

**Cognitive Behavioral Therapy and Addiction Disorders: A Study of Effectiveness of
Digital Mental Health Interventions**

Andrew L. Stokes

Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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Abstract

The purpose of this qualitative descriptive case study was to review the effectiveness of cognitive behavioral therapy (CBT) with addiction disorders as measured with digital mental health interventions when traditional face-to-face methods were not available. Most of the United States was shut down at the height of COVID-19 pandemic and it made it difficult for patients to receive mental health care. Many had to turn to telehealth or some other form of eHealth. The pandemic left many wondering how they could receive the care they needed. Through the course of the pandemic, many Americans turned to substances to cope with their emotions. There was a rise in mental health patients and cases during that time. This study shows how patients coped with their addictions and how they were seen during the pandemic by mental health providers. It illustrates how alcohol use disorder (AUD) and substance use disorder (SUD) responds to CBT. Also, indicates the effectiveness of digital mental health interventions (DMHIs). Twenty participants from Hinds Behavioral Health (Region 9) of Jackson, MS shared their experiences about the pandemic and AUD and SUD treatment. The CBT theory that guided the study. This research assessed how effective CBT is and why most therapists depend on it for the health and welfare of patients. The data for this research were collected and transcribed through the lived experiences of the individuals who have been receiving treatment since the start of the pandemic. Thematic analysis was applied to analyze the data.

Keywords: pandemic, interventions, therapy, patients, experiences, modality, and digital

Copyright Page

Dedication

I want to thank God for the gift of writing and your patience with me. Thank you for saving me and putting me on this path. This study is dedicated to my wife Benardytte and my children Cameron, Madisyn, and Ayden. I love you all dearly and I do everything for you and the kids. Ben, I would like to thank you for pushing me to always do more and for being a great wife, supporter, and friend. Also, I dedicate this to my parents and sisters Andrew, Linda, Makati, and Ariel. I would be nothing without the four of you and I love the motivation and support that each of you show daily. Mom, I want thank you for always instilling in me that “nothing comes to the sleeper, but a dream.” I take that with me always and I always want to do more. Jahliya and Trenton, I love you both and you can be whatever you dream. Constance and Carter, you two are the greatest and I love you both. I would also like to dedicate this to my In-Laws Benard and Lovie. You two are the epitome of greatness and I love you dearly. Also, I dedicate this to my counter-part Yolanda Carter. You are greatest friend and confidant that I could ask for. You are destined for great things. Lastly, I would like to dedicate this Dr. Jean Dabit and Devonne Connors. I stand on your shoulders and I have learned from each of you. Thank you all for everything that you do for me. I love you all dearly.

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List of Abbreviations

Alcohol Use Disorder (AUD)

Applications (APP)

Cognitive Behavioral Therapy (CBT)

Digital Mental Health Interventions (DMHI)

Digital Therapeutics (DT)

Electronic Device (eDevice)

Electronic Health (eHealth)

Internet Enabled Device (IED)

National Survey on Drug Use and History (NSDUH)

Novel Coronavirus 2019 (COVID-19)

Posttraumatic Stress Disorder (PTSD)

Substance Use Disorder (SUD)

Telephonic Health Care (TeleHealth)

Virtual Reality (VR)

Chapter One: Introduction

Overview

The world has experienced varying changes within the past three years. The year 2020 initiated change, and a medical pandemic swept the globe not seen in 100 years. COVID-19, a global pandemic completely modified the world. Furthermore, with change came different problems affecting people's daily lives. According to the findings of one study, within one year, alcohol related liver deaths increased by 8,000 people (Rowland et al., 2022). These statistics suggests that alcohol become a major problem since the start of the pandemic. As Rowland et al. (2022) stated, alcohol consumption and binge drinking increased by 21 percent. Alcohol use and substance use continued to be a problem because people were home more due to lockdowns (Rowland et al., 2022). COVID-19 pandemic has many unintended consequences with unknown long-term impact.

One of the ways to combat alcohol use disorder (AUD) and substance use disorder (AUD) is applying intensive therapy. Many therapeutic treatments are available, but one of the most effective ways for treating addiction is cognitive behavioral therapy (CBT). Solness et al. (2021) suggested that CBT is one of the most popular psychotherapy approaches for treating substance use disorder. One of the ways that the pandemic changed treatment is therapists had to primarily rely on digital mental health interventions (DMHIs). However, most therapists were completely new in using technology, leaving most traditional patients and therapists questioning the effectiveness of the treatment (Edit-Boro, 2020).

However, the pandemic has demonstrated that digital mental health interventions along with CBT could be effective in treating patients with alcohol use disorder (AUD) and substance use disorder (AUD). Frings et al., (2020) found that online service intervention is a healthy

alternative to face-to-face methods. Patients are still being treated with the same care and often deem their homes or place as the most comfortable. Most therapists have concluded that they will continue using digital methods as a means in treating patients (Frings et al., 2020).

Therefore, the pandemic ushered in change and most of it is here to stay. The effectiveness of digital mental health interventions along with CBT will continue to help patients dealing with AUDs and SUDs.

Background

Alcohol use disorder and substance use disorder have been a growing concern since the start of the pandemic (Rowland et al., 2022). Many people are affected by these disorders annually, but the numbers have significantly grown since COVID-19 began. Although some people were in treatment for these disorders, the government shutdowns in response to the pandemic worsened the numbers. That left many people wondering how they would receive treatment or even if they could see a provider (Rowland et al., 2022). Telehealth is not a new technology, and it became the primary source of treatment for most of the affected patients. Technology enabled services (TES) became more prominent as the pandemic progressed and it opened the door for many other technologies.

Digital mental health interventions (DMHI) quickly became a source of help for those who needed mental health services. These services are empirically verified and very effective in treating SUDs or AUDs (Mahoney et al., 2021). One of the preferred methods of treatment for AUDs and SUDs is CBT. CBT processes thoughts and emotions and it could help deal with the negative feelings in a positive way (Marques & Braidwood, 2021). This modality of therapy is one of the primary methods of treatment used by most of the therapists today. Thus, CBT would continue to be on the methods of treatment, especially when it comes to alcohol and substance

use due to its effectiveness (Solness et al., 2021).

This research demonstrated how effective DMHIs could be used to treat AUDs and SUDs when paired with CBT. Most of the patients who were being treated did not have the resources available when the pandemic first started. DMHIs helped and provided services for them. Tran et al., (2020) found that AUD and SUD could be very hard to overcome because majority of the patients dealing with these disorders have a dependence on alcohol and substances. However, DMHIs paired with CBT could help patients coping with the dependency and help those who are in need (Frings et al., 2020; Solness et al., 2021).

DMHIs are not without their problems. There could be drawbacks on the services that they provide. One of the largest issues that TES presents is the ease of use (Tran et al., 2020). Although DMHIs were not a novel idea when the pandemic started, they were new to several patients because they had never used them before. Ehealth technology could present a problem for many, but the elderly could often have the most complications when it comes to technology. Skaine (2015) said that more often, elderly patients are overlooked because of their age. While the research addressed these challenges and it showed the efficacy of DMHIs in treatment. Indeed, problems for the elderly could be mitigated when using DMHIs technology (Skaine, 2015).

Situation to Self

The research on digital technology is critical in the contemporary world characterized by diverse diseases and the need for highly accessible, but effective treatment approaches. Most of the world uses technology in different ways, including DMHIs as another method that technology could be used to help patients. Most of the research in this study is presented from the personal experiences and situations of diverse patients. DMHIs changed the lives of many

when the pandemic started. If a patient had a smartphone, tablet, or any type of device the services could be used. Mental health applications and podcasts are increasingly prominent today, making people subscribe and seek help from online services (Frings et al., 2020).

The reason behind the success of DMHIs is that they are noninvasive and could provide privacy that most patients want (Frings et al., 2020). There is still a significant number of stigmas associated with mental health and most people do not want others to know that they might be consulting a therapist (Arnfred et al., 2021). Therefore, the eHealth services offer privacy, and many people use them in the comfort of their homes. DMHIs could also be used at any time unlike traditional face-to-face methods that require the patient to directly meet and consult a therapist on a schedule or blocked times (Frings et al., 2020). Hence, such services are readily available and majority of people could access to them at will.

As Frings et al. (2020) opined, health services technology would continue to be successful because there is a significant market for the use of digital mental health. There are apps and different websites that provide DMHIs as a way of combating mental health issues. Nonetheless, traditional methods are still important, but there is a need for non-traditional methods as well. As long as people need therapy, there will be DMHIs. The need for privacy and the need for comfort and accessibility would continue to promote the using this technology. TESs are continuing to grow and have made a lasting imprint on the mental health care scene.

Problem Statement

DMHIs and the technology that surrounds them could be used to treat individuals with mental health issues and substance use disorders (Gilbert et al., 2021). This technology, along with CBT could be effective in treating addiction and substance use patients (Carl et al., 2020). COVID-19 pandemic caused several health care facilities and mental health institutions to close

rapidly. As the government shutdowns progressed, patients did not know if their treatment would be discontinued or permanently removed. Numerous patients were left to rely on being treated from home instead of using traditional face-to-face methods of counseling. Those eservices methods were completely new in some cases and the effectiveness of treatment could be questionable (Zhou et al., 2021). According to Hall (2021) DMHIs are often looked at as the solution to the global mental health crisis. Telehealth could connect clients with health services' providers from multiple locations simultaneously. This study highlights the importance of CBT and how it could be used with DMHIs in treating patients with addiction and substance use disorders.

CBT is one of the premier treatment modalities that therapists use in treating mental health disorders. Hundt et al. (2017) mentioned that CBT replaces negative thoughts with more positive cognitions. This method of therapy has been known to effectively treat both AUDs and SUDs (Solness et al., 2021). However, one question about it is how it could fairly applied in treating patients through non-traditional methods of counseling. Most patients rely on traditional face-to-face methods for treatment. Counseling could be an extremely private affair and with DMHIs a patient is usually on their own with the TES. Carl et al. (2020) stated that cognitive behavioral therapy helps patients to realize that they are not alone in treatment. DMHIs have been very reliable in treating patients with AUDs and SUDs (Solness et al., 2021).

DMHIs face some challenges (Zhou et al., 2021). While they have been proven to be effective and their efficacy level is high, they could be looked at slightly different as traditional methods (Carl et al., 2020). One of the biggest problems with this technology is that it could be hard to figure out. Many of the technology users are middle aged and senior citizens; the latter might not know how to work different applications (Carl et al., 2020). Another problem

highlighted in the literature is that the technology might not give a reliable diagnosis for more serious disorders, implying that mental health diagnosis with DMHIs might not be suitable (Frings et al., 2020). Although the information could be reliable, but for some disorders, the diagnosis might be inaccurate causing more problems.

Alcohol and substance use could be hard to treat if a patient is resistant to change. Treating disorders with DMHIs especially AUDs and SUDS might be complicated if the patient is resistant to change (Hundt et al., 2017). Many people believe in traditional methods of treatment and therefore feel more comfortable with seeing a counselor about their conditions or illnesses. This aspect could be true especially for those not comfortable with tech-based services. This move could often be one of the biggest drawbacks to using digital technology for treatment.

Purpose Statement

The purpose of this qualitative descriptive case study is to understand how mental health patients with addiction disorders describe their lived-experiences with cognitive behavioral therapy in the Southern United States. It is designed to assess the effectiveness of CBT with addiction disorders. The efficacy of the modality is measured using DMHIs when traditional face-to-face methods are not available. During the height of COVID-19 pandemic, most of the country was shut down due to the coronavirus. The movement and social restrictions made it hard especially, for most patients to receive mental health care if not in an inpatient facility.

Many patients had to turn to telehealth or some form of ehealth as a means to see a provider or a therapist. During the course of the pandemic, several people turned to alcohol and substances to cope with the pressure arising from the pandemic and government restriction (Rowland et al., 2022). There was also a rise in mental health cases around the country. The spike in mental health cases could be attributed to the global coronavirus pandemic (Tran et al.,

2020). This research shows how many patients coped with their AUD and SUD diagnosis while under care of a therapist using DMHIs. It also highlights the effectiveness of CBT when coupled with DMHIs. CBT is considered to be the gold standard when treating patients with AUDs and SUDs (Frings et al., 2020).

The research for this study took place at Hinds Behavioral Health (Region 9) in Jackson, MS. This facility is the largest mental health treatment facility in the state and more patients are treated at this institution than anywhere else in Mississippi. Region 9 is guided by the Mississippi Department of Mental Health, which allowed the research to be conducted at this facility. Most of the patients in the Alcohol and Substance Abuse Program were dealing with dual diagnosis and use disorder complications. The patients were treated with DMHIs during the height of the pandemic. This research shows the effectiveness of CBT and how it provides healing for those with alcohol and substance use disorder.

Significance of the Study

Over the course of three years, COVID-19 pandemic changed the healthcare system, including the mental health system. Many patients were not able to seek medical or mental health care because of the shutdowns and restrictions. This research shows how patients dealt with their mental health during the restrictive coronavirus period. The study also highlights the significance of CBT and its effectiveness against alcohol and substance use. Many patients turned to alcohol or substances to cope with what was going on (Rowland et al., 2022). According to the National Survey on Drug Use and History (NSDUH, 2020), many people started drinking to cope with everyday life during COVID-19 pandemic.

CBT is one of the methods used in treating patients with AUD or SUD. Arnfred et al. (2021) vocalized that CBT was highly effective in treating most mental health disorders. This

form of therapy has various applications and its significance to the field of mental health is profound. This study shows just how significant CBT is and how it could be used to treat patients with anxiety, depression, PTSD, and other disorders. AUDs and SUDs are no exception to its treatment. Carl et al. (2020) implied that while CBT was effective on different disorders, most substance use disorders were treated with this modality. Thus, CBT could play a large role in the development and care of patients who have AUDs and SUDs

DMHIs have the ability to change people's lives for the better (Carl et al., 2020). They could be a useful tool in therapy, providing therapeutic assistance when traditional face-to-face methods could not be available. Edit-Boro (2020) noted that DMHIs could be an effective tool in assisting patients in need. Using ehealth has completely revolutionized health care. This study shows how digital technology is being used to help people in the mental health care sector. Applying technology is completely revolutionizing how patients could be seen and cared for. Mohr, (2017) implied that digital mental health technology has been verified and had high efficacy levels.

Research Questions

This research study is centered on the effectiveness of CBT in treating or managing AUD and SUD. It is based on the actual responses given by the participants from Hinds Behavioral Health (Region 9). Each member utilized a questionnaire developed by the researcher. The questions were tailored to examine how effective CBT could be with AUD and SUD patients and the role of DMHIs in their treatment during the closures that happened during COVID-19 pandemic. The research questions helped with the data collection process to give a clear and concise picture of how CBT works and how it could be used to help patients using

DMHIs to consult therapist. The DMHIs were available because traditional face-to-face methods were restricted due to COVID-19 lockdown.

RQ1. How do mental health patients with addiction disorders describe their experiences with cognitive behavioral therapy?

RQ2. How do therapists describe their experiences with cognitive behavioral therapy in treating patients with addiction disorders?

These research questions provided suitable information for the research study. Each participant was asked to answer each question to the best of their knowledge. Consent for the interviews was sought before the respondents could participate in the study. No names or personal info was used when compiling the information for the research. Each patient was notified of the research progress and all information made available to them upon request.

Definitions

This research highlights the effectiveness of CBT when used to treat addiction and substance use disorders. Many of the patients used DMHIs as a source for treatment. Reasonably, most face-to-face traditional methods were not available. Many of the terms used in the research helped the progress of the study, as they were pertinent to the reader to better understand the study findings.

Cognitive. The process of relating or being. (Carl et al., 2020)

Addiction. Condition involving the use of a substance such as alcohol. Dayton (, 2014)

Substance. A drug, chemical, or other material; often linked to an illegal matter. (Frings et al., 2020)

Therapy. Treatment of illness, injury, or a disability. (Gilbert et al., 2021)

Digital. Operation that is done remotely or the use of technology. (Hall, 2021).

Intervention. Methods that could act as prevention or the process of intervening.

(Rowland et al., 2022)

Methods. An object in technology, a method is a process of using technology. (Porter et al., 2018)

Technology. The practical application of knowledge to different methods of treatment. (Craig et al., 2021)

Treatment. The application of psychotherapy (Department of Veteran Affairs, 2021)

Effectiveness. Leaving a lasting impression and validity on the topic. (Zhou et al., 2021).

Summary

Various things have changed around the world since the start of the pandemic. Some people developed AUD and or/SUD as a result of circumstantial moments in their lives. According to the NSDUH (2020), 42 percent of people who abuse alcohol or substances developed a dependence on the substances. The development of AUDs and SUDs were very common during the height of the pandemic. Government shutdowns forced many health and mental health facilities to close. This move left people searching for some way to get help with their drug dependency problems. Most turned to mental health professionals to get the help that they needed.

COVID-19 pandemic caused many long-term changes on the health care system. One of those transformations is patients using DMHIs to consult a mental health provider. Digital technology for the health care industry was not new. However, most of the technology used in DMHIs was novel to the masses. Hall (2021) submitted that digital mental health technology was a unique way of seeking mental health provisions. This technology provided the help that people needed at the time. DMHIs are proven to be effective although some patients are hesitant to the

technology. However, most of them have come to embrace it and in some cases, it is preferred over traditional face-to-face methods.

CBT has proven to be one of the most effective ways to treat patients with mental health disorders. This modality is one of the preferred methods in treating patients with AUDs or SUDs (Carl et al., 2020). Those with AUDs or SUDs develop some type of mental health disorder along with the drug or substance use disorder. Getting treatment for these disorders is important and CBT could help with facilitating the much-needed assistance. It continues to thrive in helping patients with AUD and SUDs.

This research shows the effectiveness of CBT when used for treating patients with substance use disorders. The study also highlights the importance of DMHIs when traditional face-to-face methods are not available. Porter et al. (2018) mentioned DMHIs as being a rapid and new technology that fosters access to health services.

Chapter Two: Literature Review

Introduction

Substance use disorder (SUD) and the alcohol use disorder (AUD) have been on the rise globally since the start of COVID-19 pandemic (Gutierrez et al. (2020). The coronavirus left many wondering if they would ever be the same again or if they could get help. Since the start of the pandemic, several people turned to therapists to receive treatment. However, it became a challenge to see a therapist since most offices were closed due to the pandemic restrictions. Technology enabled services (TES) became more common as the epidemic progressed, allowing digital mental health interventions (DMHI) to become the go-to source treatment for those struggling for psychiatric assistance.

Studies show therapists use many different treatment modalities to treat patients (Cook et al., 2005). According to Mahoney et al. (2021) different methods of treatment could be used to treat individuals with mental health disorders. However, as (Lau et al., 2015) opined, cognitive behavior therapy (CBT) has been one of the most trusted methods in treating patients struggling with a SUD or AUD. This is because CBT could help patients deal with their current situations. It also could address any trauma or traumatic experiences that might lead individuals to using substances or alcohol (Lau et al., 2015). This particular topic addresses some of the gaps left in treatment when the pandemic first started, as several people did not know where to turn to or what they would do during that time.

This study shows how patients with AUD and SUD are treated using CBT. It also highlights DMHI's as and its role as a treatment of choice for so many. eHealth has progressed and has become a force for physical and mental health. Majority of people from around the world have been treated using DMHI, although some do not see the effectiveness of the

treatments and still prefer face-to-face methods of treatment (Carl et al., 2020). CBT remains one of the most used treatment methods in therapy since it is seen as a method that could help patients in their treatment for disorders.

Overview

The world had not seen anything like COVID-19 pandemic within 100 years. This disease crippled the entire world with almost every bit of people's daily activity coming to a screeching halt. The pandemic gave rise to many things, but two in particular are increased cases of SUDs and AUDs. According to Carlier et al. (2020) COVID-19 pandemic proved to be one of the toughest things that had been seen in quite some time. No one had ever faced the effects of it. The rise of SUDs and AUDs hit an all-time high in 2020.

SUD and AUD became among of the biggest problems in the United States since the Prohibition Era according to many scholars (Gutierrez et al., 2020). People wanted to reach out for help, but they did not know where or who to turn because of the limitations imposed by the pandemic. Isralowitz et al. (2021) mentioned that some people turned to alcohol or drugs to cope with daily living because the pandemic affected not only adults but also youth and adolescents, making them victims of their circumstances trying to get the help that they desperately needed.

According the to the National Survey on Drug Use and Health (NSDUH, 2020), an average of 19.7 million Americans ages 12 and older battle a substance use disorder. This number has continued to rise since the start of the pandemic. From the same survey, nearly 74 percent of adults suffering from SUD also suffer from an AUD as well. This means that many adults in the United States had/have some type of problem with substances before the onset of COVID-19. Nonetheless, Salvador et al. (2020) stated that most of those dealing with illicit

substances often rely on alcohol as a means to cope with their lives. AUDs and SUDs could have lasting impacts on the affected individuals.

Many in the country started to seek help, but most were afraid or did not know where to turn to get assistance. That assistance came in the form of mental health therapy. However, there was a problem on how the patients would be seen during a time of national shut down and confusion. Consequently, counseling services started offering digital mental health services. Archer et al. (2021) mentioned that the psychological outcomes of DMHI are the same as face-to-face methods. Services rendered by DMHIs often proved to have the same effects as traditional methods on patients seeking treatment.

The reliance of technology has reached an unprecedented height since the rise of COVID-19. More and more people rely on computers, phones, and digital applications (Zhou et al., 2021). This makes DMHIs more and more in demand. DMHIs could be applied on both psychological and medical disorders. Marques and Braidwood (2021) mentioned that digital mental health changed since the start of the pandemic. While some experts still do not quite understand the implications of DMHIs, they seem to appreciate that the approach worked during the height of the pandemic. Many researchers hope that that spike would continue and probably drive future innovations.

The promise of DMHIs and their tools would be beneficial for patients now and the future. There is a huge demand on the mental health field since the start of the pandemic, especially for individuals dealing with AUDs and SUDs (Tran et al., 2020). Accordingly, Tran et al. (2020) expounded that study more than 20 percent of Americans dealing with AUD or SUD seek some form of mental health treatment. The treatment might come in the form of a DMHI. These treatments have proven to be effective, and could help those who need them the most.

Digital therapeutics (DT) are the same treatment that most would receive rather than using traditional face-to-face methods of treatment. Motivational guidance is the key when using DTs and DMHIs.

DMHIs saw a huge spike during the peak of the pandemic. Many were left to face the uncertainty of mental health treatment with an unusual method of treatment. Arnfred et al. (2021) pointed out that virtual reality exposure unlikely exploded to the forefront mental health treatment. This technology was not new, but most people had never used it before the pandemic happened. DMHIs allow patients to be seen from their homes or wherever they could be. This method has proven effective since the start of the pandemic and might be beyond for most practitioners (Hall, 2021).

Theoretical Framework

CBT is an effective form of psychological treatment practiced by most therapists globally. According to Arnfred et al. (2021) CBT is a standard for treating individuals with most disorders. The theory behind this method of therapy is that it deals with people's thoughts, emotions, and our body sensations. This behavior is all connected and deals with the way that individuals feel and think. This aspect underscores the efficacy of CBT particularly against anxiety, depression, PTSD, and many other disorders. It could also be helpful when dealing with adults, children, and adolescent. CBT is flexible, and has been proven to be effective not only through face-to-face, but also on-line, and DMHIs.

There are different modalities of treatment available, and each therapeutic method is grounded in its own theory. These theories work on the assumptions of how people work and deal with issues psychologically. This perspective remains the foundation upon which CBT and the treatments behind it have been built. Carl et al. (2020) stated that CBT is one of the most

effective treatments available for many disorders. It uses a wide range of talking therapies that focus on people's thoughts and feelings. This in turn suggests that what the people do and the way their body feel is connected.

CBT is a time-sensitive and structured modality (Cohen & Mannarino, 2015). It is also present-oriented, and it has proven to be empirically and scientifically tested. This treatment method helps individuals to get better and stay healthy (Cohen & Mannarino, 2015). The theory behind CBT is that it helps individuals to perceive a situation better than it actually is. If an individual is in a crisis their thoughts could often be distorted. Reasonably, the involved person is distressed and in a complicated train of thought. CBT helps such individuals deal with the distressing thoughts by evaluating them from the standpoint of how realistic they could be. It modifies stressing thoughts into more realistic and positive ones. When a person deals with more realistic thoughts, they feel better (Cox et al., 2020). Therefore, CBT could help people feel better.

A cognitive model is the CBT's main support (Craig et al., 2021). This model describes how people thoughts and perceptions influence the way that they feel and think. The cognitive model is centered at the core of the theory, playing an essential role in how therapists use the modality on patients (Craig et al., 2021). CBT deals with negative thoughts and perceptions (Craig et al., 2021). Therapists use patient's information to develop strategies and guide them on how to treat individuals in need of CBT treatment. Essentially, this formulation fosters developing a therapeutic relationship, setting goals for the treatment, planning treatment, and selecting interventions for the treatment as a whole.

CBT deals with positive psychology, making it imperative for practitioners to use with individuals needing positive reinforcement (Craig et al., 2021). The positive reinforcement

could help people gain a deeper understanding of their behavior hence helping them to improve their mood and feelings. Gilbert et al. (2021) said that cognitive behavioral therapy is an excellent way to aid individuals change their entire way of thinking. The change could increase mindfulness by reducing negative thoughts. Thus, CBT could provide a healthier outlook on people's personal situation and help them to improve their future functioning.

CBT has proven to be effective in treating patients with a myriad of disorders. Whether it is depression or anxiety, it has demonstrated to counter various of psychological problems. Hayes et al. (2017) implied that CBT helps those with different disorders. It equips patients with the tools they need to access psychological healing. This capacity helps the patient to become self-motivated while attaining emotional healing as well. It is an intentional combination of methodological and behavioral procedures that could influence adjustment. This change could come in the form of understanding thoughts and then purposely changing them for the better. This attribute makes CBT a mechanism for change.

Psychiatrists use CBT for both short- and long-term treatments (Cohen & Mannarino, 2015). Given that CBT is goal-oriented makes it an effective approach for patients (Evans et al., 2021). It could be used as a behavioral therapy, as well as psychotherapy (Hundt et al., 2017). CBT takes a hands-on approach to problem solving by focusing on the personal meaning of individual's thoughts, including thoughts from childhood or adulthood. Behavioral therapy emphasizes a close relationship between personal problems and thoughts. In this case CBT helps an individual to focus on their feelings, including those stemming from thoughts.

According to Cohen and Mannarino (2015) CBT stresses the importance of cognitive processes such as patient's feelings and emotions. This approach could also change attitudes and behaviors because it provides a deeper understanding of oneself. The understanding could come

because an individual would be in control of their thoughts, beliefs, and attitude. Mahoney et al. (2021) cited that CBT allows individuals to overcome their negative thoughts. Being in control of one's thoughts gives the individual the necessary mindset to meet their specific needs. This feature demonstrates that CBT treatment could be customizable for the patients. The tailored experience makes CBT unique and it effective in treating different disorders.

Although there are different methods of treating psychological disorders, CBT could be viewed as an umbrella term for the varying forms of therapy (Carl et al., 2020). Reasonably, CBT is used to treat cognitive dysfunction and maladaptive behaviors. Furthermore, it is used in treating automatic thoughts. Adverse childhood attitudes could have an overbearing on people's thoughts especially in triggering negative perceptions. According to Surnata et al. (2020), negative thoughts could be treated with CBT's positive reinforcement. CBT could aid a person's ability to deal with negative thoughts by replacing them with more positive ones hence, giving the patient a deeper understanding of themselves.

Patients need proper self-understanding to clear up distortions and negative perceptions that individuals could have about themselves (Carl et al., 2020). CBT helps clear up misconceptions and treat multiple psychiatric problems. Some of those disorders are depression, anxiety, eating disorders, anger management, and alcohol and substance abuse. According to Cohen and Mannarino (2015), there are five areas believed to be interconnected and affect one another: situations, thoughts, emotions, physical feelings, and actions. How an individual feel could affect the prevailing situation, causing physical and emotional damage depending on the person. Consequently, person's thoughts, emotions, feelings, and behavior could be distorted either positively or negatively.

As past scholarly research showed, CBT could help breakdown problems into smaller pieces, allowing a therapist to deal with the issue uniquely (Cohen & Mannarino, 2015). This technique aid patients in dealing with negative and automatic thoughts. Craig et al. (2021) stated that therapy could negate negative thoughts and help in replacing them with more positive ones. The overall goal of the CBT modality is to teach the skill of breaking down negative thoughts and replacing them with more positive and helpful ones. This aspect makes CBT a great therapeutic method for patients dealing with AUDs or SUDs because it allows them to handle their negative thoughts. It is also useful for patients with trauma (Craig et al., 2021)

Positive psychology and CBT have some overlap (Foa et al., 2018). Both approaches view the interaction between patient and therapist as a joint effort. (They both have cognitive reappraisal, a strong therapeutic alliance, and decisive goals. Moreover, Foa et al., (2018) noted that having a goal in therapy makes it easier to help the individual in need. CBT comes with several intervention techniques specifically, designed to assist people. Positive psychology has a similar design as well, but CBT focuses on reducing the presence of negative emotions (Foa et al., 2018). Therefore, CBT is beneficial in helping those with displaced thoughts and dismissive feelings.

A patient's participation in therapy is the key behind CBT working (Solness et al., 2021). Without the patient's commitment and involvement, a goal-oriented and problem centered therapy would not be effective (Solness et al., 2021). All sessions in CBT are well structured and clients have a better understanding of what they expect from the therapy (Cohen & Mannarino, 2015). Solness et al. (2021) mentioned that CBT effectiveness depends on how well the sessions are dictated. When the sessions are planned appropriately and thought through, it allows for the therapeutic bond between the patient and the therapist to happen. The relationship is crucial as it

is a part of the fundamentals in this CBT therapy. When the therapeutic bond happens, it allows the therapist to develop a deeper connection with the patient (Solness et al., 2021).

CBT is a time limited approach that calls for work outside of the office time for the success of the patient (Hayes et al., 2017). This CBT concept could assist patients dealing with an AUD or SUD. Tran et al. (2020) mentioned that a person with alcohol use disorder could benefit from CBT, since it allows patients to be taught techniques that could change their entire outlook on how they think. Its entire premise is teaching them ways that could be applicable in the future to better serve them. CBT allows individuals to focus on the good happening in their lives and how to better process those moments (Hayes et al., 2017).

In CBT, there can be psychological problems that develop through cognitive distortions (Tran et al., 2020). Much of Aaron Beck's work suggested that it is possible to correct a patient's thought distortions by developing skills that allow them to process an exposure to trauma properly (Tran et al., 2020). Some distortions include personalization, faculty of change, emotional reasoning, fallacy of fairness among others (Cohen & Mannarino, 2015). Correcting these factors would help a patient to process their thoughts more clearly. Arnfred et al. (2021) stated that cognitive distortions could often impair treatment and therefore need appropriate correcting. They might interfere with a patient's judgment and set the patient in place that might not be suitable psychologically.

There are pros and cons to using CBT. Just like any other method of therapy, there is always a risk of negative and unwanted feelings coming back (Cohen & Mannarino, 2015). One of the pros to using CBT is it could be helpful in treating mental health disorders that medications alone cannot improve. Another benefit of using CBT is that it could improve the quality of life for the individual being treated (Cohen & Mannarino, 2015). CBT could be used

on any age group to improve emotional processing (Gilbert et al., 2021). It could also be used in a variety of formats including in-person, online, or in workbooks (Cohen & Mannarino, 2015).

One of the biggest cons to using CBT method is that a patient might not commit to the process in its entirety (Craig et al., 2021). There is no sure way that therapist could automatically make a patient's problems go away. Another flaw is doing the amount of work that requires an individual to get healthy takes time (Craig et al., 2021). Some people might not want to complete the required steps in getting better. According to Hayes et al. (2017) CBT could address some emotions that might make the therapy an unwanted guest and pushing the patients to feel uncomfortable. Furthermore, patient's needs might not be met (Craig et al., 2021). This limitation could have a significant impact on an individual if they feel that their needs were not satisfied.

Related Literature

COVID-19 and Digital Mental Health

COVID-19 pandemic changed the face of health care around the world (Gomez-Calier et al., 2020). When the shutdowns began, it left several people with no security or a feeling that things would get better. They lacked necessities, driving most of them to AUDs and SUDs. The numbers for those affected by the two disorders exploded as people did not know who or what to turn to in the hopes of getting help (Frings et al., 2020). Earlier on, NSDUH (2020) had reported that there was an 18 percent rise in substance use disorder in 2018.

The pandemic ushered in an unprecedented wave in AUDs and SUDs (Frings et al., 2020). This had a considerable connection to the increased use of alcohol and substance and related emergencies, changes in patterns, and an increased risk of contracting COVID-19 (Frings

et al., 2020). Along with the changes that the pandemic brought with those disorders, there were new policies implemented on the sales of alcohol and the effects that it had on vulnerable groups (Frings et al., 2020). The exposed groups included men, women, adolescents, children and even the military (Department of Veteran Affairs, 2020). Within those same groups, mental health care also declined. Acosta et al. (2018) mentioned that the effects on mental health care changed tremendously over the past decade. The long-term effects of the pandemic were yet to be seen; however, the short-term effects were very visible (Rowland et al., 2022). Many of the people with AUDs and SUDs needed mental health services.

TES have quickly become one of the go-to sources for mental health services (Schneider et al., 2021). When the pandemic started, many healthcare and treatment facilities closed (Schneider et al., 2021). This left many people wondering how they would receive treatment. However, DMHIs quickly became a source of treatment that many started to rely on because they had been proven to be reliable for the needs of patients (Schneider et al., 2021). Technology has quickly opened a new frontier for mental health and its delivery. The support and the data collection have proven to be effective and could almost be accessed from anywhere (Schneider et al., 2021). Almost all the affected individuals had smart phones, tablets, or other portable devices thus, making DMHIs access easier (Surnata, 2020). Fonkoue (2020) stated that technological advances were furthering the care that patients could and would receive, as TES helped individuals improve.

COVID-19 crisis highlighted the role of telehealth and digital tools to help in the advancement of mental health care. Many practitioners and clinicians have realized the value that DMHIs could have in patient care. When the pandemic first began, DMHIs were fairly new to many people. Mari et al., (2021) highlighted that the pandemic eased the use of digital mental

health on practitioners because of the design and simplicity. Patients alike have recognized the importance that tech tools could play in helping change their lives. TES are relatively easy to use and could provide the desired traditional use and feel of face-to-face interventions, since they help patients in a mental health crisis (Surnata, 2020). Since the start of COVID-19 pandemic, many patients have relied on this service to help with their mental health needs. The technology was necessary and overdue and therefore it has helped millions get the treatment they needed (Surnata, 2020). During the time since the start of the pandemic, the rise in the use of the technology has expanded on a global stage. Blaustein and Kinniburgh (2019) mentioned that treating mental health is a welcomed priority, a role that DMHIs fulfil appropriately.

eHealth quickly became a way of treating individuals during the pandemic (Surnata, 2020). The service made mental healthcare less intrusive and more accessible for people who needed it. Using tele-mental health improves the provision of the services (Schneider et al., 2021). Thus, the tech-based services immediately became an important tool once the shutdowns occurred, as the services kept patients and providers safe while COVID-19 was spreading (Isralowitz et al., 2021). Without DMHIs individuals would have not received the treatment they were accustomed during the social and movement restrictions. These services could be made readily available in times of crisis and trouble. They provide some of the same methods as face-to-face interventions (Surnata, 2020).

DMHIs help those in need of immediate, but remote healthcare services. Mobile mental health support could be simple, but effective in its treatment impact (Isralowitz et al., 2021). If people could send a text, they could send a contact or emergency to a crisis center. Smart phones and other devices have made it relatively simple to help those who need to be helped. Besides, DMHIs could be used in a really easy and convenient way. Most are used in the privacy of the

home and there are no stigmas attached to using the service (Isralowitz et al., 2021). Gutierrez et al. (2020) acknowledged that there are stigmas associated with mental health and thus an awareness creation is essential in communities. However, the stigma makes many people feel comfortable when using TES for mental health purposes.

AUDs and SUDs cases increased during the coronavirus pandemic (Rowland et al., 2022). People had no outlet and nowhere to turn once the health crisis started so drinking and drug use escalated. The Department of Veterans Affairs (VA, 2021) saw an increase in patients with SUDs related to trauma during the peak of COVID Pandemic. Unfortunately, alcohol-related deaths in the US during the height of the pandemic were about 8,000 (Rowland et al., 2022).

COVID-19 pandemic created severe issues for the healthcare system during the height of the crisis (Zhou et al., 2021). It exposed much vulnerability in systems and organizations around the world. While some people engaged in the recreational use of alcohol, others indulged into illegal substances, causing numbers of AUD and SUD to skyrocket during the height of the pandemic (Rowland et al., 2022). Gutierrez et al. (2020) concluded that overall alcohol consumption increased tremendously by over 30 percent during the peak of the pandemic, and it is expected to continue to rise. There was a 41 percent increase in women drinking heavily during the pandemic (Gutierrez et al., 2020). People started drinking and using substances as a method of release during the pandemic (NSDUH, 2020). Although a large number of people have come forth to receive treatment for AUD and SUD, the disorders remain a problem in the United States and across the world (Rowland et al., 2022).

Telehealth services have proven to be the right solution to deliver mental health care during a crisis like COVID-19 (Zhou et al., 2021). These services offer quick and effective

treatment and could relatively be easy to use. Individuals with AUDs and SUDs often have co-occurring disorders and these treatments have been proven to be effective (Rowland et al., 2022). The NSDUH (2020) mentioned that more than five percent of individuals with SUDs have a co-occurring mental health disorder. DMHIs provide the right kind of treatment that could help these individuals process their emotions and feelings when it comes to treatment.

The interest in DMHIs peaked during the height of the COVID-19 pandemic (Surnata, 2020). Many clinicians knew that there was a huge potential for their services and the quality of care that they provided. As “flatten the curve” was pushed so was the spread of the virus and this made it hard to keep most health care establishments open (Surnata, 2020). Isralowitz et al. (2021) stated that the pandemic caused wide-spread fear and depression among many people. These worrisome experiences led to many using alcohol or substances to cope with their emotions and feelings, causing several people to develop AUD or SUD. Hence, they quickly turned to mental health care as a solution for their problems.

COVID-19 pandemic overwhelmed mental health care services and systems (Schneider et al., 2021). It caused delays in services and disrupted treatment access for so many around the world (Schneider et al., 2021). Those disruptions created a need for TES and DMHIs. DMHIs addressed various challenges that providers faced when the government shutdowns began (Surnata, 2020). Those services still provided the same services as traditional face-to-face methods. Mari et al. (2021) opined that there were different challenges in mental health during the pandemic. With the height of the crisis being extremely high, the pandemic caused a lapse in sustained mental health care. DMHIs provided a place for the mental healthcare of many to thrive during COVID-19.

The effectiveness of the DHMIs anchored in the realization that they could be used almost anywhere (Surnata, 2020). That also means that different treatment modalities for mental health could be used with a DMHI. CBT among the most versatile treatment approaches available and most readily used by therapists. According to Hayes et al. (2017), CBT's efficacy is higher in treating dual diagnosis. Most patients with AUD or SUD often has a dual diagnosis with some type of mental health disorder. These could be very hard to treat, but DMHIs have been effective in doing so.

AUD and SUD Treatment

Dealing with SUDs and AUDs is never easy. Many people have been coping with the diseases for quite some time especially for those who have significant trauma associated with the conditions (Lau et al., 2015). Burton et al. (2015) said that traumatic experiences often lead to deeper problems. Many individuals that have both disorders usually, have a dual diagnosis, pushing them to seek treatment. The NSDUH (2020) mentioned that 1 in 4 people seek help or treatment for their conditions.

AUD and SUD are both medical conditions characterized by impaired alcohol and substance use (Lau et al., 2015). A person loses the ability to stop both or could begin to develop the other. This is despite social status, occupational status, or even health consequences (NSDUH, 2020). The NSDUH (2020) reported that in 2020 more than 7 percent of the people in the country have had some challenge dealing with alcohol. AUDs and SUDs could be mild, moderate, or severe, but both depend on the individual affected. The disorders could leave lasting and devastating effects on the patients. The National Institute on Alcohol Abuse and Alcoholism (NIAAA, 2020) mentioned that 14.1 million adults ages 18 and older had an AUD in

2019). Those numbers have since risen when the COVID-19 pandemic began (Schneider et al., 2021).

A person's risk for developing an AUD or SUD depends on the individual. For alcohol use, it could be how much or how often and how quickly they drink the alcohol (Lau et al., 2015). For substances it can be a little more complex (Lau et al., 2015). It depends on the substance and the addictive quality of the substance as well. According to the NIAAA (2020), AUD and SUD could be passed on genetically, depending on the person affected. If a person drinks at an early age, they 5 times more likely to develop AUD (Lau et al., 2015). Using substances could also have the same effects on an individual (Lau et al., 2015). Markedly, AUDs and SUDs cause harm at an alarming rate.

AUD and SUD are complex, making a person's normal functioning extremely hard (Tran et al., 2020). Most of the individuals with the disorders are often negatively impacted. According to Bountress et al. (2019), AUD is one of the leading causes of interpersonal trauma. Both AUD and SUD disorders have profound impact on patients. This could lead to a myriad of psychological and psychical effects on those individuals who are involved. Many of those individuals do not seek treatment and some often end up with life threatening diseases or in some extreme cases, death. Majority of the individuals with AUDs or SUDs began drinking or using the substances at an early age and that puts them at risk for having these disorders.

Genetics and family history could play a role in individuals having AUD or SUD. The NSDUH (2020) mentioned that approximately 60 percent of AUD and SUD stems from heritability. A person's genes determine whether they would develop these disorders. The same could be said about other major health disorders (Tran et al., 2020). Parents who drink or use substances in front of their kids, might inspire them to become drinkers themselves (Lau et

al., 2015). If a person abuses legal or illegal substances in front of their children, it is likely that the children will become abusers as well. AUD and SUD cause negative effects to the affected.

Both AUD and SUD disorders could lead to mental health conditions and trauma (Tran et al., 2020). Frings et al. (2020) mentioned that alcohol use disorder is often accompanied by trauma and therapy. The disorders could culminate into conditions such as depression, posttraumatic stress disorder (PTSD), and attention deficit hyper activity disorder (ADHD; Foa et al., 2019). These disorders produce many co-occurring disorders and often need some type of therapy to treat (Foa et al., 2019). Many of the individuals involved often seek treatment because their reality is often hard. Most of the treatment is evidence based and is empirically supported.

The effects of AUD and SUD could have lasting consequences, but they also affect men and women differently (Tran et al., 2020). According to the NIAAA (2020), the effects of alcohol are adverse in females than in men. This impact has to do with body composition and structure. The amount of alcohol that it takes for males to become drunk is higher than that of a female. The same case applies to substances use. The signs and symptoms are nearly the same in both sexes. However, the stipulations behind each individual sex do differentiate. The NSDUH (2020) mentioned that women are likely to become more inebriated quickly than men. Nevertheless, there is treatment for both sexes if needed. AUDs and SUDs could leave anyone feeling down with disparity especially, if there is nowhere to turn for help.

Mental health conditions and trauma are also associated with AUDs and SUDs (Tran et al., 2020). There is a wide range of psychiatric conditions that come with both disorders. A person could suffer from depression, anxiety, most trauma induced disorders and others (Foa et al., 2019). According to the NIAAA (2020) most AUDs and SUDs are comorbid and they could have increased risk. People with a history of childhood trauma are highly vulnerable to having an

AUD or SUD (Department of Veteran Affairs (VA), 2020). There could be a wide range of symptoms associated with the two disorders. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) assess AUD and SUD as similar disorders (The American Psychiatric Association (APA), 2013).

Most people with an AUD or SUD could benefit from some type of treatment in their life, including medical treatment or mental health treatment (Lau et al., 2015). Tran et al. (2020) suggested that individuals with AUD and SUD often seek mental health care for their needs. From a mental health aspect, patients with these disorders have some type of co-occurring disorder that often pushes them to seek mental health treatment. The type of treatment could be accessed from inpatient facilities or outpatient facilities. It is what the treatment provider deems necessary for the individual at the time. Once help is offered it might be taken or refused. However, it is important to seek treatment.

Everyone with an AUD or SUD walks a unique and diverse path. For many with AUD or SUD, they should embrace self-medication to deal with whatever they might be going through including PTSD, anxiety, or depression (Department of Veteran Affairs, VA; 2020). (Gilbert et al., 2021) stated that depression could be dealt with in different forms and fashions. Most of the people with these disorders are no longer in control. The long-term exposure to substances leaves them feeling as if they have no choice (Tran et al., 2020). AUD and SUD affect the brain adversely often makes the person unable to control what is happening in their lives (Lau et al., 2015). This could have devastating effects on the involved individuals.

Cognitive Behavioral Therapy for AUD and SUD Treatment

One of the preferred methods of treating SUDs and AUDs is CBT (Carl et al., 2020). CBT is a therapeutic treatment that helps people to deal with their feelings and their emotions.

Carl et al. (2020) mentioned that cognitive behavioral therapy could treat a myriad of mental health disorders. Many people with trauma and substance use disorders are treated with CBT because it helps a person to focus on changing negative thoughts that contribute to or worsen their emotional state particularly if the affected develops depression, PTSD, or anxiety. CBT has many different types of techniques that assist individuals dealing with trauma.

CBT has demonstrated its effectiveness in treating both AUDs and SUDs in patients (Tran et al., 2020). It is a combination of both monotherapy and as a part of combination strategies for treatment (Tran et al., 2020). It has clinical elements that support the treatment, making it reliable for the treatment of AUs and SUD. Arnfred et al. (2021) said that CBT could treat many disorders because it is reliable and dependable. Evidence for CBT working with AUDs and SUDs are based on large clinical trials and their quantitative viewpoints (Tran et al., 2020). In recent trials, CBT ranked high in treating many forms of SUDs. The NSDUH (2020) emphasized that CBT is often used in treating patients with SUDs and mental health disorders. Clinical trials continue to show effectiveness of CBT in treating patients with AUDs and SUDs.

CBT is considered the gold standard in treating AUDs and SUDs (Carl et al., 2020). This is especially true when it is part of the overall program used in treating the disease. CBT helps people to identify with negative and destructive thoughts (Carl et al., 2020). Hundt et al. (2017) stated that CBT could help deal with destructive thoughts that a person might have and turn them into positive ones mostly when dealing with patients who suffer from these disorders. Substance abuse could have different effects but CBT could help a patient to focus on what makes them better (Hundt et al., 2017). CBT also helps to educate people about ways that they think about substance abuse.

AUDs and SUDs have distinct interventions used in conjunction with CBT (Tran et al., 2020). They could be used in isolation or administered in individual or group settings (Tran et al., 2020). These interventions could vastly help to improve the individual's life through therapy. Carl et al. (2020) implied that CBT shows its effectiveness when treating patients with mental health disorders. CBT could cover a variety of interventions in different targets, including group or an individual setting. This method of therapy could provide the amount of coverage that person needs to handle the effects of AUDs and SUDs. CBT could provide a catalyst of hope for an individual suffering from either disorder.

CBT is one of the most studied behavioral interventions (Hundt et al., 2017). It is also one of the most highly recommended modalities in treating AUD and SUD (Department of Veteran Affairs, 2020). Majority of people with AUD and SUD are treated with CBT. The efficacy of CBT in treating individuals with AUD and SUD is well supported (Department of Veteran Affairs, 2020). Multiple clinical trials in different treatment settings have shown that CBT's efficacy rate in treating alcohol and substance use is high, making it the standard of addiction treatment (Tran et al., 2020). The Department of Human Services (DHS) (2016) stated that CBT is one of the most widely used treatment modalities with successful treatment rates. CBT has been proven effective and it could help people addicted to alcohol or illegal substances.

CBT is very effective in helping people with traumatic experiences or AUDs and SUDs (Cohen & Mannarino, 2015). It has been shown to be effective with DMHI. Cohen and Mannarino (2015) mentioned that CBT is one of the essential steps in dealing with trauma and co-occurring disorders. Many people dealing with trauma have a co-occurring disorder and most of the time it appears in the form of a SUD or AUD. CBT is a crucial step in helping those individuals who are in need.

CBT has proven to be a go-to method of treatment for those with AUD and SUD (Tran et al., 2020). This modality has demonstrated efficacy in part as a monotherapy or a combination of treatment for these disorders (Tran et al., 2020). According to the NSDUH (2020), SUD is heterogeneous and recurrent maladaptive type disorders. It is highly common and treatable (NSDUH, 2020). The individual that has an AUD or SUD should first be willing to be treated. There is evidence that clinical application of CBT would treat those battling the disorders.

CBT could include both behavioral and cognitive interventions when treating someone with an AUD or SUD (NSDUH, 2020). When treating these disorders, it includes several distinct interventions. Pifalo (2007) mentioned that CBT focuses on forming new ideas about the individual involved. CBT for AUD and SUD helps individuals to look at their circumstances to figure out deeper solutions (Tran et al., 2020). Those interventions help patients to frame new thoughts and encourage them to make the necessary changes in their life. This aspect helps them to manage the reoccurring thoughts about substances or alcohol. This could be a form of contingency management when using CBT for SUDs or AUDs (Hundt et al., 2017).

Both men and women experience AUDs and SUDs (NSDUH, 2020). CBT is used to treat both sexes if they have the disorders. However, women with the disorders experience more barriers than men when it comes to treatment for the disorders (NSDUH, 2020). Frings et al. (2020) implied that women in treatment for alcohol use disorder face stringent challenges. Women do face significant challenges when it comes to disorders and there is an importance when treating them. Women have historically been an underserved population when treating disorders, but CBT has been proven effective when treating both men and women with AUDs and SUDs (Frings et al., 2020). CBT has become the standard in treating men and women with

co-occurring disorders (Frings et al., 2020). CBT continues to be the standard when dealing with treatment of AUDs/SUDs and mental health disorders.

Both AUDs and SUDs often occur with another mental health disorder (NSDUH, 2020). However, CBT has been shown to be effective in treating both disorders (Lau et al., 2015). Many therapists turn to CBT when they want to treat co-occurring disorders because of the high efficacy rate in treatment. Lau et al. (2015) mentioned that AUD has a very high percentage of co-occurring disorders that arise in patients. Much of the available treatment focuses on treating both disorders in order to help patients. CBT is effective when dealing with AUDs and SUDs (Hundt et al., 2017). One of the highlights of the therapy is that it replaces negative thoughts with more positive ones. This could be really helpful in the treatment of both disorders.

CBT is one of the more popular treatments for SUDs and AUDs (Hundt et al., 2017). This approach could make individuals feel more at ease about seeing a mental health professional (Hundt et al., 2017). One of the things that makes it more appealing for therapist and patients is its effectiveness and what to expect out of it (Hundt et al., 2017). CBT helps individuals to deal with emotions, physical feelings, and their thoughts (Hundt et al., 2017). Emotionally, dealing with the weight of an AUD or SUD can take a toll on a person. CBT helps that individual to sort those feelings out and handle challenges head on. Hundt et al. (2017) said that cognitive behavioral therapy helps to process feelings and see them differently, assisting patients to understand that they are going through a disheartening phase, but do not have to stay in that particular situation. CBT could help individuals improve their quality of life from the standpoint of reassurance (Tran et al., 2020).

Digital Mental Health Interventions

DMHIs are very helpful in serving a patient with mental health needs (Echterling et al., 2016). They have become increasingly practical and useful in various situations. There are also different types of DMHIs available to the general public since the start of the pandemic (Mari et al., 2021). Echterling et al. (2016) said that digital mental health interventions broaden the field of mental health and research. Before COVID-19 pandemic started DMHIs were still in use, but the technology has expanded within the last two years because many offices find it easier to use the technology.

There are different technologies available for mental health provisions. DMHIs are not new technology, but when the pandemic started the market for them expanded exponentially (Echterling et al., 2016). Carl et al. (2020) mentioned that digital technologies could be used at different points in a person's life. This perspective comes from mental health promotion or prevention. Whatever the situation might be, DMHIs foster self-management. Most of these technologies are designed to be used with existing mental health treatment. They are not meant to replace the traditional treatment methods, but assist in the healing individuals that they serve. There is a wide range of technologies available and they are tailored to fit the individuals that need help.

Internet enabled devices (IED) and digital technologies have become an important way of life for everyone. They serve various functions and purposes in the lives of people around the world. Digital technologies reflect a broad range of hardware and electric devices (Hall, 2021). These devices include smart phones, watches, virtual reality headsets, and tablets (Hall, 2021). The devices lay the foundation for what could be used as a tool to assist in mental health care for individuals around the world (Hall, 2021). Many people frequent these devices daily due to their

lifesaving potential aspects available at their fingertips. For people experiencing a mental health problem, they could use IEDs as one way that they could get the help that they desperately need (Hall, 2021).

DHMIs are often mentioned as a way to help with the delay of mental health care (Carl et al., 2020). There are many sources of DMHIs available to the public. DMHIs have increasingly become more evident since the start of the pandemic. Many services are often alternate methods, but they have quickly become the go-to method for most providers to date (Schneider et al., 2021). Most devices are readily available and it makes the experience of mental health care possible like never before. Schneider et al. (2021) posited that mental health has become very important since the start of COVID-19 pandemic. Before the pandemic, digital interventions were not mainstream, but now they are more readily available. The number of mediums has grown since the start of the pandemic and most mental health care specialists think that they would continue to grow for years to come (Schneider et al., 2021).

There are vast numbers of on-line programs that have been created to serve as mental health care approaches (Carl et al., 2020). These programs are often referred to as online interventions (Carl et al., 2020). Since the start of COVID-19 pandemic many DMHIS have been tested and empirically validated to be proficient (Carl et al., 2020). These interventions could easily be implemented as part of a mental health care plan. The individuals involved in treatment could have the option of having a specific program tailored for them and their needs.

Stebnicki and CRC (2016) highlighted the importance of having a mental health care in times of disaster and crisis. COVID-19 pandemic proved to be a crisis for many and most people started seeking some type of care during the event. Most of the care came in the form of DHMIs when the shutdowns started. The current trend is that many of the online interventions would

continue because they work and have been proven to be effective across the world (Carl et al., 2020).

Psychological treatment for mental health problems is beginning to have a vast change especially, because of the wide-spread use of digital technology. There is a huge clinical advantage when a person receives the help that they need from their own personal and private space (Gilbert et al., 2021). This could make a patient more comfortable about opening up with their problems and quickly establish a patient-provider relationship. Gilbert et al. (2021) highlighted that it is important for a patient to build a therapeutic trust for their provider. This statement is profound because it underscores the importance of mental health care.

Computers and technology are wide spread and common in almost every home. The internet is actually a way of life and is something that everybody uses (Zarski et al., 2021). People have smart phones and devices. With the available technology, there is mobile software and software applications (apps; Zarski et al., 2021). DMHIs make therapeutic sessions available to a person 24 hours a day and seven days a week (Carl et al., 2020). Zarski et al. (2021) presumed that the efficacy of inter-based treatment is very high and there is potential for it to keep growing. That means that these services will continue to be at the forefront of the technological growth needed in the mental health industry.

There are well established digital treatments for most mental health disorders (Zarski et al., 2021). Some of the few common treatments are for depression and anxiety disorders (Department of Veteran Affairs,2021). With the spread of AUDs and SUDs, there is a treatment available for these disorders as well (Carl et al., 2020). The majority of self-help programs are designed to be used on their own or with some form of support (Zarski et al., 2021). These products are marked for their initial content, their functionality, their clinical range, and the type

of delivery that they have (Zarski et al., 2021). Using technology could help these products perform better.

There are various forms of DMHIs available for use. Most of those technologies use CBT as the primary modality of treatment (National Child Traumatic Stress Network, 2012). Many of the treatments available come from proven methods that are based on face-to-face treatment models. Some of the treatments have actually been derived from self-help books or simplified versions of treatment (Zarski et al., 2021). This could be very reliable in the treatment of patients with AUDs or SUDs (Carl et al., 2020). The treatments retain the strategies that work and promise to deliver on the promise of helping the individual involved.

Most forms of DHMIs come in the form of digital applications (Department of Veteran Affairs, 2021). Many companies and corporations have invested time and money in the development of these DMHIs (Carl et al., 2020). As the Department of Veteran Affairs (2021) reported, the digital forms of psychotherapy often include acceptance and commitment therapy. They also include behavioral activation therapy along with interpersonal therapy. Mindfulness applications are also a large part of DMHIs (Department of Veteran Affairs, 2021).

Many DMHIs offer differentiated services than the regular face-to-face methods of treatment (Carl et al., 2020). Most of the available DMHIs are specific in treatment and fulfil their mandate (Carl et al., 2020). Most disorders are specific, but a few are even more targeted. The targeted disorders include PTSD, anxiety, AUDs, and SUDs. The clinical ranges for DMHIs are very broad and have huge potential (Zhou et al., 2021). They have the ability to perform at higher levels if the patient is willing to follow the information that they provide (Zhou et al., 2021).

Many DMHIs vary in terms of the formatting (Zhou et al., 2021). Some of the programs often retain the traditional face-to-face model they came from, but some might offer a variety of treatment models. In some digital sessions, the times and meetings are set forth by the user. In some programs the sessions are briefer and more frequent, making them different from traditional face-to-face methods (Zhou et al., 2020). Overall, the length could be shorter or longer depending on the form of the DMHI. In most podcasting for example, a simple session or a lesson might range between 30 minutes and an hour.

Some of the DMHIs might vary in structure as well (Carl et al., 2020). Some programs could be linear or progressive while some might lead the user through step-by-step formats (Carl et al., 2020). In some programs there might be modules to complete while others might have a more traditional feel like talking directly to a therapist (Frings et al., 2020). Most DMHIs are very flexible and personal to the patient (Frings et al., 2020). There could also be a degree of personal tailoring that comes with using DMHIs (Frings et al., 2020). This aspect might cause the patient to feel more comfortable with the procedures being used, allowing them to feel more relaxed. Some interventions go a little further to incorporate personal algorithms that could generate more personal matches to the user.

DMHIs have seen an increase since the start of COVID-19 pandemic (Carl et al., 2020). With all of the focus that has been put on mental health in recent years, it was clear that many people would be affected by what is going on. Hall (2021) stated that digital access to basic needs is needed in times of crisis. DMHI is a standard tool for many mental health clinicians today. It is used and proven to be effective for the treatment of those who need it. It helps because it could be used in remote areas where people do not have the resources to see professionals.

DMHIs could increase efficiency, reach and standardization, and reduce costs of providing of mental health care (Mari et al., 2021). The research shows a promise in web-based programs, mobile applications (apps), virtual reality (VR), and digital assessment methods. Mahoney et al. (2021) suggested that on-line therapy is a complete and hassle-free way of treating patients from the ease of their homes since vast majorities do not have access to effective treatment. Thus, DMHI is a way of ensuring treatment is available for anyone and at any time. They could provide assistances to those who are unsure if seeking treatment for any type of disorder is the right thing to do.

DTs are evidence based and are clinically supported (Winkel, 2015). DTs and DMHIs could be used to treat a myriad of diseases and mental health complications such as pain, anxiety, and even posttraumatic stress disorder (PTSD). Winkel (2015) mentioned that treatment for PTSD could come in many forms and DMHIs are one of those options. DTs could be validated and are often be incorporated into most clinical care plans (Winkel, 2015). This development makes DTs reliable and valuable option to choose from. During the start of COVID-19 pandemic, most options did not exist, but since the height of the pandemic they are more common.

Before the pandemic, most DMHIs and DT were still being tested or validated (Frings et al., 2020). Wilson and Keane (2004) predicted that digital health would be the new and latest technology. Most DMHIs and DTs looked like science fiction a little less than two years ago. Mostly, people had questions about their reliability and how they could help. The Food and Drug Administration (FDA) aims to improve the stipulations that were blocking treatment using DMHIs (Evans et al., 2021). This was a great push for validation and most DMHIs allowed for the treatment of patients (Evans et al., 2021). Many of the approvals show the efficacy of

treatment and just how important DTs and DMHIs are in the treatment of patients with mental health disorders.

There is a wide range of digital technologies that could be used at a different point in a person's life for their well-being (Frings et al., 2020). Many digital health interventions are considered a form of treatment and subsequent self-management. According to Acosta et al. (2018), various forms of DMHI help patients who have barriers to mental health treatment. Most DMHIs are designed to be used in close relation with mental health treatments. They are not meant to replace the ones that already exist. Most of the DMHIs that are available today are the result of many years of practice and putting them together.

No one expected COVID-19 pandemic, so it was hard to predict that mental health would be at the forefront of many conversations. DTs and the internet are a part of everyday life (Winkel, 2015). They are an integral part of life for many people and so many rely on the services that they have. Therefore, questions linger on why not make treatment a part of everyone's life that needs it. The American Psychological Association (APA, 2013) predicts that digital mental health solutions would be around for quite some time. DTs are easy to use and could make DMHIs an unforgettable experience for the user (Carl et al., 2020). Over the past two years, there has been a huge leap towards DMHIs (Carl et al., 2020). At this point they have become almost the basic mental health treatment today. There is a huge interest in DMHI and what they could offer patients (Edit-Boro, 2020). However, there is a downside to what they could provide and how a patient might react towards treatment. Edit-Boro (2020) stated that while DMHIs are great to use, there are some drawbacks to them. As mentioned, these technologies exploded during the recent pandemic, but have quickly become the source of many treatment cycles.

Mental health issues could totally disrupt a person's life. They have a way to impair the ability of the affected person. That is why DMHIs are important because they could provide support to those individuals. A huge drawback with DMHIs is that they could be seen as a stunt than a serious way of helping those in need. Porter et al. (2018) mentioned that mental health interventions could save lives in many ways. This submission could be true about DMHIs and their capacity for help and providing mental health services (Porter et al., 2018). This service could be helpful to those who need it and could provide the care and compassion with the same therapeutic implications because it could be viewed the same way as face-to-face methods of treatment. This move could be part of the strategy to help patients to develop the confidence in the treatment that they could be receiving. Particularly, it could be useful in the treatment of patients with AUDs and SUDs, simply because those sessions are traditionally face-to-face. Many patients feel that there has to be some sort of connection with a living being, but most DMHIs offer that sense of practicality and a feeling of being more in touch with an actual person.

DMHIs do have their problems (Mohr, 2017). The relationship between technologies could be both positive and negative. One of the biggest problems with eHealth could be lack of access to service provider and internet connections (Rural Health Information Hub, 2020). Most of the population within the United States lives in rural areas. According to the Rural Health Information Hub (2020) around 47 million people live in densely populated areas within the US. It could be especially hard to receive high speed internet service in those areas. For the people living in rural areas that were seeing mental health providers when the pandemic started, it made hard for them to use that service (Rural Health Information Hub, 2020). This could have impeded services for those individuals.

Technology enabled services (TES) could provide reliable services, but could be hard to use for people. Many people own smart phones, tablets, and other electronic devices. However, for adolescents and the elderly people, they could be a problem to use (Surnata, 2020). Although these items could be used to help with a person's overall mental well-being they have drawbacks. Senior citizens do have mental health problems and while technology might have helped during the pandemic, that same technology made it hard for that particular population (Surnata, 2020). According to the World Health Organization (WHO, 2017), 15 percent of adults ages 60 and older have some type of mental health disorder. This note means that many of the Americans who have been treated for a mental disorder in the United States could have been older and might not know how to use certain technological devices that could have aided them in receiving treatment for their particular disorder (World Health Organization, 2017).

Although digital health services are not new, many mental health services that they offer are new. DMHIs made their way on the scene roughly five to 10 years ago. COVID-19 pandemic pushed the wide-spread use of this technology. Many of the products that were used were not tested and some did not have focus to the intended participants (Carl et al., 2020). Efficacy is a major proponent when it comes to mental health. Randomized controlled trials have shown DMHIs to be effective, but on a larger scale the efficacy of treatment is still unknown (Mohr, 2017). Furthermore, Mohr (2017) stated that efficacy for digital mental health is validated, but clinical large-scale trails have not been performed. This could mean that digital mental health can be successful, but no one knows on a grander scale just how successful it could be. Since the pandemic is still new, there will be clinical trials and data that show just how effective DMHIs were during the height of the pandemic.

eHealth has revolutionized the way that patients are seen especially during COVID-19 pandemic (Mohr, 2017). The results of digital mental health have been proven, but the results of the efficacy on randomized groups are yet to be shown. One of the groups in particular in the US is prisoners. According to USAFacts (2018), there were around two million people in prison within the United States. Within that population, several have AUD and SUD along with other mental health co-occurring disorders (Hernandez-Tejada et al., 2020). The prison population experienced the same restrictions that many faced on the outside when the pandemic first started. There were lock downs and many had to be isolated because of COVID-19. Hernandez-Tejada et al. (2020) opined that mental health patients are a vulnerable group with multiple complex needs. As pandemic restricts ease, the efficacy of this study could be tested.

Mental health concerns and practices are growing in the military (Department of Veteran Affairs, 2021). With the wars in Afghanistan and Iraq at end, many in the military have faced traumatic experiences that might have led to AUD and SUD also with co-occurring disorders. COVID-19 affected everyone in a major way and that does not exclude the United States military (Department of Veteran Affairs, 2021). Foa et al. (2018) mentioned that trauma often leads to co-occurring disorders among the members of the military. Many in the armed forces were seeing mental health professionals and the shutdown procedures stopped this process. Validation for DMHIs and the military has not been conducted. The efficacy of these studies require more time and dedication on the part of mental health professionals.

Pros and Cons to Digital Mental Health Interventions

In recent years, there have been major advancements in technology that support the healthcare industry (Craig et al., 2021). Mental health is no exception to some of the most recent advancements. Digital mental health is a business that is leveraging technology. Craig et al.

(2021) stated that technology is making huge advancement in efforts to streamline mental health care for everyone. DMHIs have become one of the common services for mental health and has picked up tremendously since the height of the pandemic (Craig et al., 2021). There are diverse concepts that could bridge the gap between traditional mental health sessions and newer ones from a digital device. Individuals could have counseling sessions from the privacy of their homes or wherever they are. Thus, DMHI services offer a streamline of independent services for patients.

Substance and alcohol use are a public health crisis within the United States (NSDUH, 2020). The US had more than 90,000 overdose deaths in 2020 alone. The NSDUH reported that 88,000 people die annually from alcohol related events. The need for treatment is critical and necessary. DMHIs are important because they could provide the same treatment as traditional methods (NSDUH, 2020). The NSDUH (2020) also mentioned that people 42.9 percent of people with SUD or AUD have a co-occurring disorder that accompanies the abuse. This perspective means that specialty treatment is needed for those suffering from these disorders. If left untreated, the cycle might often continue and the problem could often end up much worse than it was during the initial start. TES is one of the most effective ways to treat these disorders and they are becoming more acceptable as technological advancements are pushed even further (Carl et al., 2020).

DMHIs could facilitate the care that individuals need in order to recover and become successful in their treatment (Carl et al., 2020). They could also be cost effective because they provide a service and are often covered by insurance (Archer et al., 2021). These programs were piloted through telehealth and telemedicine. The Department of Veteran Affairs (2021) stated that telehealth and telemental health has helped patients in various ways and stands by their

services. These services are beneficial for those who need them and are reliable. DMHIs are a part of eHealth. This particular term was coined to describe internet-based health treatments (Archer et al., 2021). eHealth has become a rapid growing service and serves many populations. DMHIs are rapidly growing and could often serve large populations because almost everyone has internet and some form of technological device.

DMHIs are online programs that use technology to reach the patient to boost interactive counseling sessions, professional interventions, and treatment to patients (Carl et al., 2020). DMHIs are developed for treatment plans and have an end goal (Carl et al., 2020). The Department of Veterans (2021) implied that many of its veteran patients were using some sort of technology-based service as a means of mental health therapy. These services offer quality care and the aim is to take care of the individual receiving treatment (Department of Veterans, 2021). DMHIs also offer blended care as an option of treatment (Archer et al., 2021). This could be with physical interventions and through on-line counseling services. The combination of physical and digital counseling allows the therapist to monitor the patient and puts them directly in contact with them (Archer et al., 2021). This aspect increases flexibility with patients and helps create the therapeutic bond that needs to develop between patient and counselor.

The NSDUH (2020) estimated that in the United States that 1.3 million adolescent aged 12 to 17 and 5.4 million young adults aged 18-25 met the criteria for having SUD. Adolescents are at a risk for AUD and SUD because they face trauma and other circumstances as well (NSDUH, 2020). Steele and Malchiodi (2012) said that most adolescents have faced trauma and treatment is very necessary. DMHIs could treat adolescents who have AUD or SUD (Surnata, 2020). Thus, the tech-based health services are necessary because the level of treatment is not for one specific age group or population. The services could be beneficial to everyone involved in

this method of treatment. Most of the adolescents who seek treatment use both face-to-face methods and DMHIs (Archer et al., 2020). When the pandemic started, using DHMIs tripled because many offices were forced to close due to COVID restrictions.

According to the NSDUH (2020) only 20 percent of people suffering from AUD or SUD access available treatment because obstacles often hinder them. DMHIs could potentially overcome some of the obstacles that they face. Much of the evidence supports interventions for AUD and SUD (Carl et al., 2020). Randomized controlled trials (RCT) suggested that DHMIs are a successful way to implement mental health care to those with AUD and SUD (Lau et al., 2015). These trials have been validated (Lau et al., 2015). Sweezy (2011) suggested that the higher the comorbidity for treating a disorder the more successful the outcome. This could be true for DMHIs and the success rate of treating individuals with AUD and SUD.

Novel and innovating technology often presents new challenges. DMHI is not without those problems. This type of technology has only existed for the last 10 years according to most research (Frings et al., 2020). Some of the ways that it is used might be confusing to most people (Frings et al., 2020). Most DMHIs are fairly new and many of the ways that they are used are entirely new as well. Marques and Braidwood (2021) said that most of the ways that digital mental health interventions are used confuses children. DMHIs are complicated and could have legitimate drawbacks for users.

One of the biggest misconceptions about DMHIs is that they are products (Carl et al., 2020). The problem that many people have with DMHIs is that they see the services as just random products used in aiding them. Hence, most people do not trust DMHIs and how they are used (Frings et al., 2020). Schneider et al. (2021) mentioned that many psychology students often felt better in face-to-face situations, while most catered towards a digital environment. The

mistrust on the treatment as a product has pushed most people completely away from using them as a resource (Frings et al., 2020).

Substance abuse could be one of the most difficult disorders to treat because the user could be addicted to the substance (Gilbert et al., 2021). Treating SUDs and AUDs with digital mental health resources could be difficult for patients who are resistant to change. Sussman et al. (2021) admitted that treating substance abuse is one of the most difficult treatments to administer. Most people believe in traditional ways of being treated and they often feel more comfortable with seeing the person face-to-face when talking about their issues. This perspective could be true for those not comfortable with mental health proceedings as a whole. Most people are not comfortable with telling someone all about themselves, making it one of the biggest drawbacks for DMHIs. Tran et al. (2020) mentioned that alcohol addictions could be one of the toughest subjects to speak about. That could make the situation really difficult. It is a personal thing being addicted to a substance and quite frankly something that most people would not be willing to share, especially if the person is behind a computer screen.

Another problem with DMHIs is with the efficacy of treatment (Hernandez-Tejada et al., 2020). Many controlled tests have shown that they might not be as efficient as they claim to be (Hernandez-Tejada et al., 2020). Trials have been conducted and some had good results, while others had bad results. Turhan Gürbüz et al. (2021) stated that majority of the subjects of the trials with an addiction did not have significant results with DMHIs. Most patients from that study reported they were not helped when it came to their addiction. This could be alarming because so much is put into the research of these studies.

One of the biggest misconceptions about TESs and DHMIs is that they would replace traditional methods (Carl et al., 2020). These services do provide a wonderful experience for the

patients that they treat; however, there will always be a place for traditional face-to-face methods (Carl et al., 2020). DMHIs and TESs do provide evidence-based solutions for mental health, but the misconception is that they should mimic the services that a face-to-face therapist should provide. According to Zarski et al. (2021), internet-based treatment will always be slightly different than traditional methods. That is not to say it is less effective, but there is truly no replacement for human interaction in some aspects of treatment (Zarski et al., 2021). For some, the human aspect is needed for the therapeutic bond to be developed between patient and counselor.

eHealth could be hard to interpret for users who are not familiar with technology (Edit-Boro, 2020). This could especially be hard for the elderly and most adolescents. With nearly 1 in 5 adults experiencing some form of mental health issue in their life that could be a problem (World Health Organization, 2017). When COVID-19 pandemic began, most mental health practices began shutting their doors, making it virtually impossible to see providers and this had long lasting consequences. Skaine (2015) mentioned that most elderly patients were often overlooked because of their age and inexperience in certain areas. This could be true with DMHIs and the elderly willingness to use this type of technology. eHealth has many positive benefits but, for those who are not familiar with them it could be hard adjustment to handle.

There are so many great things about DMHIs, but there could be some bad things as well. One of the biggest problems with this technology is self-diagnosis (Carl et al., 2020). The information available through DMHIs is reliable however, with the availability of the resources, a patient cannot help in some cases but self-diagnose (Frings et al., 2020). Frings et al. (2020) submitted that one the biggest problem in online mental health is self-diagnosis. Early on with DMHIs most of the technology was not regulated by the Food and Drug Administration (FDA)

and this caused a problem with how information was relayed to patients. Many of those problems have been rectified, but there is still a chance for self-diagnosis to happen.

There were been online platforms that delivered mental health care prior to the pandemic. However, these mediums became more popular during COVID-19 (Carl et al., 2020). There has been much research put into these programs, but there is still a lack of proven efficacy (Frings et al. 2020). Zarski et al. (2021) mentioned that efficacy in online treatment-based options could be a problem for DMHIs and the multiple platforms that they have. Some of the apps might not be user friendly and could cause difficulties for their users (Carl et al., 2020). This could especially be true for the elderly and users that do not have technical knowledge (Frings et al., 2020). It could also be ineffective for users with complex mental health conditions like schizophrenia and others (Frings et al., 2020). Hence, DMHIs could have their limitations with the people that they are intended to serve.

Efficacy is important and it shows that a specific subject or topic actually does what it says it does (Carl et al., 2020). The design of DMHIs is to work with mostly any modality of treatment. They are also designed to help clinicians to be successful as possible with the treatment of an individual. In most cases they are much effective in what they are designed to do. However, there could still be instances in which they could truly miss their designated purpose. Uhernik (2017) mentioned that there could be gaps in trauma treatment when patients are not inclined to the treatment. This could be same if a patient is not willing to undergo treatment using a DMHI.

There are many problems that users might encounter while using DMHI treatment. One of the biggest problems that one might face is the ease using the program (Carl et al., 2020). Many users of technology are of the ages 18-55 (Frings et al., 2020). The elderly community has

one of the biggest problems with the use of technology and how it is used (US Department of Human Services, 2016). Technological advancements often leave the elderly wonder what to do. The US Department of Human Services (2016) reported that many of the elderly were left out because of those technological advancements. Thus, although DMHIs are for everyone, there could be gaps in the users and some might not be able to use the technology.

The digital revolution could seem like it moves at an unstoppable pace (Frings et al., 2020). However, there could be instances when some things are done in ways that people are familiar with. Mental health care is growing and in some ways under pressure like never before (World Health Organization (WHO) (2017). COVID-19 pandemic showed the world that it has to keep pace with what is going on. If not, many aspects of the DMHI would certainly miss its mark. As Zhou et al. (2021) said, undeniably digital mental health interventions work, but they could have downsides. This could be said about anything because with almost any type of new technology or innovation, there would be ups and downs.

Summary

DMHIs will continue to grow and expand as the need for mental health grows. Many researchers and developers are constantly looking for ways to improve the technology. This is something that will not change because as technology changes, so will the ways of the services provided. Over the next decade or two much is likely to change in the world of DMHIs, as they would gradually find their place in more and more healthcare systems and online clinics will become more common place.

DT is ever increasing and growing. DMHIs started a little over 10 years ago and they have become a go-to source in mental healthcare for many. One of the reasons that DMHIs are successful is the wave of technological advances. Most people own a smart phone, tablet, or

some type of portable electronic device such as a computer. Digital healthcare is now at the fingertips of everyone and is readily accessible. Hall (2021) said that there was a digital revolution happening in the world today. Since the start of COVID-19 pandemic, using DMHI has increased world-wide and it has made DT a wave of the future.

Digital assessment and treatment more than likely would merge and become blended. This makes the treatment that patient receive more efficient. Blended treatment might displace some of the conventional face-to-face methods of treatment. There might be some limitations and negative effects, but those shortcomings are more than likely to be worked out. The models for this to become successful are already circulating in popular society today. More and more people are turning to DMHIs to cover their mental health needs or concerns.

There is a growing consensus that the concerns of mental health should be met. Craig et al. (2021) stated that the mental health concerns of the nation had to be addressed during the pandemic. COVID-19 caused and highlighted so many gaps in the health care system, especially in mental health care. The requirement for evidence based psychological treatment is at an all-time high. For many, it is the stigma associated with mental healthcare. This could be especially true for AUDs and SUDs because for many it is personal, and tends to be a private matter. Hence, with DMHIs, the adaptation and translation to this method of healthcare is welcomed. The barriers broken with these innovations would continue to help patients for years to come.

Since the start of COVID-19 pandemic, there has been an increase in AUDs and SUDs around the nation. According to NSDUH (2020) nearly 1 in 7 people have some form of alcohol or substance addiction. The pandemic caused a spike in those numbers because people were home and some lacked any support. As a result of those circumstances, many turned to alcohol or substances to cope with everyday life. Those circumstances created various problems and left

many people struggling to get help. Many clinics and therapeutic facilities were closed because of the government shutdowns, leaving people with no place to turn when it came to getting the help they need. There has always been a stigma when it comes to mental health and most people do not feel comfortable sharing their stories or circumstances with others, especially for individuals dealing with AUDs and SUDs.

DMHIs make it easier for people to share those issues and circumstances that they might have. Echterling et al. (2016) stated that most mental health patients have a story or a circumstance that comes with their disorder. DMHIs make it easier for a person to express those emotions because they are in their own environment. The pandemic forced many patients to be seen from home as clinics and offices were closed. This made DMHIs the source of therapeutic inventions for many patients around the country and the world.

CBT has quickly become the go-to treatment method of AUD and SUD. Many practitioners use this modality when working with individuals with these disorders along with a co-occurring disorder. CBT treatment has proven to be effective and its efficacy in treating AUD and SUD disorders has been validated repeatedly. DMHIs are with no exceptions to using this modality in the technological spaces that they require. Many of the programs available, use CBT as source of providing mental health care. CBT helps patients deal with their feelings and various platforms are designed to help patients in this area.

CBT is one of the most used treatment modalities in mental health therapy. It is the source of treatment for a wide range of ailments from trauma induced depression to substance use abuse. According to Javanbakht (2020), CBT helps individuals to cope with their thoughts and emotions after dealing with trauma. Similarly, it could be true in coping with SUDs and

AUDs. Patients want to feel that they have hope in overcoming their disorder and CBT helps them achieve this goal.

DMHIs are not without their problems. With mental health becoming a national concern, many companies look at this type of technology as if it were products. The technology is not new for DMHIs, but many of the programs are fairly new and there is little to no evaluation of the technology used in TES. Craig et al. (2021) wrote that technology-based services were fairly accurate, but they do have drawbacks. Some studies suggest that mental health technology is not a product and is best served by person interaction and human support. Simply put, face-to-face methods might work better for most people.

It takes time for mental health services to work and sustained change normally happens over weeks or months. DMHIs require a patient's time, attention, and some motivation. This could be hard when a person is not interacting with another person. Cook et al. (2005) said that psychotherapy is driven by interaction. The lack of interaction from a person could be very detrimental to what the person needs from treatment. DMHIs provide goals and methods, but are left for the individual to assert those goals and methods, making it one of the major downfalls with digital mental health.

DMHIs are not new. However, before the start of the pandemic eHealth was a relative new field in mental health care. During the height of the pandemic, many had started to use a technology that was virtually foreign to them. This group included senior citizens. According to WHO (2018), 6.5 percent of the world's population require some type of mental healthcare. When the pandemic first started, most people relied on traditional face-to-face methods. No one predicted that COVID-19 would start a technological revolution. Before, many people did not use this technology, but now most rely on DMHIs to provide their services.

Efficacy is not a problem with digital mental health interventions. They have been proven to be effective, however on a larger scale they have been illustrated to be slightly less effective than traditional face to face methods. Studies show that many patients stopped receiving treatment because it was based on phone calls. Difede and Cukor (2007) discussed the effects of virtual exposure treatment therapy and concluded that virtual methods might not help some. Efficacy is a large proponent of TES. Although DMHIs and TEBs could be effective, they might not be the solution for all patients.

Chapter Three: Methods

Overview

The world has experienced many changes within the past three years. The year 2020 brought a global pandemic that the world had not seen in 100 years. COVID-19 and a global pandemic have completely modified the world and its landscape. People faced different problems because of the pandemic. Deaths increased by 8,000 because of alcohol-related liver incidents suggesting that alcohol has become a problem since the start of the pandemic (Rowland et al., 2022). According to Rowland et al. (2022), alcohol consumption and binge drinking increased by 21 percent. Alcohol and substance use might continue to be problems because people are home more. COVID-19 pandemic has many unintended consequences with an unknown long-term impact.

One of the ways to combat SUD and AUD disorders is with intensive therapy (Department of Veteran Affairs (VA, 2021). Various therapeutic treatments are available, but one of the most effective ways for treating addiction is cognitive behavioral therapy (CBT). Solness et al. (2021) suggested that CBT is one of the most popular psychotherapy approaches for treating substance abuse. One of the ways that the pandemic has changed treatment is pushing therapists to primarily rely on DMHIs. Most therapists were completely new in using technology this way and it left most traditional patients and therapists questioning the effectiveness of treatment.

However, the pandemic has shown that DMHIs along with CBT could be effective in treating patients with AUD and SUD. Frings et al. (2020) implied that online service intervention is a healthy alternative to face-to-face methods. Patients are still being treated with the same care and often, it is from their own home or place that they deem comfortable. Therapists have

concluded that they would continue to use digital methods as a means in treating patients (Frings et al., (2020). The pandemic ushered in change and most of it is here to stay and in a good way. The effectiveness of digital mental health interventions along with CBT will continue to help patients with AUDs and SUDs.

Design

This research used qualitative descriptive case study design to understand how mental health patients with addiction disorders describe their lived-experiences with CBT in the southern United States. The study shows the effectiveness of CBT with addiction disorders. The efficacy of the modality is measured using DMHIs when traditional face-to-face methods are not available. During the height of the pandemic, most of the country was shut down due to the virus through various restrictions. That made it especially hard for most patients to receive mental health care if not in an inpatient facility.

Many of the patients included in this study have various lived experiences with AUDs and SUDs and were being treated for them at the time of the data collection process. Thematic analysis deals with putting themes in play (Braun & Clarke, 2006). The case study conducted was transcendental in nature. The patients shared their lived and relative experiences. Most of the study participants had co-occurring disorders along with the use disorder.

Case studies involve a detailed account of one's lived experiences. According to Creswell and Poth (2018), case studies bring added dimensions to examine human experiences through qualitative research. This study has the element of patients with disorders being treated using CBT. The patients were supposed to share how CBT changed or improved their lives when the pandemic was still at its peak. The intention was to determine the effectiveness of CBT by

exploring how it changed their lives or perspectives on addiction and substance abuse. The respondents shared their experiences with DMHIs and how their efficacy when used with CBT.

Research Questions

All studies start with a research question according to Creswell and Poth (2018). There could be a degree of difficulty when formulating a research question because it has to form the legitimacy of the study. The research question has to answer what the project aims to answer. According to Creswell and Poth (2018) the primary importance of framing the research question is to narrow down a broad topic of interest into a specific study. Therefore, the research question is considered the framework of the study.

Research questions provide suitable information for the study. Each participant was asked to answer each question to the best of their knowledge. Consent forms to participate in the study were provided for the patients to sign. No names or personal info was used when compiling the information for the research. Each patient was notified of the research progress and all information made available to them upon request.

1. How do mental health patients with addiction disorders describe their experiences with cognitive behavioral therapy?
2. How do therapists describe their experiences with cognitive behavioral therapy in treating patients with addiction disorders?

Setting

The site for this study was at Hinds Behavioral Health System, Region 9. This is the largest mental health clinic and setting in the state, which is located in Jackson, MS. Jackson is the largest city in Mississippi and it has one of the highest profiles for mental health activities in the state. Region 9 also has one of the largest populations of SUD and AUD per capita. This

location is one of the premiere sites in the state for treatment of these disorders. This location is also connected with many other state-ran facilities that offer treatment for AUDs and SUDs. Therapists in Region 9 specialize in CBT. The region also specializes in drug and alcohol treatment. It is one of the best treatment facilities for AUD and SUD in central Mississippi.

Participants

There was a total of 20 participants included in the study. The participants were sampled through criterion sampling. According to Pract (2018), criterion sampling involves participants who meet a pre-determined criterion of importance. The respondents were 10 counselors and 10 patients from the center. The patients were selected based on their ages and the time of treatment within Region 9. Furthermore, the patients were between the ages of 18 and 65. The ages of the counselors were 21-65. The counsellors were supposed to have experiences with CBT and treating patients with addiction disorders. The researcher asked the counselors questions about their experiences during COVID-19 pandemic to collect necessary information to further the study.

The patients involved in the study let the researcher to note their experience with CBT in efforts of treating their AUD or SUD since the start of the pandemic. Each patient is relied on because of their experiences and their individual time in treatment. The patients have a history AUDs and SUDs and treatment. Focus groups was also part of the study. Counselors from the center were used in the focus group to better understand their procedures.

Procedures

The study took place at Hinds Behavioral Health (Region 9) in Jackson, MS. The patients were interviewed by the researcher to answer the questionnaire. The questionnaire responses provided the researcher the necessary answers to conduct the data analysis. The researcher

secured permission from the Institutional Review Board (IRB) because humans were used in conducting the research for the study. Moreover, the researcher sought site permission before the contacting the study participants. The data collection consisted 10 patients and 10 counsellors.

Each patient provided their individual data to the researcher. The study focused on what happened during the pandemic. The data comprised of all of the patient history, but was limited to the questionnaire that the patients were required to fill out. The study centered on what happened with each individual patient at Region 9 and how each of them responded to CBT treatment. Each patient was asked to answer the questionnaires truthfully to provide reliable answers for conducting of the research.

The Researcher's Role

The study was designed to show the effectiveness of CBT coupled with DMHIs to treat addiction disorders. The researcher used the collected data to show how effective this modality of therapy was when treating addiction disorders. However, the researcher did not have any affiliation with the site or with the participants used in the study. The researcher worked independently to conduct and collect the data for the research. According to Creswell and Poth (2018) qualitative researchers are concerned primarily with the process rather than the outcome or products.

Since, this research is descriptive, the researcher provided the tools necessary to make the process meaningful. The researcher intended to show how relative the fieldwork was and how this study could improve the lives of patients. Nonetheless, the researcher is essential to the integrity of the research (Creswell & Poth, 2018). Collecting and analyzing the data for the research is paramount and critically important to the study. The findings of the research play an

integral part in showing how effective CBT could be and the efficacy of DMHIs in counseling and mental health.

Data Collection

The data for this research was collected and transcribed through the lived experiences of the individuals who have been receiving treatment since the start of COVID-19 pandemic. The study comprised of ten counsellors and 10 patients (five men and five women) who have been receiving treatment for AUD and SUD. The case study research helps gain a better understanding of how effective CBT could be at treating these disorders along with the efficacy of digital mental health interventions assisting with the treatment.

The study participants provided information on their lived experiences to show how they have dealt with both alcohol use disorder and substance use disorder. The respondents highlighted if they started using alcohol or substances before the pandemic started or during the pandemic. The most important part of the research was to show how the patients managed to receive treatment for their disorders during the height of the pandemic. Also, the research sought to understand if they were in treatment before the pandemic started and how they still received treatment after the government shutdowns started to happen.

Each patient was selected based on their experiences with treatment. The patient's experiences were central for this study because the information gathered was used in the thematic analysis of the study. The patient's history with AUDs and SUDs had to be known. Also, the effectiveness of CBT formed an imperative component of the research study.

The researcher intended to interview patients from Hinds Behavioral Health Services, Region 9. All the patients treated at these centers actually experienced AUD/SUD prior, up-to, and during the pandemic. All of the collected information is kept confidential to protect the

patients. The researcher conducted interviews with patients for about 25-30 minutes in length. Open-ended questions were used to collect detailed and thick data on how the patients have been seen and felt about the treatment they experienced during the pandemic. The following is a sample of questions that asked during the interview:

- When did your addiction disorder start? Was it before or during the COVID-19 Pandemic?
- How long have you been in treatment for your addiction?
- How do you feel about the treatment you have received since the start of the pandemic?
- What has been some of the things that have helped you with your addiction?

Focus group was also used in this study. The counselors from the center also provided valuable feedback. The Focus group consisted of 10 counselors who shared their experiences treating SUD and AUD prior and during COVID-19 pandemic. Their feedback included using CBT as a methodology to treat addiction patients. They also provided feedback on how therapy consisted of DMHIs instead of traditional face-to-face methods. This data allowed the researcher to examine the effectiveness of DMHIs in treating patients using CBT.

If human subjects were used in any type of research, an Individual Review Board (IRB) approval should be secured. The research must be reviewed to ensure that procedures and protocols were followed appropriately. The IRB is charged with ensuring the rights of humans in the research and protecting their welfare and privacy. This IRB has the authority to approve, require modifications, or disapprove all research activities that fall within its jurisdiction as specified by both federal regulations and local institution policy.

Interviews Questionnaire

The researcher conducted all interviews at Hinds Behavioral Health System. The researcher had access to the community and was allowed to speak with the patients in the substance abuse unit of the facility. The data collection consisted of a questionnaire with questions that allowed the researcher collect necessary information for the study. It was a qualitative study in nature and the questions were centered around life events. According to Creswell and Poth (2018) qualitative interviewing is an effective technique to quickly understand more about a target group. The interview questions were designed to understand the experience of the patients with AUDs and SUDs.

The questions should inspire the respondent and reader to provide reliable information. It is important to craft questions to ensure that sessions run efficiently and effectively (Creswell & Poth, 2018). The researcher asked open-ended questions to understand how the patients were treated during the pandemic. This move aimed at giving an opportunity to explore the study variables. Each question was designed to specifically know how the patients felt. The following questions were included in the questionnaire:

1. Tell me about you and your thoughts on your addiction. How did your disorder start and when?
2. Was your addiction disorder more prevalent during the height of the COVID-19 pandemic?
3. Tell me about some of things that has help you battle through your addiction. Did therapy play a role in helping you?
4. Tell me about the treatment modality that your counselor uses in therapy. If it is Cognitive Behavioral Therapy, how is it helping you with your addiction?

5. Tell me about if you have experiences with Cognitive Behavioral Therapy. Do you believe that it can help change your thoughts if you have an addiction?
6. Tell me about your counseling sessions during the shutdown of Hinds Behavioral Health. Did your counseling sessions involve the use of Digital Technology?
7. If your sessions involved Digital technology, do you think that those sessions were effective in your treatment for your addiction disorder?
8. Tell me about the treatment you have received since the reopening of the facility. Do you think that your sessions are more effective than your sessions when shutdowns were in place?

The questions asked helped the patient to unpack how they felt about their experiences and how the experiences assisted the improve their lives. Each patient allowed the researcher to examine if their experiences with CBT have been significant and if DMHIs helped them in the treatment of their addiction. According to the NSDUH (2020), 1 in 7 individuals have battled substance abuse in one form or another.

CBT could help change the thoughts of individuals treated by the modality. As Arnfred et al. (2021) noted, CBT could be the standard for treating substance abuse patients. The questionnaire questions helped with identifying whether the patients who had been treated using CBT overcame their addiction. The researcher needed clear and concise information on how the study participants progressed in their treatment and how were being treated at the moment.

Question one set up the premise of the entire interview. It lets the researcher and the reader know how the patient developed their use disorder and when it started. The question lays the foundation for what could be happening with each patient and how were doing as an individual. Creswell and Poth (2018) mentioned that the key to qualitative research was the

questions used to develop the research. In this study, each question was designed to help further the research.

Addiction could be very hard for the individuals who endure it. Mahoney et al. (2021) said that addiction could be one of the most difficult disorders to overcome. The research questions in this study helps the reader see how the patients developed addiction and the steps the patient took in fighting the addiction. Battling through addiction could be tough however, with the proper help and guidance, it could be done. The research questions show how it was done by the patients and how effective it was for them. The questions give the reader a look at what it took for them to get into a safe place in their life.

Questions five and six are key to the study. They both give the reader an insight into how the individual is seen by the provider. CBT is a very well recognized method of treatment. Cox et al. (2020) mentioned that CBT could be the framework for helping an individual with substance abuse. Question five and six lets the reader know how the person dealt with their abuse and the coping mechanism they could be using. The question seek information to understand what a patient needs to do to stay away from substances. CBT uses a cognitive model and this could help one's thoughts and cognitions. Question seven is paramount to the research as well.

The reader needs to know how the patient was seen while being treated. DMHIs could help people with their disorders. Carl et al., (2020) said that DMHIs could be used at various points of treatment in an individual's life. This technology is not meant to replace traditional therapy, but could be a great help to individuals in need. Question eight is also key to the reader. This question shows how the patient responded to treatment. Traditional methods are ideal for patients, but DMHIs could help also. Schneider et al. (2021) mentioned that mental health has

become more mainstream since the pandemic. Hence, information was needed to show how DMHIs could assist patients in need.

The researcher developed the questionnaire that the patients at Hinds Behavioral Health Services (Region 9) answered. The researcher obtained IRB approval because human subjects were being used in the study. The questions were valid and pertained to the study. Each question helped the study to progress. Creswell and Poth (2018) said that qualitative questions have both strengths and weaknesses. These questions will provided the necessary answers to ensure that the research was successful.

Focus Groups

The researcher developed a questionnaire that the counselors of Hinds Behavioral Health (Region 9) answered during the focus group sessions. However, the researcher obtained IRB approval because of the human subject factor. The questions are valid and relevant to the study. The focus group questions helped further the study by providing valuable feedback. Creswell and Poth (2018) said that qualitative questioning provides insight into a study. These questions assisted the researcher to understand the counselor's point of view.

Data Analysis

This study relied on thematic analysis to analyze the collected data. This analysis method was the most suitable for the type of study. Various past studies used thematic analysis and it has been proven to be effective (Braun & Clarke, 2006). There are several other methods that have been put into consideration, but this one is the more pronounced of all of the methods combined. Thematic analysis uses induction to analyze data to foster the identification of themes within the data. Personal notes and the perspective of the researcher were used for the data collection.

According to Braun and Clarke (2006), personal perspective in data collection is warranted and often needed. This information helped to guide the study and show validity.

The thematic analysis method is very unique (Braun & Clarke, 2006). There are several steps that require the researcher to step outside of the box in collecting and analyzing the data. According to Braun and Clarke (2006) this thematic analysis is comprised of guidelines that help qualitative researchers to generate themes related to the research objective. This method could also be the preferred for case study research studies because it provides an understanding to the participants' lived experiences.

Trustworthiness

Trustworthiness for a qualitative research illustrates the validity and reliability of the study (Creswell & Poth, 2018). Additionally, Creswell and Poth (2018) said that qualitative studies do not use instruments of measurements, but they do use reliable metrics. It is important for qualitative researchers to establish credible and transferable data. It is equally important for the data to be confirmable and dependable. The information provided helps the study to progress. Trustworthiness is about establishing a connection to the reader and making the research credible.

Credibility

The credibility of this research is based upon the reliability of the patient-provided data. The findings of the study are also true because they are anchored on the patient's lived experiences with AUDs and SUDs. Each patient provided the researcher with true and unabated information upon their accounts. Creswell and Poth (2018) said that credibility could be established through triangulation.

Dependability and Confirmability

The provided data in the study is dependable. All the information collected was based on the true accounts of the patient's lived experiences. There was no coercion or persuasion on part of the researcher. Therefore, the information raised from the research study depicts the complete account of what the patients went through at the time of the pandemic as far as AUDs and SUDs are concerned. It is also relatable to their treatment at Hinds Behavioral Health (Region 9). Creswell and Poth (2018) mentioned that both confirmability and dependability rely on accurate findings and consistency. This is true about the findings in this research.

Transferability

This research study is transferable. The population is based upon AUD and SUD treatment. Creswell and Poth (2018) said qualitative researchers use thick description in research to foster the study's transferability. Thus, the researcher used thick description of the study process. This research shows that the study process and finding could be transferable to other settings.

Ethical Considerations

There are no ethical considerations involved in this study. The patients reviewed and signed a confidentiality agreement. No personal data was given and actual names were not used in the study to respect the privacy of the participants. Health Insurance Portability and Accountability Act (HIPPA) was a priority during this study. Patients were not asked to provide case numbers or notes that could violate any of the actions sanctioned by HIPPA. Each patient did not provide the researcher with any personal or private information not related to the study. Furthermore, each patient was asked to comply with the rules and regulations of Hinds Behavioral Health (Region 9)

The researcher did not collect any personal information from the patient's counselors or providers. The provided information was based solely on patient's and counselor's participation and upon the signed agreement. Each patient was fully aware of the research process and objectives. There were no monetary promises or exchanges involved in the collection of the data. Each patient participated at their own free will and accord. The data will not be shared nor will it be discussed outside of the study premises.

Summary

Qualitative research is a social-science explained at best. According to Creswell and Poth (2018), it is based on lived experiences and accurate accounts. This type of research could provide the lived experiences of the study participants. Chapter three covers the study's methodology. It displays the social life of the patients interviewed in the study. The chapter demonstrate the interaction between the researcher and the patients involved in the study. Different elements disclosed in this chapter were critical to the research study.

The participants in the study were patients at the local center. They agreed to participate in the study because all of them had an alcohol or substance use disorder. That is the primary basis for the study and the research conducted. Creswell and Poth (2018) mentioned that lived experiences provide relative information for qualitative research. This information produced the need for the study and will continue to be a guiding principle for what is need in the researcher.

The data analysis for the study provides accurate information for the study. It shows the validity and the effectiveness of CBT and its effects on patients with AUDs and SUDs. Thematic analysis is one of the best ways to process data in a qualitative study. This method could open many doors into the research to provide clear and concise information on the subject being studied. Braun and Clarke (2006) highlighted that data should be transferable and reliable. The

researcher aimed at proving the reliability of the data and showing the need for future research in this area of study.

Chapter Four: Findings

Overview

This chapter provides a clear understanding on how the patients and counselors at Hinds Behavioral Health (Region 9) responded to personal therapy during COVID-19 pandemic. At the height of the pandemic, many patients had to rely on DMHIs to receive the care that they were getting prior to the pandemic. The findings from the study show how each of the patients and counselors responded to the treatment, lived through the experience, and how the treatment affected them. The research questions used to guide this study include:

1. How do mental health patients with addiction disorders describe their experiences with Cognitive Behavioral Therapy?
2. How do therapists describe their experiences with Cognitive Behavioral Therapy in treating patients with addiction disorders?

This chapter describes how 10 counselors and 10 patients shared their lived experiences with addiction disorders and cognitive behavioral therapy. It covers the stories that they chose to share and it gives insight into how DMHIs along with CBT could be effective in treating AUDs and SUDs. Therefore, the chapter entails the counselors and patient's descriptions of AUDs/SUDs, CBT, and the effectiveness of DMHIs. There are also supportive subthemes that describe information needed to further the study. This chapter concludes with a summary of the information highlighted in it as per the participants' responses.

Participants

20 individuals participated in this study and shared their lived experiences with CBT, AUDs/SUDs, and DMHIs. There were 10 counselors and 10 patients as respondents in the study. Names and places were not used to protect their personal information and maintain confidentiality. There was a questionnaire designed for both the counselors and the patients involved in the research. The questions for the counselors and the patients are listed in Appendix G. These questions served as a guide into the information listed in this study. The questions were also used in the focus group for the counselors. Table 1 lists distribution of the study participants:

Table 1.

Participants Involved in the Study

	Counselors	Patients (Male and Female)
Interviews	0	10 (5 males, 5 females)
Focus Group	10	0

The collected data came from 10 counselors and 10 patients. The groups were separated at Hinds Behavioral Health (Region 9). The counselors were in a focus group and the researcher also used a questionnaire to obtain the data from the patients used in the study. The patients were given a questionnaire to complete to obtain their point of view concerning their lived experiences with CBT, AUD, SUD, and DMHIs. The counselors used the group room and it took 25 minutes to record the data and 10 minutes to fill out the questionnaire. It took the patients 30 minutes to complete the questionnaire required for the study. The patients in the group were five males and five females. The researcher wanted a representation from the patient groups to show diversity.

Results

The results of the study were generated using thematic analysis. According to Braun and Clarke (2006), the thematic analysis helps answer questions in the data in a simplistic manner. This has proven to be a systematic process in unfolding truths about induction (Braun & Clarke, 2006). The perspective of the participants from the study is shown and the researcher used that data to draw conclusions and to answer the research questions. Braun and Clarke (2006) mentioned that the thematic analysis process of data is unique. Reviewing the data brought some interesting facts about AUDs/SUDs, CBT, and the use of DMHIs to help with these disorders.

Primary Themes

The 20 participants outlined in the study shared their experiences with AUDs/SUDs, CBT, and DMHIs. Questionnaires were used with both the patients and focus group. The data from each participant was analyzed and recorded by the researcher in efforts to better understand the happenings at Hinds Behavioral Health (Region 9) during COVID-19 pandemic. Using the case study method of qualitative research, the researcher analyzed the participants' lived experiences to identify common themes that would expound on the importance of CBT and show its effectiveness in treating AUDs and SUDs. There is also detail on how much DMHIs could help treat patients when traditional face-to-face methods are not available.

After the researcher took the recordings and questionnaires from the counselors' focus group, the recordings transcribed. The researcher also used the questionnaire to create the counselor responses. The focus group gave the researcher a clear view into how CBT and DMHIs could be used to treat patients with AUDs/SUDs. The questionnaire from the patients also provided information for the study, giving the researcher an understanding into how CBT could be used in connection with DMHIs to treat patients with either AUD/SUD. It is this lived

experiences according to Braun and Clarke (2006) that give insights into the research and provide the necessary answers to each research question

. Table 2.

Data Sources and Themes in Focus Group

Data Source	Statement	Theme Type
Counselor Focus Group/Questionnaire	The Response to AUDs/SUDs	Major Theme
Counselor Focus Group/Questionnaire	Living with AUDs/SUDs	Sub Theme
Counselor Focus Group/Questionnaire	CBT and its Effectiveness	Major Theme
Counselor Focus Group/Questionnaire	Coping with CBT	Sub Theme
Counselor Focus Group/Questionnaire	DMHIs and their Effectiveness with Counselors	Major Theme
Counselor Focus Group/Questionnaire	Counselors explain DMHIs	Sub Theme

Table 3.

Data Sources and Themes from Patients

Data Source	Statement	Theme Type
Patient Questionnaire	Alcohol and Substance Use with Patients	Major Theme
Patient Questionnaire	Battling AUDs/SUDs	Sub Theme
Patient Questionnaire	CBT and its Effectiveness	Major Theme
Patient Questionnaire	CBT: Changing Lives	Sub Theme
Patient Questionnaire	DMHIs and their Effectiveness with Patients	Major Theme
Patient Questionnaire	DMHIs and their Worth	Sub Theme

Counselors' Focus Group

The counselors' focus group included 10 participants from Hinds Behavioral (Health Region 9). They were recorded using the researcher's cell phone as a recording device. They also completed a questionnaire to provide the information needed on their lived experiences for this group. The recordings were transcribed, and the researcher used the transcriptions and the questionnaire to provide data for the research.

The focus group lasted 35 minutes and each counselor provided the much-needed information. The researcher compiled the responses into themes. They responded on the effectiveness of treating AUDs/SUDs using CBT. The counselors also responded on how they used DMHIs to assist in counseling when the government shutdowns happened during the height of COVID-19 pandemic.

The Response to AUDs and SUDs

The counselors' focus group was a recorded interview. It took place at Hinds Behavioral Health (Region 9) in the conference room. There was also a questionnaire that the counselors filled out. Seven out of 10 counselors were female, but the demographics did not matter in this group. The researcher did not use personal information when collecting the data from the counselors and all their personal details were kept confidential because of HIPPA regulations and rules. Many of the counselors presented some revelations about AUDs/SUDs and the treatment that goes into those disorders and patients that have them.

One of the major concerns about addictions is that they affect the brain (Lau et al., 2015). One counselor said that she was a former addict herself. She said that she had experienced the "insanity" that comes with the disease. According to her, when it comes to teaching clients about addiction, it is imperative to remind them that addiction is a two-fold disease because it affects

not only the body but also the mind. She urged all her patients to be about their experiences facing and coping with alcohol and substance addiction.

Another counselor said that she related addiction disorders to people's behavior. She thinks it is treatable, but the person should be willing to be treated. She said that with the correct treatment, she feels that patients could overcome the barriers they face. She described how addiction could take a toll on the person going through an addictive cycle, saying that "Addiction can always rear its ugly head when it is least expected." One counselor described addiction as a "very important issue." She said that she has seen it destroy individuals who are affected by it and the people who are trying to help those with it. She said that CPS getting involved could totally change the course of people's lives when children are involved.

One of the male counselors involved in the focus group said, "Addiction can happen to anyone and at any time." He said that it not only affects individuals, but it can also affect the family and the community. "The effects of addiction can be catastrophic holistically and it can be treated, but the patients have to want the change for themselves." He said that he addressed addiction according to the individual needs of the client because their response to treatment is based on their personal needs. He said that addiction could have lasting effects, but a patient should work through those effects to survive.

Living with AUDs/SUDs

One of the counselors from the focus group was a former addict. Her story of alcoholism was very compelling and she said that being an addict inspired her to become a counselor. She said that being a counselor allowed her to give back to the person that she once was. This allows her to look at substance use and alcoholism from a completely different aspect, allowing her to treat and handle patients much differently than the rest of the counselors at the center. The

counselor said “She always wants to place the needs of her patients above her own.” This gives her a perfect way of developing treatment and mitigate AUDs/SUDs.

All the counselors treat patients in the Drug and Alcohol Center. Being familiar with patients with AUD/SUD is common among the counselors. The previously addicted counselor said that she lives with the disease on a day-to-day basis. She highlighted that she knew firsthand just how debilitating the disorders could be. Her knowledge about the impact the disorders could have pushed her to dedicate her life to help those with the disorders. She said that “she wants to be a difference maker in the lives of those who are battling these disorders.” The patients with these disorders are fortunate to have a counselor who could identify with what they could be living with when it comes to AUDs/SUDs.

CBT and its Effectiveness

Many of the counselors believed in using CBT to treat patients with AUD or SUD. Some of the counselors believed in using more than one treatment technique. One counselor said that she used CBT, dialectal based therapy (DBT), person centered therapy (PCT) and motivational interviewing (MI), because these therapy approaches helped her to prioritize the needs of the patient. “I have used CBT in several group session and individual sessions and this therapy does help treat patients with these disorders.”

One of the counselors said that it is about changing the perspective of the patient, as the core CBT mandate. “CBT can change the way that person feels about their situations and what they are going through.” She also said that she does believe that CBT could change the patient’s behavior. Another counselor said that she does believe that CBT could change mindsets and outcomes, is because various patients responded to it differently. “I believe that the way that

patients respond determines on how successful that they will be in the program.” She said that she had hope in those responses and CBT provides that hope.

One of the male counselors said that he uses CBT on a daily basis in his counseling sessions. “I believe that CBT is the perfect complement to support groups and to Alcoholics Anonymous (AA).” He said that many men and women fight demons, and that CBT could replace a lot of those negative thoughts. The counselor reiterated that CBT has been a big proponent in treating patients with co-occurring disorders. He said that he feels that CBT could inspire others to do great things with their lives. Another counselor said that CBT could help reconstruct thoughts. She said” CBT takes a lot of the old thoughts and turn them into new thoughts.”

Another therapist said that CBT helps to restore the thoughts that an individual might have lost on the account of trauma. She said, “Trauma may cause an individual to lose memory and CBT can help bring those memories back to the forefront.” The dialogue on CBT was very thought provoking. The consensus was that CBT was a helpful and effective therapy method. Some therapists said that they relied on CBT and other therapy approaches to help patients. Overall, CBT is the therapy of choice when it comes to dealing with AUDs/SUDs at Hinds Behavioral Health (Region 9).

Coping with CBT

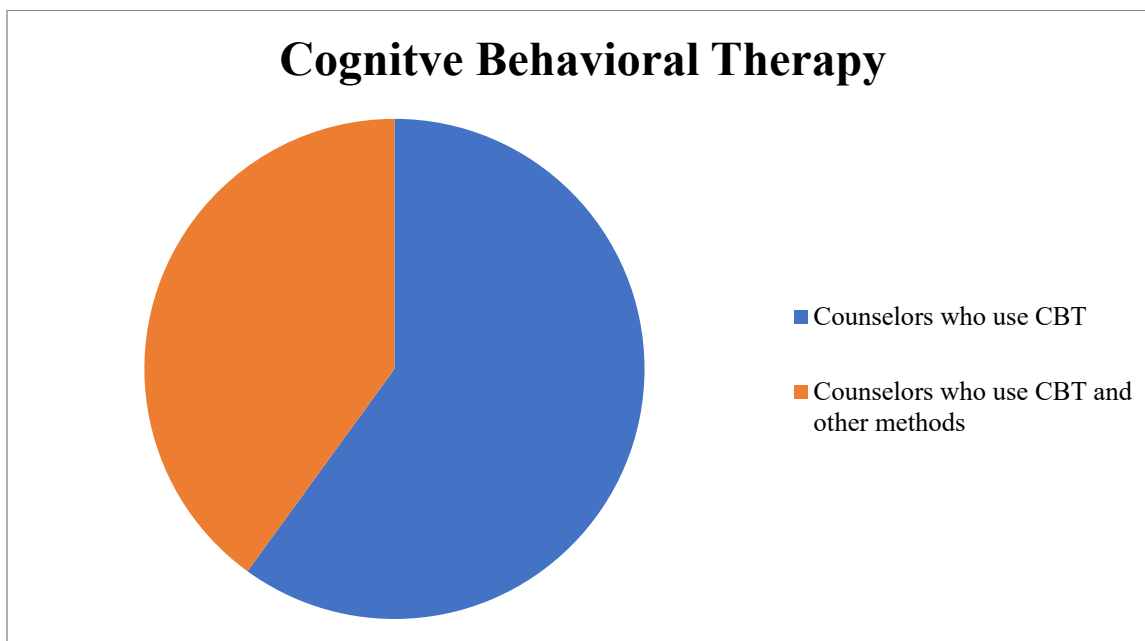
All the counselors in the center used CBT as a form of treatment. In the focus group, the counselors revealed that CBT was the preferred method of treatment within the Drug and Alcohol Center. One of the counselors said that CBT makes it easier to reach the patients and that is why they continue to use it. Another counselor said that CBT helps to take away the thoughts that the patients have. This method of treatment has been beneficial to the counselors at

the center, and they were grateful for that the approach was available to them. All the counselors said that they would continue using CBT in one form or another. The counselors relied on it because it provides a form of coping for the patients in the center.

One of the counselors said that CBT provides a way of coping for those patients at the center. She said that it was in fact one of the best coping mechanisms that one could have if they had an AUD or SUD. Another one of the counselors said that she used CBT along with different variations of it. She said that it provided a way for the patients to escape their current thoughts, helping them to deal with “negative thinking.” The counselors were convinced that CBT fulfilled its promises. All the focus group counselors agreed that CBT and its variations could provide a suitable way for patients to deal with their use and it can help them to recover from AUDs/SUDs.

Figure 1

Application of Cognitive Behavioral Therapy



DMHIs and their Effectiveness with Counselors

During the height of COVID-19 pandemic, most mental health facilities were closed because of the government social restrictions. However, Hinds Behavioral Health (Region 9) did not shut down. One of the counselors stated that “I believe that virtual sessions were sessions were successful because of patient participation. He said that he “believes that it was important to keep the patients on a regular schedule as if nothing had happened”. Another counselor said that she was not employed by Hinds Behavioral Health (Region 9) during the shutdowns.

One of the counselors said that “DMHIs were very successful because it allowed for patients to keep their appointments.” She noted that transportation is a big problem for some patients now. During the pandemic, most of the patients were able continue with counseling sessions. Another counselor said that DMHIs were effective because most of the patients had access to the sessions, providing an ease to her and the patients. She did not have to push the clients to have their counseling sessions.

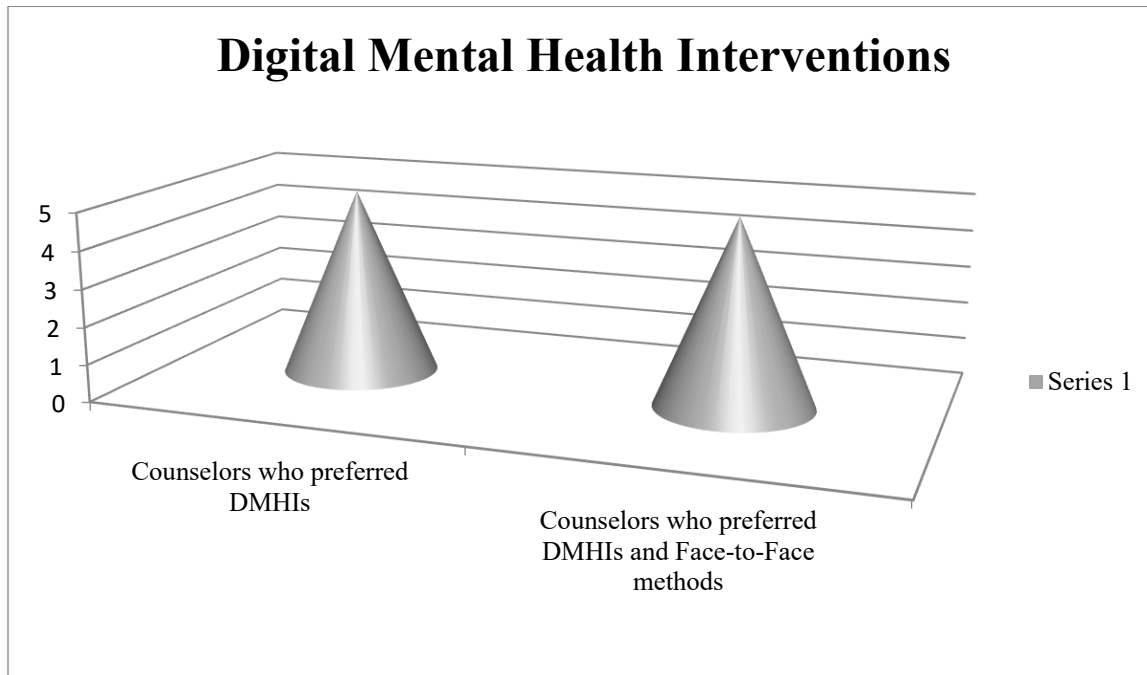
One counselor said that DMHIs were more organized. He said that it made his job a lot easier and less confusing. Many patients in the public mental health field forget that there are others in session and there is often chatter. “I feel that patients do not want to open up when there is a lot of chatter.” One of the counselors said that DMHIs kept the lines of communication open and made it easier to see the patients. He submitted there was an ease of access that DMHIs provided.

Another counselor said she was working at another facility. In that particular facility, she said that it did not switch to digital, but kept seeing patients face-to-face. “I would prefer to see patients traditionally. I know that companies are going digital, but there is nothing like face-to-face.” She said that virtual sessions were nice, but they could also be a hindrance due to patients

not cooperating or missing their virtual appointment. Another counselor also said she liked face-to-face methods. She did not mind digital methods, but still liked to sit with patients and talk. To her, nothing would ever replace counseling traditional methods. The number of counselors who preferred DMHIs and traditional face-to-face methods were the same, as some liked both methods of treatment equally.

The counselors had mixed reactions when it came to DMHIs. When the pandemic started, Hinds Behavioral Health (Region 9) did not close. Instead, the center allowed counselors to attend to patients through digital technology. The counselors said that this technology was both a blessing and a curse. One counselor highlighted that DMHIs were effective at helping the patients. The counselor that preferred face-to-face said that there was nothing that could replace seeing a patient, looking them in the eyes, and hearing them. The counselor was one of five who said that he would rather use those traditional methods but understood why the change was paramount during COVID-19.

The pandemic was the driving force for the technology at the center. It assisted to still see the patients who needed treatment. One counselor said that she relied heavily on the technology. The counselor opined that she was afraid of catching COVID-19. Thus, technology helped her not to become sick. Most counselors agreed That technology prevented the virus transmission. Another counselor said that DMHIs was the wave of the future and she was willing to continue with the services. The technology was helpful as the counselors agreed that they would continue using DMHIs.

Figure 2*Digital Mental Health Interventions***Patient Questionnaire**

All the patients of Hinds Behavioral Health (Region 9) attended the Drug and Alcohol Center in the clinic. The patients were 10, including five males and five females. This demographic attribute was not necessary for the study, but the researcher wanted to get a diverse perspective from the group. The questionnaire took 10 minutes for the patients to fill out and the researcher spoke with the patients while they were filling out the information. The group provided valuable feedback for the data.

The patients were asked similar questions just like the focus group participants. The females were open with their responses, but the males were a bit reserved. They opened up as the researcher asked questions and gave them some background information. Their lived experiences helped with the data, showing that the patients had experiences with AUDs/SUDs. Most patients

were not familiar with CBT by name, but all agreed that the treatment was working. They also provided valuable information about DMHIs when the facility closed to open visits.

Alcohol and Substance Use among the Patients

All the patients seen came from the Drug and Alcohol Center of Hinds Behavioral Health (Region 9). All of them had a history of alcohol and substance abuse. One of the patients said that the problem with substances did not start until she was 43. “I was laid off my job and my world began to spiral.” She said that she did not know how to handle what was going on with her. Another patient said she was in her mid-30’s when her addiction started. She said that it was after a surgery that she was addicted to pain pills. “The pills took the pain away from my surgery, but they soon became a part of my comfort.” She said that the pills became a part of her life.

One of the male patients said that when he was two years old, he swallowed paint chips. “I never forgot how I felt after I experienced that, and it was something that stayed with me.” He reported that the addiction to substances kept rearing its head at him. Another patient said that his addiction started at the height of the pandemic in 2020. “I was taking care of everyone, but I was not taking care of myself. I started the pills to ease my mind. He said that he wanted to ease the pressure that he was feeling.

Another female patient said that she was going through chemotherapy, and she became “addicted to the pain killers that she was prescribed”. She said that the pain killers took all her pain and shame away. “I do not know if I could not function if I did not have the pills”. Another patient said that she was in her mid-20’s when her addiction to substances started. She noted that she felt that she was accepted when she started using. “The cocaine made me feel like I was a

part of something that was bigger than me.” She claimed that is what made her feel more accepted by the people that she was hanging around.

One of the male patients said that his addiction started when he got hurt on his job. He said that the pain in his back was more than he could bear. “When I hurt my back, I felt like the world was over. The pain killers eased all my pain.” The participant stated that when he took the pain killers it made him feel that he had freedom from the hurt. Many patients felt that they could escape the day-to-day living if they would continue using the substances. All the patients that filled out the questionnaire said that addiction made them feel that everything would be okay in whatever problem they faced.

Battling AUDs/SUDs

All the patients in the Drug and Alcohol Center have had to battle AUDs/SUDs. In the questionnaire, mostly all the patients said that their addictions started at a young age, and continued into their adult years. One patient said that she was thirteen years old when her addiction started. She highlighted that she would sneak alcohol from her mother’s liquor cabinet and drink. Later in her life, that alcohol turned into marijuana and that led to other substances. Another patient said that his addiction started with him being hurt at his job. After hurting his back, he was later addicted to pain medication. He said that once the pain medication wore off, he would start looking for other things to take. All the patients had a more or less similar story.

One patient said that she was doing pain pills at the age of eight years old. Her mother left medicine in the cabinet and she would take it. Thus, she battled addiction as a teenager and well into adulthood. She finally got help when she passed out in her home for three days and was found by her daughter. The patients in the center were all there because in one form or another,

addiction and substance abuse had led them to Hinds Behavioral Health (Region 9). AUDs/SUDs have played a role in the lives of each patient and all were seeking treatment from the center.

Cognitive Behavioral Therapy and its Effectiveness

Most of the patients have been in therapy for quite some time and had heard about CBT. Some had never heard of CBT by name, but once it was explained they recognized some of the characteristics about the treatment modality. One of the patients said that she liked knowing that how she thought and felt about herself could be change. “I know my thoughts and this process helps me to control the thoughts that I am thinking”. Another patient said that CBT helped her control the anger she felt whenever she would use the painkillers. She said, “I know that what I was doing was wrong, but therapy helps me to visualize it much better.”

One of the male patients said that CBT helped him to outline the twelve-step program better. “It gives me accountability and it shows someone like me that I can be successful in my recovery. “The patient said that he feels much better and the treatment that he receives helps to succeed in life.” Another patient said that CBT helped her to overcome some of the fears that she had about receiving treatment. “I did not want to get help for my addiction. I thought that I would be addicted to drugs forever.” CBT helped her to realize that she could be clean and that she could have her life back.

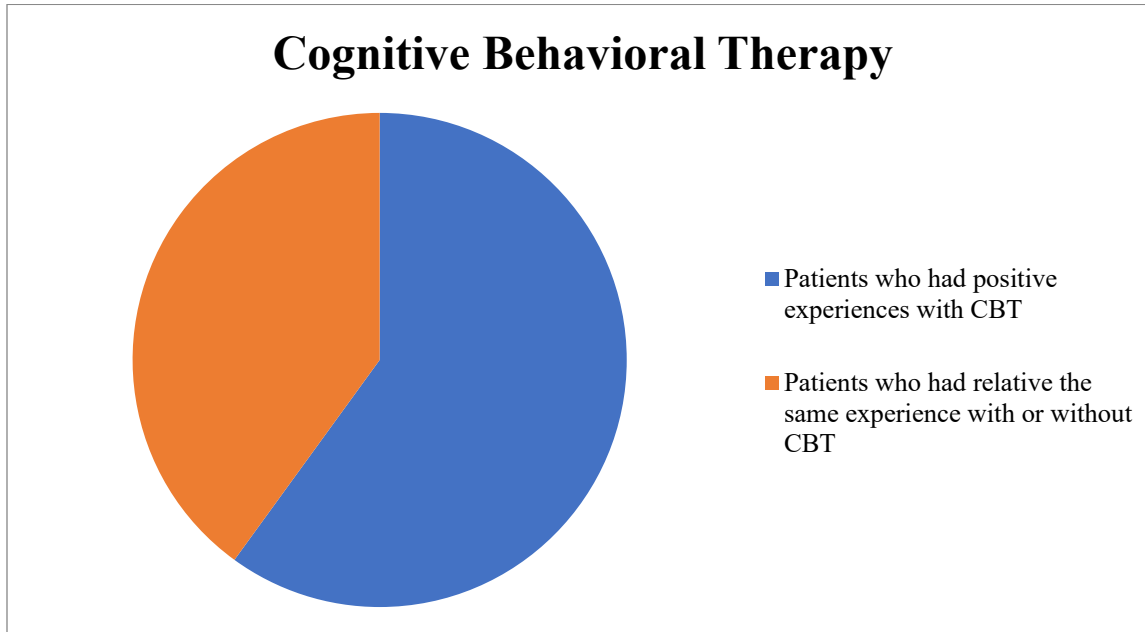
Another male patient said that CBT helped him to focus. “The way the information is presented to me helps me to remain calm and focus on difficult situations.” This patient is still an active user, and he is just coming into the program at Hinds Behavioral Health (Region 9). He said that the counselors have made him realize that he could change. One of the female patients said that CBT helped her to bring her thoughts back to a normal place. “I did not know what it was called at first, but once the counselor explained it to me, it helped. One of the patients said

he was fine without CBT.” This particular patient said that he is fine without the use of this type of therapy. He said that he knows what it is, but he had already made up in his mind that he wanted to be clean. “I knew what I had to do, and I committed myself to doing it.” The patient said that he wanted to stay on track. He also noted that he was responsible for making sure that he does what he needs to do. Most of the patients had positive experiences with CBT and some said that they wanted to make the changes themselves.

CBT: Changing Lives

Therapy has changed the lives of the patients in the Drug and Alcohol Center. Most of the patients have been in therapy for quite some time with the exception of two female patients with unique stories. The first patient said that she had no idea what CBT was. She said that what she went through it, because she wanted to change. The treatment that she has been receiving since she came to the Drug and Alcohol Center has made a difference in her life. She said that there were times that she still wanted to use drugs, but her mind always deviated to something that her counselor had told her- wanting to do better. She said that the treatment that she had been receiving was helping her to stay clean and sober.

Another patient in the center had the same results with CBT. She is new to the center and treatment. She said that there were instances when she wanted to use drugs and alcohol. She said the only thing that she could think of when she wanted to use drugs was what her counselor said. The researcher asked if she was familiar with CBT and she said that she only read about it. The patient reported that she experienced the things that she read about CBT while in the center. That is a clear indication that CBT does what it says, and the patient was responding to the therapy as expected. Most of the patients agreed that CBT was changing their lives for the better.

Figure 3*Cognitive Behavioral Therapy****Digital Mental Health Interventions with Patients***

Most facilities closed during the pandemic. However, Hinds Behavioral Health (Region 9) did not and continued to serve patients. One of the patients said that she liked digital mental health because she could focus more. “Sometimes there is a lot of commotion going on at the center. The telehealth allowed my sessions to be private.” The patient posited that more attention was placed on her during those visits.

Another patient said that he was happy with the digital visits. “The digital visit felt more personal to me.” He said that the digital visits made him feel more comfortable with sharing because he was in his own space. Similarly, one of the female patients said that she enjoyed the digital visits. “I knew that once the digital visit was over, I could do what I needed to do.” She said that she liked the convenience of the digital mental health. However, aAnother male patient said that he did not like the digital visits. “I felt like the digital visits were a waste of time. I

wanted to talk to the counselor.” He said that the digital visits made him feel alienated from where he was comfortable.

Another patient said that he thought the digital visits were important. “I did not know what I would do if it shut down.” Once the center closed to the public, it became hard to see your counselor, he said. He noted that once the digital sessions started, he felt like he was doing what he needed to do to stay clean. He said that the digital sessions were a big help to him because they kept his morale up with everything going on.

One of patients said that she did not like the digital sessions. She stated that the sessions were taking longer than what she expected. “The digital sessions should not have lasted an hour.” She stated that those sessions should have only been 20-30 minutes in length. She said she could not understand why the counselor took longer with her current sessions. Most of the patients were receptive to DMHIs, as they noted that each enjoyed the time away from the center. Some of them disliked the DMHI sessions because they were too long, or they missed going into the facility to be seen by a counselor.

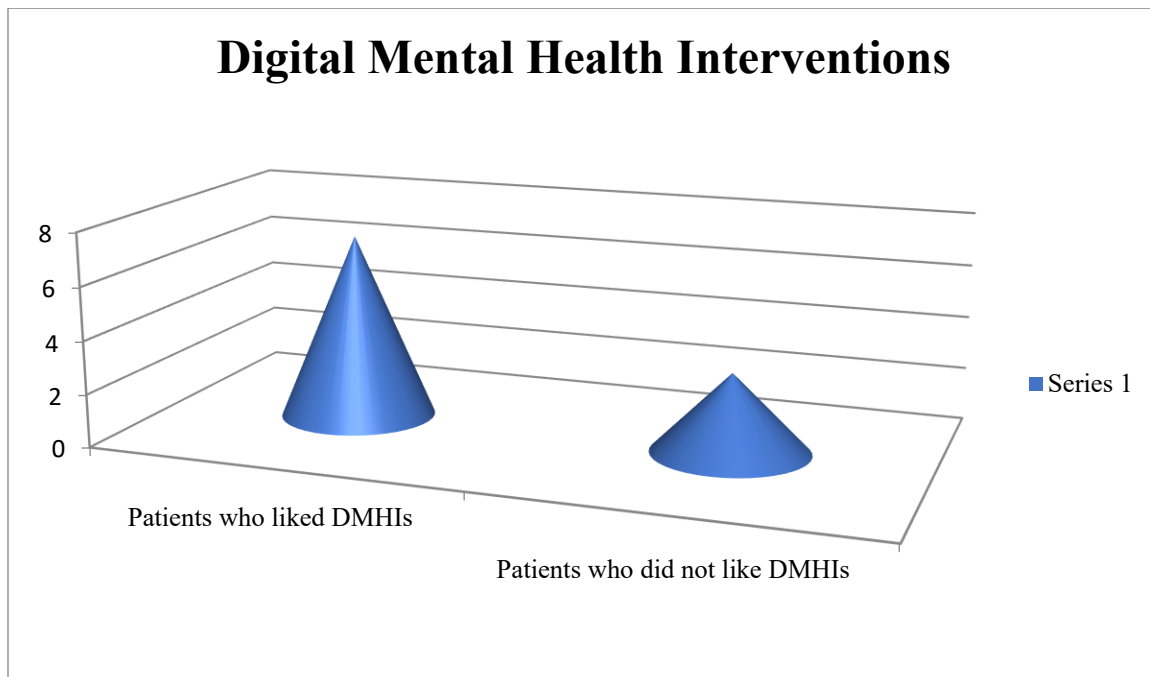
DMHIs and their Worth

DMHIs are somewhat new to mental health and many of the patients in the Drug and Alcohol Center did not know about DMHIs prior to the pandemic happening. During the questionnaire most patients said that it took them by surprise when the technology was introduced to them. Hinds Behavioral Health (Region 9) did not close when the government shutdowns happened, they just switched to the technology. One patient said that he did not like DMHIs because he felt that he did not get anything from it. He said that he preferred the traditional face-to-face methods of treatment. He said that method made him feel engaged and he would rather continue doing treatment that way.

Most patients said that enjoyed DMHIs during the height of the pandemic. One patient said that she was frightened when the pandemic started and therefore, preferred to have the treatment this way. Another patient said that she thought the method was just as helpful as being at the center. She said that she preferred being in her home and receiving treatment online. “I liked being home and getting treatment. I did not feel that I had to rush to get ready every morning.” Overall, the patients at the Hinds Behavioral Health (Region 9) thought that DMHIs were a great way to receive treatment. Most patients said that they would continue receiving treatment that way.

Figure 4

Digital Mental Health Interventions



Research Question Responses

The collected data provided adequate responses to the research questions. Each question was used to capture the lived experiences from each group in the study. The counselors offered their perspective on CBT and its effectiveness in treating AUDs/SUDs. The responses were needed to show how CBT in conjunction with DMHIs could treat the disorders.

The patients' responses to the questionnaire covered their lived experiences as well. Their submissions provided key pieces to the data because they were the ones dealing with AUDs/SUDs. Most of them did not know CBT by name, but were all in agreement that the treatment they received worked and it offered the necessary help that they needed. The patients were in the maintenance phase of their recovery and that piece was imperative. If not properly cared for in treatment, they might relapse and fall deeper into addiction. However, the patients' response to the questionnaire showed they were on the right track.

RQ 1. How do mental health patients with addiction disorders describe their experiences with cognitive behavioral therapy?

Patients' Response

All the patients shared their lived experiences with AUD/SUD, CBT, and DMHIs. The one thing that stood out mostly from the questionnaire was that CBT was making a difference in the lives of those being served at Hinds Behavioral Health (Region 9). Some of the patients did not know the term CBT, but knew what the counselors were doing for them was helping them to resolve most issues that they were having when it comes down to AUDs/SUDs. One of the patients said that their counselor knew how to get to the source of the problem. Another patient said in the questionnaire that CBT helped to ease her mind and she wants to continue therapy because of that reason. Most of the patients were in the "Maintenance Phase" of their recovery.

This particular patient said that what she gets at Hinds Behavioral Health (Region 9) assisted her to maintain her “sanity” and her “peace of mind.” She said that the techniques work and that she was happy.

Another patient did not know what CBT was, but he said that what he was going through helps him to live. This response expounds on the technique and sums up how important CBT was aiding in recovery. Being at the center and seeing how the patients responded to the questionnaire gave the researcher insight into how his life is being changed by the therapy that he receives, how CBT plays a huge role in helping the patient. This lived experience helps to further the study.

As mentioned, most of the patients from the study were in the “Maintenance Phase” of their recovery. However, there were two patients who were not when the questionnaire was complete. Both of those patients said that their addiction started at the height of COVID-19 pandemic. Their experiences with CBT have been very important. Both stated that the treatment they had received at Hinds Behavioral Health (Region 9) helped them to get their lives back on track. This means that CBT was working for those individuals and they would get better. These two individuals lived experiences also helped to further the study of CBT.

RQ 2. How do therapists describe their experiences with Cognitive Behavioral Therapy in treating patients with addiction disorders?

Counselors’ Response

The counselors and patients both shared their lived experiences with AUDs/SUDs, CBT, and DMHIs. Both groups provided responses to the research questions and showed how those answers helped to further the study. From the counselors’ perspective, all of them had a deep connection with what they did in the addiction center. Their task is to provide a service to those

who need treatment. All of them have a sense of purpose when dealing with the patients that they serve. There is a passion to help those who have and are suffering from AUDs/SUDs. As Braun and Clarke (2006) wrote the lived experiences would provide the necessary data for research conclusion.

All the counselors used CBT when interacting with patients for their disorders. Some of them used CBT with a combination of other treatment modalities. The one thing that was constant in the focus group was CBT works and helps patients to cope with their current situation. One counselor said that the patients were the clay and CBT was what holds them together. They all had instances where CBT made the difference in a patient's treatment and it helped turn them around. One of counselor said that CBT could make a difference in the life of a patient dealing with substance abuse or addictions.

Carl et al. (2020) said that CBT is a preferred method in treating patients with addictions. This was showed during the conversation with the counselors at Hinds Behavioral Health (Region 9). One counselor said that most of the patients do not realize what CBT is, but they do know that it helps them to get better. Another counselor said that when CBT is used correctly, it could help patients deal with their negative thoughts. All the participants agreed that there are many emotions to deal with in the addiction arena. One counselor insisted that addiction patients go through phases and CBT helps them to deal with the emotional highs and lows in those phases.

Another counselor said in the group that addiction counseling could never be easy. The researcher asked him to clarify, and he said that some patients had so much to contend with daily. The counselor said that she knew that CBT helped the patients to organize and deal with things one at a time. The researcher asked if she had seen this happen and answered to the

affirmative. CBT assists patients focus and get their lives back on track. Th CBT treatment modality would continue to help patients succeed in their recovery efforts and their maintenance phase of their addiction recovery.

Findings from Data

The patients and counselors from the study provided some interesting information on AUDs/SUDs, CBT, and DMHIs. The patients in the study had some interesting stories on addiction and substance use disorders. Majority of the patients said that they were introduced to drugs and alcohol early in life. The most compelling story came from a male patient, and he said that he was 12 years old when he started using his mother's pills as a form to get high. Many patients' stories were the same when it came to AUDs/SUDs. Each patient was in a place in their addiction where they could manage because of the treatment they received at Hinds Behavioral (Health Region 9).

Most of the patients were not familiar with CBT by name. All the patients know that they are in treatment and what the researcher received from the patients during the time spent is that the therapy was working. One of the female patients knew CBT by name and it helped her with her moods and thoughts. The consensus about the treatment was that it works and assisted in the maintenance phase of recovery. All the patients said that if it were not for the treatment they received from the center, they would not know what their life would look like. Hinds Behavioral Health (Region 9) was changing lives and helping those that it serves.

DMHIs played a huge part in recovery during the shutdowns at this particular center. Hinds Behavioral Health (Region 9) did not close, but stopped traditional face-to-face methods of treatment. That meant that all the patients from the center had to use DMHIs treatment. Some of the patients did not like this method of treatment, but all agreed that it was effective in

delivering the help they needed during that time. One of the patient's addictions started in 2020 and this method of treatment was all that she was familiar with until the center reopened to the public.

The counselors at Hinds Behavioral Health (Region 9) had interesting perspectives on AUDs/SUDs. They all believed that addiction was an individual disease, but they also believed that it was treatable. Carl et al. (2020) mentioned how hard it was to overcome both diseases but emphasizes that it was up to the individual patient to be willing to be treated. One of the counselors in the focus group is a former addict. She understood how important it was to be and stay clean. Overall, the counselors in the group believed that their patients could be treated.

All the counselors in the center used CBT as a treatment modality of AUDs/SUDs. Some used variations of the modality and other forms, but CBT reigned supreme in treatment. Fring et al. (2020) concluded that CBT is the premier treatment when treating addictions. The counselors of Hinds Behavioral Health (Region 9) believed that this treatment saves patients from addiction and would aid in recovery. One of the counselors said that CBT helped patients to deal with their thoughts and the thoughts were what led to addiction. She believed CBT would continue to be at the forefront of addiction and substance abuse cases.

All the counselors at Hinds Behavioral Health (Region 9) reported to work daily, and had to use a tool that was just emerging on the scene. One of the counselors said that Zoom was something that he had never heard of. They had to get acquainted with it very fast and learn how they would deliver treatment. Telehealth is nothing new, but in most cases of the counselors it was. The numbers were split in who liked using DMHIs and those who did not. However, they all agreed that caring for the patients in the best possible way was the overall priority of the center.

Figure 5

Counselors' Responses

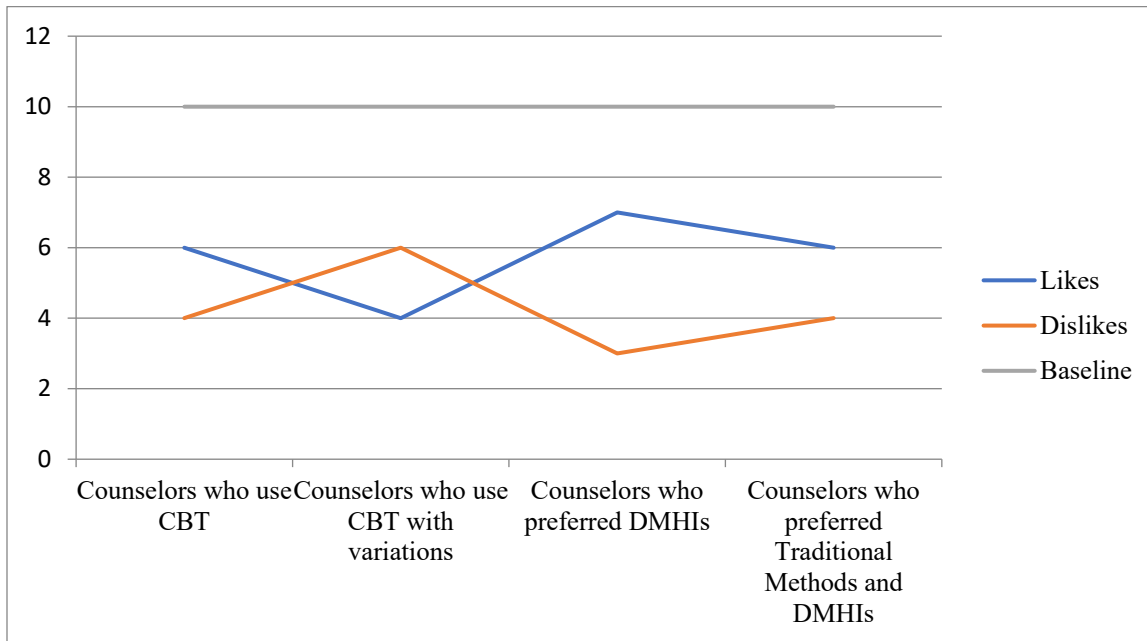
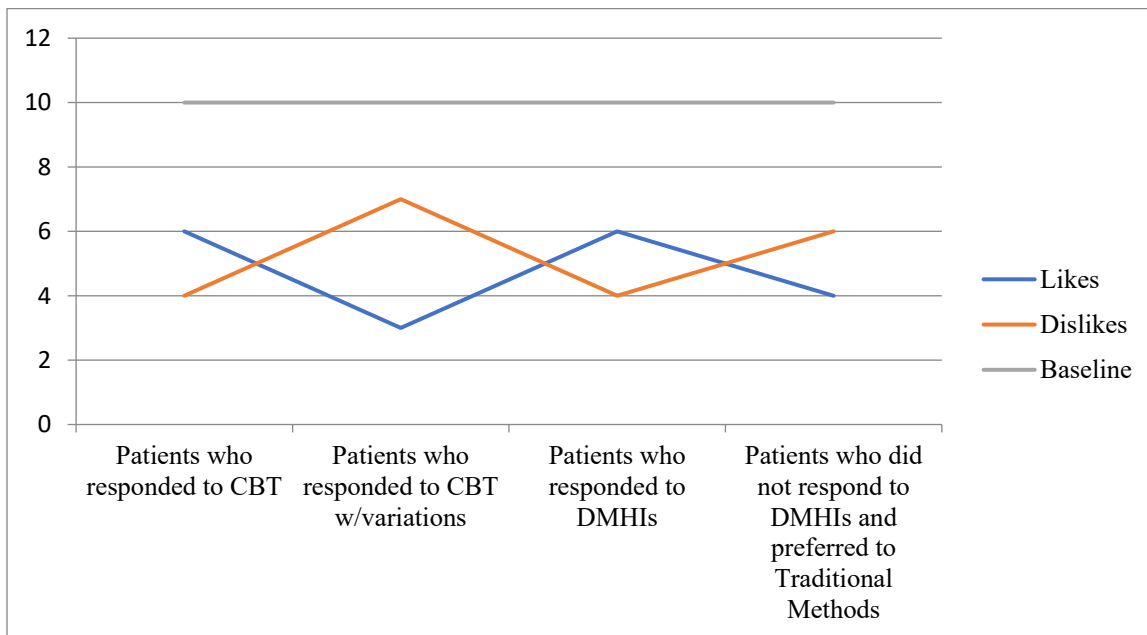


Figure 6

Patients' Responses



Summary

The patients and counselors at the Hinds Behavioral Health (Region 9) collaborate to ensure the patients recover appropriately. The addiction center is full of people who genuinely care for one another. The counselors care for the patients they serve and the patients themselves care for the counselors. The patients have had to overcome many obstacles to be where they are, and their recovery means the most to them. Most of the patients in the center are in the maintenance phase of their addiction and that is recovery care. Their addictions happened young in life, but they remain committed to the treatment that they receive in the center.

The counselors use CBT while treating patients at the facility. Some counselors might use variations of CBT and other treatments, but this is the go-to modality for treating those that they serve. There were no disagreements about this modality. The counselors agreed that CBT was the treatment they prefer. Majority of the patients did not know the CBT treatment by name, but they agreed that what the counselors used helped them to aid in their recovery. All patients also agreed that CBT helped in modifying their thoughts, which were the most harmful in patients with addiction because the consensus was that addiction started in the mind first.

DMHIs were a concern for some of the patients. Three of the patients said that they preferred traditional face-to-face methods over using DMHIs. The other seven patients said that DMHIs helped them during the shutdown. Now that traditional methods have resumed, most of the patients said that they would still consider DMHIs. The counselors were evenly divided as far as DMHIs were concerned. The group noted that it was a relief when they could get a break because the pace at Hinds Behavioral Health (Region 9) could be fast. There was also a sense that DMHIs were a great substitute for traditional methods. Overall, the counselors liked the method and suggested ways that it could be improved.

Chapter Five: Conclusion

Overview

AUDs/SUDs present varying problems in the lives of the individuals that are affected by them (Frings et al., 2020). The study showed some important information about the patients and counselors with AUDs/SUDs and how CBT could be a huge benefit in the lives of those who administer counseling and to those who receive it. The research also showed just how effective DMHIs could be when used in conjunction with CBT. As the study illustrated, CBT has different forms and variations and are effective as well. However, when CBT is used in its purest form majority of the patients benefited (Craig et al., 2021). It was beneficial for both counselors and the patients that used it.

DMHIs are not new to the world of telehealth, but they are remotely new in counseling. Hinds Behavioral Health (Region 9) did not shut down completely when COVID-19 pandemic first started. However, it ceased all counselor/patient face-to-face sessions and that proved to be a hindrance for some of the patients who were in the center at that time. Thus, DMHIs became a valuable tool for the patients at the center, demonstrating that services could still continue. They also showed patients that they could still get effective treatment as well. There were both some patients and counselors who did not particularly like DMHIs despite being effective in helping the patients in the addiction center.

Both patients and counselors benefited from using CBT and DMHIs. Hinds Behavioral Health (Region 9) offers a setting where the patients feel they are being taken care of. AUDs/SUDs could be harmful to the individuals with the two disorders. The research study showed that patients at the facility received the necessary, appropriate, and effective care. This

chapter gives a depiction of how and why CBT works with patients with AUD/SUD. It also provides an account of how could be effective in treatment when combined with CBT.

Summary of Findings

There were two groups studied at Hinds Behavioral Health (Region 9). The researcher conducted a focus group and questionnaire for the counselors and patients respectively. The research questions were used to further the study as the guiding principles for the data collection process. Research question one looked at the counselors and research question two focused on the patients at the center. Each question was specifically designed to show how each corresponding group reacted to AUDs/SUDs when CBT and DMHIs were used.

RQ 1. How do mental health patients with addiction disorders describe their experiences with cognitive behavioral therapy?

When filing the questionnaire, some of the patients did not know exactly what CBT was. Four of them knew what CBT was and explained about it profoundly. The researcher told the group to write exactly how they felt about CBT and how it made most of the them feel at the center. The participants said that their alcohol or substance abuse was tied to their emotional state. However, CBT taught them in the early stages how to deal with their addiction or substance.

One of the patients said that her feelings of guilt and shame often led to her drug use. According to Tran et al. (2020), the emotional state of a person could lead to substance abuse. One of the biggest comments from the patients talked about their emotions and how CBT plays a part in stopping those feelings. Another comment that the researcher heard and read included that CBT meets its objectives. All the patients did respond to how they are feeling versus how they

initially felt when they first entered treatment. The majority of the group did agree that CBT helped them to transition into the person that they were at this moment.

One of the male patients said that CBT was helping him to understand that over time, addiction could change the brain. He said that it often felt like his life was being altered by the addiction that he faced. Another patient said that CBT helped her in group counseling. She noted that CBT assisted her to focus on why she wants to get better. According to Cohen and Mannarino (2015), although CBT is time sensitive, it helps in diverse situations. CBT is beneficial to the interviewed group, as they reiterated just how much it changed their lives positively when they needed it the most. Most of the patients did agree that CBT is very effective and it helps them overall.

RQ 2. How do therapists describe their experiences with Cognitive Behavioral Therapy in treating patients with addiction disorders?

The Hinds Behavioral Health counselors understood CBT. They used it for treatment, but at times they used some variations of the treatment modality. All the study participants agreed that CBT works and helps patients deal with their addiction or substance use. One of the counselors in the group was a former addict and she said that she got into counseling because of some of the things that she went through. She responded that counseling and CBT changed her life and she wanted to be in a position that she could help others. She emphasized that CBT helped her and at the time she wanted to help those who could not help themselves.

Another counselor affirmed that she used CBT as the base modality during her sessions. She posited that CBT assists patients to deal with thoughts and feelings. As her responses indicated, addiction often starts in the mind, so CBT is important to control the thoughts of the patients in recovery. All the patients in the center were in recovery or the

maintenance phase of their addiction. Most of them had thoughts of prospering and making good decisions. She noted that CBT helped with the thought process. Some of the patients did not know CBT initially, but they knew what their counselors said since it helped them to deal with addiction.

Some counselors use CBT in the group settings while assisting patients at the recovery stage. As one of the counselors stated, in groups, CBT helped patients to be more relaxed and to share more. He said that most of the patients did not open up or welcome change, but once they got into the sessions, they talked freely. CBT contributed to the patients' positive feelings while in the group. The counselor was very open and candid during the focus group. This helped the researcher to understand just how in depth CBT was being used with the group. All the counselors agreed that CBT was a positive motivating force behind a patient's recovery. They also agreed that CBT continues to be a modality of choice when counseling those with AUDs/SUDs.

Discussion

CBT the Recommended Treatment

CBT is a modality used to treat a myriad of mental health disorders according to Arnfred et al. (2021). It has been proven effective in treating patients with AUDs and SUDs (Tran et al., 2020). This modality deals with a person's thoughts, feelings, and their emotions. It helps a person by taking their away their negative thoughts, replacing them with more positive ones. There are different CBT variations and they are just as effective as the original. CBT is highly effective in dealing with various disorders including depression, anxiety, PTSD, and substance abuse. Carl et al. (2020) mentioned CBT being one of the most effective treatments for any disorder.

The counselors of Hinds Behavioral Health (Region 9) all used CBT as a method of treatment in treating their patients. Some of the counselors used variations of CBT, but mainly CBT was the primary therapy at the center. Cohen and Mannarino (2015) added CBT allowed individuals to think and feel differently about a situation. The counselors from the center helped patients to modify their thoughts positively. Majority of the patients were in the maintenance phase of their addiction and their thoughts are important. Cox et al. (2020) exclaimed that more realistic thoughts help people feel better. The more distressed thoughts patients have, the easier it might be for them to relapse. That is why CBT is important in treating those with distressed thoughts since it is increasingly effective in treating patients with AUDs and SUDs.

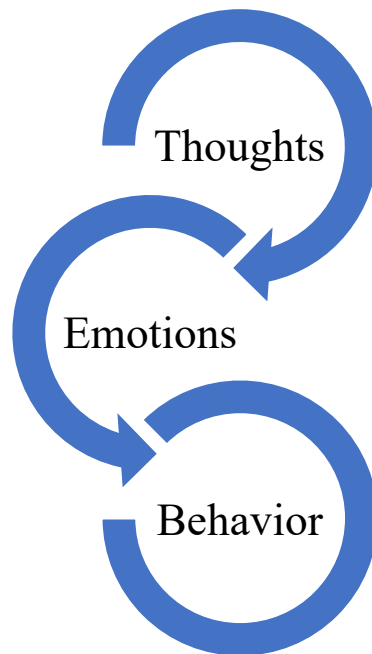
According to Crag et al. (2020), CBT is important because it uses the cognitive model. This model is valuable because it could help deal with perceptions and the way that someone thinks. It is essential because therapists use CBT to treat patients. The counselors at the center use this model daily to help with their patients. One of the ways that it was used with addiction patients is that it helps them to set goals. All the counselors set goals and expectations for their patients. Setting goals helped them to focus and to stay on the recovery task. This is very important because addiction/substance patients could lose focus and quickly relapse. The CBT also assisted the counselors to develop a therapeutic relationship with the patients that they serve.

Hayes et al. (2017) stated CBT modality of treatment was heavily relied upon. This is especially true at Hinds Behavioral Health (Region 9). The focus group counselors were passionate about how what they were doing at the center. There was a tremendous response on helping. The assistance started with those who were there for treatment and continued in the response from the counselors to the patients. CBT takes a hands-on approach and the counselor at the center ensured that the patients were cared for appropriately. Each counselor took a direct

approach when dealing with the patients because they knew that their relationship was delicate. That relationship helped patients to become self-motivated and self-started. Cohen and Mannarino (2015) mentioned that CBT was a catalyst for change and the counselors at Hinds Behavioral Health (Region 9) ensured that it worked as expected.

Figure 7

CBT Action Areas



AUDs/SUDs Development and Treatment

AUDs and SUDs could be hard for an individual to deal with. The NSDUH (2020) cautioned that 1 in 4 people seek treatment for these types of disorders. The patients treated in Hinds Behavioral Health (Region 9) Drug and Alcohol center dealt with these disorders on a day-to-day basis. Many of the patient's addiction and substance abuse started when they were young, leading to deeper problems in early adulthood. Burton et al. (2015) mentioned that most addictions cause traumatic experiences. From the patient questionnaires, some of the patients in the center had dealt with trauma and some of those traumatic experiences led to AUD or SUD.

AUDs and SUDs depends on the individual that is involved. Many of the patients involved in the questionnaire said that their addiction started at an early age, and it was due to something they saw, or it was seen by a responsible adult leading them into addiction. Bountress et al. (2019) said that many patients deal with trauma in their addiction development. AUD and SUD could be complex and very intense to deal with according to (Tran et al., 2020). This is the case for most of the patients interviewed in this research study. Most of them have dealt with hardships in their addiction and they are now getting the help they have needed. Their AUDs or SUDs challenges began at an early age, but they were taking the necessary steps to ensure that their addiction is controlled. Thus, they were involved in recovery programs that could keep them moving forward.

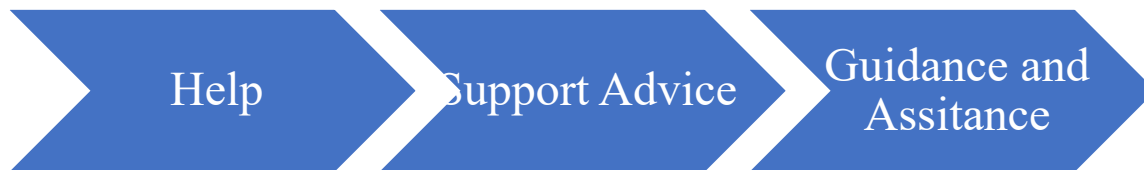
The counselors of Hinds Behavioral Health (Region 9) are very successful in treating patients with AUDs and SUDs, as the facility specializes in treating such disorders. Because AUDs and SUDs might leave the user in a depressive state, the counselors often treated the patients for mental health disorders as well. Tran et al. (2020) suggested that many AUDs and SUDs lead to mental health conditions, which are often associated with trauma and that is often what leads to the development of the addiction. The counselors indicated that 50 percent of the patients treated at the center had a dual diagnosis. AUDs and SUDs might leave a person feeling down and lonely. The counselors were there to help the individuals that felt isolated.

Lau et al. (2015) stated that people with AUDs or SUDs could benefit from mental health treatment. That is what the counselors are doing at Hinds Behavioral Health (Region 9). The counselors at the center were committed to serving the patients with AUDs and SUDs. This was important because most of the patients seen at the center were low income or below the poverty level. This means that the patients treated at the center could not be able to receive the

care that they were receiving on their own. The counselors in the center had to work on different levels to ensure that each of the patients had what they needed. AUDs and SUDs could be difficult to treat, but the counselors at the Hinds Behavioral Health (Region 9) worked beyond to ensure proper care for the patients.

Figure 8

Service Delivery Flow



Digital Mental Health during COVID-19

COVID-19 pandemic brought some medical facilities to a complete stop. However, during the pandemic, Hinds Behavioral Health (Region 9) did not shut. The facility instead remained opened, and patients were seen through DMHIs. Telehealth was not a completely new way of treating patients, but it was remotely new in the counseling field. From the questionnaire, some patients did not feel comfortable with this method of treatment. One of the main complaints with DMHIs was that it did not feel personal between the counselor and the patient. Another patient said that she thought that it was hard to talk over the computer because she lacked a good internet connection at her home. She said that it was increasingly hard because she had to go to a friend's home to continue with her therapy.

Echterling et al. (2016) mentioned how valuable DMHIs were to patients in the mental health field. Since the pandemic started, DMHIs have proven to be an effective method of treatment for those in need. The patients at the center relied heavily upon the use of this treatment. One patient said that she looked forward to the calls on a daily basis. The participant noted that those calls made the rest of her day. Carl et al. (2020) concluded that DT could make a difference in the lives of the patients that it serves. Many patients in the center vouched for the DMHIs and the treatment that they provided during the height of the pandemic. Those experiences helped the patients get through a difficult time and placed their mental well-being first.

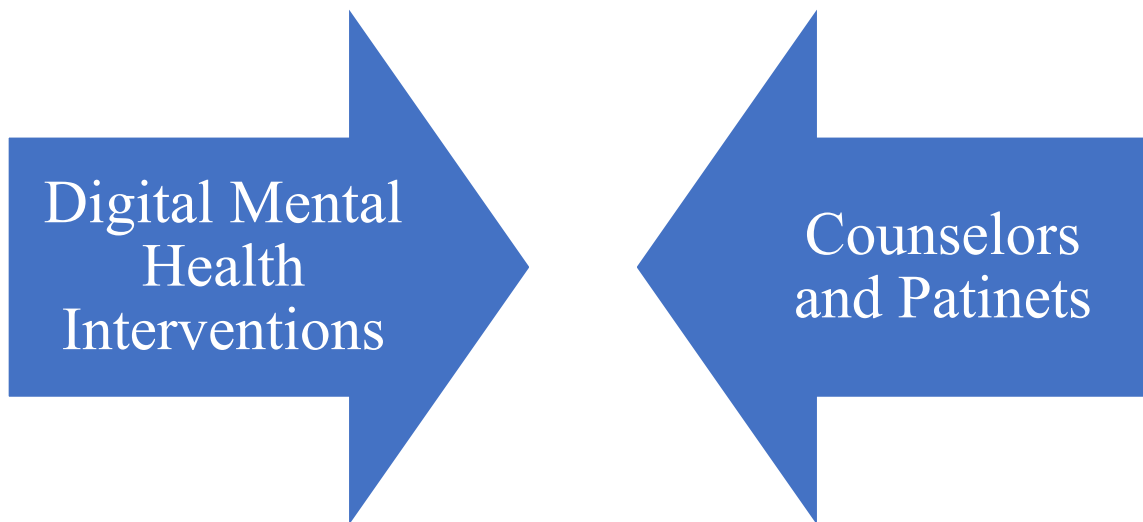
There was also a mixed reaction from the counselors at Hinds Behavioral Health (Region9) when it came to DMHIs. Majority of the counselors were well suited with the technology and praised it. However, there were some who did not care about the technology and preferred traditional face-to-face methods of treatment. One of the counselors said that DMHIs were okay, but he did not think they were sufficient in treating patients because of not being in front of him. Hall (2021) mentioned that DMHIs technology were reliable, but there could be drawbacks from the user and the patient. The counselors in this study were not completely against DMHIs, but some were “old school.” One of them said that he enjoyed seeing patients and likes the element of them sitting across from him.

Some counselors were fond of this technology. In the focus group, one of the counselors said that COVID-19 really frightened her. She did not want to even come to work and the fact that she could see people from a distance really made her feel okay. This was the sentiment from a couple of more counselors from the focus group. Carl et al. (2020) talked about the reliability of this technology and it being relatable. The fact that the technology was reliable to those that

depended on it shows that it was effective. DMHIs really helped as the counselor said that she felt that her patients still received what they needed from her. Hall (2021) posited that DMHIs technology could improve the lives of the people it serves. In this case, DMHIs made an impactful difference in the life of the counselor that was using it.

Figure 9

The Intersection between DMHIs, Patients, and Counselors



CBT, AUDS/SUDs, and the Effectiveness of DMHIs

CBT has proven to be effective in treating patients with AUDs and SUDs (Carl et al., 2020). This treatment modality is what all the counselors at the Hinds Behavioral Health (Region 9) used. Clinical trials have continued to show the efficacy of treatment when it comes to CBT and AUDs/SUDs. This research study confirms the effectiveness of CBT when treating patients with both AUDs and SUDs. Tran et al. (2020) mentioned that there were distinct interventions that could be used to help individuals with addiction disorders. The counselors and patients' testimonies from the center paints a perfect picture of how well CBT could be used to mitigate the two disorders.

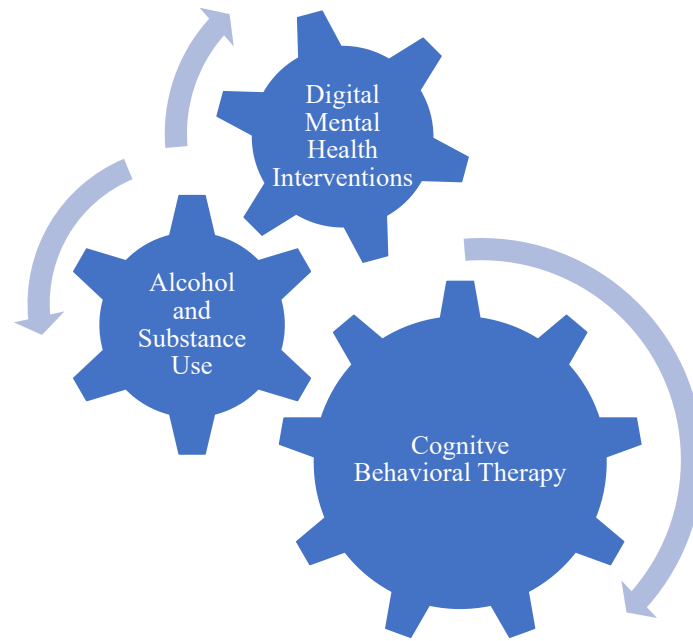
CBT is one of the most studied modalities of treatment (Hundt et al., 2017). It has different usages, but it is one of the most recommended when it comes to addictions. Both patients and counselors stated that CBT could change thoughts and ideas. The Department of Veteran Affairs (VA) (2020) reported that CBT efficacy in treating patients with CBT was second to none. Therefore, the method of treatment was so preferable and ideal for treatment of the disorders along with others.

DMHIs are a great tool in assisting therapists address mental health disorders. They have especially been proven effective in treating patients with AUDs/SUDs. Carl et al. (2020) submitted that DMHIs were versatile and could be used in different ways. The counselors and patients respected this technology and both groups attested of their usage during the height of the pandemic. DMHI contributed to the uplifting of so many when no one was sure of what was going to happen. The testimonies of the people who experienced this technology showed approval and the continued need for the DMHIs. Although some patients and counselors had both positive and negative comments about this technology, overall, they approved of it.

Some Counselors and patients preferred traditional methods of treatment. However, this was not the case when COVID-19 pandemic first started. Hinds Behavioral Health (Region 9) did not close and there was a need to assist the patients. DMHIs became the only method of treatment and the results did not fail. According to Schneider et al. (2020) these methods are quickly deployable and they have endless possibilities. The counselors' focus group showed the researcher how effective this method could be. However, more research should be done on their effectiveness and reliability. DMHIs could be relied upon and might be a lifeline in future events.

Figure 10

CBT, AUDS/SUDs, and the Effectiveness of DMHIs

**Implications****Helping People**

CBT is used to help people fighting different disorders (Tran et al., 2020). CBT was integral concept at the Hinds Behavioral Health (Region 9). The patients were much better after sessions, making positive strides in their lives. CBT helped the patients to explore feelings and taught them to rely on what they learned from the counselors at the center. Evidently, the patients affirmed that they had changed and the counselors had changed service delivery after the start of the pandemic. Carl et al. (2020) surmised that CBT offered treatment for those who want to be treated. All the counselors took pride in their work and wanted to ensure that the patients served

in the best way possible. The counselors stated that they would continue to help each patient at the facility.

CBT helps people to manage their problems and the counselors at the center were willing to give the much-needed assistance. According to Tran et al. (2020) the modality helps in five areas: situations, thoughts, emotions, physical feelings, and actions. The counselors always helped the patients at the center to deal with their situations. They met up daily to deal with the happenings in the patients' lives. They dealt with thoughts in their meetings according to the focus group. The emotions ran high when most of the patients started treatment because they did not know what to expect. The emotional feelings and physical pain were high dealing with AUD/SUD patients. According to the interviewed counselors, helping the patients deal with their actions helps them tremendously.

Stopping Negative Thoughts

The counselors at Hinds Behavioral Health (Region 9) were about the patients that they care for. One of the ways that they accomplished their mission was with the help of CBT. There are different modalities of treatment available, all with unique qualities, but none work better like CBT. Craig et al. (2021) said that CBT deals with one's negative thinking. It is important to help patients deal with their thoughts when treating addiction patients. It is easy when early in the addiction cycle for the patients to fall back into the cycle of addiction. Hence, stopping the negative thoughts becomes crucial and CBT could help with that. The negative thoughts could leave a patient not being satisfied and mistakes could be made.

CBT aims to stop negative thoughts to help the patient break down the things that made them feel bad, anxious, or even scared. According to Craig et al. (2021), CBT could foster overall healthy improvement. The counselors said that they had witnessed patients improve their

thought pattern and feelings. CBT help patients to get to a point where they could achieve positive thoughts on their own. The counselors said that having optimism is a guaranteed way of improving one's situation while in therapy. AUDs/SUDs could change the life of the individual affected and so could CBT. It helps patients to react to a situation in a completely different way.

Reclaiming Peace of Mind

CBT could help develop positive coping strategies according to the counselors at the Hinds Behavioral Health (Region 9). Craig et al. (2021) presented that CBT was scientifically proven to assist patients in dealing with their emotions. All the counselors at the center said that it helped the patients psychologically with their mental well-being. During the focus group, the counselor stated that the techniques they used were time tested. One of the counselors said that research has proven the benefits of the CBT modality. If a patient decided to enter treatment, they wanted an escape from the things they were going through. One counselor said that the being patients in treatment and continuing with it daily implied they were looking for "peace of mind."

The patients in the center want to modify their mindsets positively to help alter behaviors and improve their lives. Most of the patients have never had a high expectancy placed upon them, but the counselors at the center placed high expectations on them. There was a genuine quality of caring and they wanted their patients to succeed. Craig et al. (2021) posited that there was a therapeutic process in dealing with CBT. The counselors at the center believed in the process that it took to get patients healthy and keep them clean from drugs and substances, by providing a safe and surrounding atmosphere for them to share their lived experiences. This aspect put patient's minds at ease and provided them a sense of peace and stability.

The Benefits of CBT

The patients at the Hinds Behavioral Health (Region 9) benefited from CBT according to the counselors. CBT treats disorders such as depression, schizophrenia, phobias, PTSD, anxiety, and other disorders (Tran et al., 2020). It works especially well in treating AUDs and SUDs (Tran et al., 2020). One of the benefits when treating patients with these specific two disorders is that CBT helped the patients to control the thoughts, they had towards themselves. In this case, it taught them to make connections with themselves and their feelings. The counselors at the center said that CBT helped patients to be in control of their actions. Fortunately, one of the counselors at the center is a former addict and she shared that CBT helped her to control her thoughts while she was in recovery. All the patients were in the maintenance phase of recovery at the center, so controlling their thoughts was a priority.

The counselors said in the focus group that CBT helped patients to control their negative thoughts. Also, the former addict counselor shared that CBT was an effective coping mechanism for her. Tran et al. (2020) mentioned that CBT helps control thoughts to reduce triggers. Coping mechanisms are often used to control triggers and other boosters for addiction. For those with AUDs/SUDs, an important factor is recognizing what stimulates them. The counselors said that this could help them to understand the circumstances that led to addiction in the first place. Counselors at the center felt that CBT was an important tool in addiction recovery. It gives the patients a new perspective and with the help of the counselors and other tools they could overcome their addiction.

Christian Worldview

Hinds Behavioral Health (Region 9) is in Central Mississippi. It is in the Deep South and there is a connection to Christian religious beliefs. Most of the counselors in the focus group

acknowledged that they had a connection to a “Higher Power” or “God.” Most of the patients in the center have been through the “Twelve Step” programs at other facilities and acknowledged a belief in a “Higher Power” or “God” as well. Most counselors believed that it was their beliefs that sustain them and gives them the will to carry on with their work. During the focus group, the counselors stated that their work depended on much of how they believed and who they believed in. Due to the secular nature of this research, there was no direct correlation between what the participants believed or how they believed and the researcher.

Most of the patients believed that if it were not for “God” they would not be alive today. Some of them mentioned that it was their beliefs that sustained them during the worst times of their addiction. One patient said that in her darkest times of being addicted, she would have been lost without her faith in God. This belief drove both the counselors at the center and the patients who looked upon the counselors in the center for help. The NSDUH (2020) mentioned that most of the ‘Twelve Step’ program was centered upon a person’s belief, the same beliefs that remained the driving force for the counselors and the patients at Hinds Behavioral Health (Region 9).

Delimitations and Limitations

Delimitations

The study was delimited to only 20 participants. There was a total of 10 patients and 10 counselors that participated in the research. There has not been a world pandemic in 100 years and therefore, there were several things to consider during this study. This research essentially could have been done by a team of researchers looking into this topic because of the broadness of CBT. However, the content leading up to the pandemic was limited. There are case studies available, but much of the information covers the last three years, which makes the COVID-19

information limited and new. DMHIs were not new; however, data on their application in counseling was minimal. However, there was a wealth of knowledge and information on AUDs/SUDs. This topic is broad and covers a huge spectrum.

Even though there is much information on AUDs/SUDs, the subject of these disorders in conjunction with COVID-19 pandemic is still new. This research focused on the available knowledge and that could be presented in favor of this doctoral dissertation. The purpose of the study was to show the effectiveness of CBT, but the delimitation was the amount of research available on the specifics of the dissertation. There was a considerable amount of time and effort poured into the qualitative portion of the study and significant hours of browsing research articles.

Limitations

The primary weakness of this study was a single researcher searching the plethora of knowledge that was available for this study. There has not been a pandemic in 100 years and the information in this study was new. In this case, the greatest limitation was the nature of the research itself. The information presented relied heavily upon the research experience and the basis of the researcher himself. However, everything was overseen with a sincere sharpness and realistic look at what took place in the Drug and Alcohol Center of Hinds Behavioral Health (Region 9).

One counselor from the Drug and Alcohol Center did not rely solely on CBT. She used other variations of the modality in treating patients with AUDs/SUDs. Some of the patients preferred these methods of treatment versus CBT as a stand-alone method. This was a limitation on study because other methods were used in treating patients. Many patients were in the “Maintenance Stage” of change in the center, this made the outcome of treatment different for

the patients involved in the study. More research could be applied into the study to see the differences in treatment.

Recommendations for Future Research

The recommendations for further study are based upon the current research study. This is a qualitative study and there will be data that could be collected for years to come. The information provided is post three years into COVID-19 pandemic. There will be lasting long term effects from AUDs/SUDs and the possibilities with DMHIs are virtually untapped. These areas are fertile for future research and an understanding of the information will better provide counseling centers with future evidence that will serve them for oncoming events. Conducting and analyzing interviews with themes could increase the field of counseling and could pique the interest of future counselors. Additional knowledge could be gained from this field of study and passed onto future generations.

This research provides an understanding of the differences and similarities of perceived reactions versus lived interactions. CBT is such a broad field and the data collected could further the research into its interactions with patients with AUDs/SUDs. DMHIs could further be explored as a new and fascinating way of treating patients with not only addiction disorders, but other mental health disorders as well. The data collected in this study serves as a wealth of knowledge for future researchers and shows that the world could change without notice and the reactions of the people can have detrimental circumstances. The exploration into these topics will foster future interactions from new and enthusiastic researchers.

The field of mental health counseling could further benefit from this research. The study findings could guide treating patients bound by addiction and substance use disorders. However, more future research is needed to expand on the effects of CBT and DMHIs on the

corresponding stages of change in addiction. This research shows how patients with SUD and AUD could respond to CBT and how they could react to its treatment to help them to interact with others. CBT has been shown to be effective in this research helping people with addiction and substance use disorders. Similarly, it is clear that DMHIs were also effective, but need further studies to show how they could be used to treat other mental health disorders. Mental health counseling could change the lives of the individuals treated and thus this research could aide in assisting those who need counseling and counselors themselves.

Summary

COVID-19 pandemic changed many things around the world. It opened the door for increased rise in cases of AUDs and SUDs. This development was high during the height of the pandemic. Government shutdowns forced various health facilities to close as mental health facilities closed as well. A large number of people were forced to receive traditional health care in ways that they had never experienced. The pandemic left long term effects on the healthcare system and raised new questions among those seeking care. It also created opportunities for DMHIs to become a popular way of seeing patients for treatment since traditional face-to-face methods were not available. This technology provided a service for many and has proven to be effective in treating patients with mental health disorders such as AUDs and SUDs. In most cases, it was therapists' preferred method of treating patients affected by mental disorders.

This research showed that DMHIs were effective in treating patients with addiction and substance use issues. It also highlighted the effectiveness of CBT when treating the same patients. The patients at Hinds Behavioral Health (Region 9) were no different from any other patient with AUD or SUD. This research illustrated that counselors could help patients using non-traditional methods of treatment. This research could further the field of mental health

counseling while serving as a guide for the treatment of patients with mental other disorders. It ascertained that there could be a successful means of treatment for patients battling different disorders for quite some time.

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Appendix A:**Consent**

Title of the Project: Cognitive Behavioral Therapy and Addiction Disorders: A Study of Effectiveness of Digital Mental Health Interventions

Principal Investigator: Andrew L. Stokes CMHT, PCAT, PIDDT

You are invited to participate in a research study. To participate, you must be a patient at Hinds Behavioral Health, Region 9. You must also be a patient in the Drug and Alcohol Center.

Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

The purpose of this study is to show how effective Cognitive Behavioral Therapy is when used to treat addiction/substance disorders. It will also show the effectiveness of Digital Mental Health Interventions when treating these disorders.

If you agree to be in this study, I will ask you to do the following things:

1. A questionnaire and focus groups will be used to collect the data for this research. The questionnaire and focus groups will be 25-30 minutes in length.
2. There will be no video or audio present for these sessions. They will be recorded by the researcher and the questionnaire that is provided.
3. You will answer the questions on the questionnaire and will talk briefly about your experiences. Try to be as clear as possible in explaining your situations, because I want the data to clearly reflect the experiences of each individual.
4. Please feel welcome to give me your feedback on your experiences. I want it to be as helpful as I can throughout this process.

Participants should not expect to receive a direct benefit from taking part in this study.

There are no risks associated with this study.

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher[s] will have access to the records.

- Participant responses will be anonymous. Participant responses will be kept confidential through the use of pseudonyms/codes. Interviews will be conducted in a location where others will not easily overhear the conversation.].
- Data will be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted.
- Interviews/focus groups will be recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher[s] will have access to these recordings.
- Confidentiality cannot be guaranteed in focus group settings. While discouraged, other members of the focus group may share what was discussed with persons outside of the group.

Participants will not be compensated for participating in this study

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University or Hinds Behavioral Health, Region 9. If you decide to participate, you are free to not answer any question or withdraw at any time [

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you, apart from focus group data, will be destroyed immediately and will not be included in this study. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw

The researcher[s] conducting this study is Andrew L. Stokes. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him at [REDACTED] or [REDACTED]. You may also contact the researcher's faculty sponsor, Dr. Jason Ward, at [REDACTED].

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

Printed Subject Name

Appendix B:

Permission Request

7/30/2022

Jeffery Harvey
Director of Drug and Alcohol Prevention
Hinds Behavioral Health Region 9
3450 Hwy 80 W
Jackson, MS 39209

Dear Mr. Harvey,

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a Community Care and Counseling, Traumatology degree. The title of my research project is Cognitive Behavioral Therapy and Addiction Disorders: A Study of Effectiveness of Digital Mental Health Interventions and the purpose of my research is to see how patients reacted to treatment during the COVID-19 Pandemic.

I am writing to request your permission to conduct my research in/at Hinds Behavioral Health, Region 9 in your department.

Participants will be asked to [complete the attached interview questions. Participants will be presented with informed consent information prior to participating. Taking part in this study is completely voluntary, and participants are welcome to discontinue participation at any time.

Thank you for considering my request. If you choose to grant permission, respond by email to [REDACTED]. A permission letter document is attached for your convenience.

Sincerely,

Andrew L. Stokes
Behavioral Specialist, CMHT, PCAT, PIDDT, Doctoral Candidate Liberty University,
[REDACTED]

Appendix C:

Permission Response Template (Permission Granted by Center)

8/10/2022

Jeffery Harvey
Director of Drug and Alcohol Prevention
Hinds Behavioral Health Region 9
3450 Hwy 80 W
Jackson, MS 39209

Dear Andrew Stokes:

After careful review of your research proposal entitled Cognitive Behavioral Therapy and Addiction Disorders: A Study of Effectiveness of Digital Mental Health Interventions I have decided to grant you permission to speak to patients at Hinds Behavioral Health and also counselors.

Check the following boxes, as applicable:

I grant permission for Andrew Stokes to speak to patients at the center and to invite them to participate in his research study.

The requested data WILL BE STRIPPED of all identifying information before it is provided to the researcher.

Sincerely,

Jeffery Harvey
Director of Drug and Alcohol Prevention
Hinds Behavioral Health Region 9

Appendix D:
Recruitment Letter

Jeffery Harvey
Director Drug and Alcohol Prevention
Hinds Behavioral Health Region 9
3450 Hwy 80 W
Jackson, MS 39209

Dear Mr. Harvey:

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The purpose of my research is to ask patients and counselors about their experiences with addiction, CBT, and digital health interventions and I am writing to invite eligible participants to join my study.

Participants must be 18 years of age or older and they must be patients in the Drug and Alcohol Prevention program. Participants, if willing, will be asked to answer questions and be part of a focus group. It should take approximately 25-30 minutes to complete the procedures listed. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please contact me at [REDACTED] or [REDACTED] for more information.

The consent document contains additional information about my research. If you choose to participate, you will need to sign the consent document and return it to me at the time of the interview/focus group.

Sincerely,

Andrew L. Stokes
Behavioral Health Specialist, CMHT, PCAT, PIDDT, Doctoral Candidate Liberty University
[REDACTED]

Appendix E:
Recruitment Follow-up

Director of Drug and Alcohol Prevention
Hinds Behavioral Health Region 9
3450 Hwy 80 W
Jackson, MS 39209

Dear Patients and Counselors:

As a graduate student in the School of Behavioral Services at Liberty University, I am conducting research to better understand the effectiveness of Cognitive Behavioral Therapy with addiction disorder while being treated with digital mental health interventions. A letter was sent to you inviting you to participate in a research study. This follow-up letter is being sent to remind you to respond if you would like to participate and have not already done so. The deadline for participation is 10/1/2022.

Patient participants, if willing, will be asked to complete a questionnaire about their experiences. Counselor participants, if willing, will be asked to participate in an audio-recorded focus group. It should take approximately 20-30 minutes to complete either of the procedures listed. Names and other identifying information will be requested as part of this study but the information will remain confidential.

To participate, please correspond with Mr. Harvey and I will be called or emailed to schedule your meeting to complete the questionnaire or focus group. Mr. Harvey can reach me at [REDACTED] or he can email me at [REDACTED].

A consent document will be handed to you at the time of the meeting for the questionnaire or focus group. The consent document contains additional information about my research. If you choose to participate, you will need to sign the consent document and return it to me before you begin the questionnaire or the focus group.

Sincerely,

Andrew L. Stokes
Behavioral Health Specialist CMHT, PCAT, PIDDT, Doctoral Candidate Liberty University

Appendix F:**Patient Questionnaire****Patient Questions Hinds Behavioral Health**

- Tell me about you and your thoughts on your addiction. How did your disorder start and when?
- Was your addiction disorder more prevalent during the height of the COVID-19 pandemic?
- Tell me about some of things that has help you battle through your addiction. Did therapy play a role in helping you?
- Tell me about the treatment modality that your counselor uses in therapy. If it is Cognitive Behavioral Therapy, how is it helping you with your addiction?
- Tell me about if you have experiences with Cognitive Behavioral Therapy. Do you believe that it can help change your thoughts if you have an addiction?
- Tell me about your counseling sessions during the shutdown of Hinds Behavioral Health. Did your counseling sessions involve the use of Digital Technology?
- If your sessions involved Digital technology, do you think that those sessions were effective in your treatment for your addiction disorder?
- Tell me about the treatment you have received since the reopening of the facility. Do you think that your sessions are more effective than your sessions when shutdowns were in place?

Appendix G:**Counselor Focus Group Questionnaire****Counselor Focus Group Questions Hinds Behavioral Health**

- Tell me about you and your thoughts on addiction. How do you address this disorder to your patients?
- What addiction disorders were more prevalent during the height of the COVID-19 pandemic?
- Tell me about some of things that has helped patients battle addiction. Did therapy play a role in helping them?
- Tell me about the treatment modality that you use as a counselor. If it is Cognitive Behavioral Therapy, how is it helping patients battle addiction?
- Tell me about if you have experiences with Cognitive Behavioral Therapy. Do you believe that it can help patients change their thoughts on addictive behavior?
- Tell me about your counseling sessions during the shutdown of Hinds Behavioral Health. Did your counseling sessions involve the use of Digital Technology?
- If your sessions involved Digital technology, do you think that those sessions were effective in your treatment patients for addiction disorder?
- Tell me about the treatment you have provided since the reopening of the facility. Do you think that your sessions are more effective than your sessions when shutdowns were in place?