

# Efficacy of Integrating CBT for Mental Health Care into Substance Abuse Treatment in Patients with Comorbid Disorders of Substance Abuse and Mental Illness

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## Purpose

The purpose of this DNP project is to identify the effectiveness of Cognitive Behavioral Therapy (CBT) to treat Substance Use Disorder (SUD) and mental health disorders in an integrated manner, instead of independently when applying current treatment as usual.

## Specific Aims

- Determine opiate use and co-morbid disorder percentages in psychiatric patients;
- Compare overdoses, substance-related incidents and hospitalizations before and after CBT;
- Compare the number of urine-free drug screens before, during and after CBT;

## Background

- Comorbid disorders comprise any two or more substance use disorders (SUDs) and mental illness and are recognized in the DSM-V (American Psychiatric Association, 2013).
- In 2014, approximately 7.9 million adults had a comorbid disorder (SAMSHA, 1, 2015).
- Comorbid disorders often occur together, while symptoms can overlap. This overlap can be functional. For example, mental illness disorders can make the co-occurrence of SUDs more likely (Kessler, 2004).
- SUD and mental illness are likely to occur together, but are often treated separately (Kessler, 2004).
- Many individuals may benefit from a dual diagnosis treatment, but there are not many resources and treatment centers available for such a therapy.
- Interviews with Dual-Diagnosis patients reveal that patients perceive their mental health diagnosis and SUD to be connected (Brown, Stout, & Gannon-Rowley, 1998).

## Methods

### Study Design

- Retrospective chart review of adult patients

### Setting

- Ultimate Treatment Center in Ashland, KY

### Study Duration

- January 10th, 2020 – October 1st, 2020

### Study Population

- Adult patients ages 18+ with comorbid disorders: SUD and mental illness

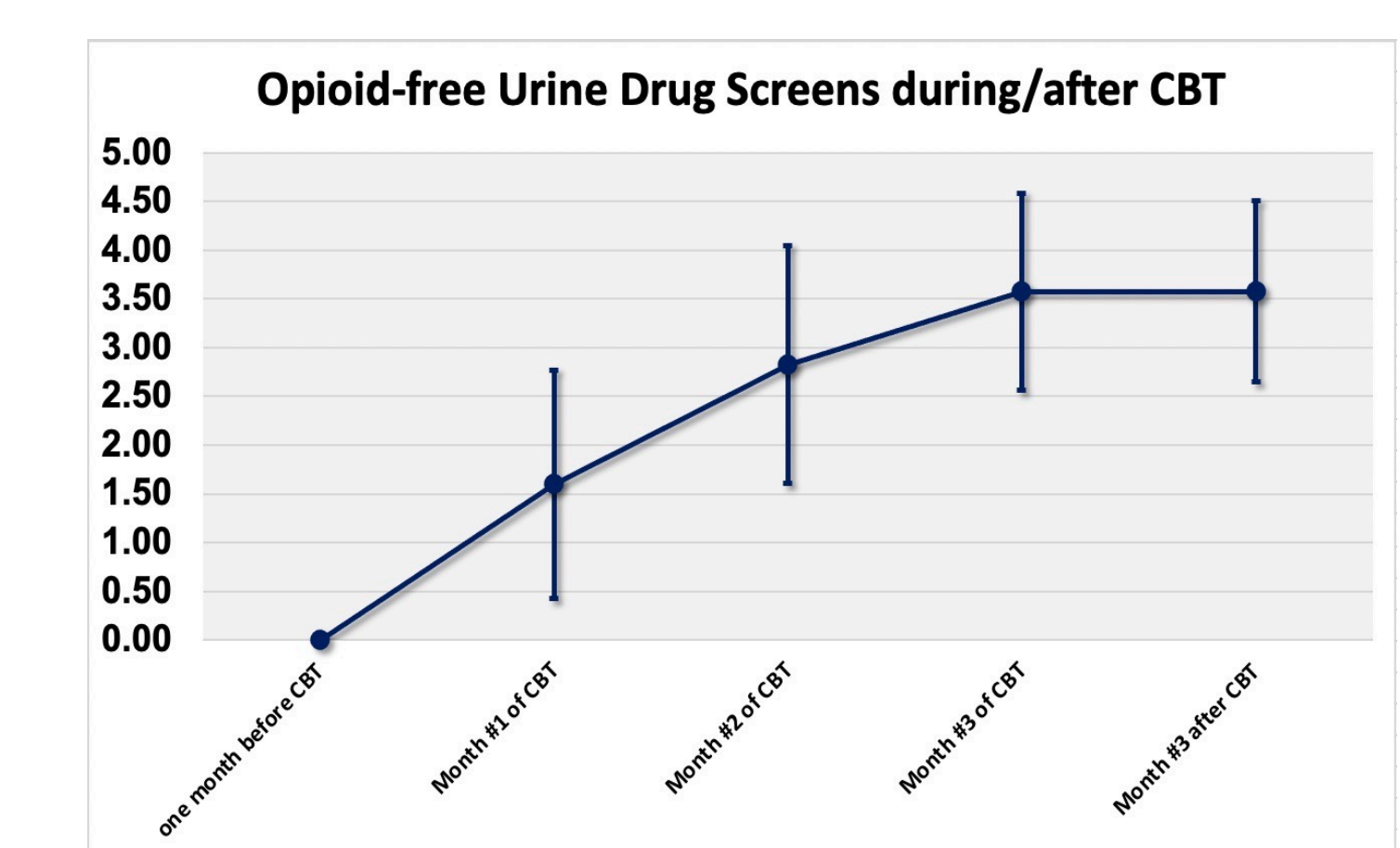
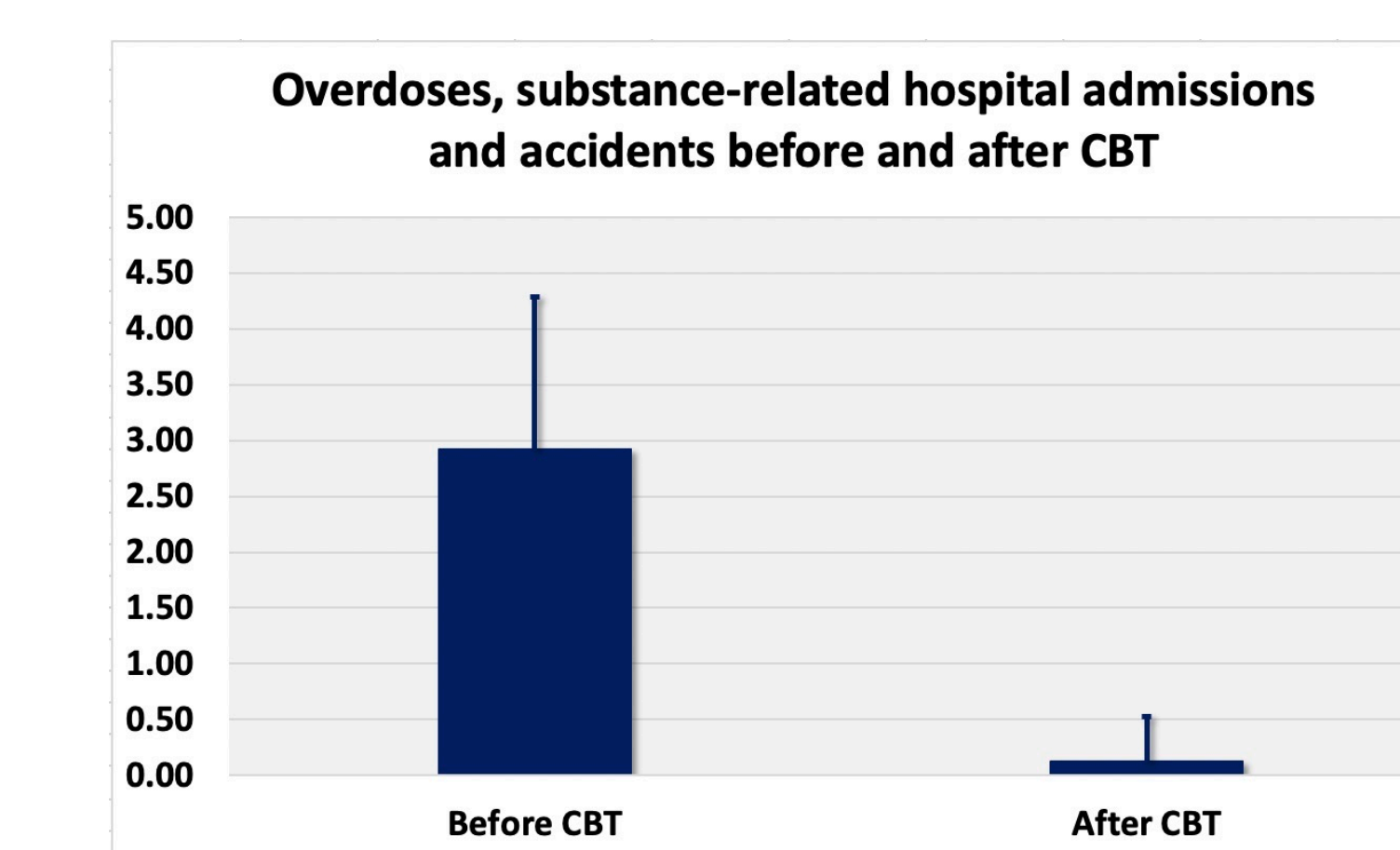
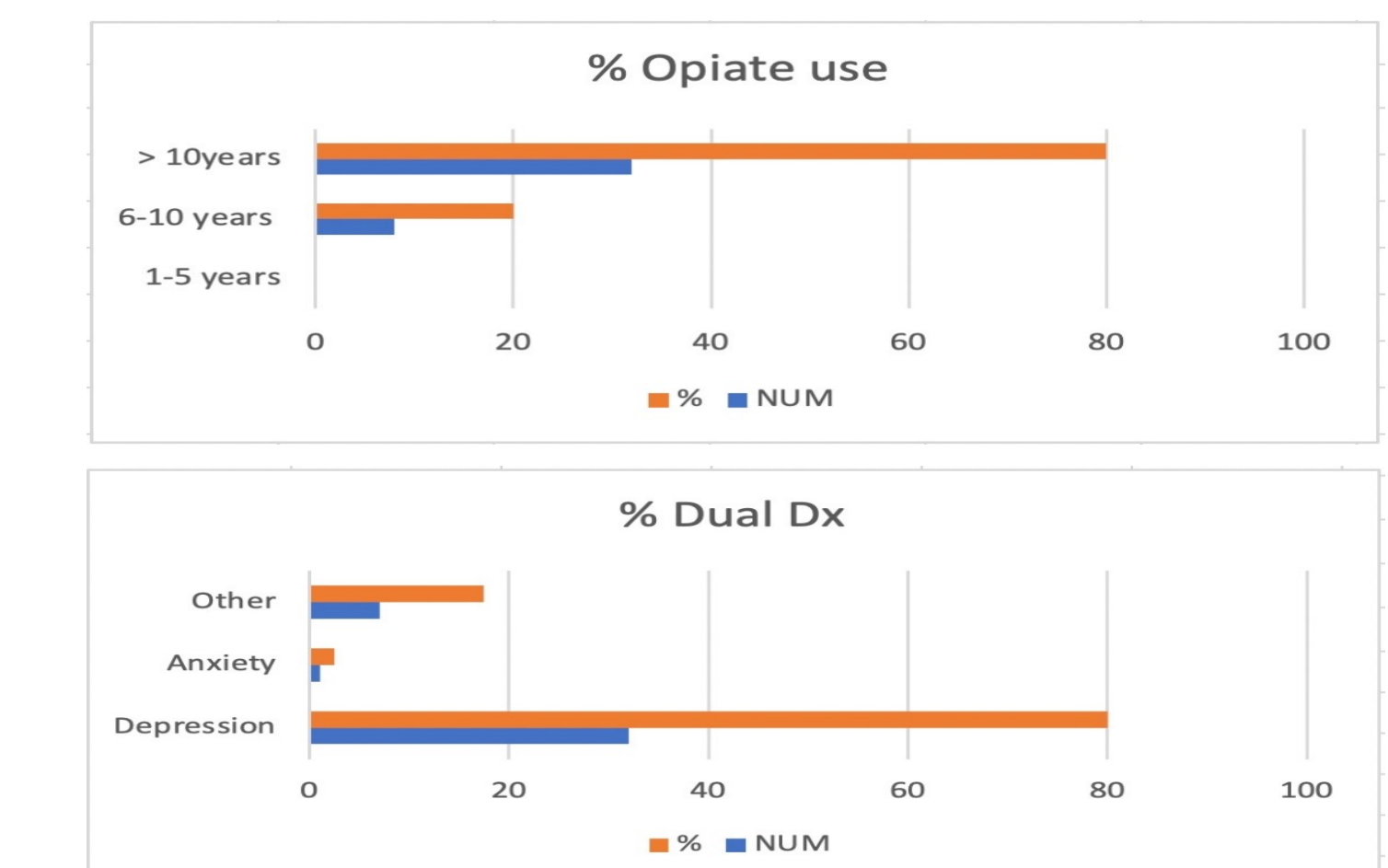
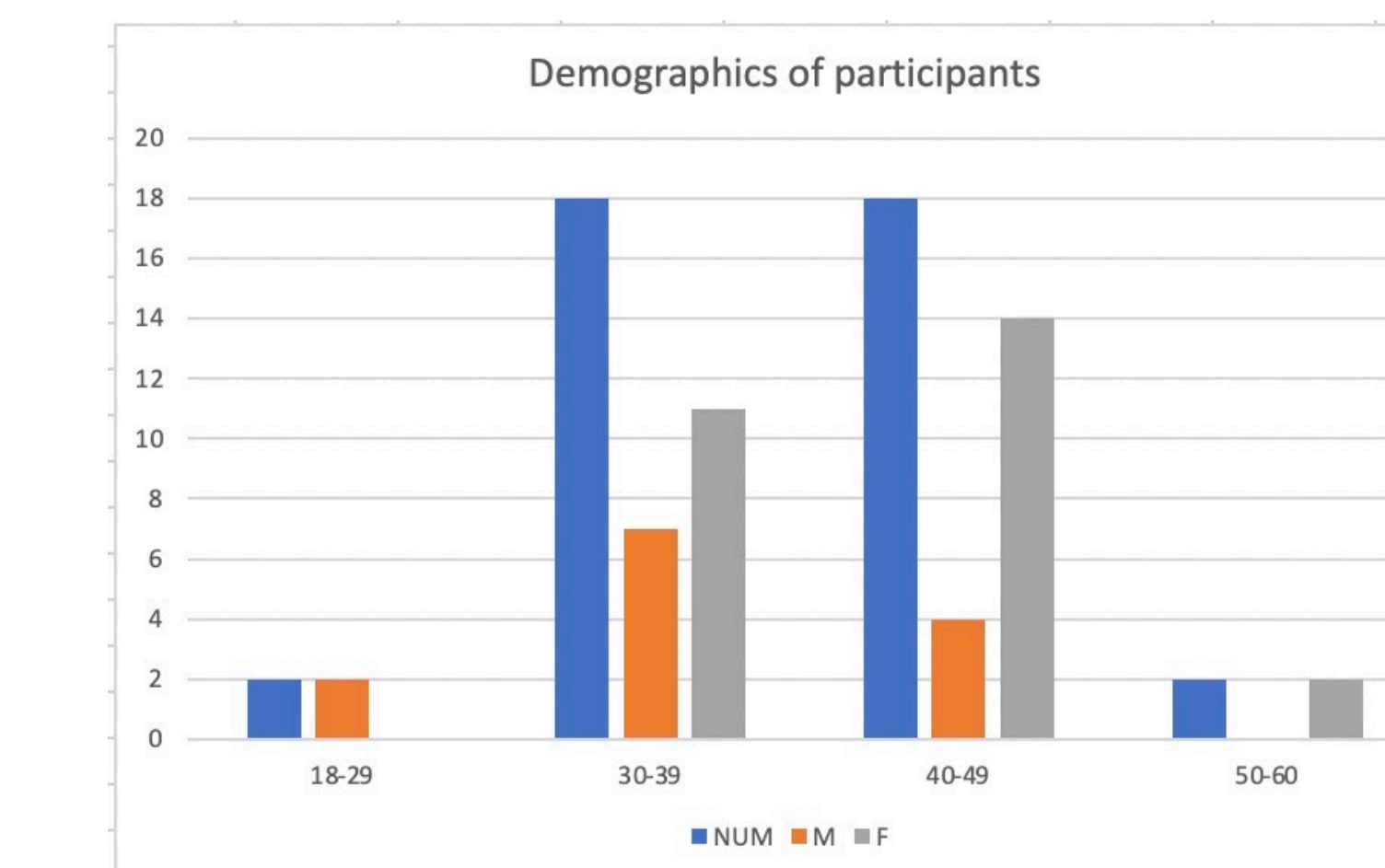
### IRB

- UTHSC Institutional Review Board has deemed the project as exempt.

## Procedures

- 30 charts of patients 18 years or older with comorbid disorders were reviewed, with the goal of identifying the impact of collaborative therapy including CBT and pharmacotherapy.
- Participants who did not speak English, younger than 18 years old, did not have a diagnosis of mental illness or received MAT, were excluded from the study.
- Sociodemographic variables: age, education, ethnicity, employment, primary language, marital status, and insurance; clinical variables: diagnosis of substance disorder and mental illness, such as depression, anxiety disorders, mood disorders, schizophrenia, and other psychiatric disorders;
- Data were taken from electronic health records from January 10 and October 1, 2020.
- Descriptive data was used to analyze the data.

## Results



- Most participants were between 30 – 39 or 40 – 49 years old. More women than men participated. Among 18 – 29-year-olds, only males took part, while among the 50 – 60-year-olds, only women participated.
- Most patients used opiates for more than 10 years; in most cases, patients suffered from depression.
- Before CBT, hospital admissions, overdoses and substance-related accidents were almost 3 per individual; after therapy, the number was less than 0.25 per person.
- During and after CBT, the number of opioid-free urine drug screens increased three-fold.

## Implications for Practice

- Treatment with CBT led to a significantly lower number of overdoses, drug-related accidents and hospital admissions; therefore, CBT should be considered for the integrated co-treatment of individuals that have a co-morbidity of a mental health disorder and substance use disorder.
- However, there is also a need for more research into specific aspects of comorbidity. Does CBT improve other factors beyond drug use? What is the long-term potential of CBT? Should patients continue to be treated with CBT even after their release from the treatment institution?

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