



Treatments for Substance Abuse and Co-occurring Disorders That Work

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Up to 60% of those struggling with alcohol and/or drug problems also have other diagnosable psychiatric problems, such as depression or anxiety. In fact, many of these individuals use alcohol and/or drugs to cope with their debilitating depression or anxiety. The co-occurrence of substance use and psychiatric disorders is the norm, not the exception. In fact, it has now been shown that people exposed to stress are more likely to abuse alcohol or drugs, continue using, or to experience a relapse. This means that for a successful recovery, both disorders must be adequately treated. The treatment of both disorders in a single program is referred to as “integrated treatment”. Integrated treatment strives to treat and alleviate both the substance use and psychiatric disorders simultaneously, rather than focusing on one disorder, while ignoring the other.

Given the complexity of substance abuse and psychiatric disorders, it is not likely that there is a single method of treatment that is best for everyone. It is more likely that certain common factors underlie effective substance abuse and psychological treatments. The common factors that have been demonstrated to induce change in addictive behaviors are: Feedback regarding personal risk and impairment may be provided; Responsibility for change must rest squarely with the individual; Advice is consistent with change principles; a Menu of alternative change options is provided; Empathy about obstacles to change is provided; and Self Efficacy is promoted. Therapeutic interventions providing some or all of these common factors have been shown to be effective in reducing substance abuse. Contrary to popular belief, confronting the patient has not been shown to be effective in reducing use.

To help substance abusers who want to change, it is important to understand where they are in the change process. People who are not considering, or do not desire to change, are in the Precontemplation stage. They are not even thinking about the idea of change and will not go for treatment. People who are beginning to think about change are in the Contemplation stage of change. They are considering that they may have a problem that requires change, but are very ambivalent about whether they want to change or not. Those in the Determination stage have

weighed the pros and cons of their behavior and have made a decision to change. Once they begin to take steps to modify this behavior, such as going for treatment, they are in the Action stage of change. After the successful implementation of Action strategies that have resulted in the desired behavior change, one moves into the Maintenance stage, where behaviors designed to sustain the change are used. As with most chronic conditions, relapses are to be expected and do not constitute failures. Following a lapse, patients are encouraged to learn from their behavior and then enter the change cycle again, only this time they will likely progress more rapidly and move farther along the change process. Using this Stage model of change, one can see that the goal is to join with the patient and help them develop the tools they need to progress from one stage to the next. In this model, it makes sense that simply confronting the patient about his/her use is insufficient for change to occur. Instead, the therapist must join the patient where they are in the process of their recovery and attempt to facilitate their progression from one stage to the next. Similarly, one can see that most patients will require time and ongoing treatment to move from one stage to the next, and that they cannot simply stick to a decision they are not emotionally ready to make. For most people, several cycles through the stages are necessary to learn to sustain the changes successfully.

Motivational Interviewing is a cognitive behavioral technique that is grounded in theory and research that has been proven effective in reducing and/or eliminating substance abuse. It draws upon years of motivational research and differs from traditional substance abuse treatment in a number of ways. First, it does not rely on confrontation, but on understanding. It emphasizes that using alcohol or drugs is a choice. Because it is a choice, it can be stopped when the patient reaches the point of Determination, Action and Maintenance. To do this, the patient requires help analyzing the personal pros and cons of using. The patients “denial” is not seen as resistance to treatment, or as something to be argued about, but as a result of interpersonal dynamics that have resulted in the patient being stuck and unable to accurately assess the pros and cons of their substance abuse, from their own point of view. Similarly, abstinence is a choice that not all patients are ready to commit

to, depending on where they are in the Stages of Change outlined above. Motivational Interviewing uses strategies for building motivation to change in increments or “baby steps”. It relies on the patient developing change strategies and assuming responsibility for implementing the changes.

Even with Determination and Action, however, most substance abusers have additional psychiatric problems that must be addressed if they are to maintain abstinence. For example, learning how to manage anger, analyze high risk situations for relapse, and cope with internal triggers must all be solved if a patient’s motivation to change is to remain strong. Coping with depression, anxiety and relationships that the patient finds stressful must also be addressed. Various psychosocial treatment approaches have been proven to remedy these problems and contribute to a successful outcome.

Coping Skills Training teaches new ways of thinking and behaving in problem situations that contribute to relapses. Coping Skills Training addresses the emotional, cognitive and situational factors that could contribute to relapse by teaching skills necessary to cope with these issues. Typical strategies involve teaching the patient to identify triggers and problem solving approaches to deal with the triggers; providing patients with a menu of coping options; teaching and role playing ways to refuse alcohol or drugs; and identifying internal thoughts and beliefs that contribute to using and learning to manage them with cognitive and behavioral techniques. Practicing these skills in real life situations while still in treatment has also been shown to be effective in making sure patients actually transfer these new skills to their life circumstances.

The Stages of Change model, combined with the techniques of Motivational Interviewing and Coping Skills Training, make for a powerful combination of proven strategies to help those with substance abuse problems achieve their goals. While some patients may require hospitalization for detoxification or medical stabilization, patients who are medically stable and who do not require detoxification can usually be treated in an outpatient treatment program. Because outpatient treatment programs are widely available and serve

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the greatest number of clients, it is imperative that these programs use the best available treatment models to reach the greatest possible number of persons with co-occurring disorders. The strategies outlined in this article can be delivered in outpatient settings, making them less costly than similar services provided in hospital settings. In this way, patients can also receive treatment during the day and return home to practice their new skills, without having to stay in the hospital.



About The Author

Dr. Wise has published numerous scientific articles, received the American Psychological Association Award for Distinguished Contributions to Independent Practice (2005) and the University of Wyoming Outstanding Alumnus Award (2006).

Dr. Wise is the Executive Director at Mental Health Resources, PLLC. Mental Health Resources' Intensive Outpatient Program has been extensively researched and shown that 72 – 96% of their patients who complete treatment improve.