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Closing the science-practice gap: Introduction to the special issue on psychological interventions for comorbid addictions and mental health problems

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Mental and substance use disorders dominate the top ten global causes of non-communicable diseases across the lifespan (Gore et al., 2011; World Health Organization, 2011). The co-existence of mental and substance use disorders (dual diagnosis) occurs in approximately 25-50 percent of substance users (Teesson et al., 2012), and is even higher when sub-threshold mental health symptoms are considered (Guest and Holland, 2011). Despite growing recognition and a rapidly increasing international evidence base for effective treatments, a serious level of unmet need for treatment exists for people experiencing dual diagnosis. The translation of evidence-based treatment into practice is weak, and a critical gap exists between what we "know" and what we "do" in utilizing effective treatments for this highly disadvantaged client group. In spite of the publication of guidelines promoting integrated care (e.g. Department of Health (UK), 2002) and treatment competency frameworks (e.g. Hughes, 2006), a decade later integrated care still remains an unfulfilled vision for many mainstream healthcare services and is mostly confined to specialist treatment units (van Wamel et al., 2015). It is essential that we transport empirically tested treatment models to the frontline of healthcare in order to ensure a better response to dual diagnosis.

The purpose of this novel special issue is to overcome a key barrier for the dissemination of psychological interventions into practice, by supporting the public accessibility of evidence-based treatment manuals and implementation guides for comorbid mental and substance use disorders. Our intentions for this special issue are twofold. First, we aspire to facilitate further research and replication of comorbidity treatment models internationally, thereby growing and strengthening the field and improving what we "know." Second, we seek to enable clinicians across primary, secondary and tertiary services to implement high-quality, theoretically grounded and empirically-supported psychosocial treatments with people experiencing mental and substance use disorders, thereby improving what we "do."

This issue brings together a collection of papers that describe the treatment procedures for comorbid presentations encountered in diverse clinical settings. The diversity of treatment approaches described in this issue reflects the very nature of comorbidity: where the combination of heterogeneous diagnostic, demographic and contextual features can

complicate treatment. Furthermore, these papers acknowledge and address the unique challenges of working in outpatient, inpatient and custodial settings. The contributions include an enhanced motivational intervention for young people with substance use problems and comorbid depression/anxiety (Hides et al., 2016), a brief integrated motivational intervention for substance use with psychiatric hospital inpatients (Graham et al., 2016), behavioral activation treatments for major depressive disorder and comorbid substance use disorders (Daughters et al., 2016; MacPherson et al., 2016); impulsive lifestyle counseling (ILC) for patients with antisocial personality disorder and substance use disorders (Hesse and Thylstrup, 2016); and substance use interventions applied in a high security personality disorder treatment unit (Bennett and Hunter, 2016). Not only are the comorbidities targeted by these interventions highly prevalent, but they often impose a large toll on individuals experiencing these conditions, clinicians assisting people to regain functional and symptomatic recovery, and also broader society (e.g. lost productivity, healthcare and criminal justice costs).

Each paper is structured similarly, by first placing the treatment described within the context of the targeted comorbid conditions and the treatment settings where these conditions are commonly encountered. Theoretical concepts are presented as a foundation for the treatment approach, with specific procedures, illustrative case examples, examples of clinician-client dialogue, and research evidence providing a practical guide to implementation in these treatment settings. Examples of worksheets and homework activities are included where available, along with instructional details about how to implement the core cognitive, behavioral, psycho-educational and motivational strategies. Importantly, suggestions to enhance engagement and adherence to the treatment protocols are provided, along with strategies to maintain confidentiality and minimize risk to the person and clinician. These final points are critically important and are frequent barriers experienced by people with comorbidity when attempting to access and complete a treatment program (Baker et al., 2014). Discussion sections highlight the potential areas for expansion of the treatment protocols beyond the comorbidities described and the settings in which they have been trialed, including suggested directions for future research.

The theoretical basis underpinning the treatments described in this special issue is generally cognitive behavioral in nature. Some treatments, however, enhance this model by integrating motivational interviewing strategies (QuikFix, BIMl, InsideOut treatment models), behavioral activation (LETS ACT, BATS treatment models) and psycho-education (Iceberg, ILC treatment models) into a comorbidity-specific treatment package. A significant innovation is the tailoring of some of these intervention strategies to the client's personality or relating style (e.g. ILC, Iceberg, QuikFix), which has important implications for the design and delivery of future programs tailored to the specific challenges in treating young people, people with difficulties related to personality and interpersonal factors, and those who are "coerced" into care (e.g. by virtue of a custodial sentence). It is evident in these emerging approaches to behavior change that our field is moving in the direction of tailored interventions; attending to important aspects of clients' demographic characteristics, diagnostic presentations, personality features and social life contexts. We welcome this move toward personalized care in a way that is grounded in theory and supporting data. Furthermore, treatments have been designed so that they can be delivered by virtually any health professional working with people experiencing comorbidity, across a range of inpatient, outpatient, community and

forensic settings. If this international collection of papers offers us a window to the future of psychological care for complex cases, we will see more personalized, brief, parsimonious, flexible and accessible interventions in future.

Common to all treatments are the key principles of expressing empathy, minimizing the use of labeling behaviors in pejorative terms, seeing the client as a person who is operating in a context of social, familial and other environmental challenges. A noteworthy aspect of some of the treatments described in this issue (LETS ACT, BATS, ILC) is the explicit need to attend to clients' personal values, interests and aspirations. This is likely to enable clinicians to establish and strengthen the therapeutic alliance, using idiographic information (e.g. personal values and goals) to guide behavior change in a way that is contextually adaptive and personally meaningful to the individual. The clinical wisdom of attending to empathy and the alliance as important drivers of treatment outcome is backed up by evidence from meta-analyses (Elliott et al., 2011; Horvath et al., 2011). It is also known that certain personality traits are associated with poorer outcomes (e.g. impulsivity is associated with chronic substance use; Moeller and Dougherty, 2002) and require targeted interventions (e.g. reactant/resistant patients respond better to non-directive approaches; Beutler et al., 2011). Consistent with the evidence, these treatment approaches guide clinicians on how to adapt language, questioning techniques, therapeutic style (e.g. more or less directive) and provision of treatment strategies according to the client's preparedness to focus on particular aspects of their current situation. These principles are similar to those put forward by Guest and Holland (2011) for supporting individuals with complex presentations, reflecting best practice and expert advice in comorbidity treatment planning and delivery.

Twenty years ago, Hall (1996) called for urgent attention to the treatment of comorbid mental health and substance use disorders. Researchers were urged to include, rather than exclude, people with these comorbid conditions in studies that test the effectiveness of treatments for either condition as a single focus, and more particularly that researchers should additionally focus on developing and testing interventions specifically for people with such comorbidity (Hall, 1996). We are pleased to report that significant effort and attention has been paid to both of these goals in the intervening period, and although much work remains to be done, this special issue demonstrates how traditional treatments can be enhanced into a comorbidity-specific, effective treatment package. It is important to remark that the dissemination of these interventions (and other evidence-based approaches not covered in this special issue) should be supported by adequate training and clinical supervision. Much work remains to be done on exploring the most feasible and cost-effective ways to train practitioners to implement such approaches competently in routine care, particularly as financial constraints and organizational pressures may work against our efforts to close the science-practice gap. We also advise the reader that, despite promising pilot data, solid grounding in theory, and rigorous peer review, the interventions reported in this special issue are still novel and some have only preliminary empirical support. There is a need, as always, for replication to occur, and for efficacy and effectiveness trials to be conducted and published to continue to build a solid evidence base for the treatment of a range of comorbidities described herein. It is our hope that this special issue will help to facilitate this.

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