

Domestic Violence Mental Health and Substance Abuse

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For Upcoming Conferences, also visit: www.mhsinc.org

*"All i, seem to, think about is violence
It doesn't matter if I'm dead sober or I'm bent
It's strange, I'm not insane or at least I don't
think so
Or am i? you think so doc, truthfully I don't
know
I need a doctor to give me some therapy
I need a doctor to check my, my brain.."*

Therapy by Heltah Skeltah

What's On Your Mind?

- What are your concerns –
 - About mental illness?
 - About substance abuse disorders?

Historical Concerns About Mental Illness or Addiction in Victims

- Tension between grassroots advocates and mental health professionals
- Importance of advocacy work largely unrecognized not always respected by mental health professionals
- Mental illness is still highly stigmatized and is frequently used against battered women
- Bias and differing opinions about providing peer support vs. counseling by professionals

Historical Concerns About Mental Illness or Addiction in Victims

- Stigma of mental illness
 - Implies "something wrong"
- Over-diagnosing
 - Grief, loss, anger and trust issues stemming from abuse should not be interpreted as mental illness
 - Many of the issues will resolve when abuse is gone and women
- Over-medicating

Mental Illness Globally



- As many as 450 million people suffer from a mental or behavioral disorder
- Disability
 - Four of the six leading causes of *years lived with disability* are due to neuropsychiatric disorders (depression, alcohol-use disorders, schizophrenia and bipolar disorder)
 - Mental disorders are the leading cause of disability in the U.S. and Canada for ages 15-44

Mental Illness

- Mental disorders are common in the United States and internationally
- An estimated 26.2 percent of Americans ages 18 and older (about one in four adults) suffer from a diagnosable mental disorder in a given year.
- This translates to about 60 million people.

National Institute of Mental Health, 2008

Mental Illness

- Many people suffer from more than one mental disorder at a given time.
 - Nearly half (45 percent) of those with any mental disorder meet criteria for 2 or more disorders

National Institute of Mental Health, 2008

Mental Illness - Definition

- Impairment in an individual's ability to correctly assess and cope with activities of daily life
- Dysfunction in feelings, mood, thoughts and/or perception
- Varying severity, chronicity and degree of impairment in daily functioning
- May include bizarre and inappropriate behavior (delusions or hallucinations)

Substance Abuse

- In 2006, 23.6 million persons aged 12 or older needed treatment for an illicit drug or alcohol use problem (9.6 percent of the persons aged 12 or older)
- Of these, 2.5 million (10.8 percent of those who needed treatment) received treatment at a specialty facility
- Thus, 21.2 million persons (8.6 percent of the population aged 12 or older) needed treatment for an illicit drug or alcohol use problem but did not receive it

National Survey on Drug Use and Health, 2007

Co-Occurring Mental Illness and Substance Use Disorder

- At least 50% of the 2 million Americans with severe mental illness abuse drugs or alcohol, compared to 15 percent of the general population
- 6-7% of alcoholics demonstrate chronic anxiety disorders which is twice the rate of the general population

Relationship Between Substance Abuse and DV

- The link between substance abuse and violence has been clearly documented in numerous studies
- Partner history of alcohol and drug abuse is a strong risk factor for domestic violence
- Violent behavior can interfere with treatment for substance abuse
- Substance abuse can impede interventions to change violent behavior
- Drugs or alcohol can impair both the batterer's and victim's ability to make sane and safe choices

Relationship Between Substance Abuse and DV

- Women who abuse alcohol and other drugs are more likely to become victims of domestic violence
- Victims of domestic violence are more likely to receive prescriptions for, and become dependent, upon tranquilizers, sedatives, stimulants, painkillers, and are more likely to abuse alcohol
- As a result, victims of domestic violence are more likely to self-medicate against fear and to relieve stress

Relationship Between Substance Abuse, Mental Illness and DV

- Experiencing partner / family violence
 - Plays a significant role in future violence
 - Plays a significant role in the development and exacerbation of mental disorders and substance abuse problems
 - May influence the course of recovery from psychiatric illnesses and addiction
- One-fourth to one-half of men who commit acts of domestic violence also have a substance abuse problems

Battered Women and Mental Illness

- Across studies of battered women, rates of:
 - Depression range from 63% to 77%
 - Anxiety range from 38% to 75%
 - PTSD range from 54% to 84%

“Linking domestic violence advocacy with mental health and substance abuse service delivery is critical for the prevention of future violence and its sequelae.”

Domestic Violence & Mental Health Policy Initiative

DSM IV Diagnosing

- Axis I
 - Clinical Disorders, or disorders that are a focus of Tx
- Axis II
 - Personality Disorders, Mental Retardation
- Axis III
 - General Medical conditions
- Axis IV
 - Psychosocial and Environmental Problems
- Axis V
 - Global Assessment of functioning

Mental Disorders in DSM IV TR

- Anxiety Disorders
 - Unfounded fears which result in physical reactions and avoidance behaviors
- Mood Disorders
 - Major changes in affective states which result in persistent depressed or expansive moods
- Psychotic Disorders
 - Major disturbances of thought and perception which severely limit social functioning

Mental Disorders in DSM IV TR

- Impulse-Control Disorders
 - Failure to resist impulse, drive, or temptation to perform an act that is harmful to self or others
- Dissociative Disorders
 - Disturbances in the normal integrative functions of identity, memory or consciousness

Types of Substance Disorders

- Substance Use Disorders
 - Substance Abuse
 - Substance Dependence

- Substance-Induced Disorders

DSM IV Axis I Mental Disorders

Substance Abuse

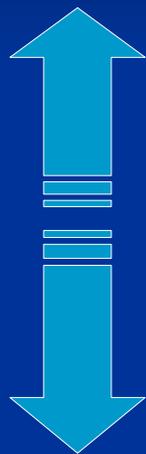
- A maladaptive pattern of use leading to impairment or distress which may include
 - ✓ Failure to fulfill obligations at work, school, or home
 - ✓ Legal problems
 - ✓ Use in hazardous conditions
- Continued use despite persistent or recurrent social or interpersonal problems

Dependency

- Clinically significant impairment in functioning
- Use resulting in
 - ✓ Tolerance
 - ✓ Withdrawal symptoms
 - ✓ Decline in normal activities
- Unsuccessful attempts to cut down or stop using
- Larger amounts / longer than intended
- Continued use despite negative consequences

Mood Disorders

Spectrum of Mood States



Severe mania / irritability

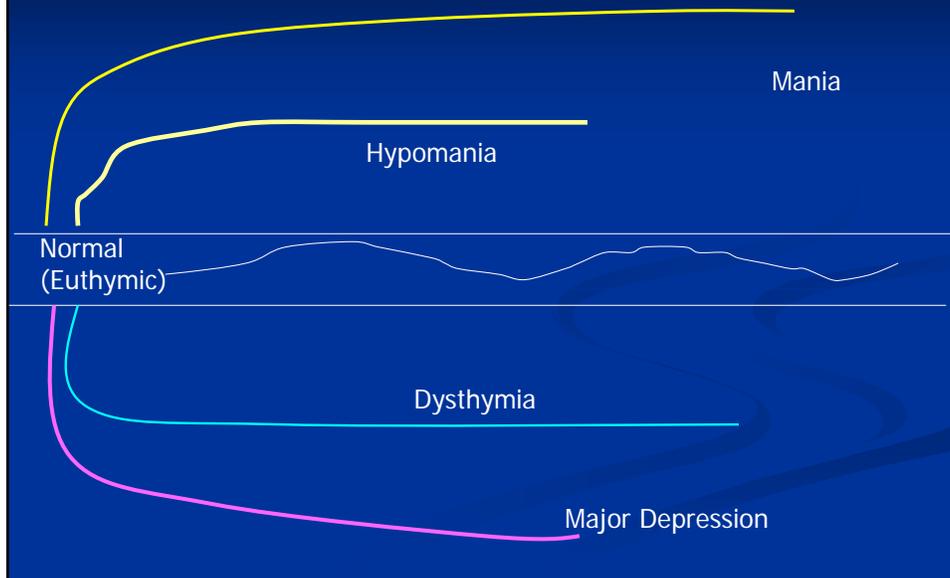
Hypomania (mild to moderate mania)

Normal/balanced mood

Mild to moderate depression

Severe depression

Spectrum of Mood States



Types of Bipolar Disorders

- Bipolar I
 - Alternating episodes of intense (psychosis possible) mania and depression
- Bipolar II
 - Episodes of hypomania between recurrent periods of depression
- Cyclothymia
 - Periods of less severe, but definite, mood swings
- Rapid Cycling Bipolar
- Dysphoric Mania (Mixed Mania)
 - Simultaneous mania/hypomania with hopelessness & suicidal ideation



Depression

- Second most common of emotional disorders
 - Affects 17 million persons annually (1 in 10)
- Prevalence
 - Affects at least 12% of Women
 - Affects at least 8% of Men
- The WHO recently ranked depression as the leading cause of morbidity in developing nations



Depression: Types

- Major Depression
- Chronic Depression: Dysthymic Disorder
- Atypical Depression
- Seasonal Affective Disorder
- Premenstrual Dysphoric Disorder
- Post-Partum Depression
- Grief

Anxiety Disorders

Anxiety Disorders

- The most common of emotional disorders
- Affects > 20 million annually (1 in 9)
- Different than normal nervousness
 - Sx occur for no apparent reason and do not go away
- Alarming reactions can make everyday experiences a source of terror



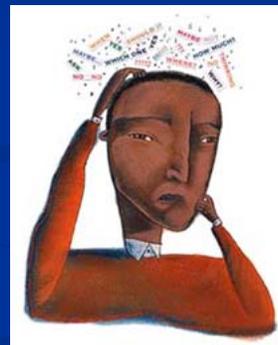
DSM-IV Anxiety Disorders: Types



- Acute Stress Disorder
- Agoraphobia without History of Panic Disorder
- Generalized Anxiety Disorder
- Obsessive-Compulsive Disorder
- Panic Disorder with Agoraphobia
- Panic Disorder without Agoraphobia
- Posttraumatic Stress Disorder
- Social Phobia
- Specific Phobia
- Anxiety Disorder Due to ... (medical condition)
- Substance-Induced Anxiety Disorder
- Anxiety Disorders Not Otherwise Specified

Anxiety Disorders: Symptoms

- Overwhelming feelings of panic and fear
- Uncontrollable obsessive thoughts
- Painful, intrusive memories; recurring nightmares
- Nausea, sweating, muscle tension, and other uncomfortable physical reactions



Response to Danger / Threat

- Brain activation
- Adrenal Gland (adrenergic response)
- Increased B/P, HR, Respirations
- Fight/Flight/Freeze
- Brain activation
- Dopaminergic response
- Altered perception of
 - Time, Place, Pain
- Dissociative response

Physical Response

- distraction
- startle responses
- heart rate
- blood pressure
- sweating
- dizziness
- light-headedness
- trembling
- shaking
- shortness of breath
- nausea
- feelings of choking
- abdominal pain
- chest pain

Emotional / Behavioral Response

- inability to relax
- eating disorders
- depression
- physically exhaustion
- emotional exhaustion
- suicidal behavior
- mood disorders
- anxiety
- mental withdraw
- Confusion, daydreaming
- Fear of "going crazy"
- alcoholism

PTSD Diagnostic Criteria

Must meet the following criteria

- At least one re-experiencing Sx
 - Nightmares, repetitive play, distress @ cues
- At least three avoiding or numbing Sx
 - Efforts to avoid thoughts/feelings associated w/trauma
- Two of the arousal Sx
 - Sleep disturbance, irritable, exaggerated startle response

Duration of Symptoms

Less than one month: Acute Stress Disorder

PTSD

- 1-3 months: Acute PTSD
- 3 months or longer: Chronic PTSD
- With Delayed Onset
 - At least 6 months have passed between the traumatic event and the onset of the symptoms

Memory and Credibility

Memory loss and/or distortion

- "Initial Amnesia"
 - Recalls more detail as time passes
 - Seen as "making it up"
- Hyperarousal → vivid image of threat; inability to:
 - Recall peripheral details, feelings, thoughts
 - Calm down while telling the story
- Dissociation → inability to:
 - Give thorough descriptions
 - Tell order, frequency, and circumstances of violence
 - Express emotion while telling the story

Emotional Response May Explain

- Why didn't victim tell the whole story the first time?
- Why did victim tell the wrong order of events?
- Why can't victim remember facts?

Questions to Ask

- Are services limited to DV counseling (education, dynamics, validation, support, safety planning, and assistance with resources)?
 - Are there appropriate screening and assessments done for mental health and substance abuse conditions?
 - Are referrals made to local mental health and substance abuse centers?
-
- Do the programs consider mental illness or substance abuse as an exclusionary criterion
 - Are women (and men) with these issues welcome at shelters or DV programs --provided they are stable and adhere to treatment recommendations

Screening Instruments

- Mental Health Screen Form III
 - 18 items about current and past symptoms (yes or no)
- MAST
 - A 25-item questionnaire designed to provide a rapid and effective screen for lifetime alcohol-related problems and alcoholism.
- DAST
 - A 20 item, brief, simple, practical, and valid tool for identifying individuals who are abusing psychoactive drugs
 - yields a quantitative index score of the degree of problems related to drug use and misuse

Practical Concerns

- Mental Health Services System is hard to navigate, long waits and costly
- Fragmented system which includes hospitals, state-funded community mental health centers, private mental health, social agencies and private practitioners
- Each provider may see their area as the most prominent issue to treat or resolve
 - MH clinicians focus on the mental illness
 - Substance Abuse counselors focus on the addiction
 - DV providers focus on the DV issues

Integrated Treatment Doing What Works:

- Accurate assessment and diagnosis
- Integrated services for co-occurring disorders
- Medications if indicated
- Education and illness self-management recovery skills
- Support group or self-help meetings
- Family psychoeducation
- Supported employment

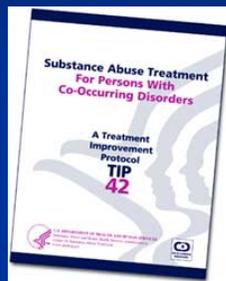
Collaboration Across Multiple Systems Includes

- Alcohol /drug prevention & treatment services
- Mental health treatment services
- Shelters / housing
- Criminal justice systems
- Legal services
- HIV/AIDS prevention & treatment services
- Law enforcement
- Social and welfare services
- General health care services
- Vocational rehabilitation programs
- Housing agencies
- Educational opportunities

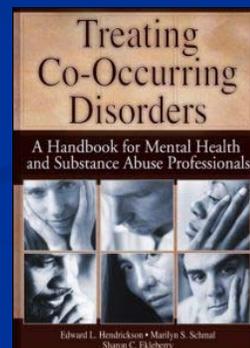
Final Suggestions

- Use simple screening instruments regularly to assist you in making referrals for further assessments
- Work alongside mental health and substance abuse professionals to ensure the victim receives the help they need
- Collaborate and cross train or “Trade Training”

Suggested Reading



TIP 42 available at SAMHSA



Treating Co-Occurring Disorders

Thank You!

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