

Treating comorbid mental health and substance use disorders using tools from CBT

Presented by

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Overview

- Comorbidity
- Assessment and functional analysis
- Cognitive tools
- Behavioural tools
- Distress tolerance techniques



Comorbidity- what is it?

In this context 'Comorbidity' is referring to the co-occurrence of mental health and substance use disorders at the same time in an individual

Rates of comorbidity are high amongst those experiencing a substance use disorder. Estimates from the National Survey of Health and Wellbeing indicate that 35% of individuals with a substance use disorder also have a co-occurring anxiety or affective disorder (Marel et al (2016)).



Harms associated with comorbidity

Those with co-occurring mental disorders and SUD have:

- Increased risk of suicide and self harm
- Increased homelessness
- Poorer social and occupational outcomes
- Poorer physical and mental health
- Greater drug use severity
- Increased relational stress



Marel et al. (2016) Guidelines on the management of co-occurring alcohol and other drug and alcohol and mental health conditions in alcohol and other drug treatment settings (2nd edition). Sydney, Australia: Centre of Research Excellence in Mental Health and Substance Use, National Drug and Alcohol Research Centre, University of New South Wales.

Treating Comorbidity using CBT



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Cognitive Behavioural Therapy (CBT) for comorbid SUD and mental health disorders- overview

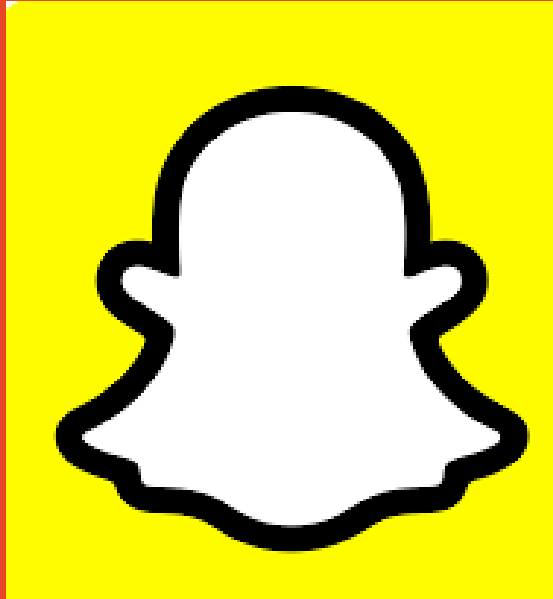


- CBT is structured, goal-oriented, and focused on immediate problems
- It is flexible, empathic, collaborative and tailored to the individual
- The therapist's role is to teach the client new skills for behavioural change, with the aim of self-control
- Specific techniques vary widely with the type of CBT used, but typically include focus on functional analysis and skills training

Important note about mental health assessment

Always ask about substance use





Substance use tracking apps



Functional analysis

How does substance use fit into your life?

The 5 Ws of a person's substance use:

- When?
- Where?
- Why?
- With / from whom?
- What happened?

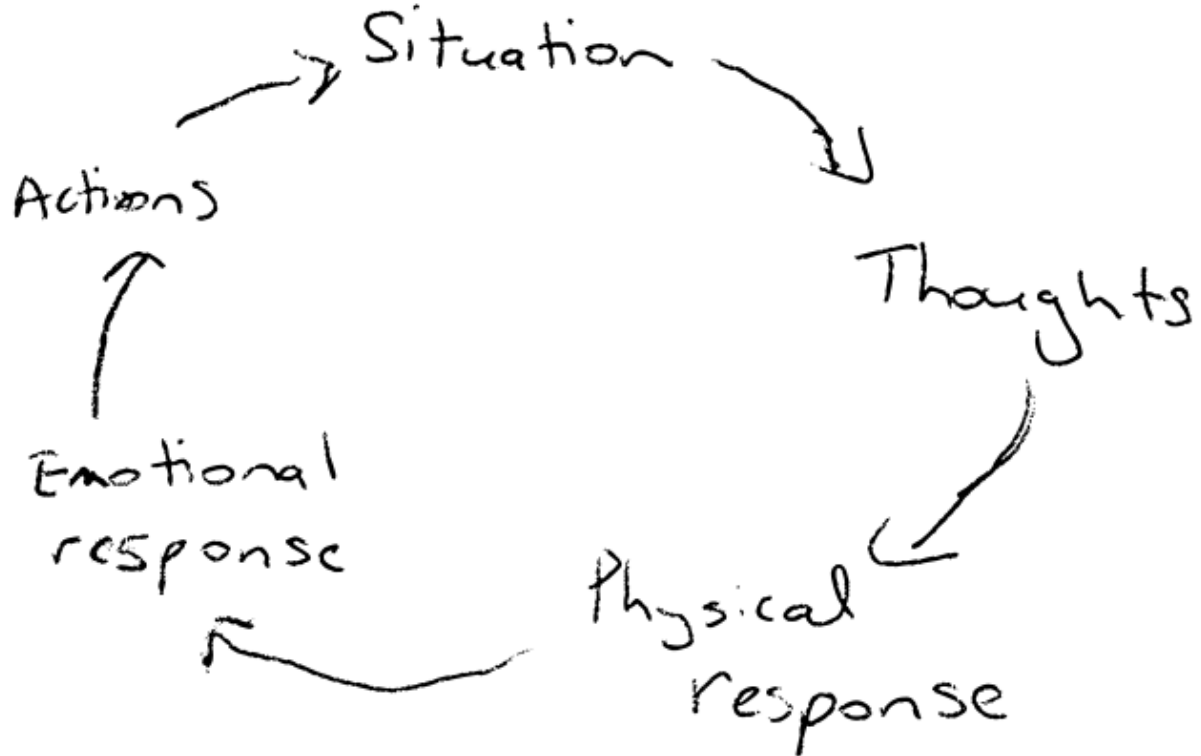
Useful questions:

What was going on before you used? Where were you when you began to think about using? How were you feeling before you used?

How / where did you obtain and use substances? With whom did you use substances?

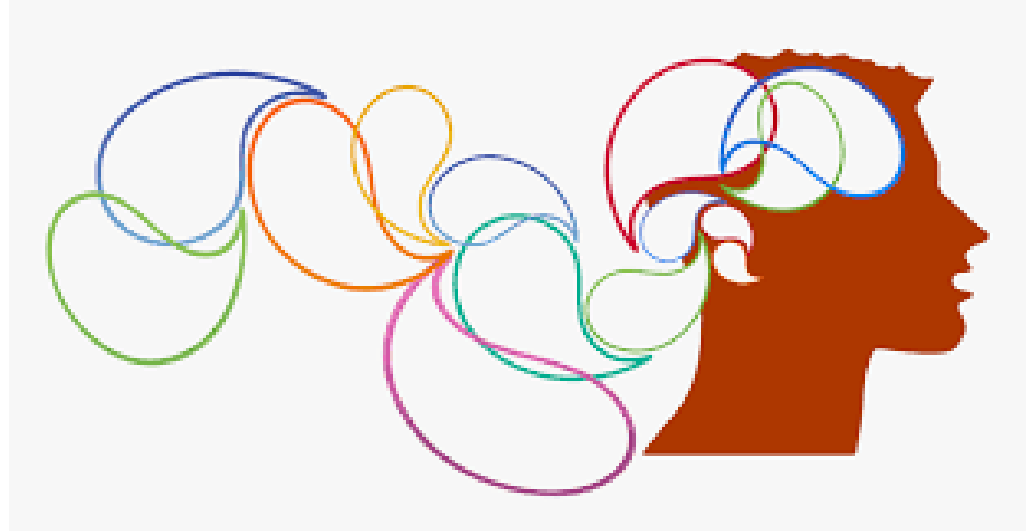
What happened after you used?

Cognitive tools

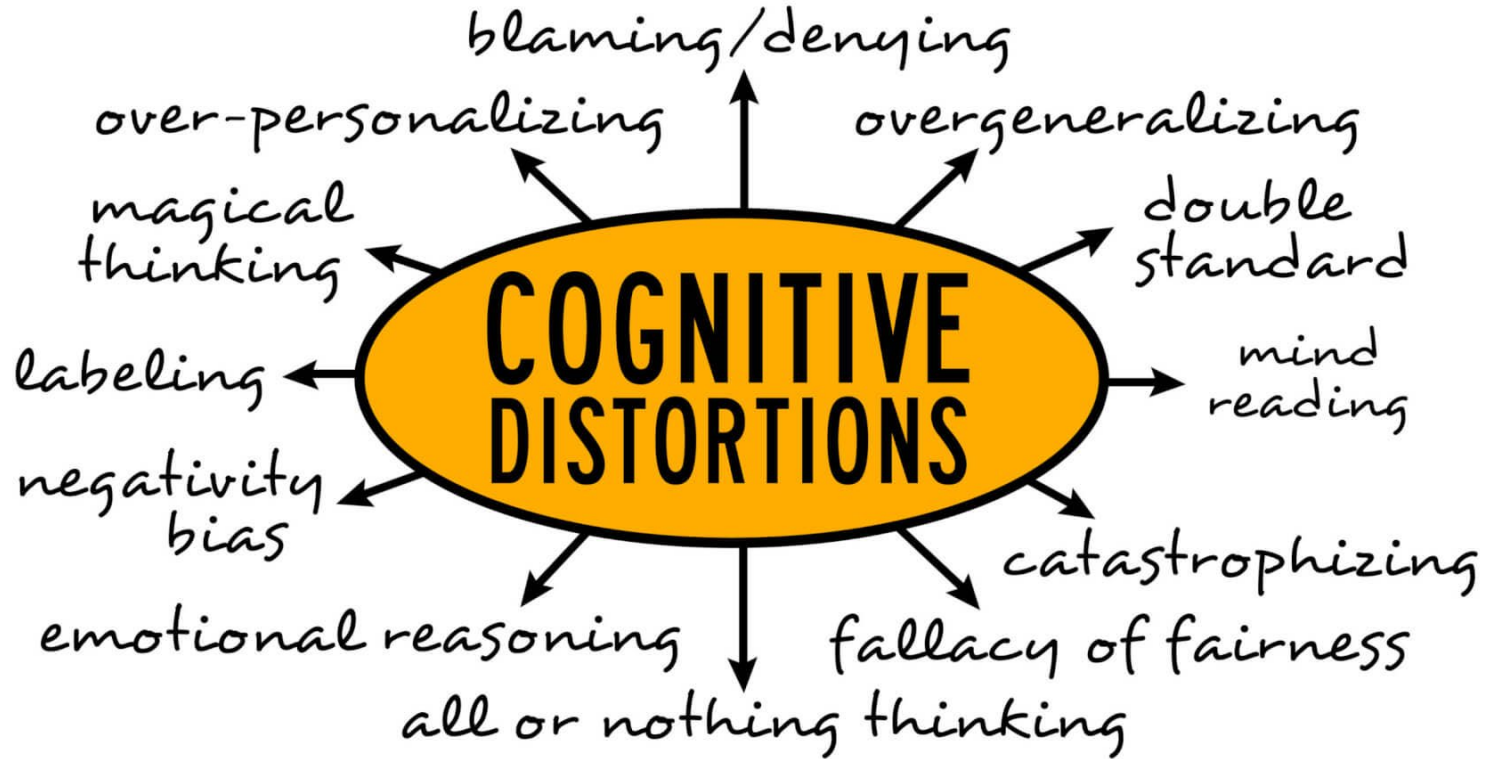


Cognitive tools

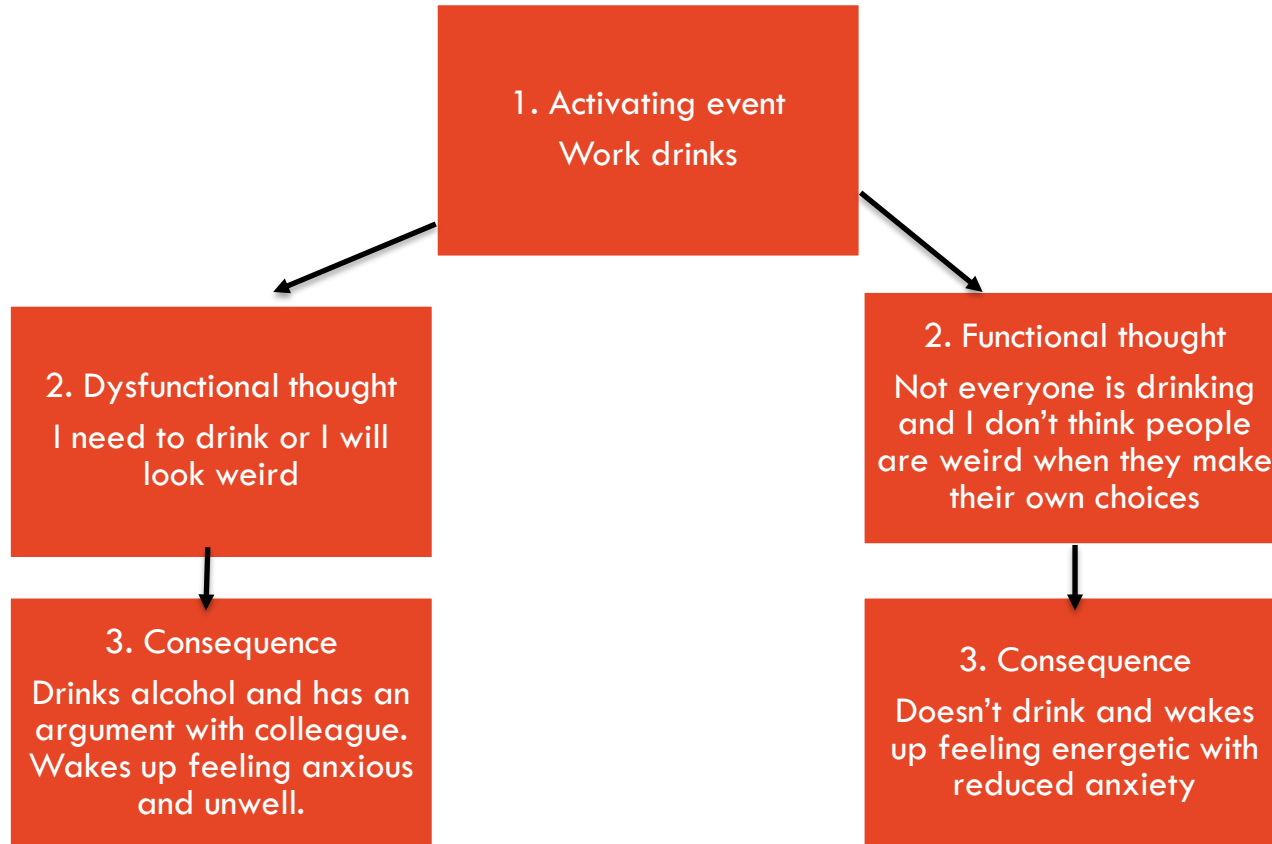
- Recognising unhelpful thoughts related to either mood/ anxiety or substance use
- Thought monitoring
- Cognitive restructuring
- Imagery



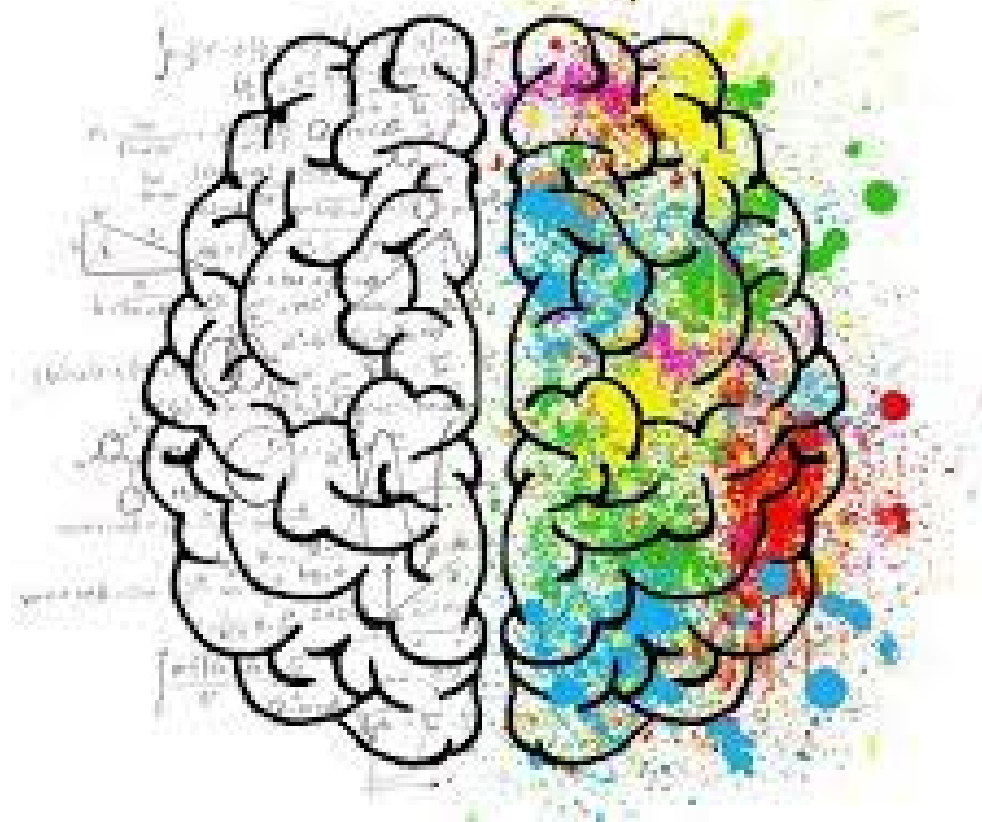
Thinking errors



Cognitive restructuring



Imagery



Substance refusal skills

- Steps in substance refusal skills/assertiveness:
 1. Respond rapidly
 2. Have good eye contact
 3. Respond with a clear and firm “No ” that does not leave the door open to future offers of substances
 4. Make the conversation brief
 5. Leave the situation if necessary

Coping with cravings

- Identify triggers
- What is happening how does their mood or anxiety impact and lead to craving
- Riding the wave of craving
- Delay and distract



Behavioural tools



Behavioural Activation

Life areas

- Relationships
- School/career
- Leisure
- Mind/body/ spirituality
- Daily responsibilities

Values

An ideal, quality or belief in a certain way of living your life eg honesty, compassion

Activities

Scheduling
Monitoring
Rating importance and enjoyment



Example

Life area

Relationships

Therapist: Let's focus on the life area of relationships and explore what you value in this area

Value

Connection

Client: I guess I just want to feel heard and seen and I want to see others too.

Therapist: It sounds as though connection is important to you. Is that fair to say?

Client: Yeah it is

Activity

Send friend a text

Therapist: Ok, based on you identifying connection can you think of something you may be able to do to stay true to this values.

Client: I could text a Sam. I keep meaning to check in on them as I know they've been having a hard time too.



Monitoring

Daily Monitoring Form

Date:	Activity <small>What did you do?</small>	Mastery <small>Accomplishment Rate 0-10</small>	Pleasure <small>Enjoyment Rate 0-10</small>
06:00 - 07:00			
07:00 - 08:00			
08:00 - 09:00			
09:00 - 10:00			
10:00 - 11:00			
11:00 - 12:00			
12:00 - 13:00			
13:00 - 14:00			
14:00 - 15:00			
15:00 - 16:00			
16:00 - 17:00			
17:00 - 18:00			
18:00 - 19:00			
19:00 - 20:00			
20:00 - 21:00			
21:00 - 22:00			
22:00 - 23:00			
23:00 - 00:00			
00:00 - 01:00			
01:00 - 02:00			
02:00 - 03:00			

Exposure Hierarchy

10. giving a speech at colleague's leaving party
9. Doing a presentation for work
8. Introducing self at a function
7. Asking a question during a work seminar
6. Making a phone call to enquire about something
5. Getting a waiter's attention in a restaurant
4. Calling the name of a friend in a public place
3. Asking a bus driver if they stop at a certain place
2. Ringing the bell on a bike when riding on a shared path
1. Saying "excuse me" when moving past someone on public transport



Distress tolerance tools



Skills for managing distress

Breathing techniques

Grounding

5 things you can see, hear, feel, taste, smell
notice all the blue things in the room



Relapse prevention- a note

- Focusing on both relapse prevention from substance use but also from mental health disorder
 1. Identifying high risk substance use and mental health situations
 2. Preparing for high risk situations
 3. Planning for emergencies
 4. Making a plan
 5. Coping with a lapse



Thank you!

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