

| MENTAL HEALTH—SUBSTANCE USE |



Intervention in Mental Health— Substance Use

EDITED BY

David B Cooper

Intervention in Mental Health–Substance Use



Taylor & Francis

Taylor & Francis Group

<http://taylorandfrancis.com>

MENTAL HEALTH-SUBSTANCE USE

Intervention in Mental Health-Substance Use

Edited by

DAVID B COOPER

Sigma Theta Tau International: The Honor Society of Nursing Award

Outstanding Contribution to Nursing Award

Editor-in-Chief, Mental Health and Substance Use

Author/Writer/Editor

Radcliffe Publishing
London • New York

Radcliffe Publishing Ltd

33–41 Dallington Street

London

EC1V 0BB

United Kingdom

www.radcliffepublishing.com

Electronic catalogue and worldwide online ordering facility.

© 2011 David B Cooper

David B Cooper has asserted his right under the Copyright, Designs and Patents Act 1998 to be identified as the author of this work.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the copyright owner.

British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library.

ISBN-13: 978 184619 342 2

The paper used for the text pages of this book is FSC® certified. FSC (The Forest Stewardship Council®) is an international network to promote responsible management of the world's forests.



Typeset by Pindar NZ, Auckland, New Zealand

Printed and bound by TJI Digital, Padstow, Cornwall, UK

Contents

<i>Preface</i>	vii
<i>About the Mental Health–Substance Use series</i>	x
<i>About the editor</i>	xi
<i>List of contributors</i>	xii
<i>Terminology</i>	xxiii
<i>Cautionary note</i>	xxv
<i>Acknowledgements</i>	xxvi
<i>Dedication</i>	xxviii
1 Setting the scene	1
<i>David B Cooper</i>	
2 The therapeutic relationship	8
<i>Jo Cooper</i>	
3 The Tidal Model	22
<i>Poppy Buchanan-Barker and Phil Barker</i>	
4 The Purnell Model for Cultural Competence	29
<i>Larry D Purnell</i>	
5 Application of transcultural theory to mental health–substance use in an international context	51
<i>Larry D Purnell</i>	
6 A Transtheoretical Model perspective on change: process-focused intervention in mental health–substance use	69
<i>Carlo C DiClemente, Kristina Schumann, Preston A Greene and Michael D Earley</i>	
7 Motivational interviewing: mental health–substance use	88
<i>Jennifer E Hettema and Joshua T Kirsch</i>	

8	Brief interventions: mental health–substance use <i>Catherine Lock, Eileen Kaner and Nick Heather</i>	102
9	Integrated group treatment for people experiencing mental health–substance use problems <i>Kathleen Sciacca</i>	114
10	Cognitive behavioural therapy: mental health–substance use <i>Anne Garland</i>	128
11	Dialectical behaviour therapy: mental health–substance use <i>Alexander L Chapman, Katherine L Dixon-Gordon and Brianna J Turner</i>	147
12	Eye movement desensitisation and reprocessing (EMDR): mental health–substance use <i>Susan H Brown, Julie E Stowasser and Francine Shapiro</i>	165
13	Cue reactivity: working with cues and triggers to craving <i>David S Manley</i>	194
14	Mutual aid groups <i>Andrew Rosenblum, Stephen Magura, Alexandre B Laudet and Howard Vogel</i>	207
15	Empowering life choices <i>Catherine Dixon</i>	225
	Useful chapters	233
	Useful contacts <i>Collated by Jo Cooper</i>	236
	<i>Index</i>	243

Preface

Approximately six years ago Phil Cooper, then an MSc student, was searching for information on mental health–substance use. At that time, there was one journal and few published papers. This led to the launch of the journal *Mental Health and Substance Use: dual diagnosis*, published by Taylor & Francis International. To launch the journal, and debate the concerns and dilemmas of psychological, physical, social, legal and spiritual professionals, Phil organised a conference for Suffolk Mental Health NHS Trust and Taylor & Francis. The response was excellent. An occurring theme was that more information, knowledge and skills were needed – driven by education and training.

Discussion with international professionals indicated a need for this type of educational information and guidance, in this format, and a proposal was submitted for one book. The single book progressed to become a series of six! The concept is that each book will follow on from the other to build a sound basis – as far as is possible – about the important approaches to mental health–substance use. The aim is to provide a ‘how to’ series that will be interactive with case studies, reflective study and exercises – you, as individuals and professionals, will decide if this has been achieved.

So, why do we need to know about mental health–substance use? International concerns related to interventions, and the treatment of people experiencing mental health–substance use problems, are frequently reported. These include:

- ‘the most challenging clinical problem that we face’¹
- ‘substance misuse is usual rather than exceptional amongst people with severe mental health problems’²
- ‘Mental health and substance use problems affect every local community throughout America’³
- ‘The existence of psychiatric comorbidities in young people who abuse alcohol is common, especially for conditions such as depression, anxiety, bipolar disorder, conduct disorder and attention-deficit/hyperactivity disorder’⁴
- ‘Mental and neurological disorders such as depression, schizophrenia, epilepsy and substance abuse . . . cause immense suffering for those affected, amplify people’s vulnerability and can lead individuals into a life of poverty’⁵

There is a need to appreciate that mental health–substance use is now a concern for us all. This series of books will bring together what is known (to some), and what is

not (to some). If undertaken correctly, and you, the reader will be the judge – and those individuals you come into contact with daily will be the final judges – each book will build on the other and be of interest for the new, and the not so new, professional.

The desire to provide services that facilitate best practice for mental health–substance use is not new. The political impetus for this approach to succeed now exists. We, the professionals, need to seize on this momentum. We need to bring about the much-needed change for the individual who experiences our interventions and treatment, be that political will because of a perceived financial benefit or, as we would hope, the need to provide therapeutic interventions for the individual. Whatever the motive, now is the time to grasp the initiative.

Before we (the professionals) can practise, research, educate, manage, develop or purchase services, we must commence with knowledge. From that, we begin to understand. We commence using our new-found skills. We progress to developing the ability to examine practice, to put concepts together, to make valid judgements. We achieve this level of expertise though education, training and experience. Sometimes, we can use our own life experiences to enhance our skills. But knowledge must come first, though is often relegated to last! Professionals (from health, social, spiritual and legal backgrounds) – be they students, practitioners, researchers, educators, managers, service developers or purchasers – are all ‘professionals’ (in the eye of the individual we meet professionally), though each has differing depths of knowledge, skills and expertise.

What we need to remember is that the individual (those we offer care to), family and carers bring their own knowledge, skills and life experiences – some developed from dealing with ill health. The individual experiences the illness, lives with it, manages it – daily. Therefore, to bring the two together, individual and professional, to make interventions and treatment outcome effective, to meet whatever the individual feels is acceptable to his or her needs, requires mutual understanding and respect. The professionals’ skills and expertise *‘are founded on nothing less than their complete and perfect acceptance of one, by another.’*⁶

David B Cooper
January 2011

REFERENCES

- 1 Appleby L. *The National Service Framework for Mental Health: five years on*. London: Department of Health; 2004. Available at: www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4099122.pdf (accessed 29 August 2010).
- 2 Department of Health. *Mental Health Policy Implementation Guide: dual diagnosis good practice guide*. London: Department of Health; 2002. Available at: www.substancemisuserct.co.uk/staff/documents/dh_4060435.pdf (accessed 29 August 2010).
- 3 Substance Abuse and Mental Health Service Administration. *Results from the 2008 National Survey on Drug Use and Health*. 2008. Available at: www.oas.samhsa.gov/nsduh/2k8nsduh/2k8Results.cfm (accessed 2 August 2010).
- 4 Australian Government. *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*.

2009. Available at: www.nhmrc.gov.au/publications/synopses/ds10syn.htm (accessed 29 August 2010).

- 5 World Health Organization. *Mental Health Improvements for Nations Development: the WHO MIND Project*. World Health Organization; 2008. Available at: www.who.int/mental_health/policy/en (accessed 29 August 2010).
- 6 Thompson F. *Lark Rise to Candleford: a trilogy*. London: Penguin Modern Classics; 2009.

About the Mental Health–Substance Use series

The six books in this series are:

- 1 *Introduction to Mental Health–Substance Use*
- 2 *Developing Services in Mental Health–Substance Use*
- 3 *Responding in Mental Health–Substance Use*
- 4 *Intervention in Mental Health–Substance Use*
- 5 *Care in Mental Health–Substance Use*
- 6 *Practice in Mental Health–Substance Use*

The series is not merely for mental health professionals but also the substance use professionals. It is not a question of ‘them’ (the substance use professional) teaching ‘them’ (the mental health professional). It is about sharing knowledge, skills and expertise. We are equal. We learn from each fellow professional, for the benefit of those whose lives we touch. The rationale is that to maintain clinical excellence, we need to be aware of the developments and practices within mental health and substance use. Then, we make informed choices; we take best practice, and apply this to our professional role.¹

Generically, the series Mental Health–Substance Use concentrates on concerns, dilemmas and concepts specifically interrelated, as a collation of problems that directly or indirectly influence the life and well-being of the individual, family and carers. Such concerns relate not only to the individual but also to the future direction of practice, education, research, service development, interventions and treatment. While presenting a balanced view of what is best practice today, the books aim to challenge concepts and stimulate debate, exploring all aspects of the development in treatment, intervention and care responses, and the adoption of research-led best practice. To achieve this, they draw from a variety of perspectives, facilitating consideration of how professionals meet the challenges now and in the future. To accomplish this we have assembled leading, international professionals to provide insight into current thinking and developments, from a variety of perspectives, related to the many varying and diverse needs of the individual, family and carers experiencing mental health–substance use.

REFERENCE

- 1 Cooper DB. Editorial: decisions. *Mental Health and Substance Use*. 2010; 3: 1–3.

About the editor

David B Cooper

Sigma Theta Tau International: The Honor Society of Nursing Award

Outstanding Contribution to Nursing Award

Editor-in-Chief: *Mental Health and Substance Use*

Author/Writer/Editor

The editor welcomes approaches and feedback, positive and/or negative.

David has specialised in mental health and substance use for over 30 years. He has worked as a practitioner, manager, researcher, author, lecturer and consultant. He has served as editor, or editor-in-chief, of several journals, and is currently editor-in-chief of *Mental Health and Substance Use*. He has published widely and is 'credited with enhancing the understanding and development of community detoxification for people experiencing alcohol withdrawal' (Nursing Council on Alcohol; Sigma Theta Tau International citations). Seminal work includes *Alcohol Home Detoxification and Assessment* and *Alcohol Use*, both published by Radcliffe Publishing, Oxford.

List of contributors

CHAPTER 2 AND USEFUL CONTACTS Jo Cooper

Former Macmillan Clinical Nurse Specialist in Palliative Care
Horsham
West Sussex
England

Jo spent 16 years in Specialist Palliative Care, initially working in a hospice inpatient unit, then 12 years as a Macmillan Clinical Nurse Specialist. She gained a Diploma in Oncology at Addenbrooke's Hospital, Cambridge, and a BSc (Hons) in Palliative Nursing at The Royal Marsden, London, and an Award in Specialist Practice. Jo edited *Stepping into Palliative Care* (Radcliffe Medical Press; 2000) and the second edition of *Stepping into Palliative Care*, Books 1 and 2 (Radcliffe Publishing; 2006). Jo has been involved in teaching and education for many years. Her specialist subjects include management of complex pain and symptoms, terminal agitation, communication at the end of life, therapeutic relationships, and breaking bad news.

CHAPTER 3 Poppy Buchanan-Barker

Director, Clan Unity International Ltd
Newport-on-Tay
Fife
Scotland

Poppy is Director of Clan Unity International – a public limited company offering mental health recovery-focused seminars and workshops, internationally. As a social worker, she spent more than 25 years leading innovative community developments for people with multiple disabilities and their families. Poppy began training as a counsellor in the 1980s, working with individuals and families, in the areas of suicide, alcohol and crisis resolution. She is widely published and has presented her work at many international conferences. In 2008, Poppy was the joint winner of the Thomas S Szasz Award for Outstanding Contributions to the Cause of Civil Liberties, in New York.

Professor Phil Barker

Honorary Professor
 Faculty of Medicine, Dentistry, and Nursing, University of Dundee
 Psychotherapist
 Newport-on-Tay
 Fife
 Scotland

Phil is a psychotherapist. He was the UK's first Professor of Psychiatric Nursing Practice at the University of Newcastle (1993–2002); elected a Fellow of the Royal College of Nursing in 1995; awarded the Red Gate Award for Distinguished Professors at the University of Tokyo in 2000; awarded an honorary Doctorate of the University at Oxford Brookes University in 2001; and has been visiting professor at several international universities. In 2008, Phil was the joint winner of the Thomas S Szasz Award for Outstanding Contributions to the Cause of Civil Liberties, in New York.

CHAPTERS 4 AND 5 Professor Larry D Purnell

Professor Emeritus, University of Delaware
 Adjunct Professor, Florida International University Consulting Faculty
 Excelsior College Funded Professor, Università di Modena, Italy
 Newark, DE
 USA

Larry has published over 100 refereed journal articles, 75 book chapters, and 13 books. His model, the Purnell Model for Cultural Competence, has been translated into Arabic, Flemish, French, Korean, Portuguese and Spanish. Larry's textbooks have won the American Journal of Nursing and Brandon Hill Book awards. He has made presentations in 14 countries on four continents. Larry is an American Academy of Nursing and Luther Christman Fellow. In addition, he has been the US Representative to the European Union Commission on Intercultural Communication resulting from the Salamanca, Sorbonne, Bologna and WHO Declarations.

CHAPTER 6 Professor Carlo C DiClemente

Professor of Psychology
 Psychology Department
 Director of Maryland Resource Center for Quitting Use and Initiation of Tobacco (MDQUIT)
 University of Maryland, Baltimore County
 Baltimore, MD
 USA

Carlo is the co-developer of the Transtheoretical Model of behaviour change, and the author of numerous scientific articles and book chapters on motivation and behaviour change and the application of this model to a variety of problem

behaviours. Carlo's book *Addiction and Change: how addictions develop and addicted people recover* was released in paperback in 2006. For over 25 years, Carlo has conducted funded research in health and addictive behaviours. He has received a number of awards, including the Innovators Combating Substance Abuse award by the Robert Wood Johnson Foundation and the McGovern award from the American Society of Addiction Medicine.

Kristina Schumann

Graduate Research Assistant
Psychology Department
University of Maryland, Baltimore County
Baltimore, MD
USA

Kristina is a doctoral student in the Human Services Psychology Program at the University of Maryland, Baltimore County (UMBC). She received a BA in Psychology from the University of Connecticut in 2002 and an MA in Psychology from American University in 2006. Her master's research project was titled 'Motivational subgroups: exploring behavior change variables and drinking outcomes among at risk drinkers admitted to a trauma unit'. She is currently researching chronic illness and behaviour change and is particularly interested in the psychosocial components of diabetes self-management.

Preston A Greene

Graduate Research Assistant
Center Specialist, Maryland Resource Center for Quitting Use and Initiation of Tobacco (MDQUIT)
Psychology Department
University of Maryland, Baltimore County
Baltimore, MD
USA

Preston is a doctoral student in the Human Services Psychology Program at the University of Maryland, Baltimore County (UMBC). He received a BS in Psychology from Virginia Commonwealth University in 2005. His MA was conferred in 2010 from UMBC, and his master's thesis was titled, 'Self-efficacy as a mechanism of change during alcoholism treatment'. His research interests include the psychological mechanisms underlying the successful resolution of problematic drinking.

Michael D Earley

Graduate Research Assistant
Habits Laboratory
Psychology Department
University of Maryland, Baltimore County
Baltimore, MD
USA

Michael is a doctoral student in the Clinical Psychology/Behavioral Medicine program at the University of Maryland, Baltimore County. He completed both his BA in English and MEd at the University of Notre Dame in 2000 and 2002 respectively. Michael's research interests include the role of personality and spirituality in engaging the process of intentional behaviour change. He is currently employed by the Center for Integrative Medicine at the University of Maryland and assists in research exploring the efficacy of mindfulness interventions for trauma survivors.

CHAPTER 7 Dr Jennifer E Hettema

Assistant Professor
University of Virginia
Department of Psychiatry and Neurobehavioral Sciences
UVA Center for Addition Research and Education
Richmond, VA
USA

Jennifer is a licensed clinical psychologist and assistant professor in the Department of Psychiatry and Neurobehavioral Sciences at the University of Virginia. She conducts research on the applications of motivational interviewing to a variety of health-related disorders and is interested in the dissemination and implementation of evidence-based practices. She is also a member of the Motivational Interviewing Network of Trainers.

Joshua T Kirsch

Clinical Social Worker
The Permanente Medical Group, Inc.
Pleasanton, CA
USA

Joshua is a psychiatric social worker at Kaiser Permanente and is a member of the Motivational Interviewing Network of Trainers. He has more than 10 years' experience working with adults who have co-occurring disorders, and several years providing clinical supervision. He has extensive experience training clinicians in the use of motivational interviewing.

CHAPTER 8 Dr Catherine Lock

Lecturer in Public Health Research (Evaluation of Complex Interventions)
Fuse – the UKCRC Centre for Translational Research in Public Health
Institute of Health and Society
Newcastle University
Newcastle upon Tyne
England

Catherine specialises in the development and evaluation of complex interventions, particularly those targeted at different stages of the life course including children, young people, working professionals and older people and is interested in the use

of social marketing theory and methods. She also has over 10 years' experience of conducting research into alcohol, including involvement in a series of World Health Organization collaborative studies on screening and brief alcohol intervention in primary healthcare. Experienced in both qualitative and quantitative techniques, including randomised controlled trials and systematic reviews, Catherine has over 30 peer-reviewed publications.

Professor Eileen Kaner

Professor of Public Health Research
Director, Institute of Health and Society
Newcastle University
Newcastle upon Tyne
England

Eileen's research aims to understand the nature and extent of alcohol-related risk and harm across populations, and to promote evidence-based interventions to reduce these problems. To date, she has published 88 peer-reviewed papers and won over £12 million in research income. She currently co-leads three national Screening and Intervention Programme for Sensible Drinking (SIPS) trials that are evaluating screening and brief alcohol intervention approaches in primary care, accident and emergency departments and criminal justice settings. Eileen's research also includes funded projects on substance use in pregnancy and in young people. Eileen recently led a national review of liver disease epidemiology and treatment effectiveness in England and a review of the impact of alcohol consumption on young people. The latter formed the scientific basis of national guidance for parents on alcohol consumption in their children. Eileen is a Trustee of the Alcohol Education and Research Council and an honorary fellow of the Royal College of Physicians. Lastly, she is the Chair of the National Institute for Health and Clinical Excellence (NICE) programme development group whose work is focused on the prevention of alcohol use disorders in adults and adolescents.

Professor Nick Heather

Emeritus Professor of Alcohol and Other Drug Studies
Department of Psychology
Northumbria University
Newcastle upon Tyne
England

After working for 10 years as a clinical psychologist in the UK National Health Service, in 1979 Nick developed and led the Addictive Behaviours Research Group at the University of Dundee. In 1987, he became founding Director of the National Drug and Alcohol Research Centre at the University of New South Wales, Australia. He returned to the UK at the beginning of 1994 to take up a post as Consultant Clinical Psychologist at the Newcastle City Health NHS Trust and as Director of the Centre for Alcohol and Drug Studies in Newcastle. Nick has a long-standing interest in research on addictive disorders, with an emphasis on the treatment of

alcohol problems. He has accumulated over 400 publications, was lead investigator on a recently completed World Health Organization Collaborative Project concerned with the implementation of screening and brief intervention for alcohol problems in primary healthcare and, with colleagues, was commissioned by the UK Government to produce the *Review of the Effectiveness of Treatment for Alcohol Problems*, published in 2006.

CHAPTER 9 Kathleen Sciacca

Consultant; Executive Director

Sciacca Comprehensive Service Development for Mental Illness, Drug Addiction and Alcoholism

New York, NY

USA

<http://users.erols.com/ksciacca>

Kathleen is a consultant, trainer, speaker and programme developer. She developed the first treatment interventions for people with co-occurring mental and substance disorders and integrated services in 1984. She is a former director of the Mentally Ill Chemical Abusers and Addicted (MICA) training site for programme and staff development – NYS Office of Mental Health. She implements programmes and workforce competencies across systems, state, city and agency-wide, throughout the USA and internationally. Kathleen is author of the *MIDAA Service Manual*, articles/chapters/reports and producer of the video *Integrated Treatment*. Kathleen is a trainer of motivational interviewing (member of MINT since 1995), group leading and cognitive behavioural therapy. She is also a guest lecturer at Columbia University, Hunter College and various college courses.

CHAPTER 10 Anne Garland

Nurse Consultant Psychological Therapies

Nottingham Psychotherapy Unit

Nottinghamshire Healthcare NHS Trust

Nottingham

England

Anne has been practising cognitive behaviour therapy (CBT) in the NHS for the last 20 years. Anne has worked as a cognitive therapist in two Medical Research Council-funded trials investigating the efficacy of using cognitive therapy in the treatment of chronic depression and bi-polar disorder. Anne is an active researcher in the area of chronic depression and has published widely in this field. Anne is also recognised nationally and internationally as a cognitive therapy trainer and has presented cognitive therapy skills-based workshops and academic papers at both a national and international level.

CHAPTER 11 Professor Alexander L Chapman

Assistant Professor; Chair, Graduate Program

Department of Psychology

Simon Fraser University
Burnaby, BC
Canada

Alex received his bachelor's degree in psychology from the University of British Columbia and his MS and PhD in clinical psychology from Idaho State University. After his internship at Duke University Medical Center, Alex completed a two-year postdoctoral fellowship with Dr Marsha Linehan at the University of Washington, where he received training and supervision in dialectical behaviour therapy (DBT) and in clinical research. Alex's research focuses on understanding borderline personality disorder, emotion regulation problems, self-harm and suicidal behaviour, and impulsivity, and includes research on DBT. He regularly gives workshops on DBT, consults with clinicians in both Canada and the US, and teaches students how to treat persons with borderline personality disorder. Alex has published numerous articles and book chapters and has given over 70 presentations on borderline personality disorder, self-harm, DBT, and impulsive behaviour, among other topics. In 2007, he received the Young Investigator's Award of the National Education Alliance for Borderline Personality Disorder (NEA-BPD) for his research on BPD. He has co-authored a book on borderline personality disorder (*The Borderline Personality Disorder Survival Guide*; 2007), as well as a book on behaviour therapy (*Behavioral Interventions in Cognitive-Behavior Therapy: practical guidance for putting theory into action*; 2007). In addition, Alex is the president and co-founder of the DBT Centre of Vancouver (www.dbtvancouver.com), a treatment centre for persons who struggle with BPD and related problems.

Katherine L Dixon-Gordon

Graduate Student
Department of Psychology
Simon Fraser University
Burnaby, BC
Canada

Katherine is a doctoral student in the Clinical Psychology programme at Simon Fraser University, where she completed her MA working with Dr Chapman. She received her bachelor's degree in psychology from the University of Washington, where she completed a research assistantship with Dr Marsha Linehan. Her research focuses on borderline personality disorder (BPD), psychophysiological measures of emotion regulation, and how emotion dysregulation impacts social problem-solving and impulsivity.

Brianna J Turner

Graduate Student
Department of Psychology
Simon Fraser University
Burnaby, BC
Canada

Brianna is a graduate student in the Clinical Psychology programme at Simon Fraser University working with Dr Chapman, where she completed her bachelor's degree in psychology. Her research focuses on the identification of risk and relapse factors associated with self-injury and other self-damaging behaviours.

CHAPTER 12 Susan H Brown

Private Practice

Licensed Social Worker; EMDRIA Approved Consultant and Facilitator for the EMDR Institute and EMDR Humanitarian Assistance Program

La Mesa, CA

USA

Susan is a licensed Board Certified Diplomate in Clinical Social Work. She has been in clinical practice in San Diego, California since 1979, specialising in the treatment of trauma and substance abuse with adults. She has published and presented nationally on addictions and eye movement desensitisation and reprocessing (EMDR). She was one of the principal investigators in a pilot research study field-testing an Integrated Trauma Treatment Program (ITTP) using EMDR and Seeking Safety with Co-occurring Trauma and Substance Use Disorder in a Drug Court Program in Olympia, WA. She is an EMDRIA Approved Consultant and Facilitator for EMDR Humanitarian Assistance Program and the EMDR Institute.

Julie E Stowasser

Private Practice – Calm Clear and Connected

Licensed Marriage and Family Therapist; EMDRIA Approved Consultant; EMDR Institute/EMDR-HAP Facilitator; Certified Batterer Intervention Provider

Calm, Clear, and Connected, San Luis Obispo and Atascadero, California

San Luis Obispo, CA

USA

Julie is an EMDR Institute and Eye Movement Desensitisation and Reprocessing Humanitarian Assistance Programs (EMDR-HAP) Facilitator; an EMDRIA Approved Consultant who founded and co-moderates the EMDRIA Approved Consultants Email Discussion List; and EMDRIA Approved Credit Unit Provider and presenter on domestic violence and EMDR. She wrote the domestic violence chapter in the *Handbook of EMDR and Family Therapy Processes* (2007), and is a Certified Batterer Intervention Provider who founded and moderates the American Psychological Association's DV Treatment Provider email discussion list. Julie offers consultation in EMDR, the treatment of domestic violence victims and perpetrators, children, ethics, and general clinical concerns. Julie practises in San Luis Obispo, California.

Dr Francine Shapiro

Senior Research Fellow, Mental Research Institute, Palo Alto, CA, USA

Executive Director, EMDR Institute

President Emeritus, EMDR Humanitarian Assistance Programs

Francine is the founder of the EMDR Humanitarian Assistance Programs (a non-profit organisation coordinating services worldwide), and advisor to a wide variety of trauma treatment and outreach organisations. Francine is a recipient of the International Sigmund Freud Award of the City of Vienna for distinguished contribution to psychotherapy, the American Psychological Association Division 56 Award for Outstanding Contributions to Practice in Trauma Psychology, and the Distinguished Scientific Achievement in Psychology Award, from the California Psychological Association. Francine wrote the primary text on EMDR, entitled *Eye Movement Desensitization and Reprocessing: basic principles and procedures*.

CHAPTER 13 David S Manley

Clinical Director Substance Misuse Services
Nurse Consultant in Dual Diagnosis
Senior Fellow of the Institute of Mental Health
Substance Misuse Services
Nottinghamshire Healthcare NHS Trust
Carlton, Nottingham
England

David is currently studying for a PhD in nursing, examining the treatment experiences of individuals with a dual diagnosis and quality outcomes for this service user group. He is a member of the editorial board for *Advances in Dual Diagnosis*, and has published widely on issues related to dual diagnosis. David has a particular interest in cognitive behavioural interventions in substance misuse including cue reactivity. In the past, David has chaired the East Midlands Clinical Advice Network on Dual Diagnosis.

CHAPTER 14 Dr Andrew Rosenblum

Director, Principle Investigator
Institute for Treatment and Services Research (ITSR)
National Development and Research Institute, Inc. (NDRI)
New York, NY
USA

Andrew has considerable experience developing, implementing and evaluating behavioural substance abuse interventions for diverse at-risk populations and conducting prevalence surveys of prescription opioid abuse and chronic pain among populations of chemical dependency patients. Current work includes developing and evaluating web-based cognitive behavioural interventions for chronic pain patients and post-traumatic stress disorder (PTSD) symptomatic-substance misusing veterans.

Dr Stephen Magura

Director
Evaluations Center
Western Michigan University

Kalamazoo, MI
USA

Stephen is a former Deputy Executive Director and Director of Science and Research at National Development and Research Institutes, Inc., New York City. He has designed and directed drug-dependency clinical trials, treatment evaluation studies, health services research, social epidemiology studies, HIV prevention research and policy analyses. He has been the Principal Investigator of many studies sponsored by the National Institutes of Health and other agencies.

Dr Alexandre B Laudet

Director; Principal Investigator
Center for the Study of Addictions and Recovery (C-STAR)
National Development and Research Institute, Inc. (NDRI)
New York, NY
USA

Alexandre is a recognised expert in addiction recovery. Her federally funded research focuses on elucidating what helps people quit drinking or getting high and how they stay in recovery. A social psychologist, her goals are to build and help translate the science of recovery into services and policy that create opportunities for long-term recovery and improved quality of life for people with substance problems. She has published numerous scientific articles, presents regularly at conferences, serves on the editorial board of several peer-reviewed publications and community-based organisations, and provides consultancy on promoting opportunities for recovery.

Howard Vogel

Executive Director
Double Trouble in Recovery
Brooklyn
New York, NY
USA

Howard is the founder of Double Trouble in Recovery (DTR), which began in New York State in 1989. Dually diagnosed and in recovery for more than 20 years, he has worked towards disseminating information about the special needs of dually diagnosed persons, giving presentations about DTR at hospitals, community agencies, and conferences nationwide, starting new groups, and seeing to many members' progression in recovery. He was/is a collaborator on several research studies of DTR and is the author of *Double Trouble in Recovery: basic guide* and *How to Start a Double Trouble in Recovery Group*.

CHAPTER 15 Catherine Dixon

Therapist and Empowerment Coach

London

England

www.energyroots.co.uk

Catherine is a well-being coach, therapist and teacher. She has been in professional practice for nine years. She currently works within the NHS, other public bodies and in the private sector. Catherine created an employability foundation course called Empower Your Life! This was first introduced as a goal-setting programme in January 2008 as part of the aftercare strategy for a rehabilitation organisation. Catherine graduated in shiatsu in 2001 and acquired further qualifications to practise acupuncture for common ailments and ear acupuncture. Catherine is a Chi Kung teacher (London College of Chi Kung) and a licensed trainer of energy therapies (the AMT). She runs postgraduate training programmes for therapists and is a clinical supervisor for the Ear Acupuncture Register. Catherine trained in cognitive hypnotherapy at the Quest Institute and is a registered member of the National Council of Hypnotherapy, the General Hypnotherapy Register and the General Hypnotherapy Standards Council. She is a member of the NHS Directory of Complementary and Alternative Practitioners (No. 6378).

Terminology

Whenever possible, the following terminology has been applied. However, in certain instances, when referencing a study and/or specific work(s), when an author has made a specific request, or for the purpose of additional clarity, it has been necessary to deviate from this applied ‘norm’.

MENTAL HEALTH–SUBSTANCE USE

Considerable thought has gone in to the use of terminology within these texts. Each country appears to have its own terms for the person experiencing mental health and substance use problems – terms that includes words such as dual diagnosis, coexisting, co-occurring, and so on. We talk about the same thing but use differing professional jargon. The decision was set at the outset to use one term that encompasses mental health *and* substance use problems: *mental health–substance use*. One scholar suggested that such a term implies that both can exist separately, while they can also be linked.¹

SUBSTANCE USE

Another challenge was how to term ‘substance use’. There are a number of ways: abuse, misuse, dependence, addiction. The decision is that within these texts we use the term *substance use* to encompass all (unless specific need for clarity at a given point). It is imperative the professional recognises that while we may see another person’s ‘substance use’ as misuse or abuse, the individual experiencing it may not deem it to be anything other than ‘use’. Throughout, we need to be aware that we are working alongside unique individuals. Therefore, we should be able to meet the individual where he/she is.

ALCOHOL, PRESCRIBED DRUGS, ILLICIT DRUGS, TOBACCO OR SUBSTANCES

Throughout this book *substance* includes alcohol, prescribed drugs, illicit drugs and tobacco, unless specific need for clarity at a given point.

PROBLEM(S), CONCERNS AND DILEMMAS OR DISORDERS

The terms *problem(s)*, *concerns and dilemmas* and *disorders* can be used interchangeably, as stated by the author’s preference. However, where possible, the term ‘problem(s)’ or ‘concerns and dilemmas’ had been adopted as the preferred choice.

INDIVIDUAL, PERSON, PEOPLE

There seems to be a need to label the individual – as a form of recognition! Sometimes the label becomes more than the person! ‘Alan is schizophrenic’ – thus it is Alan, rather than an illness that Alan lives with. We refer to patients, clients, service users, customers, consumers, and so on. Yet, we feel affronted when we are addressed as anything other than what we are – individuals! We need to be mindful that every person we see during our professional day is an individual – unique. Symptoms are in many ways similar (e.g. delusions, hallucinations), some need interventions and treatments are similar (e.g. specific drugs, psychotherapy techniques), but people are not. Alan may experience an illness labelled schizophrenia, and so may John, Beth and Mary, and you or I. However, each will have his/her own unique experiences – and life. None will be the same. To keep this constantly in the mind of the reader, throughout the book series we shall refer to the *individual*, *person* or *people* – just like us, but different to us by their uniqueness.

PROFESSIONAL

We are all professionals, whether students, nurses, doctors, social workers, researchers, clinicians, educationalists, managers, service developers, religious ministers – and so on. However, the level of expertise may vary from one professional to another. We are also individuals. There is a need to distinguish between the person with a mental health–substance use problem and the person interacting professionally (at whatever level) with that individual. To acknowledge and to differentiate between those who experience – in this context – and those who intervene, we have adopted the term *professional*. It is indicative that we have had, or are receiving, education and training related specifically to help us (the professionals) meet the needs of the individual. We may or may not have experienced mental health–substance use problems but we have some knowledge that may help the individual – an expertise to be shared. We have a specific knowledge that, hopefully, we wish to use to offer effective intervention and treatment to another human being. It is the need to make a clear differential, for the reader, that forces the use of ‘professional’ over ‘individual’ to describe our role – our input into another person’s life.

REFERENCE

- 1 Barker P. Personal communication; 2009.

Cautionary note

*Wisdom and compassion should become the dominating influence that guide our thoughts, our words, and our actions.*¹

Never presume that what you say is understood. It is essential to check understanding, and what is expected of the individual and/or family, with each person. Each person needs to know what he/she can expect from you, and other professionals involved in his/her care, at each meeting. Jargon is a professional language that excludes the individual and family. Never use it in conversation with the individual, unless requested to do so; it is easily misunderstood.

Remember, we all, as individuals, deal with life differently. It does not matter how many years we have spent studying human behaviour, listening and treating the individual and family. We may have spent many hours exploring with the individual his/her anxieties, fears, doubts, concerns and dilemmas, and the illness experience. Yet, we do not know what that person really feels, how he/she sees life and ill health. We may have lived similar lives, experienced the same illness but the individual will always be unique, each different from us, each independent of our thoughts, feelings, words, deeds and symptoms, each with an individual experience.

REFERENCE

- 1 Matthieu Ricard. As cited in: Föllmi D, Föllmi O. *Buddhist Offerings 365 Days*. London: Thames and Hudson; 2003.

Acknowledgements

I am grateful to all the contributors for having the faith in me to produce a valued text and I thank them for their support and encouragement. I hope that faith proves correct. Thank you to those who have commented along the way, and whose patience has been outstanding. Thank you to Jo Cooper, who has been actively involved with this project throughout – supporting, encouraging, listening and participating in many practical ways. Jo is my rock who looks after me during my physical health problems, and I am eternally grateful.

Many people have helped me along my career path and life – too many to name individually. Most do not even know what impact they have had on me. Some, however, require specific mention. These include Larry Purnell, a friend and confidant who has taught me never to presume – while we are all individuals with individual needs, we deserve equality in all that we meet in life. Thanks to Martin Plant (who sadly died in March 2010), and Moira Plant, who always encouraged and offered genuine support. Phil and Poppy Barker, who have taught me that it is OK to express how I feel about humanity – about people, and that there is another way through the entrenched systems in health and social care. Keith Yoxhall, without whose guidance back in the 1980s I would never have survived my ‘Colchester work experience’ and the dark times of institutionalisation, or had the privilege to work alongside the few professionals fighting against the ‘big door’. He taught me that there was a need for education and training, and that this should be ongoing – also that the person in hospital or community experiencing our care sees us as ‘professional’ – we should make sure we act that way. Thank you to Phil Cooper, who brought the concept of this book series to me via a conference to launch the journal *Mental Health and Substance Use: dual diagnosis*, of which he was editor. It was then I realised that despite all the talk over too many years of my professional life, there was still much to be done for people experiencing mental health–substance use problems. Phil is a good debater, friend and reliable resource for me – thank you.

To Gillian Nineham of Radcliffe Publishing, my sincere thanks. Gillian had faith in this project from the outset and in my ability to deliver. Her patience is immeasurable and, for that, I am grateful. Thank you to Michael Hawkes and Jessica Morofke for putting up with my too numerous questions! Thank you to Jamie Etherington, Editorial Development Manager, and Dan Allen of the book marketing department, both competent people who make my work look good. Thanks also to Mia Yardley, Natalie Mason, Camille Lowe and the production team at Pindar,

New Zealand, for bringing this book to publication, and the many others who are nameless to me as I write but without whom these books would never come to print; each has his/her stamp on any successes of this book.

My sincere thanks to all of you named, and unnamed, my friends and colleagues along my sometimes broken career path: those who have touched my life in a positive way – and a few, a negative way (for we can learn from the negative to ensure we do better for others).

A final heartfelt statement: any errors, omissions, inaccuracies or deficiencies within these pages are my sole responsibility.