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The Substance of Quality Treatment with Coexisting Problems (Book Review)

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Review of: Clinical Handbook of Co-Existing Mental Health and Drug and Alcohol Problems
By: Amanda Baker and Richard Velleman, (Eds.) New York: Routledge, 2007. 402 pp. ISBN 978-1-58391-775-6(hardcover); ISBN 978-1-58391-776-3(paperback). \$125.00, hardcover; \$49.95, paperback

Dealing with clients with drug and alcohol issues is a compulsory ingredient of graduate clinical training. Substance abuse counselors are taught to address the presenting substance issues and refer other issues. Conversely, mental health practitioners are taught to focus on mental health concerns and refer substance issues to an appropriate treatment program. We were taught to maintain boundaries and sort out the messiness of client issues by referral. In the past, it seemed appropriate to separate a client's depression from his or her family problems and marijuana use from psychotic episodes; but now it is plain that disentangling substance use from mental health concerns, and vice versa, is not only impractical, but it also has the potential to undermine effective treatment and lead to considerable increases in treatment cost.

The *Clinical Handbook of Co-Existing Mental Health and Drug and Alcohol Problems* advances the need for mental health and drug and alcohol providers to develop a competence in providing integrated treatment for clients presenting in a variety of treatment facilities, regardless of specialization. The text's extensive research summary resonates with Miller and Brown's (1997) plea that psychologists be involved in the treatment of substance issues. This decade-old request emphasized the need to improve the quality of care and develop teamwork between the disciplines. Along these lines, this new handbook brings to the literature clinical experts collaborating from England, Australia, and the United States, all concisely presenting the value of improved assessment skills, evidence-based treatment tailored to the needs of specific populations, and the benefit of integrating services involving both mental health and alcohol and drug treatment.

Goals and Format of the Text

The text editors, Amanda Baker and Richard Velleman, propose to present "practical descriptions of assessments and interventions for coexisting problems, with a view to enhancing motivation, confidence and competence to do so" (p. xx). Not only do the chapters succinctly address expert views on assessment, but they also thoughtfully explain intervention approaches with coexisting issues, specific populations, and further training and supervision needs in the treatment of coexisting disorders. The editors use European spelling and an approach that is a "symptom-focused and largely psychological view of" (p. xxi) treatment issues (e.g., using terms such as *co-existing* as opposed to *comorbid* or *dual diagnosis*, and *drug misuse* as opposed to *drug abuse*). This style provides a positive language and flows with the book's theme that although the integration of mental health and alcohol and drug treatment is complicated, it is achievable and a vital endeavor.

This 400+-page handbook is a collection of writings from 40 leading clinicians from England, Australia, and the United States with backgrounds in psychiatry, clinical psychology, research, addictions, eating disorders, personality disorders, motivational interviewing, psychosis, rural mental health, cognitive therapy, substance use in youth, psychosocial treatment, and dual diagnosis. The text is broken into four sections, totaling 20 chapters. The first section is an overview of the "clinical imperative facing mental health and drug and alcohol" (p. xx). Chapter 1 describes a stepped treatment approach that matches treatment to the readiness and needs of the client, and Chapter 2 describes the need to move from case conceptualization to case formulation in developing effective treatment plans.

The next five-chapter section covers "the general processes important in working with people with coexisting mental health and behavioral framework; family interventions; working with people in groups; and provision of consultation-liaison services" (p. xx). Chapters review motivational interviewing, a key component for effective therapeutic intervention; the role of cognitive behavioral techniques for coexisting problems; the benefits of family and group interventions; research on long-term treatment; and brief intervention consultation and liaison services.

Section 3 reviews the evidence-based treatment applications with specific populations (e.g., homeless, rural, adolescents) and general diagnoses (e.g., depression, personality disorders, schizophrenia). Section 4 examines the need for training and supervision to ensure quality treatment interventions. Each section flows well and builds a strong case for integrative treatment programs. The greatest overlap among the chapters is on the value of motivational interviewing and the role of assessment and integrative treatment programs. This repetition of themes

does not seem redundant, as it supports the value of strategic interventions combining drug and alcohol misuse with mental health treatment.

The incorporation of key points at the beginning of each chapter allows the reader to rapidly determine which topics to explore in more depth and to move past chapters that may not be as relevant. Chapters are concentrated, and nearly all have excellent clinical examples to illustrate assessment techniques or intervention strategies. I particularly appreciated Chapter 15 ("Eating Disorders and Drug and Alcohol Problems"). Not only do the chapter authors review the recent treatment approaches to eating disorders, but, realistically, they choose to use a case study of a relatively unsuccessful client, typifying the challenges so frequently encountered in this complicated clinical population. Similar to other specific population and specific disorder chapters, this chapter includes a review of diagnostic criteria for the disorder, explores therapeutic dynamics including therapist and client variables, suggests useful screening and assessment tools, and finishes with a brief summary of internationally respected treatment programs for coexisting problems. This chapter and the others on specific populations demonstrate that treatment can and must be tailored to specific client needs. The inclusion of case studies demonstrates assessment, case conceptualization, and treatment in a manner that benefits both the novice counselor and those more experienced with coexisting treatment concerns.

Key Themes of the Text

The concern that mental health issues and substance misuse frequently present together is an important theme woven throughout the chapters and consistent with current research (Brady & Sinha, 2007; Brunette & Mueser, 2006; Deas, 2006; Minkoff & Cline, 2004; Sacks & Ries, 2005). This topic has been an area of research for over 17 years (Regier et al., 1990), covering the gamut from epidemiology, to treatment interventions, to relapse prevention. Although research is bringing us closer to solutions, the most obvious conclusion remains that both mental health and substance misuse treatment programs must include awareness that coexistence is prevalent and that training intervention team members in integrated approaches is essential. Thus, this handbook lends itself well to informing clinicians and clinical training faculty regarding germane treatment models that have been proposed in the last decade.

An additional theme, a stepped care approach, advocates for a three-step intervention plan. Step 1 proposes that "screening and assessment for coexisting problems could be regarded as forms of minimal intervention" (p. 12). The chapter authors suggest that in some instances, initial feedback provided by a compassionate, nonauthoritarian clinician in the preliminary screening and assessment can be adequate to motivate some clients to successfully manage their issues. Step 2 is the more formal brief intervention of motivational interviewing. Research verifies not only increases "in improving engagement with and adherence to treatment" (p. 13) but also trends in short-term polydrug use reduction.

Step 3 entails the more intensive therapeutic interventions "required to produce improvements in their symptoms, general level of functioning and levels of substance use" (p. 13). Often, suggested interventions will include additional elements from cognitive behavioral, dialectical behavioral, family systems, group, and schema therapy. One benefit of seeing traditional mental health interventions applied with case studies of coexisting issues is that it expands the application potential of already established clinical skill sets. The result is an increased sense of empowerment for the clinician in dealing with treatment concerns that would formerly have necessitated referral.

Motivational interviewing (MI) is one comparatively new treatment approach highlighted throughout the text. Consistently, research supports its effectiveness with coexisting problems, pointing toward the growing need for practitioners from all fields to become familiar with this therapeutic intervention. Jason Luty's (2003) review of treatment research indicates that the most effective intervention for drug addiction is a combination of treatment regimens focusing primarily on pharmacotherapy and short-term motivational therapy. Of note in this research and supported by the current text is the finding that short-term, less intensive interventions have rates of success that are similar to those of residential treatment, suggesting the benefit of cost efficiency available from MI. In Chapter 3 MI research supporting treatment efficacy is explored, including a case example demonstrating its application in treatment. There are compelling reasons presented to adopt MI over more conventional substance abuse confrontation models suggested by traditional substance abuse therapists such as Edward Hendrickson (2006). Likewise, there is justification for mental health providers to develop MI as a tool in working with substance misuse treatment concerns.

Good First Steps

The editors attempt to provide a “clinical guide to assist staff” (p. xx) in treating coexisting mental health and drug and alcohol problems. This resource is an accessible, albeit brief, clinical guide filling a gap in the current literature. Regrettably, although this text sets a strong foundation, it is not comprehensive and fails to include key populations (e.g., gender, race, and religion) and treatment options (e.g., psychodynamic therapy, narrative therapy). Although this is understandable with such an extensive topic, it may leave some readers wondering how treatment applications will work in their populations or with their community treatment center. There will always be questions concerning transitions of program funding, provider training, and established treatment system reconstruction. These specific areas may be absent; however, this clinical guide does provide a skeleton proposal in order to explore topics of coexisting treatment issues and integrated treatment programs. For that reason, one of the most valuable components found within the handbook chapters is a significant list of additional key resources, including assessment instruments, treatment manuals, websites, readings, and training videos. These will provide the reader with crucial materials for further clinical training, program development, and research suggestions.

The *Clinical Handbook of Co-Existing Mental Health and Drug and Alcohol Problems* reiterates the message that current treatment needs necessarily require some aspect of integrated treatment for mental health and substance misuse issues. Treatment has been ineffective in this domain as we see significant relapse rates in cases of mental health and substance use issues. This text's user-friendly design allows providers from a variety of modalities and training programs to begin to explore the challenges and options available for working with these populations. Although mental health and substance issues will continue to be a necessary treatment focus, the well-armed clinician and clinical educator are the keys to providing the most effective treatment for these clients. This handbook will be a well-used primer for conscientious seasoned therapists and clinical training programs, and it is a valuable investment for those just beginning to work in the field of drug and alcohol misuse.

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