



Treating Mental Health and Substance Abuse Disorders

By Rich Bayer, Ph.D.

Considering the recent report on problems due to substance abuse in Cecil County, it would benefit us to find some solutions.

This report is based on research conducted by Health Resources in Action, a health care consulting firm. They outlined an array of growing problems in our county. Details were presented on June 26 to health care providers, social service staff, court officials, and police.

The report highlighted many issues. For example, in Cecil County in 2011, we experienced more overdose deaths, per capita, than the entire state and the surrounding counties. The report also revealed that Cecil County had the highest suicide rate per capita from 2009-2011. We also had the highest rate of child abuse cases reported to Division of Social Services in 2010, compared to the state, Baltimore, Kent, and Harford counties. Suicide and child abuse were recognized as two of the consequences of substance abuse.

The report documented other significant consequences of substance abuse including the increased incidence of chronic disease and death from chronic diseases, increased motor vehicle crashes, increased crime and violence, and increased incidence of sexually transmitted diseases.

So how can we turn this around?

Clearly we need to find ways to reduce the incidence of substance abuse. This would save lives and actually serve to protect the community.

There are a few ways to address this at the county level. There's law enforcement. There are prevention strategies. And there's treatment and recovery.

For this column, I'll focus on treatment and recovery.

Treating individuals with substance abuse problems has many aspects. Of course there are dozens of self-help methods which include programs such as AA and NA. But many individuals need something more than just the self-help alternative.

If they want to get into recovery from drugs and alcohol, their best option is to go to a behavioral health professional. These trained professionals, who often work in clinics or centers, offer a broad-based set of techniques that can help.

Substance Use and Mental Health

In many ways, a problem with substance abuse is a problem with mental health. In fact, mental health interventions such as cognitive behavioral therapy and motivational enhancement techniques have proven highly successful in treating addictions.

Also, studies show that 50% to 65% of substance abusers also have a diagnosable mental illness. This is the group considered to have “co-occurring disorders.”

Someone with a co-occurring disorder has one or more substance use disorder combined with one or more mental health disorder. This is the same condition that treatment professionals used to call “dual diagnosis.” Studies indicate that treatment can be more challenging for someone with both diagnoses, that treating only one at a time has a higher relapse rate, and that treating both disorders in unison produces much better outcomes.

Treating Co-Occurring Disorders

Research shows that the most effective type of treatment for people with co-occurring disorders is the “integrated model of care.” Using this model, both the addiction treatment and mental health therapy is under one roof and offered by a single professional

The integrated model stands in contrast to the “parallel model” and the “single model” of care. With the integrated care model, both the mental health and the substance use disorders are considered primary and need to be addressed simultaneously in treatment. Therapists providing integrated treatment are skilled in both areas. In the parallel model, the client goes to two different places for treatment of the two disorders, typically an alcohol and drug clinic and a mental health clinic. In the single model, the client goes to one place and treats just one condition.

Traditionally, individuals with co-occurring disorders were forced to accept the parallel or single model of care. But over the past 20 years, research has proven that the integrated model of care delivers far superior clinical outcomes than either of the other two models and now many treatment programs have begun offering this model. One reason for the better outcomes is that the focus is on treating the person, not the specific symptoms. Another reason is that co-occurring symptoms exist in a balance, such that addressing just one set of symptoms may produce improvement in that set but deterioration in the other set. Attending to both sets simultaneously shows the best outcomes.

Integrated care not only includes therapy but should also include medication. By using prescribed mental health medication, clients can keep their mental health symptoms in check.

This can make a world of difference. The medication can help individuals with co-occurring disorders to feel less anxious, less depressed, and less confused mentally. As they start feeling more stable, they have less reason to turn to alcohol and drugs.

With integrated care, clients also have access to medication that can assist directly with addictions. There are numerous medications now available that can reduce cravings for various substances of abuse.

At Upper Bay Counseling, we have been using an integrated care model thanks in part to Becky Arbogast-Kiersznowski, LCSW-C, CCDP-D, CCDC, Division Manager of Outpatient Services. She has been instrumental in developing an effective program for treating individuals with co-occurring disorders.

The Division of Alcohol and Drug at the Cecil County Health Department also has a treatment track offering an integrated model.

There are services available. For anyone who has a problem with substance abuse, I recommend that you get into treatment. If you think that you are also dealing with a co-occurring mental health issue, like anxiety, depression, anger, or impulsivity, think seriously about finding a professional who is knowledgeable in the integrated care model. You will find that the counselor/therapist understands you better, and will be more effective in helping you recover.

Treatment works.

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