When a man who receives IDDT services from a Kansas agency allowed me to read his poetry, I was very happy for the opportunity. I enjoy creativity because of the way it addresses universal experience through such individual and personal forms of expression. Here I had a glimpse of how a creative recipient of evidence-based services translated his experience and then expressed it in his art.

The following is a poem written by a talented individual with a dual diagnosis. He works with Integrated Dual Diagnosis Treatment providers at an agency which has been implementing the model for just over a year.

Bryan Knowles wishes to thank David for his contribution and insight.

INTEGRATED DUAL DIAGNOSIS TREATMENT 3/26/2008

By David W.

Manifold is the approach that we are being taught, The methods that avail progress and too those that will not…
Herein the chief ones listed that will well on the way lead, With these steps taken and with care maintained, then to succeed.

First of all, we must for certainty-sake remove those Circumstances and the situations which we chose…
To use the drugs or alcohol or acts that caused unrest Committing ourselves to firm boundaries that work out best.

Honesty about our illness and addictions brings, The only chance we have for help with any of these things…
Abstinence a key and ceasing to do what we did,
So we can have positive come through, always there, these hid.

No longer mask the good, but, let it come out as it will,
When the healthy subscribed to, our needs it will well fill...
And wants and wishes that we have will be met then and we
Will benefits of Dual-Diagnosis treatment see

This particular poem stood out to me (perhaps unsurprisingly) because it referred directly to
the Evidence-Based Practice that I work with on a daily basis. This poem illustrates the kind of
courage and effort that goes into changing one’s life. This is not just about insight into the illness. I was struck by words and phrases referring to “steps taken,” the “care” that must be “maintained…to succeed,” as well as the “firm boundaries” needed to ultimately reap the benefits mentioned in the final line. This is a picture of hard work.

When first starting to work with people who struggle with dual disorders, I was often surprised at the number of people who were actively using substances who could clearly elucidate just how the substances were causing havoc and misery in their lives and the lives of loved ones. These people were neither strident nor defiant about their use. They knew that the substances were devastating. Why, then, did they persist?

A piece of the answer can be found not by picking the brains of brilliant academicians, nor by relying on the wisdom of experienced clinicians, but by reaching out to people who abuse substances and asking: Why do you do that?

When surveyed, the most common response given is that people abuse substances in response to a negative mood state. This may not sound like a magic revelation, but it pointed in an important direction: People didn’t say “because it makes me feel good,” but rather “because I don’t want to feel bad.”

Still, if people know that substances compound their mental illness and ravage their lives, doesn’t that constitute feeling bad? The answer is an obvious “yes…in the long run.” But abusing substances isn’t often a long-term plan for life. It’s a short-term remedy for pain; and because it works (that is, it produces an effect), in the short-term, the long-term goes by the wayside. It’s an important lesson about all sorts of behavior: When the short-term seems unbearable, the long-term becomes unthinkable.

One objective of IDDT (as well as many other treatment modalities) is to teach tolerance for short-term discomfort in service to long-term goals or values. This is a specific objective of the Active Stage Treatment interventions described in the IDDT Fidelity Scale (Item T7). It is an approach for which Cognitive-Behavioral treatment is specifically indicated.

The first step to accomplishing this is becoming aware of those moments when our short-term distress threatens to consume us. Next, we must approach (rather than avoid) the problem, being mindful of how we are interpreting what is going on. Much of my personal experience in this realm has come from dealing with anxiety: learning to think of my fear not as “inescapable torture” but as a temporary state. Try it sometime when you’re mildly anxious. Be aware of your assumptions about the way you feel and then approach your anxiety, choosing to describe it accurately: “My stomach is uncomfortable, my heart-rate is increased, and I feel the need for more oxygen.” This re-focus can help you move away from incorrect assumptions like catastrophic thinking. This is the kind of work that people with dual
diagnoses must put into their recovery.

Now, I’m not completely unaware of my audience in writing this. I’m certain I haven’t told you anything that you didn’t already know. However, this brief road trip through addictions theory has always been leading back where we started: the hard work expressed in a poem.

Art being a subjective thing, I can only speak for my own perspective. The universal human experience I notice in this individual work of creativity relates to the effort required to measure our short-term satisfaction with our long-term goals and values and to choose that which will make our lives more meaningful.

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