

Vignette 3: Dinah

Dinah is a 60-year old U.S. born African American female who has lived in Newark, New Jersey for most of her life. She identifies as heterosexual. Her nurturing personality and engaging speaking style become apparent once you get to know her. As a six-year old girl, Dinah was sexually abused by her older brother. The abuse continued until she was 13, and during this period, her brother sexually abused Dinah's younger sisters as well. This experience inspired a tremendous sense of guilt: because Dinah never revealed the abuse, she believes that she failed to protect her sisters. She began self-medicating with cocaine as a youth because of her unresolved guilt at not protecting her sisters. Eventually, she stopped using cocaine, but she returned to self-medication after she was prescribed oxycodone to help her manage chronic pain related to Lyme disease, sciatica, and migraines. After starting the prescription, she found that she couldn't stop, and when her prescription ran out, she began buying oxycodone on the street for \$20 a pill.

Dinah completed high school. As a young woman, Dinah worked a series of part time jobs. She never married, but she did enter into several intimate relationships. In one of her partnerships, she experienced domestic abuse.

Eventually, Dinah was diagnosed with "bipolar depression" and given prescriptions for Xanax, Lexapro, and Seroquel to help treat her symptoms. She began receiving payments through the Supplemental Security Income (SSI) program. However, the costs of Dinah's oxycodone addiction became so great that she could no longer afford her prescriptions and could not pay her rent.

Eventually, Dinah found herself homeless. While living on the streets, she began squatting in abandoned apartments and switched from taking oxycodone pills to sniffing heroin. Her friends and acquaintances also used drugs, and many of them were homeless. As a nurturer and caretaker, Dinah looked after her friends and was expected to share drugs with them. When she was unable to do so, her friends isolated her. Once, a male friend assaulted her when she revealed that she had no drugs to share. She did not report the assault. Instead, she moved into another abandoned building. During this time, Dinah was unable to reach out to her family

for help. Although her sisters lived in nearby Elizabeth, she had no contact with them and she struggled with extreme social isolation and poverty. Dinah depended on a soup kitchen in Elizabeth to eat. Dinah remained homeless for a year and was eventually referred to a local mental health agency.

The mental health agency offered Dinah weekly counseling sessions and referred her to a multiservice agency offering housing, case management, and psychiatric treatment. Dinah tested HIV negative. Dinah accessed addiction treatment through an area Hospital, where she had received emergency department care in the past. However, working with healthcare providers was difficult for her. Dinah did not feel comfortable with most healthcare providers. She felt that they looked down on her because she was homeless. She did not feel respected by them, and in general, she felt ignored when she interacted with clinicians. For example, Dinah reported that her psychiatrist did not make eye contact with her during her brief 5-minute appointments. Instead, he focused on writing her prescription renewals during their visits and asking quick, general questions. Yet, despite her ambivalence about seeking healthcare, Dinah began a 3-month intensive outpatient program at an area hospital for co-occurring addiction and mental health issues. During Dinah's treatment, she relapsed and began using heroin again. In the last week of the program, she experienced a drug overdose. A sympathetic cousin found her and helped save her life. Despite this experience, she was discharged from the outpatient substance abuse treatment program.

Two months ago, Dinah moved in with an elderly aunt and became her primary caregiver. She stopped using heroin for a while, but soon found that the pressures of this caregiving responsibility weighed heavily upon her. Her aunt's immediate family did not express any appreciation for her efforts, believing that she owed her aunt day-to-day care in exchange for a place to stay. This lack of appreciation, together with her unresolved feelings of guilt about failing to protect her sisters, made coping difficult. The unaddressed pain of her three chronic medical conditions (i.e., Lyme's disease, sciatica, and migraines) added to her stress level, and eventually, she relapsed and began using heroin again.

Despite the relapse, Dinah has continued to attend counseling sessions at the mental health agency. Recently, she joined a relationship trauma repair group there. The trauma repair group uses a “Seeking Safety” counseling model focused on the present that helps individuals attain safety from trauma and/or substance abuse. The group also uses peer connection and sponsorship techniques. The mental health agency has helped her apply for access to medical transportation. In the meantime, the mental health agency provided her with bus passes to assist her in accessing needed resources.

Dinah still has no regular source of primary medical care. She goes to the emergency department at the nearest hospital for emergent medical issues. Her Lyme disease, sciatica, and migraines remain untreated. Her therapist continues to encourage Dinah to make an appointment with a primary care clinician while working to build her trust in medical professionals and institutions. The mental health agency is working to secure on-site primary health care services through a partnership with a local university and agency staff believe this may provide a means through which Dinah will eventually access primary care.