



European Union
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Dual diagnosis - FMI

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Criteria for Substance Use Disorders

DSM V

1. Taking the substance in larger amounts or for longer than you're meant to.
2. Wanting to cut down or stop using the substance but not managing to.
3. Spending a lot of time getting, using, or recovering from use of the substance.
4. Cravings and urges to use the substance.
5. Not managing to do what you should at work, home, or school because of substance use.
6. Continuing to use, even when it causes problems in relationships.
7. Giving up because of substance use.
8. Using substances again and again, even when it puts you in danger.
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.
10. Needing more of the substance to get the effect you want (tolerance).
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.



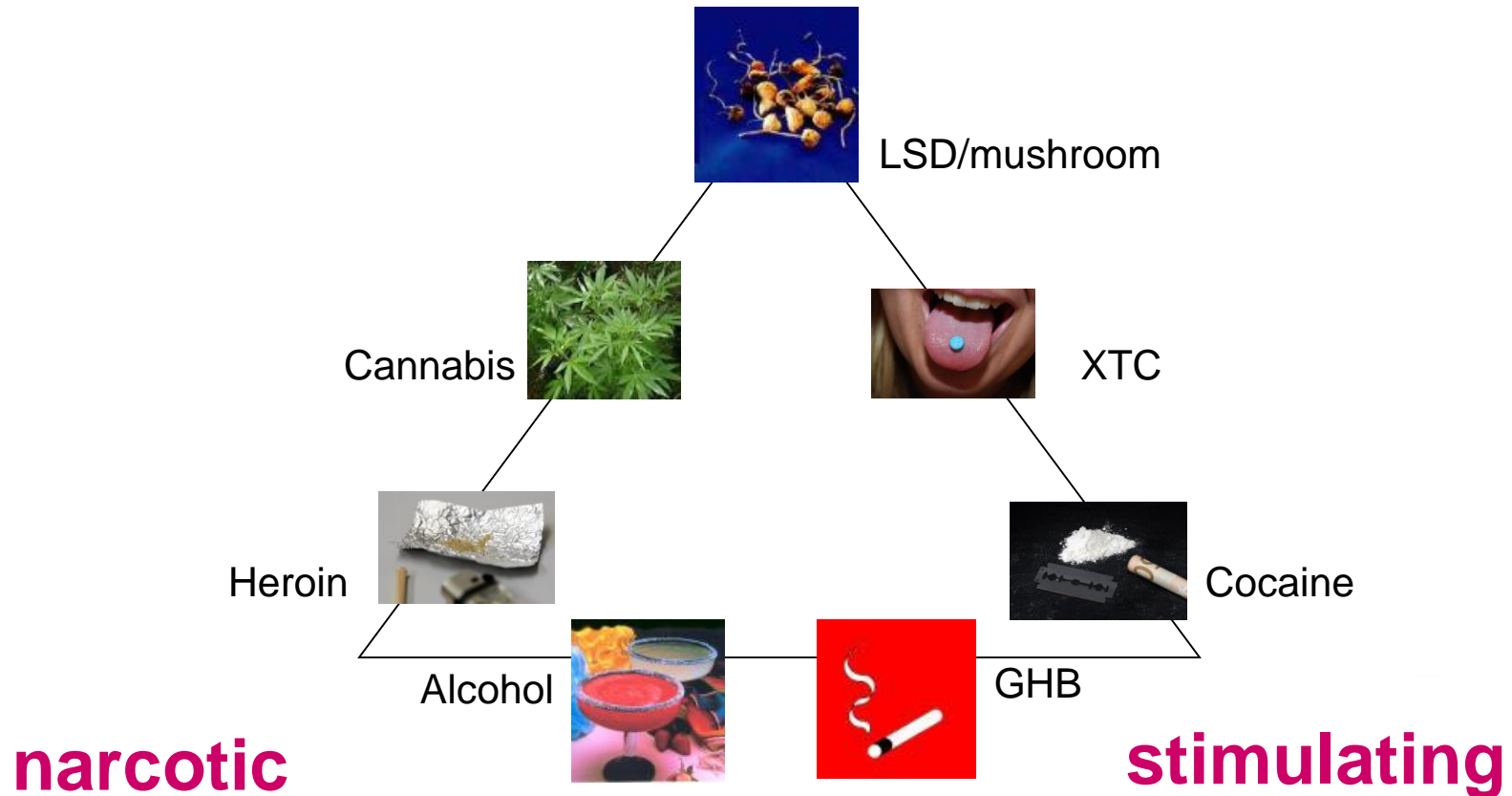
What are addictive substances?

- Substances with a rewarding character, it gives you a good/pleasant feeling (euphoria)
- Substances when people once they have used you think about is all the time and sometimes can not live without it (craving/loss of control)

- <https://www.youtube.com/watch?v=HUnLgGRJpo&feature=youtu.be>

Type of addictive substances

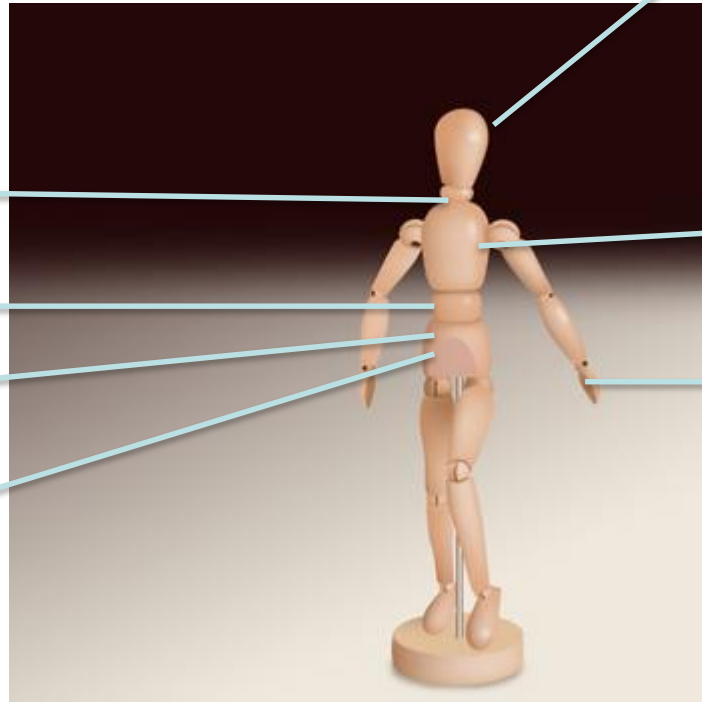
psychedelic



Why do we use drugs or alcohol?

- Reducing anxiety and tension
- Making more easier contact whit other people
- Reduction side effect of antipsychotics,
- Reducing negative symptoms,
- Reduction in depressive feelings,
- Reducing emotional flattening

ALCOHOL – risks



Memory loss incl. korsakov
Worsening existing psychological symptoms
Depression
Fears

Esophagus and throat cancer

Increased blood pressure
Stroke

overweight

Stomach and bowel diseases including cancer

neuropathy

Liver disease including cirrhosis

Cannabis – withdrawal symptoms

restless
Sweating
Vibrate
Headache
Fear
Difficulty falling
asleep
Nightmares



Drug treatment

Symptom control

Cocaine – risks

PHYSICAL

overtired
exhaustion
restless
appetite loss
decrease resistance
vibration
movement disorders
disturbances of heart
rhythm
damage to mucous
membranes



PSYCHIC

easily irritated
overconfident
cool, arrogant
selfish
depressed
suspicious
paranoia
possible aggression,
especially when
crack
Depending on it

Cocaine withdrawal symptoms

Depression
Feeling of exhaustion/lack of energy
Troubled sleep
Feeling of hunger
Agitation
Psychotic symptoms
Manipulating/demanding behavior

Drug support

Diazepam – short for "crash" to guide
Olanzapine – at psychosis
Antidepressants for persistent depressive symptoms

antabus, modafinil – treatment of craving



Amfetamine – risks

PHYSICAL

overtired after use
building tolerance
heart rhythm disorders
dehydration

PSYCHIC

irritable, aggressive
restless
anxious
dejected
muddled thinking
suspicious
psychosis
dependence

Amphetamine withdrawal symptoms

Gloom

Fear

Gastrointestinal disorders

Drug support

Diazepam – short for "crash" to guide

Olanzapine – at psychosis

Antidepressants for persistent depressive symptoms

antabus, modafinil – treatment of craving



GHB - risks

PHYSICAL

Loss of consciousness
Breathing disorders
Concentration problems
Dependence can occur quickly on
Dizziness
Convulsions

PSYCHIC

Vulnerability
Blurring borders
Difficult to recognize in overdose



GHB-abstinence

**Consult a physician for
guidance on abstinence**

- Sweating
- vibrate
- insomnia
- seizures,
- fear
- depressed feelings
- hallucinations/psychosis

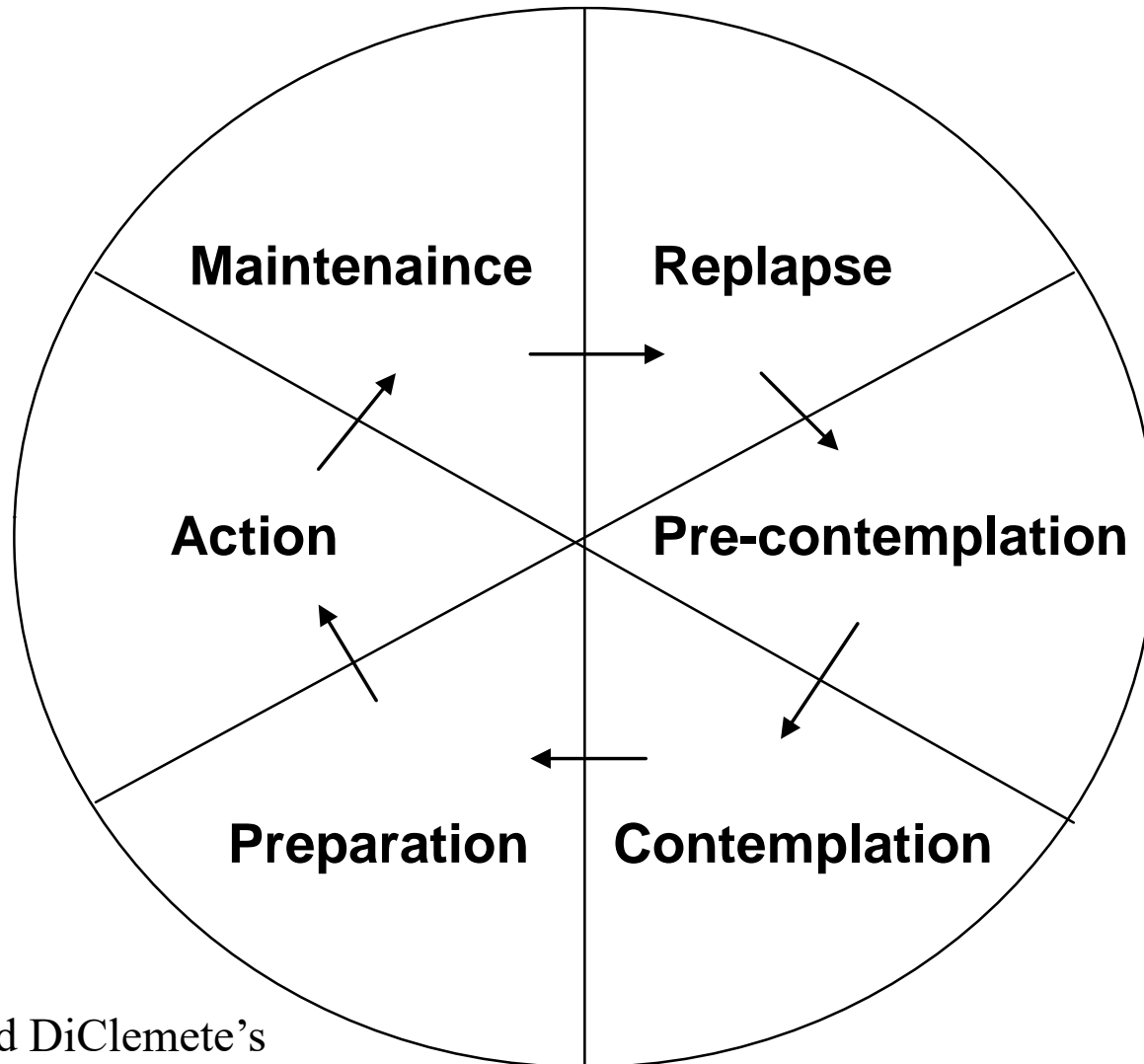


MDMA – risks

Exhaustion
Dehydration
Taking risks
Changing composition
Addition speed
Impure substances



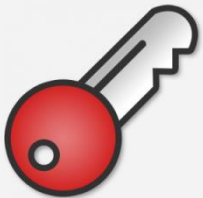
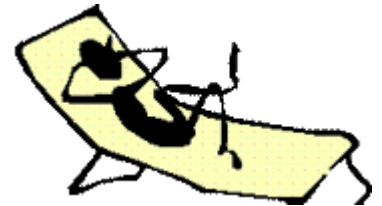
Wheel of Change



Prochaska and DiClemete's

Pre-contemplation

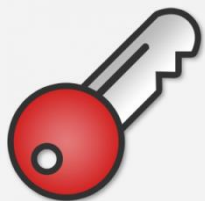
- No desire or intention to change
- Lack of understanding
- Others see the problem
- Acceptance help only under pressure
Behavioral changes only under pressure



Contact/damage control
accept

Phase of Contemplation

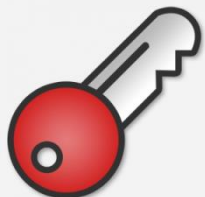
- Client is considering problems
- Weighs pros and cons of change
- Still no action!



Acceptance/motivational
interviewing!

Phase of Preparation

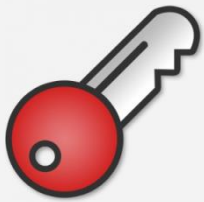
- Intention to proceed with change
- Problem behavior takes off
- Decide
- Awareness



Keep it realistic/don't go to fast

Phase of Action

- Behavior changes actually
- Try out new behaviors
- Issues are addressed
- Changes are visible

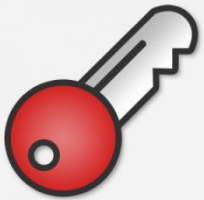


Encouragement/
support!



Phase of maintaince

- Maintained by new behavior
- Client achieved goals
- Leaving addiction behaviour and craving

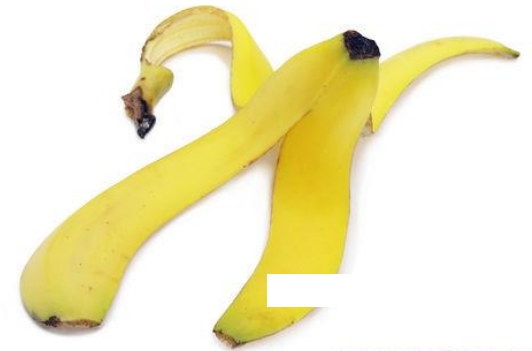


Faith/long process

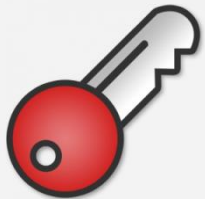


Phase of Relapse

- Relapse is part of recovery
- Use as a learning experience
- Damage limitation
- Limit relapse



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Relapse is learning

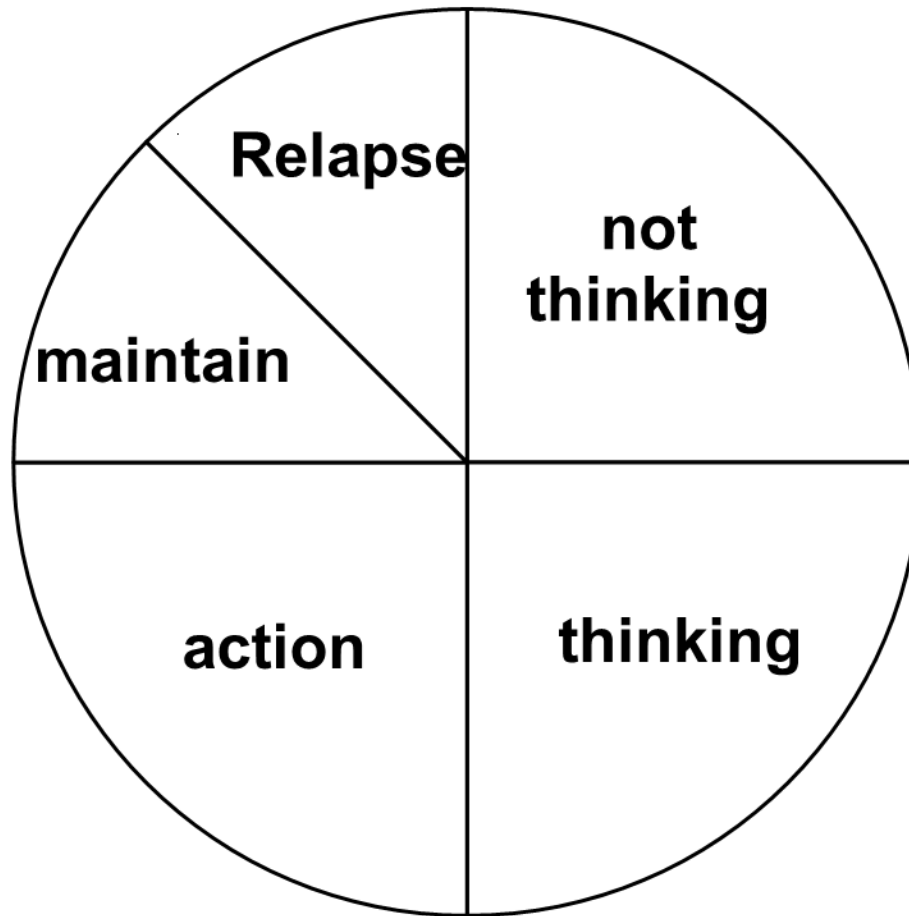
Consulting interventions dual diagnosis

- Motivational interviewing
- Peer support
- Psycho-education
- Attention to medication – interaction with substance use.
- Internet Therapy
- Relapse prevention
- Making signal plan
- Inventory problems at different areas of life.

Family Motivational Intervention

- Intervention offered to family.
- Develop a motivational attitude
- Apply motivational strategies
- Focus on compliance with the medication

Wheel of Change > FMI



How do we Approache?

- **not thinking**: giving objective information,
- **Thinking**: strengthen self-confidence
- **action**: exploring alternatives,
- **Maintain**: support.
- **Relapse**: support

Motivational Interviewing

- Is a method to stimulate the other to think about changing his or her behavior.
- It is not intended to convince the other, or to force to change
- It is like you are traveling in to the world of the other

Four processes in MI

- **Committed**: entering into a working relationship with trust and mutual respect;
- **Focus**: on the agenda of the client;
- **Elicit**: own change motives client;
- **Plans**: develop determination to change and formulate action plan.

Plans (how and when change?)

Elicit (or and why change?)

Focus (what change?)

Commit (collectively process?)

Basic Skills MI

- Open questions
- Reflective listening
- Confirming
- Summarize
- Information and advice.

Language of change

- **Disadvantages** of the current behavior
- **The benefits** of change
- **The intention** to change
- **Optimism** about change, hope