inpatient abuses opiates or cocaine; every fourth one abuses some illegal substance; every third one abuses alcohol
- About 60% of patients with schizophrenia, and about 58% of all psychiatric inpatients abuse or are dependent on at least one substance.
The Common Denominator

- Traumatic stress, SPMI and substance abuse
  - 25-50% co-occurrence
  - More severe clinical profile
    - Cognitive deficits
    - Interpersonal difficulties
    - Medication non-compliance
    - High incident of personality disorder
  - Lower functioning
  - Poorer treatment outcomes
  - Higher relapse rates

Implementing Dual Diagnosis Services for Clients With Severe Mental Illness
Psychiatr Serv 52:469-476, April 2001 © 2001 American Psychiatric Association
Substance Abuse and the Self

- Weakens the sense of self
  - Disinhibition and dysregulation
  - Dysfunctional “transitional object”
  - Regression to narcissism
- Poor self-image and self-esteem
  - Increased loss of self-control and self-respect
  - Increased need for self-deception
  - Increased self-devaluation
From Your Perspective

With the same client imagine what effect trauma (and substance abuse) has had upon their sense of self, self concept and self-esteem. What effect might this have on treatment and the course of the illness?
Symptoms of Severe and Persistent Mental Illness

- Schizophrenia
- Affective Disorders
- (Borderline) Personality Disorder
- Substance Abuse
Schizophrenia

- The inner world of schizophrenia
  - Alterations of the senses
  - Inability to sort and interpret incoming sensations, and an inability therefore to respond appropriately
  - Delusions and hallucinations
  - Altered sense of self
  - Changes in emotions
  - Changes in motivation
  - Changes in behavior
  - Decreased awareness of the illness
Symptoms of Schizophrenia

- Hallucinations
- Delusions
- Thought process disorder
- Cognitive difficulties
- Decline in social or occupational functioning
- Disorganized or catatonic behavior
  - Negative symptoms (lack of energy, motivation, pleasure or emotional expression)
The Experience of Schizophrenia

Could you get a sense of the experience of schizophrenia?
- Disorganization: Thought process, behavior
- Auditory hallucinations: Self-demeaning, suspicious, commentary on behavior
- Visual illusions
- Delusions: Paranoid, ideas of reference, grandiose
  Thought insertion

What would it feel like to live in this world?

How would it affect your sense of self, self-esteem, relationships with others?
Bipolar Affective Disorder

- Mania and grandiosity
  - Elevated mood, pressured speech, hyperactivity
  - Inflated self-esteem
  - Perception, judgment, impulse control
  - Money, sex, substances

- Depression and devaluation
  - Withdrawal, exhaustion, suicidal preoccupation
  - Anhedonia, anorexia, sleep disturbances
  - Decreased concentration, memory

- With and without psychotic symptoms
Schizoaffective

- Disorganization of thought process
  - Disorganized pressured thoughts/speech
  - Bizarre delusions
  - Vivid hallucinations

- Affective instability
  - Labile, intensity, inappropriate
  - Hostility, hypersexual
  - Judgment and impulse control
Major Depression

- The personal experience of Depression
- Depressed mood most of the day nearly every day
- Anhedonia
- Weight gain or loss
- Psychomotor agitation/retardation
- Fatigue, loss of energy
- Psychotic features
  - Delusional guilt
  - Accusatory, demeaning auditory hallucinations
- Suicidal pre-occupation, impulsive behavior
Personality Disorders

- The withdrawn/divided/fragile self
  - Instability of perception and affect
  - Splitting, projective identification, introjection
- Cluster A: The withdrawn self
  - Paranoid, Schizoid, and Schizotypal
- Cluster B: The divided self
  - Antisocial, Borderline, Histrionic, Narcissistic
- Cluster C: The fragile self
  - Avoidant, Dependent, Obsessive Compulsive, and Passive Aggressive
Borderline Personality Disorder

- Self weakness and/or fragmentation
- Expectations of entitlement
- Affective instability
- Impaired judgment
- Poor impulse control
- Unstable and intense interpersonal relationships
- Primitive defense mechanisms
Symptoms of Substance Abuse

- **Symptom # 1**: Unable to meet responsibilities at home, school or office as a result of substance use/abuse.
- **Symptom # 2**: Continues to use/abuse substances even when it is dangerous.
- **Symptom # 3**: The need increases to use more of a substance to achieve the same effect or feeling.
- **Symptom # 4**: Has tried but failed to stop using the substance.
- **Symptom # 5**: Continues to use the substances even when they are aware of the dangers.
Client Profile

- From Knowledge and Skills Inventory, Illness Management and Recovery
  - Less formal, “clinical” than an assessment
  - Helps counselor determine appropriateness of client for psychoeducation counseling
  - Begins conversation about goals for counseling
  - Provides a wide range of useful information
  - Should be done in a relaxed casual manner, may take more than one interview, not all questions need to be answered.
Client Profile

1. Daily routine:
   - Where are you living? Do you live with roommates, family members, spouse, significant other? Can you describe a typical day for me? What kind of hobbies, work, chores, and relaxing activities do you spend time on regularly? Are there times when you are not doing anything?

2. Educational and Work Activities:
   - Are you taking classes? Do you study any subjects on your own? Are you working (part-time, full-time, volunteer)? Are you in a training program?
3. Leisure Activities/Creative outlets

- What do you like to do when you have time off? What are your hobbies? What sports do you like to do/watch? Do you like to read? What kind of books? Do you like to write or keep a journal? Do you like to play an instrument? Do you like listening to music? What kind of music? Do you like movies or TV? Which movies or shows? Do you like to draw or do other kinds of art? Do you like to look at artwork?
4. Relationships

- What people do you spend time with regularly? Co-workers? Classmates? Spouse/significant other? Family? Friends? Is there anyone that you would like to spend more time with? Who would you say are the supportive people in your life, the ones you can talk to about problems? What supporters would you like to be involved in psychoeducation?
Client Profile

5. Spiritual Supports

- Is spirituality important to you? What do you find comforting spiritually? How do you take care of your spiritual needs? Are you involved in a formal religion? Do you meditate? Do you look to nature for spirituality? Do you look to the arts for spirituality?

6. Health

- What do you do to take care of your health? How would you describe your diet? Do you get some exercise? Do you have any health problems that you’re seeing a doctor for? What is your sleep routine?
Client Profile

7. Previous experience with peer-based education or recovery programs
   - Have you been involved in a program that was described as a recovery program? Recovery Education program? Self help program? Peer support program? Support group? Attended groups that talked about recovery?

8. Previous experience with a practitioner-based educational or recovery program?
   - Have you taken a class about mental health? Attended groups that taught information about mental health? Family educational programs?
9. Knowledge about mental health

- In your opinion, what does the word “recovery” mean in relationship to psychiatric disorders?
- What is an example of a psychiatric symptom you may have experienced?
- What do you think causes psychiatric symptoms?
- What are some of the pro’s and con’s (benefits and risks) of taking medication?
- What do you do to help yourself prevent relapses?
- How does stress affect you? How do you deal with stress?
- What helps you cope with symptoms?
- What mental health services have helped you in your recovery?
10. Questions related to Psychoeducation

- Do you have any specific questions that you would like to have answered about psychoeducation? What would you like to gain from psychoeducation? What outcome would you like to see?