

Treating co-occurring substance use and mental health disorders using tools from CBT

Webinar attendee questions with answers from Jo Cassar

Question: What would you do if you suspect that someone is using but not necessarily telling the truth? I have a current client with Dissociative Identity Disorder who has a number of physical and mental comorbidities. Due to some of her personalities I am finding it hard to understand when she is telling the truth or not as they have also told me that the personalities can often lie to please or “impersonate” other personalities.

I would try to normalise how hard it can be to be open about substance use and I would have a focus of building trust with the client and emphasise that it is a safe space to talk through any issues. If the client continued to deny their substance use and it was clear that this was not accurate I would be curious about that and possibly find ways to gently ask about any barriers to being open. If this didn't work I would not push it but instead respect the client's process and accept that it may take longer for them to feel safe to open up about their use. In the case of this client who is identifying that they will sometimes lie I would thank them for their honesty and ask them if they had ideas of what they would want me to say if I suspected that they were not telling the truth. Leaning in on being collaborative with the client and always being empathic and validating.

Question: Are there any recommendations for clients who are only using substances in isolation? For example only drinking or smoking when they are at home but never at social events?

Viewing the substance use through a lens of comorbidity and considering whether mood or anxiety may be impacting the way that the client uses substances. If they are using substances alone using your functional analysis techniques to understand in as much detail as possible why the client is using in this way and then assisting them to recognise this and challenge any unhelpful thoughts that may be maintaining the behaviour.

Question: Can you practice CBT when a client has no insight into the substance use?

Yes, I think that you can. You may spend more time initially using Motivational Interviewing (MI) techniques to assist the client in finding motivation to change their substance use. Through CBT techniques for the mental health disorder opportunities will arise to highlight the ways substance use is impacting their mental health. For example, if the client says they are smoking cannabis daily but also experiencing anxiety you could use some psychoeducation about the effects of cannabis on increasing anxiety and explore how anxiety and cannabis may interact for this individual. I have found that over time clients who initially have no interest in changing their substance use will often

come around to wanting to work on it when they can recognise the way that their substance use can exacerbate their mental health issues.

Question: What about dependency issues, I'm finding that clients who are using marijuana or relying on drugs to escape their trauma struggle to engage.

This is a common experience and at times I have the same difficulty with clients. It can feel overwhelming for clients to reduce substance use when they are relying on substances to reduce distressing mental health symptoms. I think a focus on increasing healthy coping strategies for their mental distress, alongside validating how hard it can feel and conveying confidence in the client that they can both work on their trauma and reduce their substance use can be beneficial. When working directly with trauma and substance use it is also helpful to express that mental distress may worsen as substance use decreases but that this is usually short lived, and if the client is engaging in treatment and open to practising other coping strategies then they can experience a huge decline.

For a much deeper understanding and guide to treating trauma and substance use with CBT I would recommend this manual:

Sudie E. Back, Edna B. Foa, Therese K. Killeen, Katherine L. Mills, Maree Teesson, Bonnie Dansky Cotton, Kathleen M. Carroll and Kathleen T. Brady (2014). *Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE) Therapist Guide (Treatments That Work)*. Oxford University Press, Oxford, UK. Available via:

<https://www.oxfordclinicalpsych.com/view/10.1093/med:psych/9780199334537.001.0001/med-9780199334537>

Question: Are there any adaptations required for CBT when applying it to older adults with comorbidity concerns?

I don't think so. I think you can apply these techniques with adolescents through to older adults. If there are any cognitive impairments in much older age then you may need to spend more time on concepts but you can always focus more on the behavioural strategies such as activity scheduling or exposure hierarchies if there are barriers with engaging in cognitive work.

Question: How effective do you believe the 12 step process is in supporting CBT work?

I cannot speak directly to the 12 step process but I think that anything supporting a person to reduce their substance use could be beneficial as they concurrently work on their mental health issues. Some clients are keen to work towards abstinence whilst others prefer to reduce their substance use but have more control over it. I think it is important to keep an open mind and utilise strategies that feel acceptable to the individual client.