Welcome to the Pennsylvania Dual Diagnosis Direct Support Curriculum training on *Mental Health Therapy and Dual Diagnosis*. 
The Commonwealth of Pennsylvania’s Office of Mental Health and Substance Abuse Services (OMHSAS) and the Office of Developmental Programs (ODP) have undertaken a joint initiative to address the needs of people who have an intellectual disability as well as mental health challenges. People who have both of these challenges are commonly referred to as those who have Dual Diagnosis. For the purpose of this training, Dual Diagnosis is not referring to co-occurring mental health challenges and substance abuse or dependence, although people can have substance abuse or dependence issues as well as a Dual Diagnosis of an intellectual disability and a mental health challenge. The curriculum was designed for Direct Supporters, Supports Coordinators and others who work in either the intellectual disability field or the mental health field.

The ultimate goal of this training curriculum is to provide information that can aid in the understanding of the struggles and the triumphs of those you support or will support. This curriculum was designed to demonstrate the complexity of Dual Diagnosis and the factors that need to be considered to best support those with whom you come into contact. The Pennsylvania Dual Diagnosis Direct Support Curriculum was also designed to demonstrate that all people in this world, regardless of their challenges, are much more alike than they are different.
The information presented to you today is to increase your awareness. It is not intended to replace medical advice. If you believe you or someone you support have these conditions or concerns, please seek the advice of a physician.
By the end of this training, the learner will:

• Understand what mental health therapy is
• Understand how mental health therapy can be helpful to those with a mental health challenge
• Recognize the roles of the therapist, the person in therapy and the team, in relation to the therapeutic process
• Identify resources on how to locate mental health therapy services
Therapy is the treating of a mental health challenge by psychological rather than medical means.

Two types of medical treatments are the use of psychotropic medications and the use of Electro-Convulsive Therapy or ECT. We all know that psychotropic medication is prescribed to treat mental health challenges. We may not know that ECT is sometimes prescribed as a treatment for mental health challenges when medication has not been very helpful.

ECT is a medical procedure done under anesthesia in which small electric currents are passed through the brain to intentionally cause a brief seizure. Sometimes, ECT is an effective treatment for medication resistant severe depression and some other mental health challenges.

But we are talking about therapy today. Therapy attempts to help a person gain a better self-awareness of personal issues. It helps to clarify what is happening in a person’s life and helps a person learn ways to cope and overcome life’s obstacles.

Therapy can be long-term or short-term based on several factors such as:
- How severe the mental health challenge is,
- Are the symptoms of the mental health challenge chronic or have the symptoms only been there for a short time, and
- How many and how severe are other stressors in the person’s life, besides the mental health challenge

In 2000, Prout and others summed up mental health therapy in this way: “Mental health therapy includes a broad range of activities such as counseling,
training, group work, support etc. It refers to a set of activities that have the following specific characteristics:

- **Techniques which are based upon established psychological principles in a planned way**
- **These techniques are used by a person formally qualified to use them**
- **The purpose of the process is to help people change feelings, attitudes, values and behaviors which the trained therapist judges to be maladaptive or maladjusted, and**
- **The interactions between the therapist and the individual are direct and face-to-face.”**
Therapy can also be utilized to discuss or address the stressors of everyday life and how to overcome them.

- Have you ever wanted to have a person in your life who is willing to listen to your concerns, stressors, problems or worries. A person who does not give you their advice but rather attempts to help you sort through situations that helps you come to your own resolutions. Therapy has the ability to provide this kind of assistance.

- A strong purpose of therapy is providing the person with insight and tools. These tools can help the person successfully navigate through life’s stressors and help with interactions with others that may have been previously difficult or seemingly impossible to do.
- Oftentimes, adult behavioral support services in the intellectual disability system are confused with mental health therapy. Mental health therapy is generally conducted specifically with the person without using the team process. Behavioral support is generally conducted with both the person and the team. The Behavioral Specialist may meet with the person to discuss progress, environmental concerns, or life stressors. The Behavioral Specialist will then utilize this information with the team to discuss the addition, discontinuation or modification of behavioral interventions outlined in the person’s Behavioral Plan.

- Mental health therapy provides interventions for the person. Behavioral support provides interventions for the team to support the person through training. Training may or may not include the person depending upon the interventions being taught.

- Behavior support does not always center around mental health challenges. Mental health therapy does focus on a person’s mental health challenges.

- Behavior support, based on the current Waiver Service definition, and mental health therapy, vary greatly in both their approach and the way they are implemented. Understanding these differences is extremely important for the team in regards to their roles in the process of these supports.
Mental health therapy is an extremely versatile service and support that can help with a variety of concerns.

Some people attend therapy simply because life may currently feel overwhelming and they are attempting to “take control of their lives”. The therapeutic process in this case may focus on time management skills, prioritizing personal issues and learning how to set firm and appropriate boundaries with others regarding their own needs.

Some people attend therapy in order to learn positive coping skills and relapse prevention skills or address substance abuse and dependence issues. Treatment may also involve drug and alcohol education. Therapy for problems with substance use often includes recommendations to attend group therapy as well as support groups such as Alcoholics Anonymous or Narcotics Anonymous. Other addictions can also be addressed in therapy such as sex addictions, gambling and internet addictions.

Some people may be ordered for court-mandated therapy to address particular issues because the person may be engaging in illegal activities. Court-mandated therapy may be used to address problematic sexual behaviors such as child molestation or other illegal activities such as driving under the influence or possession of drugs.

Many other people engage in therapy to find better ways to understand and manage their mental health challenge. An example of this would be a person with Obsessive-Compulsive Disorder who attends cognitive-behavioral therapy in order to find ways to reduce the impact of their mental health challenge.

Other people may choose to enter therapy to address past events that they still feel impact their lives today. An example would be a person who has a history of being sexually abused who feels that their abuse has impacted his or her ability to develop meaningful and intimate relationships with other people.
Therapy increases mental health supports by providing psychological treatment of a mental health challenge either with or without the use of psychotropic medications. It also enhances mental health treatment and provides personal treatment to address the symptoms of a mental health challenge. Therapy provides a “safe place” for the individual to discuss the issues and concerns they feel uncomfortable talking to their team or family about. It can sometimes help communication with the psychiatrist by helping to provide a more accurate depiction of a person’s mental health symptoms. Therapy provides a way the person can learn how to better communicate and cope with other people in their life.

In regards to “providing a safe place” for the individual, an adult person in therapy can reserve the right to keep their sessions confidential based on the ethics of confidentiality as well as HIPAA regulations. It is not the team’s right to know what is discussed in therapy unless the person gives consent for the therapist to speak with the team. The therapist can and will still adhere to ethical guidelines and can still protect information that was divulged in therapy sessions. The team should honor the person’s right to privacy in the therapeutic process. By attempting to elicit information about therapy sessions from the person, you can potentially destroy the alliance between the person and their therapist. It can cause a person to view therapy as stressful, rather than helpful. It can also increase feelings of distrust and fear.
The benefits of therapy for the person can include learning new relaxation skills, new coping skills, new problem-solving skills, new anger management skills, and enhancing stress reduction skills.

Therapy can increase insight into one’s own mental health challenges and educate the person about the mental health challenge and how it impacts his or her life. This is called psychoeducation.

Group therapy can help provide peer insight into a person’s challenges.
Therapy is about a person having time to work on themselves separate from the team process.

Therapy is about the therapeutic alliance between the person and the therapist, which includes feelings of trust and confidentiality and building a therapeutic relationship where the person feels that they can truly communicate what they feel without fear of being punished, judged, teased or condemned.

Therapy should be, in most ways, separate from the team process. It should provide a place where the person has the ability to say what it is on their mind without fear of repercussions from the rest of the team members or others in their life.
Therapy helps the team because it provides a unique perspective of the person. It can help in the coordination of mental health care. Therapy can also bring a person and their team closer together as sessions can sometimes be completed with both the person and staff in a “family therapy” type session.

Here is an example:
Susie began going to therapy because her team felt she was struggling with a problem she was not comfortable talking to any of her friends, family or staff about. During therapy it was discovered that Susie was sexually assaulted by a neighbor. Nobody knew this information. Being in a safe environment with her therapist gave Susie the courage to address her trauma and seek support from her team.

Here is another example:
Joey received outpatient therapy for anxiety issues. During Joey’s sessions with his therapist, he reported that his anxiety was worse when “voices” were telling him “mean stuff” about himself. Joey’s therapist included this information in his treatment notes which his psychiatrist read. The psychiatrist evaluated Joey further and changed his current psychotropic medication regimen to help reduce auditory hallucinations. Joey’s therapist also began providing psychoeducation for Joey’s psychotic symptoms and provided strategies to help Joey cope with his symptoms.
The three biggest myths that have hindered therapy research for dual diagnosis are:

1) An Intellectual Disability causes mental health challenges but an individual who has an intellectual disability cannot be helped by therapy.

2) A person with an intellectual disability is immune to mental health challenges and their “symptoms” of mental health are really just “bad behavior”.

3) Therapists are not interested in providing therapy to people who have an intellectual disability.
An intellectual disability is NOT the main cause of mental health challenges.

- Many people who have mental health challenges do NOT have an intellectual disability.
- Many people who have an intellectual disability do NOT have mental health challenges.
There are few clinicians that believe a person with an intellectual disability is immune to mental health challenges. Some clinicians believe that a person with an intellectual disability lacks the mental ability to have a mental health challenge. This is totally untrue. A person with an intellectual disability is NOT immune to mental health challenges. In fact, due to cognitive impairments, genetic syndromes and other traumatic and organic brain injuries, many people with an intellectual disability are more likely to be predisposed to developing a mental health challenge. Also, due to higher prevalence of abuse and neglect, people with intellectual disabilities are more likely to develop trauma and stress related disorders such as Post-Traumatic Stress Disorder.
• Therapeutic outcomes have also been found to be more effective when medication and therapy are combined in treatment.

• A review of all available research regarding Dual Diagnosis has found therapy to be at least moderately effective as a treatment option.

- Therapeutic outcomes have been found to be much more effective when therapy and medication are used together.

- People with certain diagnoses such as depression and anxiety who participate in therapy find they need psychotropic medications for a less extended period of time.

- People who have an intellectual disability CAN engage in therapy. The therapist needs to be creative in how he or she adapts their skills to meet the person’s needs.

- A good therapist has the ability to adapt to what the person needs.
Therapists are interested in providing therapy to individuals who have an intellectual disability. Many therapists are currently becoming certified clinicians through the National Association for the Dually Diagnosed (NADD). These clinicians demonstrate a strong competency and interest in providing therapeutic services to those with a dual diagnosis.
Various therapies have been found to be effective when working with the Dually Diagnosed population. Here are some brief overviews:

- **Pre-therapy** is a specialized approach to assist persons with developmental disabilities who are psychotic or withdrawn to make psychological contact. This type of therapy involves making “reflections” to bring the person into the present moment. Some examples are telling someone: “You are looking out the window” “Your face looks sad” or “The sun is shining”.

- Teaching about feelings is what it sounds like. However, teaching of feelings in a therapeutic setting involves a specially designed curriculum which generally starts with the four basic feelings: happiness, sadness, anger and fear. Additional types of feelings are added as the therapy continues.

- Role playing can be done in individual therapy or group therapy. There are a wide array of role playing techniques that may be used with both verbal and non-verbal people.

- Grief counseling is utilized to help a person cope with loss. It involves how to cope with the pain of loss, how to adjust to life without a person you had a relationship with, and how to invest emotional energy in new relationships.

- **Symbolic Interactional Therapy** is an adult version of play therapy. It allows the person to tell their stories or identify their feelings through the use of toys, puppets, clay, cards or other objects.

- Relaxation training includes the effective teaching of breathing and muscle relaxation exercises and is a common component in the treatment of anxiety disorders.

- **Assertiveness training** teaches the person how to be assertive in their feelings in an appropriate way rather than “bottling up” feelings until the person “explodes”.

- Anger management training teaches the person how to handle anger provoking situations and problem solve rather than react with hostility.

- Additional types of therapy are discussed in the next slide.
• Let’s continue with other therapies.
• Self-Modeling is the use of a video recording the person engaging in desired positive behavior and allowing the person to watch and re-watch the recording so they can see how the positive behavior was performed.
• Cognitive-Behavioral Therapy attempts to increase positive thinking and actions and reduce negative/irrational thinking and behaviors. It has been found to be successful with Dually Diagnosed people.
• Dialectical Behavioral Therapy focuses on teaching people to regulate or manage extreme emotions and decrease the negative behavior that coincides with these extreme emotions. It also aims to teach the person new behaviors that are more socially acceptable as well as more effective in helping the person be understood.
• Problem-Solving Skills training is the strategic identification, decision making and planning to solve an issue. This can be done in simplified ways which has been found to be useful in the dually diagnosed population.
• Trauma Recovery is discussed in detail in the Understanding Trauma-Informed Care and Stressful Life Events module of this curriculum.
• An example of successful group therapy for people with a Dual Diagnosis is discussed later in this training.

• The next slide discusses other types of therapy.
Some non-verbal alternative therapies include light therapy which is utilized mainly for depression and sleep problems. It helps regulate sleep cycles and can alleviate depressive symptoms temporarily. It has also been found to be useful for people who suffer from seasonal depression in the winter months.

Dance movement therapy allows the person to express themselves through identifying and expressing emotions through movement rather than their words.

Art therapy allows for a wide range of emotional expression through various types of artistic expression such as drawing, painting, and sculpting.
• Happy Healthy Life (HHL) classes were adapted for people with Dual Diagnosis by Susan Gingerich and Kerry Arnold for JEVS, based on the Illness Management and Recovery Toolkit which can be located at [www.samhsa.gov](http://www.samhsa.gov).

• In classes, individuals and their support person are educated about various diagnoses, symptoms and triggers. Different forms of treatment, use of medication, positive coping skills, building healthy relationships and much more are discussed.

• Individuals work with the class facilitator and with his or her support person to develop a plan to prevent future relapse of symptoms and to move toward long term recovery from mental health challenges.
Happy Healthy Life classes are based on a curriculum of 10 separate and distinct modules. The 10 modules include:

- Leading a Happy Healthy Life
- Understanding Mental Health Challenges
- Managing Symptoms of Mental Health
- Building Relationships
- Using Medication
- Drugs and Alcohol
- Reducing Relapses
- Coping with Stress
- Coping with Symptoms
- Speaking up for Ourselves
<table>
<thead>
<tr>
<th>Outcome</th>
<th>At start (%)</th>
<th>At close (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons working for competitive pay more than 10 days in past 30 days</td>
<td>14.3%</td>
<td>44.4%</td>
</tr>
<tr>
<td>I know how to set personal goals and work to reach them</td>
<td>47.6%</td>
<td>66.7%</td>
</tr>
<tr>
<td>I recognize symptoms of my mental illness</td>
<td>42.9%</td>
<td>77.8%</td>
</tr>
<tr>
<td>I have coping skills to use when I feel upset, mad or sad so I can feel better</td>
<td>76.2%</td>
<td>88.9%</td>
</tr>
<tr>
<td>I know how to recognize the signs that tell me I am under stress</td>
<td>61.9%</td>
<td>77.8%</td>
</tr>
<tr>
<td>Since taking the class, I feel more able to speak up for myself/make my own choices</td>
<td>38.1%</td>
<td>88.9%</td>
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Shown here are the participant outcomes and responses to certain questions at the beginning as well as the end of the Happy Healthy Life classes. Please take a moment to look at the results.
The two most significant changes seen by the staff who accompanied consumers to groups were the consumer’s and staff’s level of understanding about mental illness and recovery (method – staff and participant survey).

All individuals who participated in Happy Healthy Life progressed in their stage of change, reflecting an increased motivation in working towards their treatment goals (method – treatment plans).

All individuals who participated in Happy Healthy Life made progress toward their treatment goal, with 30% of participants fully achieving the long term goal that they chose for this program (method – treatment plans).

Would you say that there may be some benefit in exploring and expanding such classes to other areas of the state? Would you say that people with Dual Diagnosis are benefitting from the psychoeducation and supports available in Happy Healthy Life class? I think you would agree that the answer is YES.
These are some ways the Direct Supporter can help the therapeutic process:

- If the therapist gives the person “homework”, the Direct Supporter can assist the person in completing it. The Direct Supporter can also help tutor the person in the lessons they should learn from their therapeutic homework.

- The Direct Supporter may be able to give the therapist an update of the person’s progress at home between sessions, with the consent of the person in therapy.

- The Direct Supporter can encourage the person to regularly attend their therapy sessions and remind the person of what their goal of therapy is and how it can help them.
The Role of the Direct Supporter and Therapy

- Be there for the person if they wish to continue to discuss or process what they have been discussing in therapy.
- **Avoid** advice giving.
- Allow them the time to come to their own opinions, decisions and feelings as to what they are addressing in therapy.

The Direct Supporter can be there for the person if they wish to continue to discuss or process what they have been doing in therapy. Sometimes, people just want someone to sit quietly and listen to what they have to say. Be an empathetic ear to the person.

**Avoid** advice giving during the therapeutic process as it can confuse the person in therapy.

Allow the person the time to come to his or her own opinions, decisions and feelings that are related to therapy.
If a person you support asks you to attend a therapy session:

- Ensure that a release has been completed (HIPAA)
- Remain quiet, attentive and interested
- Speak when addressed
- Be honest but remain respectful

At the therapy session:

- Remain quiet, attentive and interested in the conversation

- Speak when addressed by the therapist or by the person you support

- Be honest in the process but remain respectful
The therapist should provide the following to a person entering therapy:

• A clear explanation of what is involved in the therapeutic process.

• A treatment plan that was created and collaborated on by both the therapist and the person in therapy.

• An understanding of what therapy is and what the treatment goals will be.

• An explanation regarding the limits of confidentiality and how the therapist will protect the person’s confidentiality.

• That treatment is in adherence to the standards of the therapist’s agency and the governing ethical bodies of their profession.

• Willingness to increase their own personal competency regarding mental health issues, medical issues and intellectual disability and other areas in which the therapist might be unfamiliar with.

• The willingness to refer someone to another therapist if the therapist realizes they do not have the competency to adequately address the concerns of the person they are treating.

• THE THERAPIST SHOULD ENSURE THAT ALL OF THIS INFORMATION IS EXPLAINED IN A MANNER IN WHICH THE PERSON IN THERAPY CAN UNDERSTAND.
What the therapist owes the team is based solely upon the level of disclosure that the person in therapy agrees upon.

The basic items that the therapist owes the team is:

• An explanation of what therapy is and the possible duration
• Scheduling
• Willingness to sign appointment records
A therapist can be an integral team member depending upon:

- The therapist’s personal beliefs regarding the therapeutic process and confidentiality
- The person’s willingness to allow the therapist to be a part of the team and consenting to communication between the therapist and team members

A therapist can be an integral team member depending upon the therapist’s personal beliefs regarding the therapeutic process and confidentiality. Personal beliefs means that the therapist might feel that therapy is private and may not be comfortable working in the team process. This is okay.

Also, a therapist can be an integral team member depending upon the person’s willingness to allow the therapist to be a part of the team and consenting to communication between the therapist and team members.
A therapist can reserve the right to not disclose information.

Protecting the therapeutic bond between the therapist and the person in therapy is crucial for therapeutic success.

- A therapist can reserve the right to not disclose information to the team if the therapist feels that the person in therapy was coerced into signing authorization to release information.

- Protecting the therapeutic bond between the therapist and the person in therapy is crucial for therapeutic success.

- **Everyone should respect the person’s right to privacy in treatment.**
Here are several resources that provide contact information to therapists in your area.
Another way to find a therapist and to know that the therapy is covered by insurance is to contact the person’s behavioral health insurance company and ask for a list of therapy providers in the insurer’s network. A list of providers can almost always be located by going to the insurance website.

If a person currently sees a psychiatrist, it may also be helpful to ask the psychiatrist about any known therapists in your area that may work with individuals who have a dual diagnosis.

If a person is currently attending appointments with a psychiatrist in an outpatient clinic that also has therapists, ask the psychiatrist to complete a referral for therapy.

If a person is waiting for an outpatient psychiatric intake, ask the intake person to complete a referral for both psychiatric care and therapy.
Congratulations, you have successfully completed the PCHC training

*Mental Health Therapy and Dual Diagnosis*

Congratulations, you have successfully completed the *Mental Health Therapy and Dual Diagnosis* training.
Thank You!