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Dartmouth Psychiatric Research Center In the vignettes provided by Dartmouth (2009), both have dual diagnosis of substance abuse and mental illness. Both men, although they have long histories of experimentation with substances, primarily use alcohol to control the symptoms of their mental illness. Scott Acton (1998) from Northwestern University, in his discussion of comorbidity and how it applies to the taxonomy applied in the DSM-IV, does not even take substance abuse into account, even though self-medication with drugs and alcohol is common among clients who suffer from mental illnesses.

Both men in the vignettes shown exhibit another common trait among the mentally ill: the spiraling of symptoms. They drank to deal with the symptoms of their mental illness, but the symptoms worsened as a result of the alcohol. The first client, although he drank daily, did not drink as severely as he had in the past. He was not completely forthcoming with the interviewer, however, for he admitted that culturally, his family drank to get drunk, but insisted that his drinking was not a problem at the current time. The symptoms of his mental illness were improved due to his medications, though, so he most likely did not use alcohol to control them, at least not as much as he had in the past. He was probably addicted, since he drank to help him sleep at night.

The second client used alcohol primarily to deal with the symptoms of his mental illness. His dilemma, however, is common for many clients. He drank to deal with his visual hallucinations, but his paranoia became worse the more he drank. He also watched television to help him ignore the hallucinations. He was also suicidal, and admitted that he drank so much because he hoped that it would kill him. It goes without saying that this man

is in great distress. Acton would probably agree that it is likely that this patient also had comorbid disorders; he admitted that he felt anxious due to the paranoia he experienced.

Experts in the field of substance abuse treatment have long accepted the importance of treating both substance abuse and mental illness simultaneously. This acceptance has not been as easy for clinicians that primarily treat mental illness, however, and this is apparent in Acton's article. Fortunately, there has been some recognition in the treatment of mental illness that the taxonomy in the DSM-IV lacks a great deal, and can often be a hindrance in treatment. When a client is dually-diagnosed, for example, what should be treated first?

The problem, as Acton seems to recognize, is that when a client is diagnosed with a primary disorder, comorbid disorders are often ignored. He recommends a multiple-dimension approach to the diagnosis of mental illnesses, something that by necessity has already occurred in substance abuse treatment, since so many clients self-medicate the symptoms of their mental illnesses with drugs and alcohol, as both men in the vignettes have.

References

Acton, G. S. (1998). Classification of psychopathology: The nature of language. Retrieved from <https://ritdml.rit.edu/bitstream/handle/1850/1136/GSActonArticle1998.pdf;jsessionid=7D81FA7ACFE6CAF721E6936FF3896F4F?sequence=6>.

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