Questions Asked During Live Webinar Broadcast on 3/31/2023

Assessment, Diagnosis, and Treatment of Co-occurring Disorders & SUD, Part 6: Mood, Anxiety Disorders, and Their Co-Occurrence with Substance Use Disorders

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Why don't Substance Use Programs integrate Mental Health counseling?
A: That is really a question for our government and those that regulate mental health and substance use centers. There are excellent private pay programs across the country that integrate treatment but this is not yet mainstream due to lack of motivation to improve treatment amongst those providers.

How far can we diagnose or treat PD / BP1 / 2 when licensure is framed for only Substance Use?
A: We advocate for integrated treatment to be housed under one roof. In this regard there can be providers trained to treat the whole person.

What can I do as a SAC to ensure I do my part to help the patient maneuver and cope with both mental health disorder and substance use?
A: Don’t defer. Traditional substance use facilities will note underlying mental health disorder but will defer treatment until they have completed recovery programming. The traditional approach leads to relapse as the coping mechanism (drugs/alcohol) have been removed and the symptoms of the mental disorder become prevalent again. If you are treating someone with co-occurring disorders the very least one can do is collaborate with the client’s other providers to provide the best treatment possible. If you want to do both you will need to get dual licensing privileges.

Do anyone of you ladies know what steps for us as SAC's to take that would lead us to licensure to be able help treat mental health?
A: There are multiple programs for expanding your career into the mental health field. Many are now available online. LPC, MFT, LSW.

I wonder if we could talk about appropriate and preferred language for working with folks with these disorders? There is so much judgement and stigma that accessing services must be extra intimidating.
A: We all need to work on reducing biased language and we all need to work on developing better programs and access for all people to appropriate treatment.

Bipolar II--I've heard the depressions are lower than bipolar I. True or false?
A: That is a speculative question. For most people with BPII depressive symptoms may be less severe than in BPI, but each individual has relatively unique cycles to their mood disorder.