PROGETTO INTEREG ITALIA – SVIZZERA
YOUNG INCLUSION

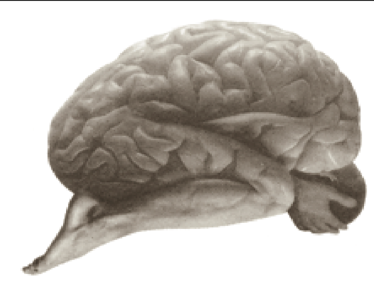
Tavola Rotonda
"La disregolazione emotiva nei giovani: prospettive e modelli di intervento"

DISREGOLAZIONE EMOTIVA E DOPPIA DIAGNOSI

Massimo Clerici

DMC – Università degli studi di Milano Bicocca

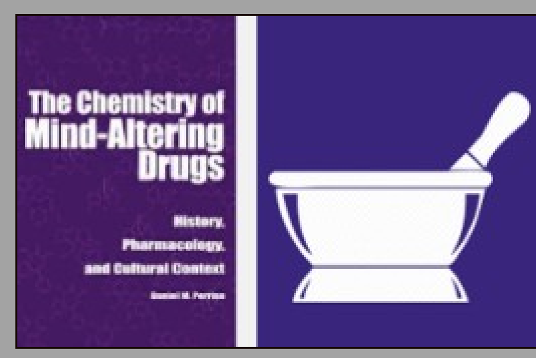
massimo.clerici@unimib.it



SIP. Dip.
Società Italiana
Psichiatria delle Dipendenze
Sezione speciale S.I.P.

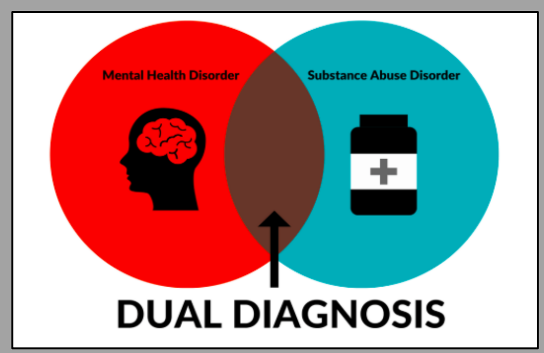
segnalibro

- **alcune precisazioni sui limiti attuali del concetto di “doppia diagnosi”**



- **l’offerta EB in termini di trattamento della comorbilità tra disturbi mentali “complessi” e disturbi da uso di sostanze**

- ***Take home messages*: dalle opzioni di trattamento alla inevitabile riorganizzazione dei Servizi**

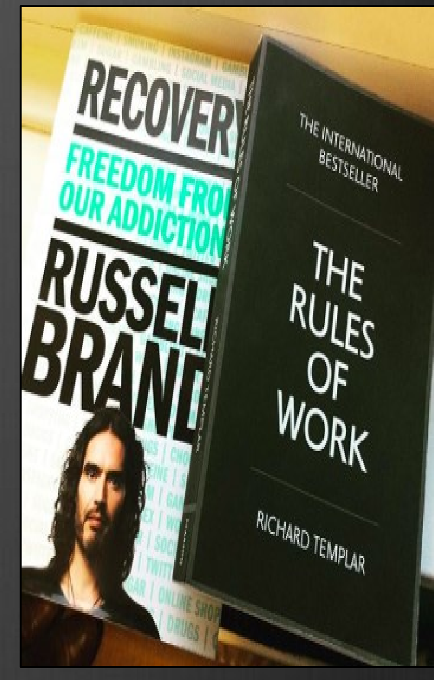


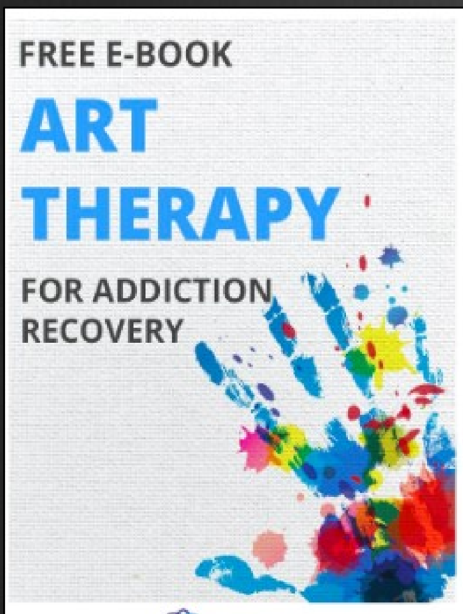
No More Letting Go

The Spirituality of Taking Action Against Alcoholism and Drug Addiction

DEBRA JAY

co-author of Love First





NCBI Resources How To

US National Library of Medicine
National Institutes of Health

PMC

Advanced Journal list

(Edgmont) > v.4(9); > PMC2880934

Psychiatry (Edgmont). 2007 Sep; 4(9): 15–16.
Published online 2007 Sep.

A Call for Standardized Definition of Dual Diagnosis

Kathyrn Hryb, MSW, Rob Kirkhart, PhD, PA-C,[⊠] and Rebecca Talbert, PharmD

Author information ► Copyright and License information ► Disclaimer

This article has been cited by other articles in PMC.

Treating Addiction as a Human Process

EDWARD J. KHANTZIAN

Dear Editor:

Dual diagnosis was first identified in the 1980s among individuals with coexisting severe mental illness and substance abuse disorders.[1,2] Today, the Substance Abuse and Mental Health Services Administration (SAMSHA) uses the term *co-occurring disorders* (COD) to refer to the aforementioned concurrent disorders. COD is defined as co-occurring substance related and mental disorders. Patients said to have co-occurring disorders have one or more substance-related disorders as well as one or more mental disorders.[3]

References

Go to:

1. Buckley P. Prevalence and consequences of the dual diagnosis of substance abuse and severe mental illness. J Clin Psychiatry. 2006;67:5–10. [PubMed]

2. Drake R, Mercer-McFadden C, Mueser K, et al. Review of integrated mental health and substance abuse treatment for patients with dual diagnosis. Integrated Mental Health and Substance Abuse. 1998;24(4):589–605. [PubMed]

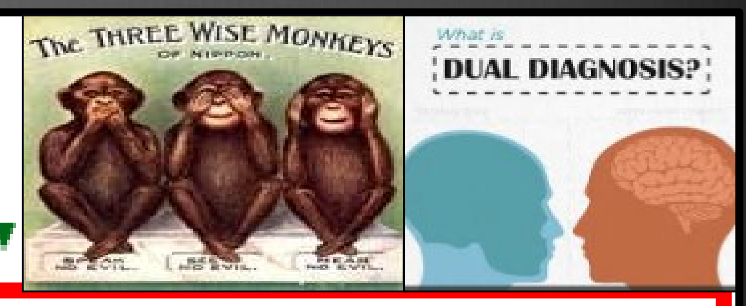
3. Center for Substance Abuse Treatment. Definitions and Terms Relating to Co-Occurring Disorders. Rockville, MD: Substance Abuse and Mental Health Services Administration, and Center for Mental Health Services; 2006. COCE Overview Paper 1. DHHS Publication No. (SMA) 06-4163.

4. NSDUH. Co-occurring major depressive episode (MDE) and alcohol use disorder among adults. Feb 16, 2007. The NSDUH Report. Office of Applied Studies, Substance Abuse and Mental Health Services Administration.

Psychiatry (Edgmont)

Evidence-based practice - Wikipedia

https://en.wikipedia.org/wiki/Evidence-based_practice



It should be noted that "**evidence-based**" is a technical term, and there are many **treatments** with decades of **evidence** supporting their efficacy that are not considered "**evidence-based**." Some discussions of EBP in clinical psychology settings distinguish the latter from "empirically supported **treatments**" (ESTs).

Description · Current implementation · Vs. tradition · Research-based evidence

The National Alliance on Mental Illness defines evidence-based practices, also known as EBPs, as treatments that have been researched academically or scientifically, been proven effective, and replicated by more than one investigation or study. This model integrates medically researched evidence with individual patient values and the clinical experience of the provider. Evidence-based treatment practices are meant to make treatment more effective for more people by using scientifically proven methods and research.

EVIDENCE-BASED PRACTICES
RESOURCE CENTER

Call to speak with a treatment admissions counselor 855-268-3315

Co-occurring mental health conditions and substance abuse affect nearly 8.9 million yearly. Only 7.4% receive appropriate treatment. Few programs specialize in treating dual diagnosis. Research reveals that people with co-occurring disorders need specialized integrated treatment.

Quick Links

- Co-occurring Disorders
- Dual Diagnosis
- Chronic Depression
- Obsessive Compulsive
- Bipolar Disorders
- Post Traumatic Stress
- Schizoaffective Disorder
- Borderline Personality
- Panic and Anxiety
- Prescription Drugs

General Information

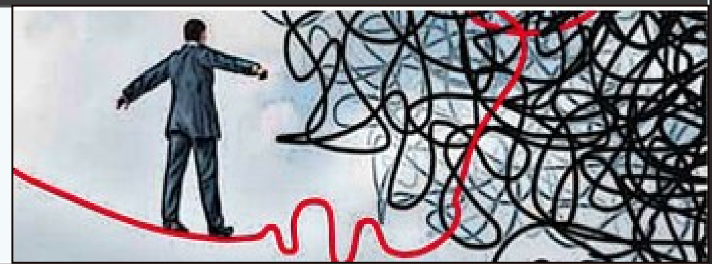
- Contact Us
- Black Bear Lodge
- The Oaks at La Paloma
- Michael's House
- The Canyon
- Privacy Policy
- Statement of Ethics

Live Chat

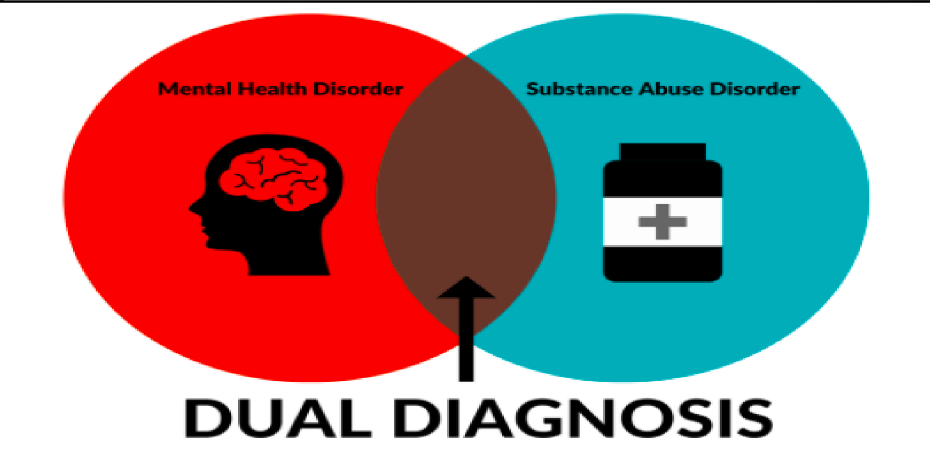
©2018 Copyright DualDiagnosis.org. All Rights Reserved.

855-268-3315

Supported by **Foundations Recovery Network** | 1000 Health Park Drive, Suite 400 Brentwood, TN 37027



Co-occurring substance abuse and mental disorders
(Ries, 1993; 1996)



A scale of Dual Disorders

Mental Health problems and mental disorders

Problematic Substance Use

(Adapted from: McDermott and Pyett 'Not welcome anywhere' 1995)

Reviews and Overviews

Mechanisms of Psychiatric Illness

DSM-5 Criteria for Substance Use Disorders: Recommendations and Rationale

The work group recommendations:

- dropped legal problems,
- added craving as criteria
- added cann...
with...

-
-
- n... ...orders to the ... ...merly reserved for su...stance-related disorders

TABLE 1. DSM-5 Substance-Related Disorders Work Group[a]

Name	Degree(s)	Specialization	Country
Charles O'Brien (chair)[b]	M.D., Ph.D.	Addiction psychiatry	USA
Marc Auriacombe	M.D.	Addiction psychiatry	France
Guilherme Borges	Sc.D.	Epidemiology	Mexico
Kathleen Bucholz	Ph.D.	Epidemiology	USA
Alan Budney	Ph.D.	Substance use disorder treatment, marijuana	USA
Wilson Compton[b]	M.D., M.P.E	Epidemiology, addiction psychiatry	USA
Thomas Crowley[c]	M.D.	Psychiatry	USA
Bridget F. Grant[b]	Ph.D., Ph.D.	Epidemiology, biostatistics, survey research	USA
Deborah S. Hasin	Ph.D.	Epidemiology of substance use and psychiatric disorders	USA
Walter Ling	M.D.	Addiction psychiatry	USA
Nancy M. Petry	Ph.D.	Substance use and gambling treatment	USA
Marc Schuckit	M.D.	Genetics and comorbidity	USA

[a] In addition to the scientific ... members during the entire duration of the process, a list of consultants and advisers who

The Five-Year Diagnostic Utility of "Diagnostic Orphans" for Alcohol Use Disorders in a National Sample of Young Adults*

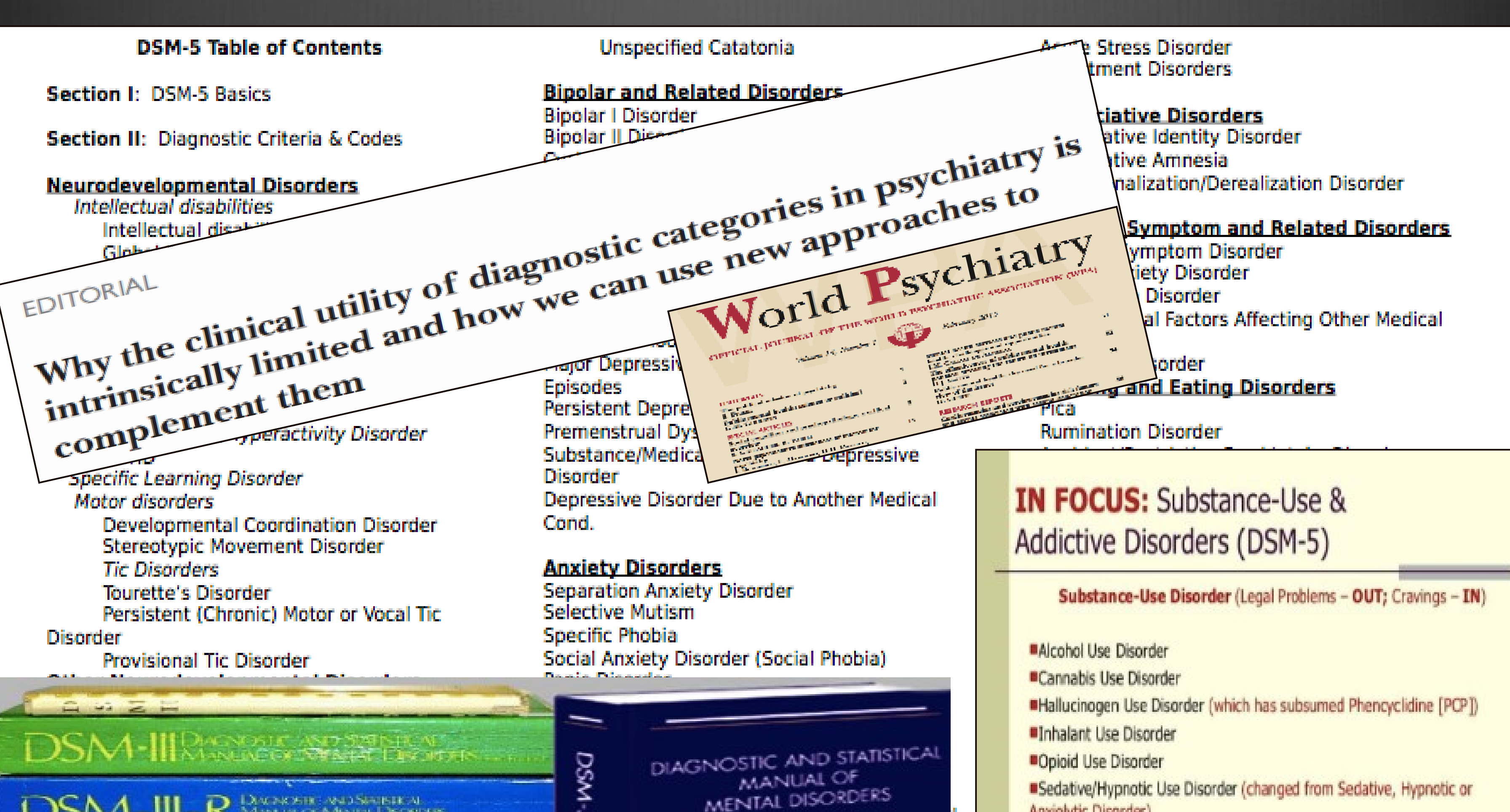
THOMAS C. HARFORD, PH.D., HSIAO-YE YI, PH.D.,† AND BRIDGET F. GRANT, PH.D., PH.D.†
CSR, Incorporated, Alcohol Epidemiologic Data System, 2107 Wilson Boulevard, Suite 1000, Arlington, Virginia 22201

Journal of Studies on Alcohol and Drugs
Formerly the Journal of Studies on Alcohol

...nostic Issues in
...TANCE USE
...ORDERS
...search Agenda for DSM-V

Edited by
John B. Saunders, M.D., F.R.C.P.
Marc A. Schuckit, M.D.
Paul J. Sirovatka, M.S.
Darrel A. Regier, M.D., M.P.H.

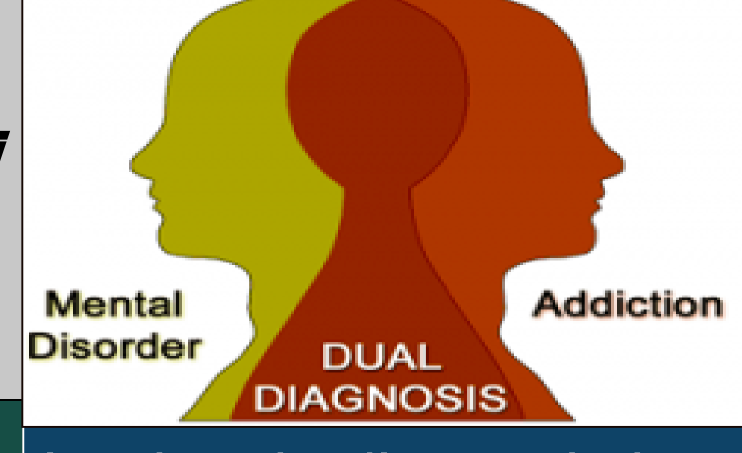
"Doppia diagnosi"
… ma di quale diagnosi stiamo parlando?



"Doppia Diagnosi", "Doppie Diagnosi", "non diagnosi", "nuove diagnosi", pazienti "complessi", multiproblematici

...in sintesi, nella stragrande maggioranza dei casi, una...

"clinica della confusione"



- **Quadri sovrapposti, interferenze del profilo personologico su sintomi e disturbi**
- **Psicosi "esogene", stati misti, cicli rapidi, depressione agitata, mania disforica**
- **Decorsi rallentati e associazioni spurie o composite di sintomi**
- **Patomorfosi eterogenea**
- **Effetti acuti da intossicazione o astinenza e/o progressiva cronicizzazione dei disturbi**
- **Influenza di trattamenti *lifetime*, terapie *off-label*, presenza di condizioni organiche comorbili**

La doppia diagnosi si configura, pertanto, come un potente e stabile "**disorganizzatore nosografico**" con alterazioni della processualità temporale dei disturbi mentali classicamente descritti (acuzie, cronicità/ciclicità; scompenso/remissione; recidiva, "porta girevole"…)

Psychol Med. 2018 Nov;48(15):2592-2600. doi: 10.1017/S0033291718000223. Epub 2018 Feb 12.

Association between alcohol and substance use disorders and psychiatric service use in patients with severe mental illness: a nationwide Danish register-based cohort study.

Jørgensen KB[1], Nordentoft M[1], Hjorthøj C[1].

Author information

1 Copenhagen University Hospital, Mental Health Center Copenhagen,Copenhagen,Denmark.

Abstract

BACKGROUND: Substance use disorder is highly prevalent in people with psychiatric disorders, and known to impede the psychiatric treatment. Some studies show increased rates of service use, while others show a decrease. These conflicting results are further hampered by a lack of large-scale studies. The aim of this study was to investigate the association between substance use disorder and psychiatric service use in psychiatric patients.

METHODS: The study was a prospective registry-based cohort study including patients with severe mental illness. The primary outcome was the number of hospitalisations, bed days and the number of psychiatric emergency department contacts. The association was calculated with incidence rate ratio with 95% confidence intervals.

RESULTS: The study included all psychiatric patients born since 1955. In total, 21 558 patients with schizophrenia (47.54% with substance use disorder), 80 778 patients with depression (28.78% with substance use disorder), 10 560 patients with bipolar affective disorder (40.08% with substance use disorder) and 69 252 patients with a personality disorder (39.18% with substance use disorder) were included. Patients with comorbid substance use disorder had significantly increased rates of hospitalisations, bed days and psychiatric emergency department contacts ($p < 0.001$) for the majority of the included substances, compared with patients without such disorders.

CONCLUSION: Substance use disorder was associated with an increased number of hospitalisations, bed days and increased number of psychiatric emergency department contacts for the majority of the included substances.

Molecular Psychiatry
https://doi.org/10.1038/s41380-020-00880-7

IMMEDIATE COMMUNICATION

COVID-19 risk and outcomes in patients with substance use disorders: analyses from electronic health records in the United States

Quan Qiu Wang[1] · David C. Kaelber[2] · Rong Xu[1] · Nora D. Volkow[3]

Abstract

The global pandemic of COVID-19 is colliding with the epidemic of opioid use disorders (OUD) and other substance use disorders (SUD) in the United States (US). Currently, there is limited data on risks, disparity, and outcomes for COVID-19 in individuals suffering from SUD. This is a retrospective case-control study of electronic health records (EHRs) data of 73,099,850 unique patients, of whom 12,030 had a diagnosis of COVID-19. Patients with a recent diagnosis of SUD (within past year) were at significantly increased risk for COVID-19 (adjusted odds ratio or AOR = 8.699 [8.411–8.997], $P < 10^{-30}$), an effect that was strongest for individuals with OUD (AOR = 10.244 [9.107–11.524], $P < 10^{-30}$), followed by individuals with tobacco use disorder (TUD) (AOR = 8.222 ([7.925–8.530], $P < 10^{-30}$). Compared to patients without SUD, patients with SUD had significantly higher prevalence of chronic kidney, liver, lung diseases, cardiovascular diseases, type 2 diabetes, obesity and cancer. Among patients with recent diagnosis of SUD, African Americans had significantly higher risk of COVID-19 than Caucasians (AOR = 2.173 [2.01–2.349], $P < 10^{-30}$), with strongest effect for OUD (AOR = 4.162 [3.13–5.533], $P < 10^{-25}$). COVID-19 patients with SUD had significantly worse outcomes (death: 9.6%, hospitalization: 41.0%) than general COVID-19 patients (death: 6.6%, hospitalization: 30.1%) and African Americans with COVID-19 and SUD had worse outcomes (death: 13.0%, hospitalization: 50.7%) than Caucasians (death: 8.6%, hospitalization: 35.2%). These findings identify individuals with SUD, especially individuals with OUD and African Americans, as having increased risk for COVID-19 and its adverse outcomes, highlighting the need to screen and treat individuals with SUD as part of the strategy to control the pandemic while ensuring no disparities in access to healthcare support.

Manthey et al. Substance Abuse Treatment, Prevention, and Policy (2021) 16:36
https://doi.org/10.1186/s13011-021-00373-y

Substance Abuse Treatment, Prevention, and Policy

RESEARCH Open Access

Use of alcohol, tobacco, cannabis, and other substances during the first wave of the SARS-CoV-2 pandemic in Europe: a survey on 36,000 European substance users

Jakob Manthey[1,2,3*†], Carolin Kilian[1†], Sinclair Carr[2], Miroslav Bartak[4], Kim Bloomfield[5,6,7,8], Fleur Braddick[9,10], Antoni Gual[9,10,11], Maria Neufeld[1,12,13], Amy O'Donnell[14], Benjamin Petruzelka[4], Vladimir Rogalewicz[4], Ingeborg Rossow[15], Bernd Schulte[2] and Jürgen Rehm[1,2,13,16,17,18,19,20]

Background: SARS-CoV-2 reached Europe in early 2020 and disrupted the private and public life of its citizens, with potential implications for substance use. The objective of this study was [to] describe possible changes in substance use in the first months of the SARS-CoV-2 pandemic in Europe.

Methods: Data were obtained from a cross-sectional online survey of 36,538 adult substance users from 21 European countries conducted between April 24 and July 22 of 2020. Self-perceived changes in substance use were measured by asking respondents whether their use had decreased (slightly or substantially), increased (slightly or substantially), or not changed during the past month. The survey covered alcohol (frequency, quantity, and heavy episodic drinking occasions), tobacco, cannabis, and other illicit drug use. Sample weighted data were descriptively analysed and compared across substances.

Results: Across all countries, use of all substances remained unchanged for around half of the respondents, while the remainder reported either a decrease or increase in their substance use. For alcohol use, overall, a larger proportion of respondents indicated a decrease than those reporting an increase. In contrast, more respondents reported increases in their tobacco and cannabis use during the previous month compared to those reporting decreased use. No distinct direction of change was reported for other substance use.

Conclusions: Our findings suggest changes in use of alcohol, tobacco and cannabis during the initial months of the pandemic in several European countries. This study offers initial insights into changes in substance use. Other data sources, such as sales statistics, should be used to corroborate these preliminary findings.

Keywords: Alcohol, Tobacco, Cannabis, Substance use, Europe, COVID-19, Survey

ADDICTION
SSA SOCIETY FOR THE STUDY OF ADDICTION
Research Report

Cross-national patterns of substance use disorder treatment and associations with mental disorder comorbidity in the WHO World Mental Health Surveys

Meredith G. Harris, Chrianna Bharat, Meyer D. G

First published: 05 March 2019 | https://do

Volume 114, Issue 8
August 2019
Pages 1446-1459

Conclusions

Few people with past-year substance use disorders receive adequate 12-month substance use disorder treatment, even when comorbid with a mental disorder. This is largely due to the low proportion of people receiving any substance use disorder treatment, as the proportion of patients whose treatment is at least minimally adequate is high.

Aims

To examine cross-national patterns of 12-mo
treatment and minimally adequate treatment
mental disorder comorbidity.

Design

Cross-sectional, representative househol

Setting

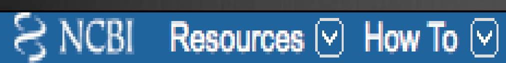
Twenty-seven surveys from 25 countries
Survey Initiative.

Participants

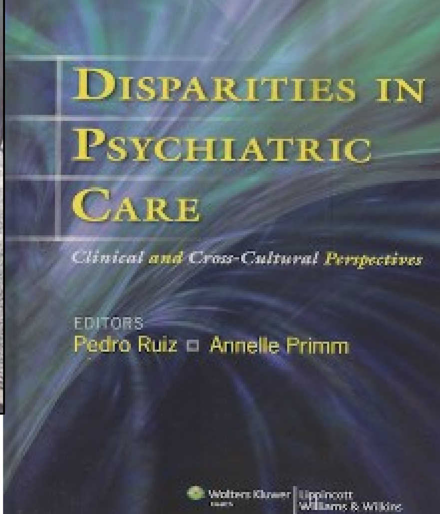
A total of 2446 people with past-year DSI
drug abuse and dependence).

Fi

Of respondents with past-year SUD, 11.0% [standard error (SE) = 0.8] received past 12-month SUD treatment. SUD treatment was more common among people with comorbid mental disorders than with pure SUDs (18.1%, SE = 1.6 versus 6.8%, SE = 0.7), as was MAT (84.0%, SE = 2.5 versus 68.3%, SE = 3.8) and treatment by health-care professionals (88.9%, SE = 1.9 versus 78.8%, SE = 3.0) among treated SUD cases. Adjusting for socio-economic characteristics, mental disorder comorbidity doubled the odds of SUD treatment [odds ratio (OR) = 2.34; 95% confidence interval (CI) = 1.71–3.20], MAT among SUD cases (OR = 2.75; 95% CI = 1.90–3.97) and MAT among treated cases (OR = 2.48; 95% CI = 1.23–5.02). Patterns were similar within country income groups, although the proportions receiving SUD treatment and MAT were higher in high- than low-/middle-income countries.



PubMed



Format: Abstract

J Subst Abuse Treat. 2016 Feb;61:47-59. doi: 10.1016/j.jsat.2015.09.006. Epub 2015 Oct 31.

Treatment Access Barriers and Disparities Among Individuals with Co-Occurring Mental Health and Substance Use Disorders: An Integrative Literature Review.

Priester MA[1], Browne T[2], Iachini A[2], Clone S[2], DeHart D[2], Seay KD[2].

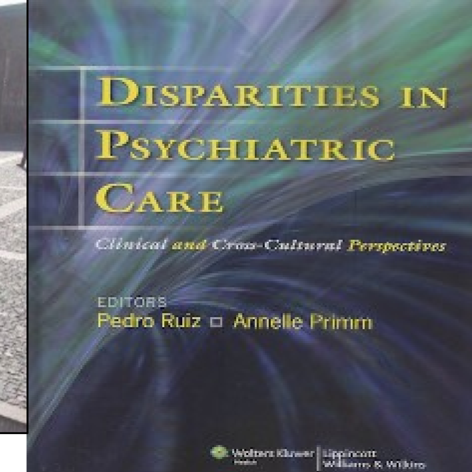
Author information

Abstract

The purpose of this integrative review is to examine and synthesize extant literature pertaining to barriers to substance abuse and mental health treatment for persons with co-occurring substance use and mental health disorders (COD). Electronic searches were conducted using ten scholarly databases. Thirty-six articles met inclusion criteria and were examined for this review. Narrative review of these articles resulted in the identification of two primary barriers to treatment access for individuals with COD: personal characteristics barriers and structural barriers. Clinical implications and directions for future research are discussed. In particular, additional studies on marginalized sub-populations are needed, specifically those that examine barriers to treatment access among older, non-White, non-heterosexual populations.

PubMed

Format: Abstract



Psychiatr Serv. 2014 Oct;65(10):1269-72. doi: 10.1176/appi.ps.201400140.

Stigma, discrimination, treatment effectiveness, and policy: public views about drug addiction and mental illness.

Barry CL, McGinty EE, Pescosolido BA, Goldman HH.

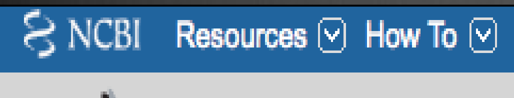
Abstract

OBJECTIVE: Public attitudes about drug addiction and mental illness were compared.

METHODS: A Web-based national survey (N=709) was conducted to compare attitudes about stigma, discrimination, treatment effectiveness, and policy support in regard to drug addiction and mental illness.

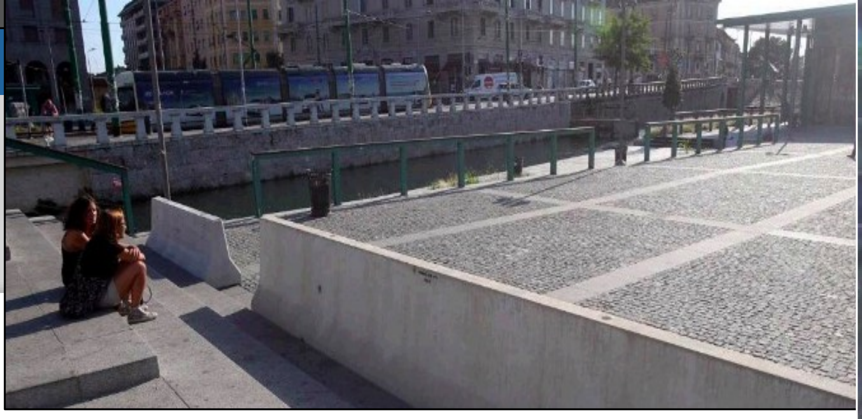
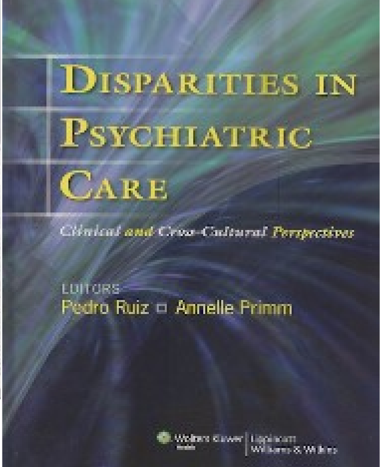
RESULTS: Respondents held significantly more negative views toward persons with drug addiction. More respondents were unwilling to have a person with drug addiction marry into their family or work closely with them. Respondents were more willing to accept discriminatory practices against persons with drug addiction, more skeptical about the effectiveness of treatments, and more likely to oppose policies aimed at helping them.

CONCLUSIONS: Drug addiction is often treated as a subcategory of mental illness, and insurance plans group them together under the rubric of "behavioral health." Given starkly different public views about drug addiction and mental illness, advocates may need to adopt differing approaches to reducing stigma and advancing public policy.



PubMed

Format: Abstract

Psychiatr Serv. 2015 May 1;66(5):547-50. doi: 10.1176/appi.ps.201400190. Epub 2015 Feb 17.

Barriers to serving clients with co-occurring disorders in a transformed mental health system.

Padwa H[1], Guerrero EG, Braslow JT, Fenwick KM.

Author information

Abstract

OBJECTIVE: The publication of the President's New Freedom Commission Report in 2003 led to hope and anticipation that system transformation would address barriers that have impeded the delivery of integrated services for clients with co-occurring mental health and substance use disorders. Have problems been resolved? This study analyzed providers' perspectives on serving clients with co-occurring disorders in a large mental health system that has undergone transformation.

METHODS: Six focus groups were conducted with providers at specialty mental health treatment organizations that received funding to transform services. Using content analysis, the authors identified major themes of the focus group discussions.

RESULTS: Participants reported several barriers within the mental health system and challenges associated with collaborating with specialty substance abuse treatment providers that impede the delivery of integrated care.

CONCLUSIONS: In spite of efforts to improve co-occurring disorder service delivery in a transformed mental health system, barriers that have historically impeded integrated treatment persist.

PubMed | Advanced

Format: Abstract | Send to

Patient Prefer Adherence. 2016 Sep 19;10:1855-1868. eCollection 2016.

Professionals' perception on the management of patients with dual disorders.

Roncero C[1], Szerman N[2], Terán A[3], Pino C[4], Vázquez JM[5], Velasco E[6], García-Dorado M[6], Casas M[1].

Author information

Abstract

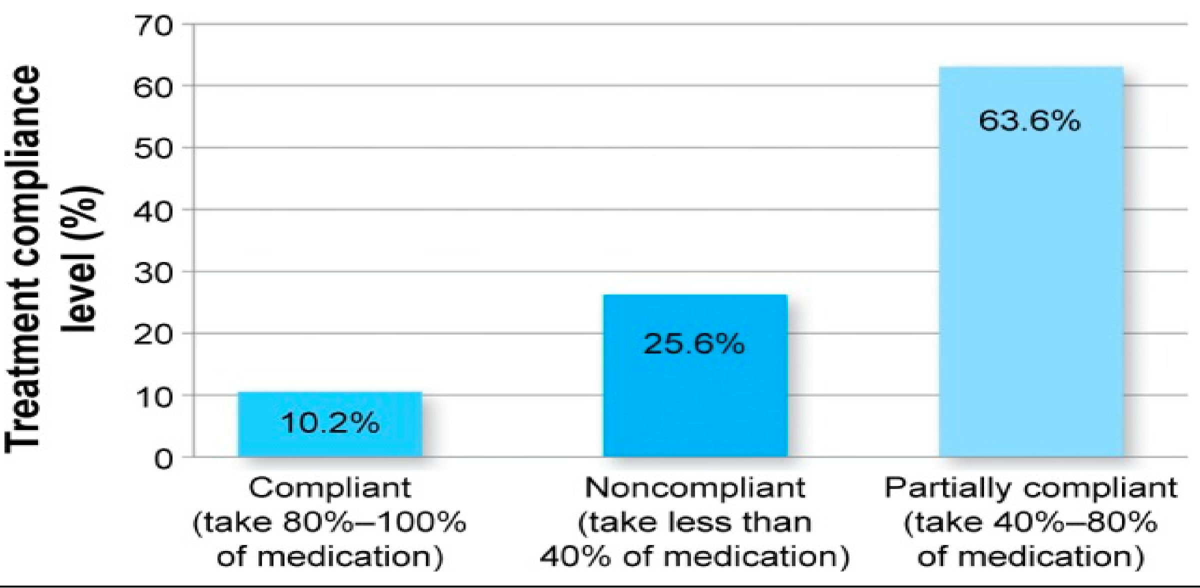
BACKGROUND: There is a need to evaluate the professionals' perception about the consequences of the lack of therapeutic adherence in the evolution of patients with co-occurring disorders.

METHODS: An online survey, released on the Socidrogalcohol [Spanish Scientific Society for Research on Alcohol, Alcoholism and other Drug Addictions] and Sociedad Española de Patología Dual [the Spanish Society of Dual Pathology] web pages, was answered by 250 professionals who work in different types of Spanish health centers where dual diagnosis patients are assisted.

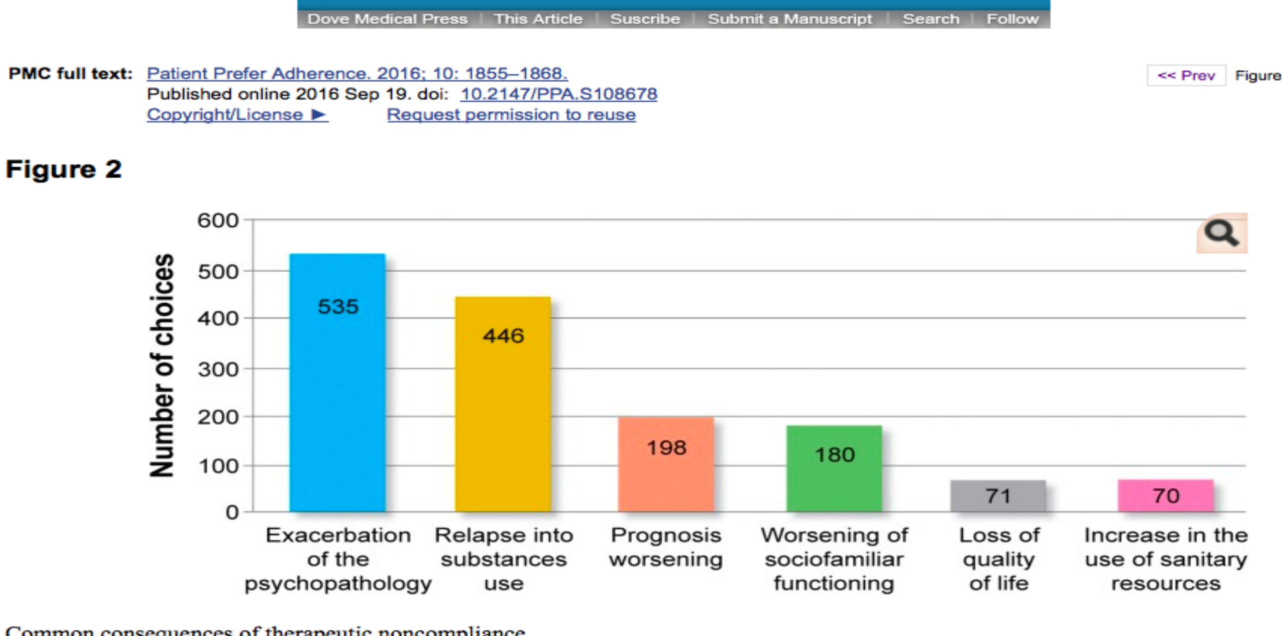
RESULTS: Most professionals perceived the existence of noncompliance among dual diagnosis patients. Almost all of these professionals (99%) perceived that noncompliance leads to a worsening of the progression of the patient's disorder, in both the exacerbation of mental disorders and the consumption of addictive substances. Most of the professionals (69.2%) considered therapeutic alliance as the main aspect to take into account to improve the prognosis in this population. The primary purpose of treatment must be the improvement of psychotic-phase positive symptoms, followed by the control of behavior disorders, reduction of craving, improvement of social and personal performances, and reduction of psychotic-phase negative symptoms.

CONCLUSION: Most professionals perceived low adherence among dual diagnosis patients. This lack of adherence is associated with a worsening of their disease evolution, which is reflected in exacerbations of the psychopathology and relapse in substance use. Therefore, we propose to identify strategies to improve adherence.

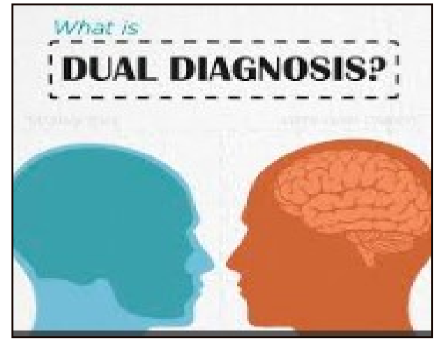
Figure 1



Level of treatment compliance.



ORIGINAL RESEARCH
published: xx October 2018
doi: 10.3389/fpsyt.2018.00575



OPEN ACCESS

Edited by:

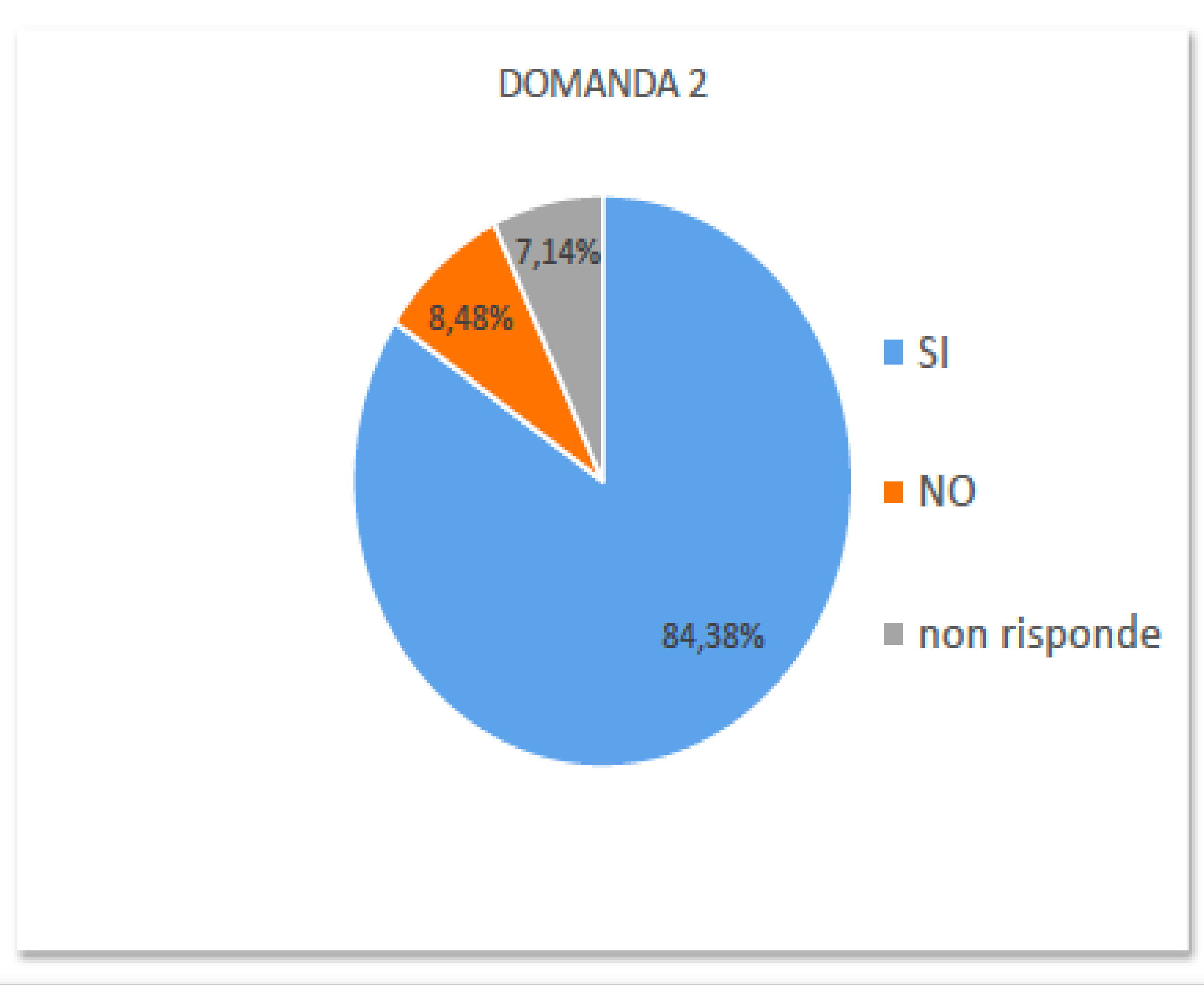
Patterns of Management of Patients With Dual Disorder (Psychosis) in Italy: A Survey of Psychiatrists and Other Physicians Focusing on Clinical Practice

Massimo Clerici[1,2], *Andrea de Bartolomeis*[3], *Sergio De Filippis*[4], *Giuseppe Ducci*[5], *Icro Maremmani*[6], *Giovanni Martinotti*[7]* and *Fabrizio Schifano*[8]

[1] School of Medicine and Surgery-University of Milano Bicocca, Milan, Italy, [2] Psychiatric Department, Azienda Socio Sanitaria Territoriale (ASST) di Monza, Monza, Italy, [3] Section of Psychiatry, Department of Neuroscience, Reproductive Sciences and Odontostomatology, University of Naples Federico II, Naples, Italy, [4] Department of Neuropsychiatry, Villa von Siebenthal Neuropsychiatric Hospital and Clinic, Genzano di Roma, Rome, Italy, [5] Mental Health Department, Azienda Sanitaria Locale Roma 1, Rome, Italy, [6] Santa Chiara University Hospital, University of Pisa, Trento, Italy, [7] Department of Neuroscience, Imaging, and Clinical Sciences, University "G.d'Annunzio," Chieti-Pescara, Chieti, Italy, [8] Psychopharmacology, Drug Misuse and Novel Psychoactive Substances Research Unit, School of Life and Medical Sciences, University of Hertfordshire, Hatfield, United Kingdom

2. Hai la sensazione che il tuo lavoro sia diventato più complesso a causa delle comorbilità negli ultimi 5 anni?

- Si
- No



1. Quali delle seguenti condizioni ritieni più frequente per la diagnosi della comorbilità nel contesto in cui operi?

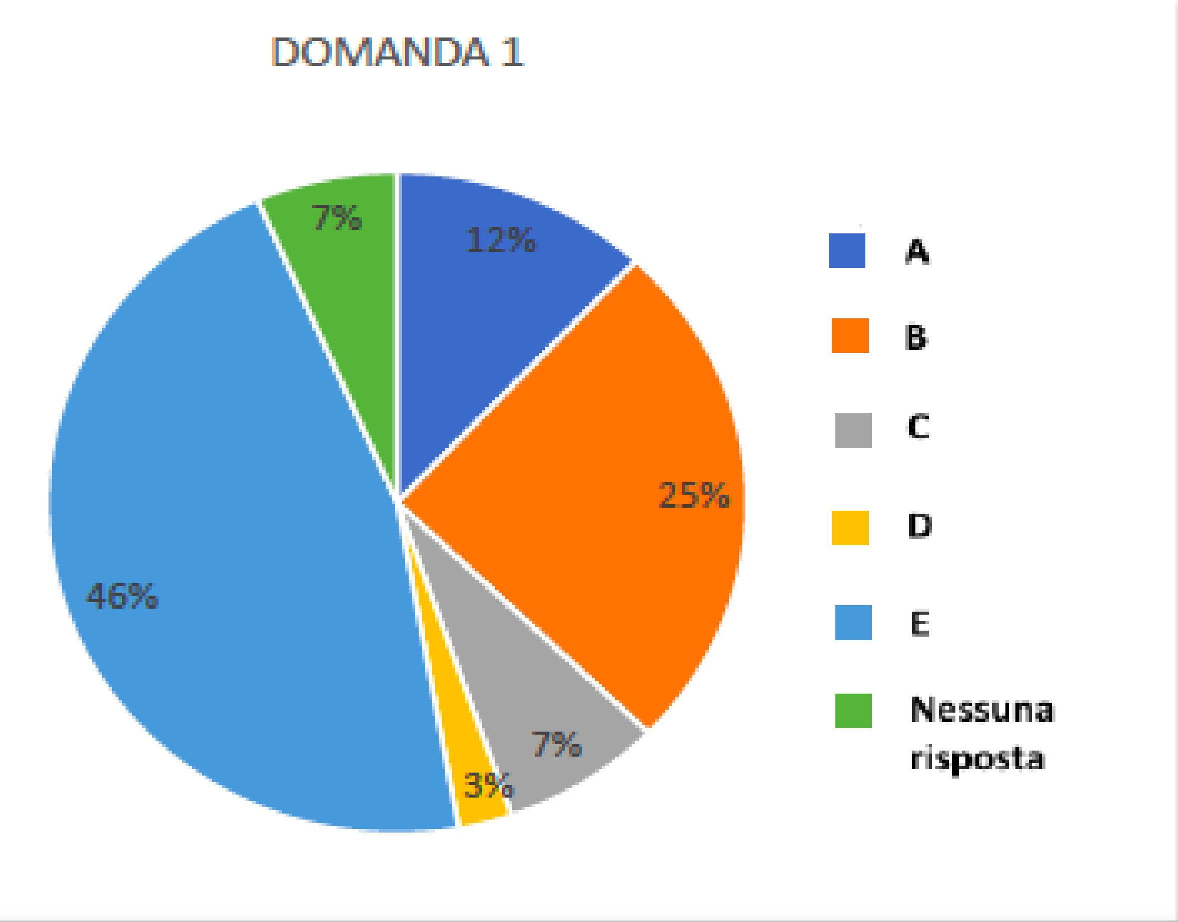
A) Schizofrenia/disturbo schizoaffettivo e uso di sostanze

B) Disturbo bipolare e uso di sostanze

C) Disturbo dell'umore (altro) e uso di sostanze

D) Disturbo d'ansia e uso di sostanze

E) Disturbo di personalità e uso di sostanze



7. Quali sono le aree di maggiore compromissione nei pazienti in comorbilità con abuso di sostanze?

Per favore esprimilo su una scala da 1 a 5 dove 1 = per nulla importante, 2 = poco importante, 3 = abbastanza importante, 4 = molto importante, 5 = estremamente importante

Benessere soggettivo

Funzionamento sociale (lavorativo /scolastico/...)

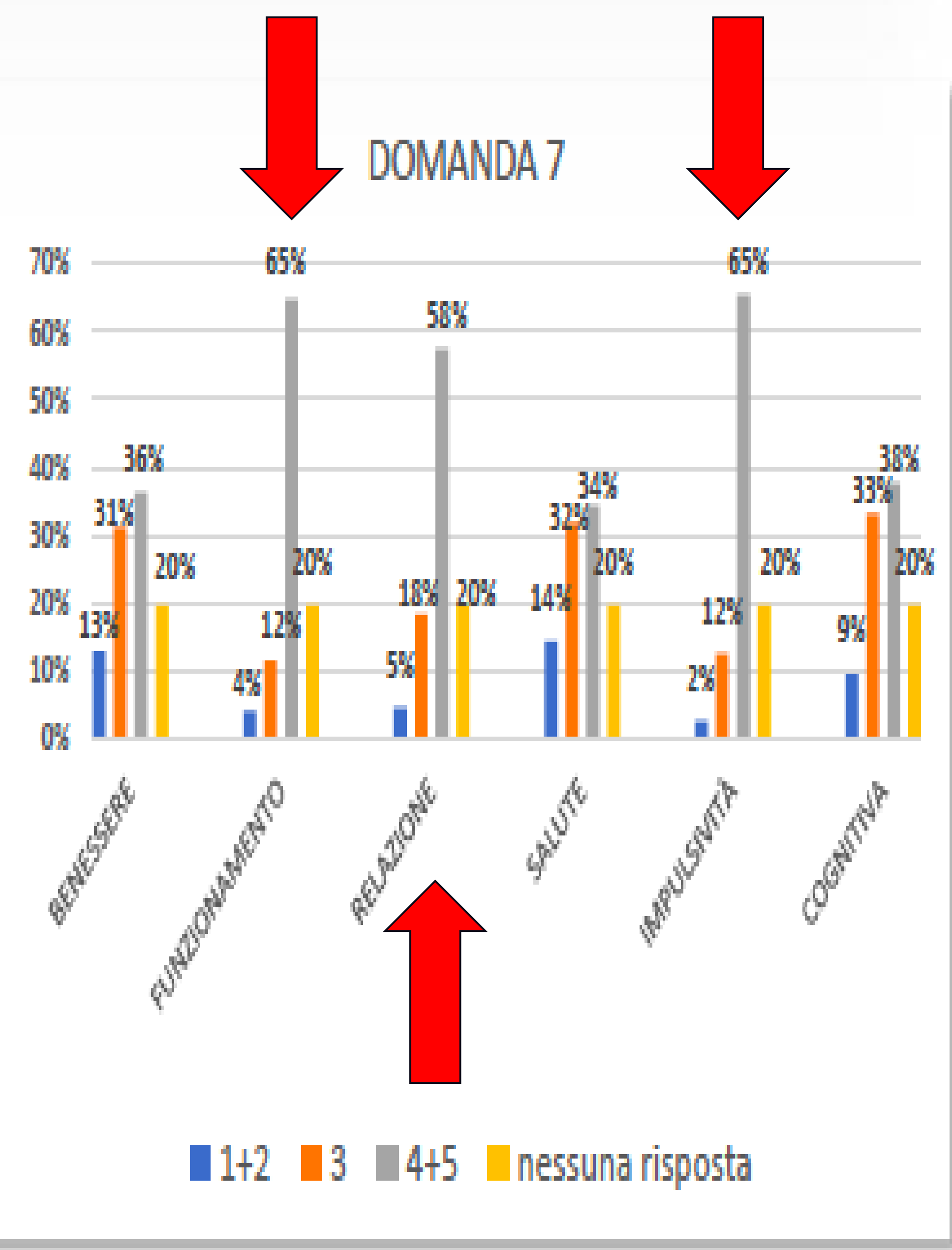
Relazioni interpersonali/affettive

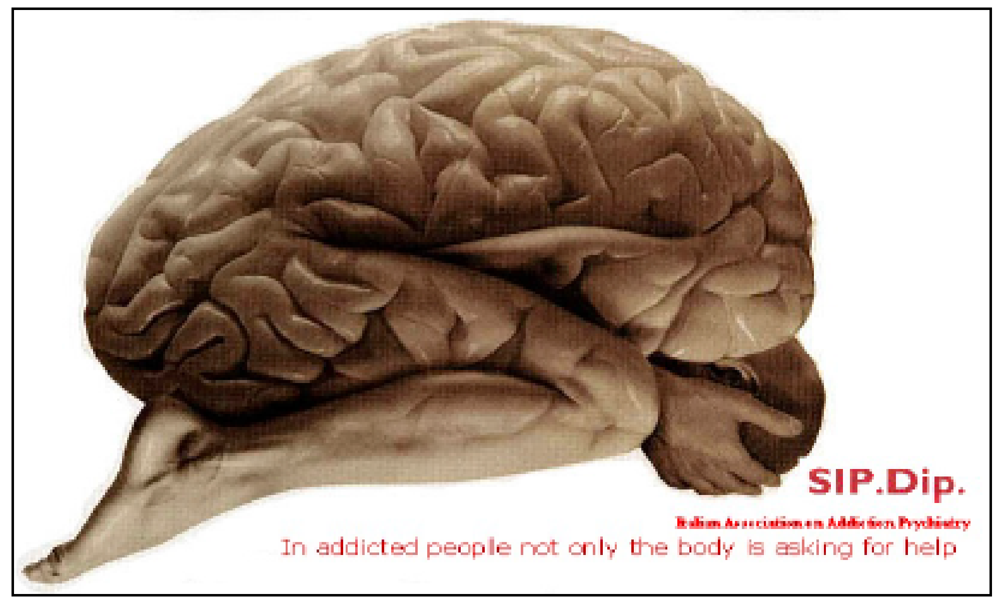
Salute fisica

Impulsività

Cognitività

Altro



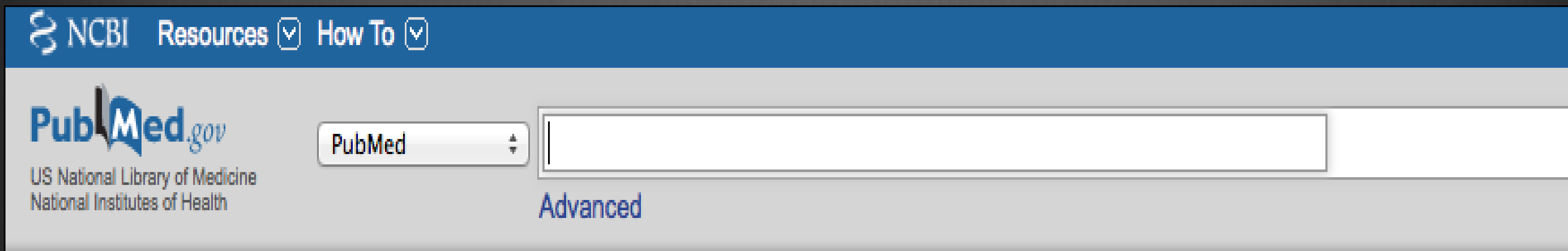


Percorsi di Integrazione tra Dipartimenti delle Dipendenze e Dipartimenti di Salute Mentale

dai protocolli, alle progettualità comuni, all’unificazione dei Servizi

Sedi: Bologna (22.05.2018), Roma (14.09.2018), Catania (08.10.2018)

Coordinamento Scientifico Nazionale
Michele Sanza, Massimo Clerici, Luigi Janiri, Giovanni Martinotti, Massimo Di Giannantonio, Eugenio Aguglia, Daniele La Barbera, Enrico Zanalda, Claudio Mencacci e Bernardo Carpiniello



Format: Abstract

Send to

J Subst Abuse Treat. 2010 Mar;38(2):160-9. doi: 10.1016/j.jsat.2009.07.005. Epub 2009 Aug 29.

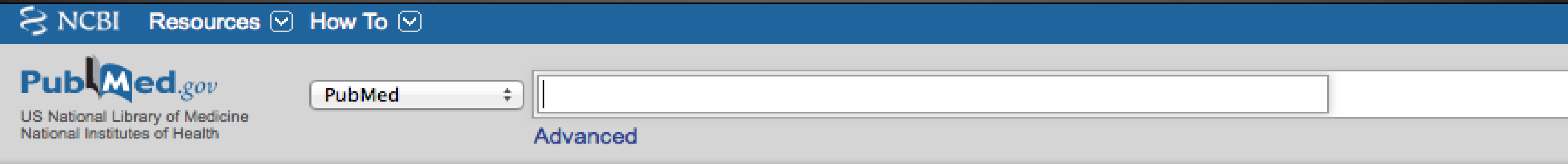
Increasing program capability to provide treatment for co-occurring substance use and mental disorders: organizational characteristics.

Gotham HJ[1], Claus RE, Selig K, Homer AL.

Author information

Abstract

The Dual Diagnosis Capability in Addiction Treatment and the Dual Diagnosis Capability in Mental Health Treatment indexes were used to document change in the capability of 14 substance abuse and mental health agencies to provide services to clients with co-occurring substance use and mental disorders (COD). COD capability significantly increased over 2 years, with the largest improvements seen in client assessment and staff training for COD. The role of agency structural characteristics and organizational readiness for change was also investigated. The study found modest evidence that some structural characteristics (e.g., agency size) and organizational readiness for change were related to increased COD capability. Further study is needed of how these factors affect implementation and fidelity to evidence-based practices, including how programs might compensate for or modify the effects of organizational factors to enhance implementation efforts.



Format: Abstract

Send to

Subst Use Misuse. 2015 Apr;50(5):653-63. doi: 10.3109/10826084.2014.997828. Epub 2015 Jan 14.

Gender differences in treatment retention among individuals with co-occurring substance abuse and mental health disorders.

Choi S[1], Adams SM, Morse SA, MacMaster S.

Author information

Abstract

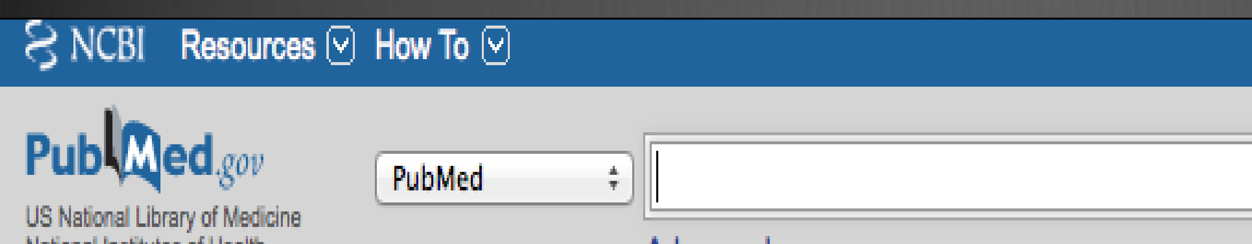
BACKGROUND: A significant number of individuals with co-occurring substance abuse and mental health disorders do not engage, stay, and/or complete residential treatment. Although prior research indicates that women and men differ in their substance abuse treatment experiences, our knowledge of individuals with co-occurring substance abuse and mental health disorders as well as those attending private residential treatment is limited.

OBJECTIVES: The purpose of this study is to examine gender differences on treatment retention for individuals with co-occurring substance abuse and mental health disorders who participate in private residential treatment.

METHODS: The participants were 1,317 individuals (539 women and 778 men) with co-occurring substance abuse and mental health disorders
analyses
and wom

RESULTS: This study found that women with co-occurring disorders were more likely to stay longer in treatment when compared to men. The findings indicate the factors influencing length of stay differ for each gender, and include: type of substance used prior to admission; Addiction Severity Index Composite scores; and Readiness to Change/URICA scores. Age at admission was a factor for men only.

CONCLUSIONS/IMPORTANCE: These findings can be incorporated to develop and initiate program interventions to minimize early attrition and increase overall retention in private residential treatment for individuals with co-occurring substance use and mental health disorders.



Format: Abstract

Curr Psychiatry Rep. 2017 Jun;19(6):35. doi: 10.1007/s11920-017-0783-9.

Update on Barriers to Pharmacotherapy for Opioid Use Disorders.

Sharma A[1], Kelly SM[1], Mitchell SG[1], Gryczynski J[1], O'Grady KE[2], Schwartz RP[3].

Author information

Abstract

PURPOSE OF REVIEW: The recent heroin and prescription opioid misuse epidemic has led to a sharp increase in the number of opioid overdose deaths in the USA. Notwithstanding the availability of three FDA-approved medications (methadone, buprenorphine, and naltrexone) to treat opioid use disorder, these medications are underutilized. This paper provides an update from the recent peer-reviewed literature on barriers to the use of these medications.

FINDINGS: These barriers are interrelated and can be categorized as financial, regulatory, geographic, attitudinal, and logistic. While financial barriers are common to all three medications, other barriers are medication-specific. The adverse impact of the current opioid epidemic on public health can be reduced by increasing access to effective pharmacotherapy for opioid use disorder.

Harv Rev Psychiatry. 2009;17(1):24-34. doi: 10.1080/10673220902724599.

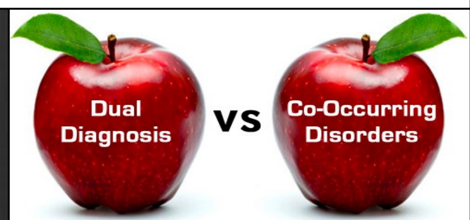
Psychosocial treatments for people with co-occurring severe mental illnesses and substance use disorders (dual diagnosis): a review of empirical evidence.

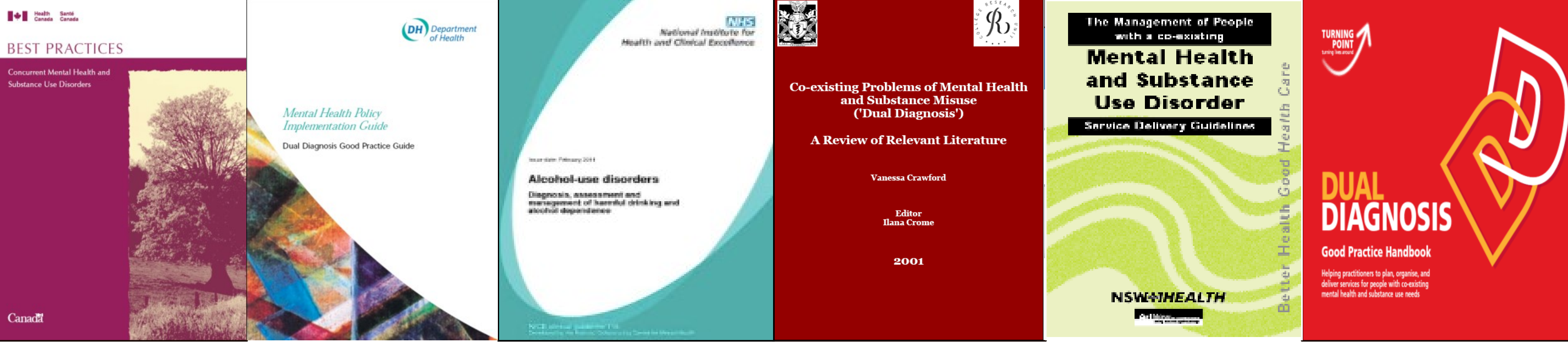
Horsfall J[1], Cleary M, Hunt GE, Walter G.

Author information

Abstract

Considerable research documents the health consequences of psychosis and co-occurring substance use disorders. Results of randomized controlled trials assessing the effectiveness of psychosocial interventions for persons with dual diagnoses are equivocal but encouraging. Many studies are hampered by small, heterogeneous samples, high attrition rates, short follow-up periods, and unclear description of treatment components. The treatments available for this group of patients (which can be tailored to individual needs) include motivational interviewing, cognitive-behavioral therapy, contingency management, relapse prevention, case management, and skills training. Regardless of whether services follow integrated or parallel models, they should be well coordinated, take a team approach, be multidisciplinary, have specialist-trained personnel (including 24-hour access), include a range of program types, and provide for long-term follow-up. Interventions for substance reduction may need to be further developed and adapted for people with serious mental illnesses. Further quality trials in this area will contribute to the growing body of data of effective interventions.





Subst Use Misuse. 2010 Jun;45(7-8):1262-78. doi: 10.3109/10826080903442836.

Treatment guidelines for substance use disorders and serious mental illnesses: do they address co-occurring disorders?

Perron BE[1], Bunger A, Bender K, Vaughn MG, Howard MO.

+ Author information

Abstract

Practice guidelines are important tools for improving the delivery of evidence-based practices and reducing inappropriate variation in current treatment approaches. This study examined the degree to which guidelines targeted to the treatment of substance use disorders or serious mental illness address treatment of co-occurring disorders. Guidelines archived by the National Guideline Clearinghouse (NGC) were retrieved in December 2007 and content analyzed. Nineteen pertinent guidelines were identified, and 11 included recommendations regarding the assessment and/or treatment of co-occurring disorders. None of the guidelines making recommendations for treatment of co-occurring disorders included outcomes that clearly targeted both substance use and mental health disorders. Limitations and implications of this study are noted.

Am J Psychiatry. 2018 Jan 1;175(1):86-90. doi: 10.1176/appi.ajp.2017.1750101.

The American Psychiatric Association Practice Guideline for the Pharmacological Treatment of Patients With Alcohol Use Disorder.

Reus VI[1], Fochtmann LJ[1], Bukstein O[1], Eyler AE[1], Hilty DM[1], Horvitz-Lennon M[1], Mahoney J[1], Pasic J[1], Weaver M[1], Wills CD[1], McIntyre J[1], Kidd J[1], Yager J[1], Hong SH[1].

Front Psychiatry. 2017; 8: 173.
Published online 2017 Sep 22. doi: 10.3389/fpsyt.2017.00173

PMCID: PMC5614930
PMID: 29018367

Treatment of Comorbid Alcohol Dependence and Anxiety Disorder: Review of the Scientific Evidence and Recommendations for Treatment

Carmen Gimeno,[1,2] Marisa Luisa Dorado,[2,3] Carlos Roncero,[2,4] Nestor Szerman,[2,5] Pablo Vega,[2,6] Vicent Balanzá-Martínez,[7] and F. Javier Alvarez[2,8,9,*]

Selective serotonin reuptake inhibitors (SSRIs), especially sertraline, showed effective results in posttraumatic stress disorder and in comorbid AnxD–AUD. However, SSRIs should be used with caution when patients are actively drinking because they may increase alcohol consumption. Buspirone, gabapentin, and pregabalin were found to be effective in comorbid AnxD–AUD. The treatment of dual AnxDs should start as early as possible. Since AUDs and AnxDs can reinforce each other, treatments targeting both pathologies can be effective. Women suffer from higher levels of stress and AnxDs than men, and they are also more vulnerable to maintaining alcohol consumption levels. Further research is needed in this comorbid patient population, including the study of different types of patients and gender perspectives.

A	Use of opioid antagonists in patients with AnxD and AUD. Naltrexone was found to be effective in the remission of AnxD and improvement of abstinence rates Level of evidence: Ia.
A	Psychotherapeutics was found effective in the treatment of dual anxiety Level of evidence: 1a

[a]*The OCEBM (41) Grades of Recommendation: A, consistent level 1 studies; B, consistent level 2 or 3 studies or extrapolations from level 1 studies; C, level 4 studies or extrapolations from level 2 or 3 studies.*

[b]*The OCEBM (41) Levels of Evidence: 1a, systematic review (with homogeneity) of prospective cohort studies; 1b, prospective cohort study with good follow-up; 2a, systematic review (with homogeneity) of 2b and better studies; 4, case-series or superseded reference standards.*

AnxD, anxiety disorder; AUD, alcohol use disorder.

J Addict Med. 2015 Sep-Oct;9(5):358-67. doi: 10.1097/ADM.0000000000000166.

American Society of Addiction Medicine (ASAM) National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use.

Kampman K[1], Jarvis M.

Author information

Abstract

The Centers for Disease Control have recently described opioid use and resultant deaths as an epidemic. At this point in time, treating this disease well with medication requires skill and time that are not generally available to primary care doctors in most practice models. Suboptimal treatment has likely contributed to expansion of the epidemic and concerns for unethical practices. At the same time, access to competent treatment is profoundly restricted because few physicians are willing and able to provide it. This "Practice Guideline" was developed to assist in the evaluation and treatment of opioid use disorder, and in the hope that, using this tool, more physicians will be able to provide effective treatment. Although there are existing guidelines for the treatment of opioid use disorder, none have included all of the medications used at present for its treatment. Moreover, few of the existing guidelines address the needs of special populations such as pregnant women, individuals with co-occurring psychiatric disorders, individuals with pain, adolescents, or individuals involved in the criminal justice system. This Practice Guideline was developed using the RAND Corporation (RAND)/University of California, Los Angeles (UCLA) Appropriateness Method (RAM) - a process that combines scientific evidence and clinical knowledge to determine the appropriateness of a set of clinical procedures. The RAM is a deliberate approach encompassing review of existing guidelines, literature reviews, appropriateness ratings, necessity reviews, and document development. For this project, American Society of Addiction Medicine selected an independent committee to oversee guideline development and to assist in writing. American Society of Addiction Medicine's Quality Improvement Council oversaw the selection process for the independent development committee. Recommendations included in the guideline encompass a broad range of topics, starting with the initial evaluation of the patient, the selection of medications, the use of all the approved medications for opioid use disorder, combining psychosocial treatment with medications, the treatment of special populations, and the use of naloxone for the treatment of opioid overdose. Topics needing further research were noted.

NCBI Resources How To

US National Library of Medicine
National Institutes of Health

PubMed

Advanced

Format: Abstract

Send to

Ann Clin Psychiatry. 2012 Feb;24(1):38-55.

The Canadian Network for Mood and Anxiety Treatments (CANMAT) task force recommendations for the management of patients with mood disorders and comorbid substance use disorders.

Beaulieu S[1], Saury S, Sareen J, Tremblay J, Schütz CG, McIntyre RS, Schaffer A; Canadian Network for Mood and Anxiety Treatments (CANMAT) Task Force.

Author information

Abstract

BACKGROUND: Mood disorders, especially bipolar disorder (BD), frequently are associated with substance use disorders (SUDs). There are well-designed trials for the treatment of SUDs in the absence of a comorbid condition. However, one cannot generalize these study results to individuals with comorbid mood disorders, because therapeutic efficacy and/or safety and tolerability profiles may differ with the presence of the comorbid disorder. Therefore, a review of the available evidence is needed to provide guidance to clinicians facing th

METHOD ... on
PubMed ...
cyclothy ... or
disorder. ... or
Mood an ... ent
recomm

RESULTS: Even though a large number of treatments were investigated for alcohol use disorder (AUD), none have been sufficiently studied to justify the attribution of level 1 evidence in comorbid AUD with major depressive disorder (MDD) or BD. The available data allows us to generate first-choice recommendations for AUD comorbid with MDD and only third-choice recommendations for cocaine, heroin, and opiate SUD comorbid with MDD. No recommendations were possible for cannabis, amphetamines, methamphetamines, or polysubstance SUD comorbid with MDD. First-choice recommendations were possible for alcohol, cannabis, and cocaine SUD comorbid with BD and only second-choice recommendations for heroin, amphetamine, methamphetamine, and polysubstance SUD comorbid with BD. No recommendations were possible for opiate SUD comorbid with BD. Finally, psychotherapies certainly are considered an essential component of the overall treatment of SUDs comorbid with mood disorders. However, further well-designed studies are needed in order to properly assess their potential role in specific SUDs comorbid with a mood disorder.

CONCLUSIONS: Although certain treatments show promise in the management of mood disorders comorbid with SUDs, additional well-designed studies are needed to properly assess their potential role in specific SUDs comorbid with a mood disorder.

To cite: Hassan AN. Patients with alcohol use disorder co-occurring with depression and anxiety symptoms: diagnostic and treatment initiation recommendations. *J Clin Psychiatry.* 2018;79(1):17ac11999

To share: https://doi.org/10.4088/JCP.17ac11999

© Copyright 2018 Physicians Postgraduate Press, Inc.

For reprints or permissions, contact permissions@psychiatrist.c

J Clin Psychiatry 79:1, January/February 2018

About a third of the US population has alcohol use disorder (AUD) at some point in their lifetime, which is higher than the prevalence of drug use disorder and tobacco use disorder combined.[1] AUD often occurs with depression and anxiety disorders. The co-occurrence of these disorders negatively impacts psychiatric symptoms, worsens physical functioning, and increases health care utilization, which therefore increases cost.[2-4] Despite treatment availability, dual diagnosis patients often do not receive appropriate intervention.[5]

The decision of whether to initiate treatment for depression or alcohol use first in this population is debated among clinicians.[6] Therefore, the aims of this article are to provide clinicians with guidance that can help with diagnostic clarification of the 2 major types of presentations (alcohol-induced and independent disorders) and provide recommendations about the management of these patients in outpatient settings.

Management of patients with co-occurring AUD or SUD and mental disorders symptoms can be challenging

It is essential to conduct a comprehensive assessment and attempt to determine if the mental disorder is indipendent of the AUD/SUD or induced by. It is best to reassess the diagnosis after 2-4 weeks of abstinence from alcohol/substances. Psychiatric symptoms usually improve after 4 weeks of abstinence in patients with AUD/SUD. Addressing symptoms along with alcohol/substance use in patients likely to have independent disorders will improve treatment outcomes

The 3-Year Course of Multiple Substance Use Disorders in the United States (McCabe, West)

J Clin Psychiatry
https://doi.org/10.4088/JCP.16m10657
© Copyright 2017 Physicians Postgraduate Press, Inc.

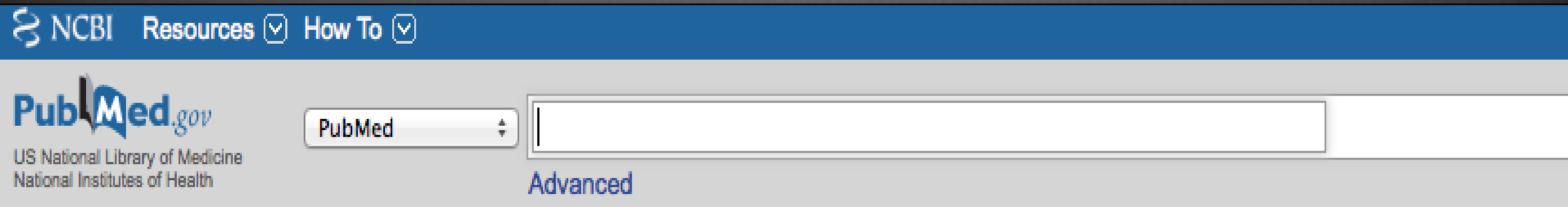
Recent epidemiologic studies have documented high rates of polysubstance use behaviors in several countries worldwide.[1–7] Historically, large-scale epidemiologic studies have found substantial comorbidity between substance use disorders (SUDs) and other psychiatric disorders in the United States.[8–21] A few of these studies examined the prevalence of multiple co-occurring SUDs involving non-alcohol drug use disorders and other SUDs.[8–10,17] Indeed, some experts have encouraged future practice and research to move beyond binary measures of substance-specific use to polysubstance use profiles that incorporate measures of severity and multiple SUDs.[3,22,23]

Objective: To examine the 3-year course of multiple co-occurring substance use disorders (SUDs) based on longitudinal survey data from a large, nationally representative sample.

Methods: National estimates of the prevalence of *DSM-IV* SUDs were derived by analyzing data from structured, face-to-face diagnostic interviews as part of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), which collected data from a large, nationally representative sample of noninstitutionalized US adults at 2 waves (2001–2002 and 2004–2005; N = 34,653).

Results: US adults with multiple past-year SUDs at Wave 1 were substantially more likely than those with an individual past-year SUD or no SUD at Wave 1 to report at least 1 past-year SUD at Wave 2 (66.3% vs 46.0% vs 6.9%, respectively). There are several sociodemographic characteristics and psychiatric disorders (ie, male, younger age, never married, sexual minority identity, nicotine dependence, mood disorder, and personality disorder) associated with increased odds of developing multiple SUDs and having 3-year persistence of multiple SUDs. The majority of adults with multiple past-year SUDs had a lifetime personality disorder and did not utilize substance abuse treatment or other help-seeking.

Conclusions: Multiple SUDs are associated with a more persistent 3-year course of disease over time relative to individual SUDs. Despite a more severe 3-year course and higher rates of comorbidity with other psychiatric disorders, the majority of US adults with multiple SUDs do not utilize substance abuse treatment or other help-seeking. Clinical assessments and the substance abuse literature tend to focus on drug-specific individual SUDs rather than considering the more complex multiple SUDs, which can be more challenging to treat.



Format: Abstract

Send to

Curr Opin Psychiatry. 2007 Jan;20(1):67-71.

Patients with addiction and personality disorder: Treatment outcomes and clinical implications.

van den Bosch LM[1], Verheul R.

Author information

Abstract

PURPOSE OF REVIEW: The present review examines the outcomes of treatments focusing on substance abuse, on personality disorders, and on both the foci simultaneously. Clinical guidelines for the treatment of dually diagnosed patients are described.

RECENT FINDINGS: Recent studies continued the tradition of examining the importance of factors such as the chronicity of substance abuse and the impact of sex with regard to the prognosis of the treatment of substance abuse and the development of effective treatment programs. Overall, the multifaceted and risky nature of dual problems is stressed, and as a logical consequence, an early detection of dual problems is promoted. Several studies show the risk of suicidal and harmful behavior associated with this population, even when the treatment for substance abuse has been successful. For the first time, the issue of dropout is studied from the client's perspective.

SUMMARY: Knowledge about the effectiveness of dually focused treatments is emerging. Results show that the treatment of dually diagnosed patients with severe problems needs to include both the foci because it leads to enormous gains for the patients when personality disorders are also addressed. Yet, integrated treatment programs are lacking and research is still too limited.

Br J Psychiatry. 2017 Jul;211(1):22-30. doi: 10.1192/bjp.bp.116.194720. Epub 2017 Apr 6.

Personality disorder and alcohol treatment outcome: systematic review and meta-analysis.

Newton-Howes GM[1], Foulds JA[2], Guy NH[2], Boden JM[2], Mulder RT[2].

Author information

1 Giles M. Newton-Howes, MRCPsych, Department of Psychological Medicine, University of Otago, Wellington; James A. Foulds, FRANZCP, Department of Psychological Medicine, University of Otago, Christchurch; Nicola H. Guy, MMedSci, Department of Psychological Medicine, University of Otago, Wellington; Joseph M. Boden, PhD, Christchurch Health and Development Study, Roger T. Mulder, FRANZCP, Department of Psychological Medicine, University of Otago, Christchurch, New Zealand Giles.newton-howes@otago.ac.nz.

2 Giles M. Newton-Howes, MRCPsych, Department of Psychological Medicine, University of Otago, Wellington; James A. Foulds, FRANZCP, Department of Psychological Medicine, University of Otago, Christchurch; Nicola H. Guy, MMedSci, Department of Psychological Medicine, University of Otago, Wellington; Joseph M. Boden, PhD, Christchurch Health and Development Study, Roger T. Mulder, FRANZCP, Department of Psychological Medicine, University of Otago, Christchurch, New Zealand.

Abstract

BackgroundPersonality disorders commonly coexist with alcohol use disorders (AUDs), but there is conflicting evidence on their association with treatment outcomes.**Aims**To determine the size and direction of the association between personality disorder and the outcome of treatment for AUD.**Method**We conducted a systematic review and meta-analysis of randomised trials and longitudinal studies.**Results**Personality disorders were associated with more alcohol-related impairment at baseline and less retention in treatment. However, during follow-up people with a personality disorder showed a similar amount of improvement in alcohol outcomes to that of people without such disorder. Synthesis of evidence was hampered by variable outcome reporting and a low quality of evidence overall.**Conclusions**Current evidence suggests the pessimism about treatment outcomes for this group of patients may be unfounded. However, there is an urgent need for more consistent and better quality reporting of outcomes in future studies in this area.

Psychopathology. 2018;51(2):130-136. doi: 10.1159/000486602. Epub 2018 Feb 21.

Personality Disorder and Alcohol Use Disorder: An Overview.

Newton-Howes G[1], Foulds J[2].

Author information

1 Department of Psychological Medicine, University of Otago, Wellington, New Zealand.

2 Department of Psychological Medicine, University of Otago, Christchurch, New Zealand.

Abstract

BACKGROUND: Clinically, personality disorder (PD) commonly coexists with alcohol use disorder (AUD), although within mainstream mental health services both of these mental disorders are routinely overlooked. Despite a rich literature examining the interactions between AUD and personality functioning, personality traits, and PD, there remains conflicting evidence as to the degree of association and impact of one on the other.

METHODS: A narrative review and a synthesis of the literature were done.

RESULTS: The lifetime prevalence of AUD approaches 50% in some PD populations. The rates of PD in AUD populations are less clear but likely similar. Personality influences outcomes in AUD regardless of whether a categorical personality diagnosis or dimensional trait domain approach is taken. There are, however, no good data to inform clinicians on the impact of AUD on the outcomes of PD. Understanding the extent of this impact is complicated by the multiple tools used for diagnosis (of both PD and AUD) and the statistical methods used. Overall, caution is required in interpreting the data due to the quality of the current literature; however, comorbidity between the two disorders is likely significant and the impact of PD on AUD outcomes is sufficient to require consideration.

CONCLUSIONS: From a research perspective, better agreement on both diagnoses and outcomes is urgently needed to improve the overall quality of the evidence. Clinically, despite the limitations in the literature, it is unacceptable for PD services to ignore AUD and for AUD services not to screen for PD. Both are likely to have an impact on health and functioning and should be considered in routine reviews. A better conceptualization of the putative mechanisms of this interaction, as well as an understanding of the neurobiology and reasons for the impact on treatment outcomes, will help to move the field forward.

Format: Abstract

Send to

Addict Behav. 2018 May;80:6-13. doi: 10.1016/j.addbeh.2017.12.033. Epub 2017 Dec 29.

Difficulties in emotion regulation in treatment-seeking alcoholics with and without co-occurring mood and anxiety disorders.

Bradizza CM[1], Brown WC[2], Ruszczyk MU[3], Dermen KH[4], Lucke JF[5], Stasiewicz PR[6].

Abstract

Emotion regulation difficulties (ERD) are known to underlie mental health conditions including anxiety and depressive disorders and alcohol use disorder (AUD). Although AUD, mood, and anxiety disorders commonly co-occur, no study has examined the association between these disorders and ERD among AUD outpatients. In the current study, emotion regulation (ER) scores of AUD individuals with no co-occurring mental health condition were compared to the ER scores of individuals who met diagnostic criteria for co-occurring mood and/or anxiety disorders. Treatment-seeking AUD individuals (N=77) completed measures of emotion regulation, alcohol use and psychological functioning prior to beginning a 12-week outpatient cognitive-behaviorally oriented alcohol treatment program. Individuals were classified as having no co-occurring mood or anxiety disorder (AUD-0, n=24), one co-occurring disorder (AUD-1, n=34), or two or more co-occurring disorders (AUD-2, n=19). Between-group differences in emotion regulation, quantity/frequency of alcohol consumption, positive and negative affect, affective drinking situations, negative mood regulation expectancies, distress tolerance, alexithymia, trait mindfulness, and psychological symptom severity were examined. Compared with the AUD-0 group, the AUD-2 group reported significantly greater ERD, psychiatric distress and alcohol consumption, more frequent drinking in response to negative affect situations, greater interference from negative emotions, and less use of mindfulness skills. The AUD-1 group differed from AUD-0 group only on the DERS lack of emotional awareness (Aware) subscale. Emotion regulation scores in the AUD-0 group were comparable to those previously reported for general community samples, whereas levels of ERD in the AUD-1 and AUD-2 were similar to those found in other clinical samples. Implications for the inclusion of ER interventions among AUD patients who might most benefit from such an intervention are discussed.

PubMed

Advanced

Format: Abstract

Send to

Curr Opin Psychiatry. 2008 Nov;21(6):619-24. doi: 10.1097/YCO.0b013e32830d365c.

Psychotherapy of personality disorders and concomitant substance dependence.

Kienast T[1], Foerster J.

Author information

Abstract

PURPOSE OF REVIEW: Psychotherapy of patients with personality disorder and concomitant substance dependence requires an integrative approach. Although a number of studies have evaluated psychotherapy for one of these disorders, only few studies have described the effectiveness of treatment programs in comorbid patients. These limited findings provide a basis for the further development of treatments for personality disorder and concomitant substance dependence. This review gives an overview of the current state of research in this field.

RECENT FINDINGS: Although a large number of evaluation studies tested the effectiveness of several therapies for alcohol dependence, far fewer evaluated nonalcohol substance dependence. There are very few evaluations of the efficacy of psychotherapy for other forms of drug dependence. Only dialectical behavior therapy and dual-focus schema therapy have been tested for the treatment of personality disorder and substance dependence.

SUMMARY: To date, two randomized controlled trials in 59 female-only patients with borderline personality disorder and substance abuse provided the best evidence-based data for the effectiveness of dialectical behavior therapy. For dual-focus schema therapy, a single randomized controlled trial indicated a curative effect in a small group of patients with personality disorder and substance dependence. Although the results of these studies are encouraging, further clinical trials need to be conducted in larger populations including male participants.

Purpose of review

As personality disorder impacts the outcome of most major mental disorders, it would be consistent for it to impact negatively on the outcome of alcohol use disorders (AUDs). This update is to provide an up-to-date overview of the recent literature examining the impact of personality disorder and personality traits on the treatment outcome of AUDs.

Recent findings

Comorbidity between personality disorder and AUD is significant and approaches 50%. Patients with AUD and comorbid personality disorder are substantially less likely to remain in treatment, drink more per drinking day and drink more frequently. If retained in treatment, comorbidity does not, however, lead to poorer outcomes. Relapse to drinking is more common in patient with high novelty seeking and lower reward dependence and persistence. Reporting from most studies is of moderate-to-poor quality and a single high-quality study may alter these findings. Landmark alcohol studies are notably quiet on the impact of personality on AUD treatment outcome.

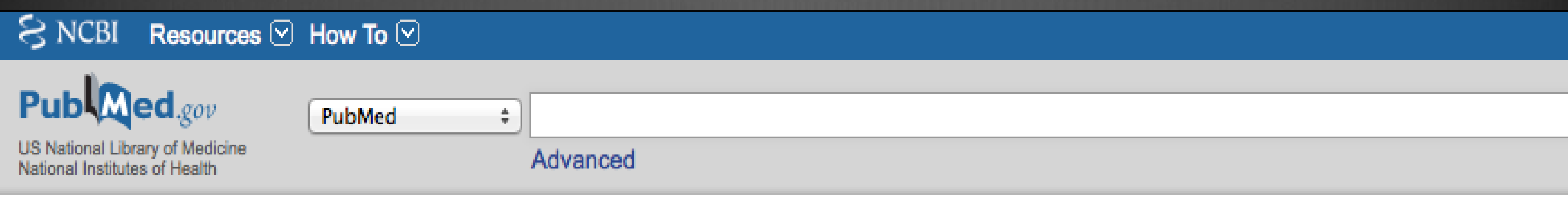
Summary

Both personality disorder and higher novelty seeking impact negatively on the treatment outcome of AUD. As personality disorder is common in this group, clinicians engaged in AUD treatment should screen for personality disturbance, either disorder or high novelty seeking.

Current Opinion in Psychiatry. 31(1):50–56, JANUARY 2018
DOI: 10.1097/YCO.0000000000000375, PMID: 29059106
Issn Print: 0951-7367
Publication Date: January 2018

Personality disorder and treatment outcome in alcohol use disorder

Giles Newton-Howes;James Foulds;



Format: Abstract

Send to

Am J Addict. 2013 Jan;22(1):14-7. doi: 10.1111/j.1521-0391.2013.00318.x.

Attachment style and treatment completion among psychiatric inpatients with substance use disorders.

Fowler JC[1], Groat M, Ulanday M.

Author information

Abstract

BACKGROUND AND OBJECTIVES: A strong dose-response relationship exists for psychosocial treatments for co-morbid substance abuse disorders; yet rates of attrition are exceedingly high for those seeking treatment in residential and hospital settings. This study examined patient characteristics, including attachment style as predictors of completing 42 contiguous days of inpatient dual-diagnosis treatment among patients with substance use disorders.

METHODS: Baseline characteristics were assessed in 187 consecutively admitted patients with research diagnosis of substance use disorders. Hierarchical logistic regression analysis was used to examine predictors of treatment retention.

RESULTS: Results indicated a two-variable model consisting of total number of co-occurring Axis I and II disorders, and pre-occupied attachment style, accounting for 17% of the variance. Attachment status predicted retention above and beyond psychiatric co-morbid disorders, demonstrating incremental predictive validity. Moderator analyses failed to detect an interaction.

CONCLUSIONS AND SCIENTIFIC SIGNIFICANCE: Among inpatients with substance abuse disorders, anxious-preoccupied attachment style predicted treatment retention, reflecting the importance of interpersonal components of treatment relationships in completing treatment. This study adds to a growing body of evidence linking attachment style with treatment adherence. Further research is needed to examine possible mechanisms associated with this relationship.

Subst Abus. Author manuscript; available in PMC 2014 Jan 1.
Published in final edited form as:
Subst Abus. 2013 Jan; 34(1): 43–50.
doi: 10.1080/08897077.2012.691451
PMCID: PMC3558836
NIHMSID: NIHMS385631
PMID: 23327503

12-step Affiliation and Attendance following Treatment for Comorbid Substance Dependence and Depression: A Latent Growth Curve Mediation Model

Matthew J. Worley, Susan R. Tate, John R. McQuaid, Eric L. Granholm, and Sandra A. Brown

Author information ▶ Copyright and License information ▶ Disclaimer

The publisher's final edited version of this article is available at Subst Abus
See other articles in PMC that cite the published article.

Abstract

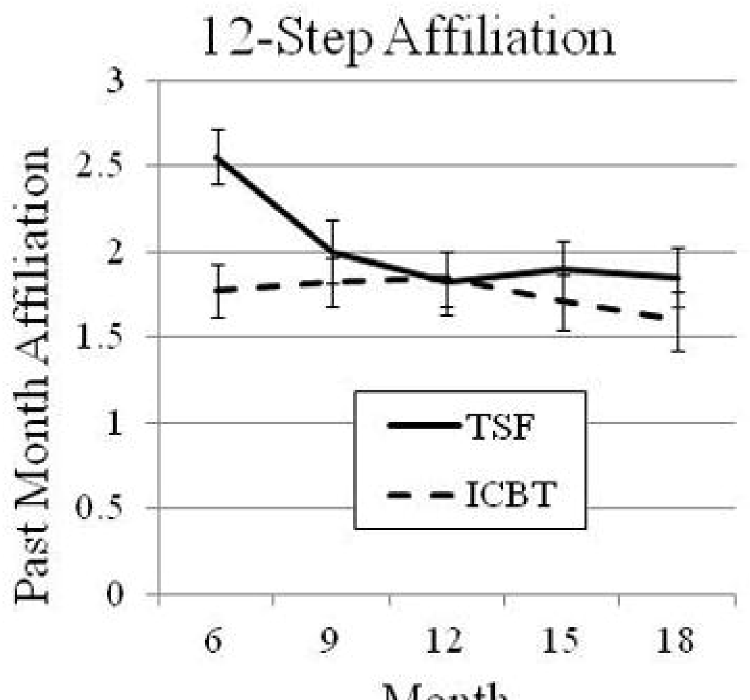
Go to:

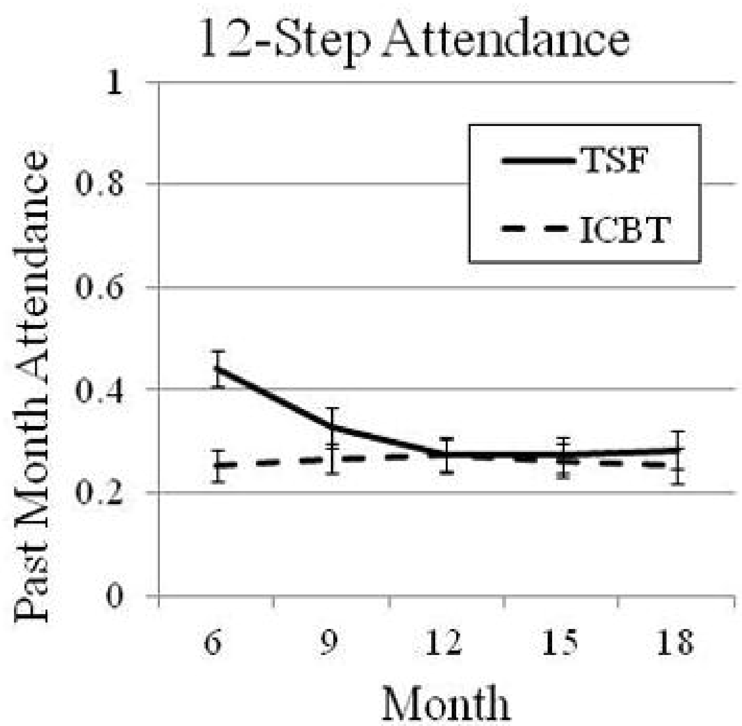
Among substance-dependent individuals comorbid major depressive disorder (MDD) is associated with greater severity and poorer treatment outcomes, but little research has examined mediators of post-treatment substance use outcomes within this population. Using latent growth curve models we tested relationships between individual rates of change in 12-step involvement and substance use, utilizing post-treatment follow-up data from a trial of group Twelve-Step Facilitation (TSF) and Integrated Cognitive-Behavioral Therapy (ICBT) for veterans with substance dependence and MDD. While TSF patients were higher on 12-step affiliation and meeting attendance at end-of-treatment as compared to ICBT, they also experienced significantly greater reductions in these variables during the year following treatment, ending at similar levels as ICBT. Veterans in TSF also had significantly greater increases in drinking frequency

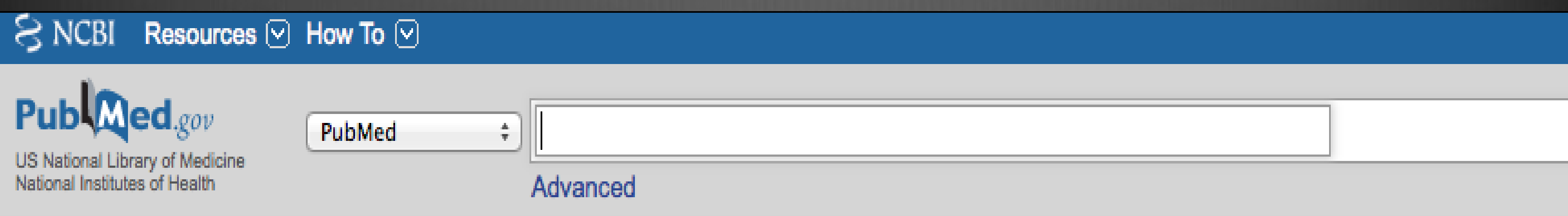
PMC full text: Subst Abus. Author manuscript; available in PMC 2014 Jan 1.
Published in final edited form as:
Subst Abus. 2013 Jan; 34(1): 43–50.
doi: 10.1080/08897077.2012.691451
Copyright/License ► Request permission to reuse

<< Prev Figure 2

Figure 2







Format: Abstract

Send to

Eur Addict Res. 2012;18(1):1-11. doi: 10.1159/000331007. Epub 2011 Oct 13.

Effectiveness of therapeutic communities: a systematic review.

Malivert M[1], Fatséas M, Denis C, Langlois E, Auriacombe M.

Author information

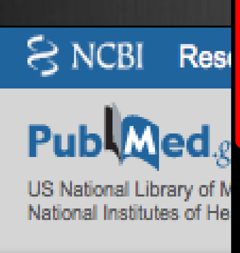
Abstract

BACKGROUND: Therapeutic communities (TCs) are drug-free residential settings, focused on psychosocial rehabilitation. While TCs are considered an effective method, the bulk of the research evidence is from poorly controlled studies. The goal of this study was to evaluate TC effectiveness in terms of abstinence and to determine if there were predictive factors of abstinence.

METHODS: The search used Medline up to January 30, 2011 and was based on a systematic review method. Studies on retention in treatment and/or substance use were considered.

RESULTS: Of the 321 studies retrieved from Medline, 12 met selection criteria including overall 3,271 participants from 61 TCs. On average, subjects stayed in TC a third of the planned time. The completion rate ranged from 9 to 56%. All studies showed that substance use decreased during TC, but relapse was frequent after TC. Treatment completion was the most predictive factor of abstinence at follow-up. Surprisingly, psychiatric comorbidities did not appear associated with relapse or with dropout.

CONCLUSIONS: There was a drop in consumption after TC, but long-lasting benefits were uncertain. Further studies are needed in order to compare the efficacy of TC programs and other types of treatment settings for substance-related disorders.



DISCUSSION: A sense of belongingness is correlated with improved self-esteem and overall well-being. The capacity for responsible agency is central to behavioural change. TCs are typically used in fields where positive outcome requires both personal growth and behavioural change. We suggest that TCs are uniquely placed to demand such growth and change of their members because the sense of belongingness engendered by TC methods protects against the risks engendered by this demand.

CONCLUSION: Empirically informed, evidence-driven research is necessary to understand how TCs work and how TC practice can be improved. This understanding may offer lessons for the improvement of psychosocial aspects of psychiatric care more generally.

Format: Abstrac

Int J Soc Psychiatry. 2013 Nov;59(7):636-45. doi: 10.1177/0020764012450992. Epub 2012 Jul 20.

How therapeutic communities work: specific factors related to positive outcome.

Pearce S[1], Pickard H.

⊕ Author information

Abstract

BACKGROUND: Therapeutic communities (TCs) are becoming increasingly widespread as a form of treatment for entrenched mental health problems, particularly addictions and personality disorders, and are equally used in educational, prison and learning disability settings. Despite growing evidence for their effectiveness, little research has been conducted to establish how TCs work to produce positive outcomes. We hypothesize that there are two specific factors that in combination contribute to TC effectiveness: the promotion of a sense of belongingness and the capacity for responsible agency. Although both factors are found in other therapeutic approaches and are important to the psychosocial aspects of psychiatric care more generally, we argue that their combination, extent and emphasis are unique to TCs.

MATERIAL: Drawing on social and experimental psychology, we: (1) review research on a sense of belongingness and the capacity for responsible agency; (2) establish the mechanisms by which TCs appear to promote them; (3) draw lessons for TC practice; and (4) suggest why they may contribute to positive outcome.

…dalla CT "tradizionale" a quella "rinforzata"con trattamenti integrati manualizzati EB applicabili ai più diversi Servizi di Salute Mentale e Dipendenze…

- O. Kernberg (1960): modello delle relazioni oggettuali - psicoterapia basata sul transfert (TFP)
- M. Linehan (1990): modello comportamentale intensivo - terapia dialettico comportamentale (DBT)
- Fonagy, Bateman (1999; 2009): modello psicodinamico - terapia basata sulla mentalizzazione (MBT)
- Gunderson (2003): modello ambulatoriale "di prima linea" facilmente erogabile dai servizi di SMD (manualizzato e basato sulle Linee Guida APA 2001; 2009)
- (Gunderson, Hohhman, 2018)

Interventi psicocologici e psicosociali individuali/di gruppo

- ***Alterazioni del funzionamento cognitivo e ideazione paranoidea***
- ***Stati mentali a rischio (trauma/neglect)***
- ***Disturbi del sé e dell'identità***
- ***Marcata reattività dell'umore***
- ***Disturbi del comportamento, in primis disturbi correlati all'uso di sostanze***
- ***Ipersensibilità/instabilità interpersonale***
- ***Aggressività non integrata***
- ***Disregolazione affettivo- emozionale***
- ***Comportamenti autolesivi***

Validazione empirica del GPM

- In questo contesto Gunderson ha sviluppato un trattamento manualizzato - chiamato GoodPsychiatricManagement - che si pone come modello ambulatoriale di prima linea facilmente erogabile nell'ambito dei servizi di salute mentale e dipendenze

Il GPM include

(1) psicoeducazione per pazienti e famiglia, (2) attenzione alla vita del paziente al di fuori del contesto terapeutico attraverso un'ampia costellazione di interventi psicosociali e (3) focus su obiettivi specifici personalizzati

- Non è destinato a sostituire/competere con le terapie piu specialistiche, nè deve essere considerato come un nuovo tipo di psicoterapia, seppur guidato da un modllo teorico di comprensione dello sviluppo del disturbo.
- Si basa sulle Linee-Guida APA (2001) utilizzando componenti "trasversalmente" presenti in ogni trattamento specifico e può essere usato da tutto lo staff terapeutico in quanto I pazienti "complessi" utilizzano i più diversi servizi dove si relazionano con operatori dai profili professionali differenti che, in genere, considerano tali soggetti come difficili, faticosi, imprevedibili, manipolatori…

Elementi distintivi del GoodPsychiatricManagement (GPM)

Multimodalità degli interventi:
- **Cognitivi**
- **Comportamentali**
- **Psicodinamici**
- **Psicosociali**
- **Farmacoterapici**

→

Case management

Costante focus sulla vita del paziente al di fuori del contesto terapeutico

Comunicazione della diagnosi e Psicoeducazione
(per pazienti e familiari)

Focus su obiettivi specifici

Gunderson, Hoffman 2005

Durata e intensità dell'intervento in funzione della valutazione del decorso/**progresso al follow-up**

PubMed

Advanced

Format: Abstract

Send to

Cochrane Database Syst Rev. 2014 Jan 2;(1):CD010901. doi: 10.1002/14651858.CD010901.

Interventions for drug-using offenders with co-occurring mental illness.

Perry AE[1], Neilson M, Martyn-St James M, Glanville JM, McCool R, Duffy S, Godfrey C, Hewitt C.

Author information

Update in

Interventions for drug-using offenders with co-occurring mental illness. [Cochrane Database Syst Rev. 2015]

Abstract

BACKGROUND: This is an updated version of an original Cochrane review published in Issue 3 2006 (Perry 2006). The review represents one from a family of four reviews focusing on interventions for drug-using offenders. This specific review considers interventions aimed at reducing drug use or criminal activity, or both for drug-using offenders with co-occurring mental illness.

OBJECTIVES: To assess the effectiveness of interventions for drug-using offenders with co-occurring mental illness in reducing criminal activity or drug use, or both.

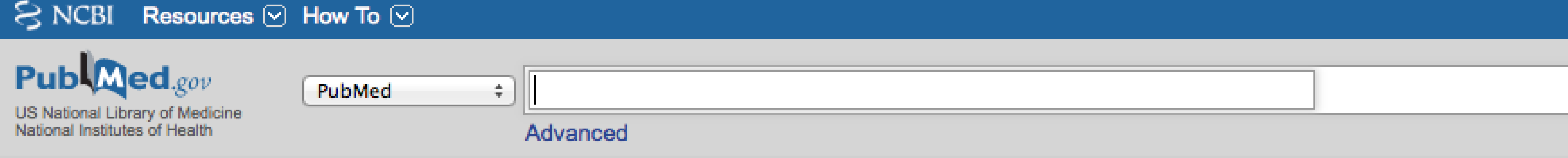
SEARCH METHODS: We searched 14 electronic bibliographic databases (searched between 2004 and 21 March 2013) and five internet resources (searched between 2004 and 11 November 2009). We contacted experts in the field for further information.

SELECTION CRITERIA: We included randomised controlled trials designed to reduce, eliminate or prevent relapse in drug-using offenders with co-occurring mental illness. We also reported data on the cost and cost effectiveness of interventions.

DATA COLLECTION AND ANALYSIS: We used standard methodological procedures expected by The Cochrane Collaboration.

MAIN RESULTS: We identified 76 trials across the four reviews. Following a process of pre-screening, we judged eight trials to meet the inclusion criteria for this specific review (three of the five trials are awaiting classification). The five included 1502 participants. The interventions reported on case management via a mental health drugs court, a therapeutic community, and an evaluation of a motivational interviewing technique and cognitive skills in comparison to relaxation training. The methodological quality of the trials was generally difficult to rate due to a lack of clear reporting. On most risk of bias items, we rated the majority of studies as unclear. Overall, the combined interventions did not show a statistically significant reduction in self reported drug use (2 studies, 715 participants; risk ratio (RR) 0.82, 95% confidence interval (CI) 0.44 to 1.55). A statistically significantly reduction was shown for re-incarceration (4 studies, 627 participants; RR 0.40, 95% CI 0.24 to 0.67 and mean difference (MD) 28.72, 95% CI 5.89 to 51.54) but not re-arrest (2 studies, 518 participants; RR 1.00, 95% CI 0.90 to 1.12). A specific subgroup analysis combining studies using therapeutic community interventions showed a statistically significant reduction in re-incarceration (2 studies, 266 participants; RR 0.29, 95% CI 0.16 to 0.54) but not re-arrest (1 study, 428 participants; RR 0.90, 95% CI 0.61 to 1.33). Case management via a mental health court and motivational interviewing with cognitive skills did not show a statistically significant reduction in criminal activity (1 study, 235 participants; RR 1.05, 95% CI 0.90 to 1.22) or self reported drug misuse (1 study, 162 participants; MD -7.42, 95% CI -20.12 to 5.28). Due to the small number of studies, we were unable to analyse the impact of setting on outcome. Some cost information was provided in the trials but not sufficient to be able to evaluate the cost effectiveness of the interventions.

AUTHORS' CONCLUSIONS: This review highlights the paucity of evidence for drug misusing offenders with co-occurring mental health problems. Two of the five trials showed some promising results for the use of therapeutic communities and aftercare, but only in relation to reducing subsequent re-incarceration. The studies overall, showed a high degree of statistical variation demonstrating a degree of caution in the interpretation of the magnitude of effect and direction of benefit for treatment outcomes. More evaluations are required to assess the effectiveness of interventions for drug-using offenders with co-occurring mental health problems.



Format: Abstract

Send to

Am J Drug Alcohol Abuse. 2017 Jul;43(4):475-488. doi: 10.1080/00952990.2017.1303838. Epub 2017 Apr 4.

Evidence-based treatment and supervision practices for co-occurring mental and substance use disorders in the criminal justice system.

Peters RH[1], Young MS[1], Rojas EC[2], Gorey CM[2].

RESULTS: Several empirically supported frameworks are available to guide services for offenders who have CODs, including Integrated Dual Disorders Treatment (IDDT), the Risk-Need-Responsivity (RNR) model, and Cognitive-Behavioral Therapy (CBT). Evidence-based services include integrated assessment that addresses both sets of disorders and the risk for criminal recidivism. Although several evidence-based COD interventions have been implemented at different points in the justice system, there remains a significant gap in services for offenders who have CODs. Existing program models include Crisis Intervention Teams (CIT), day reporting centers, specialized community supervision teams, pre- and post-booking diversion programs, and treatment-based courts (e.g., drug courts, mental health courts, COD dockets). Jail-based COD treatment programs provide stabilization of acute symptoms, medication consultation, and triage to community services, while longer-term prison COD programs feature Modified Therapeutic Communities (MTCs).

CONCLUSION: Despite the availability of multiple evidence-based interventions that have been implemented across diverse justice system settings, these services are not sufficiently used to address the scope of treatment and supervision needs among offenders with CODs.

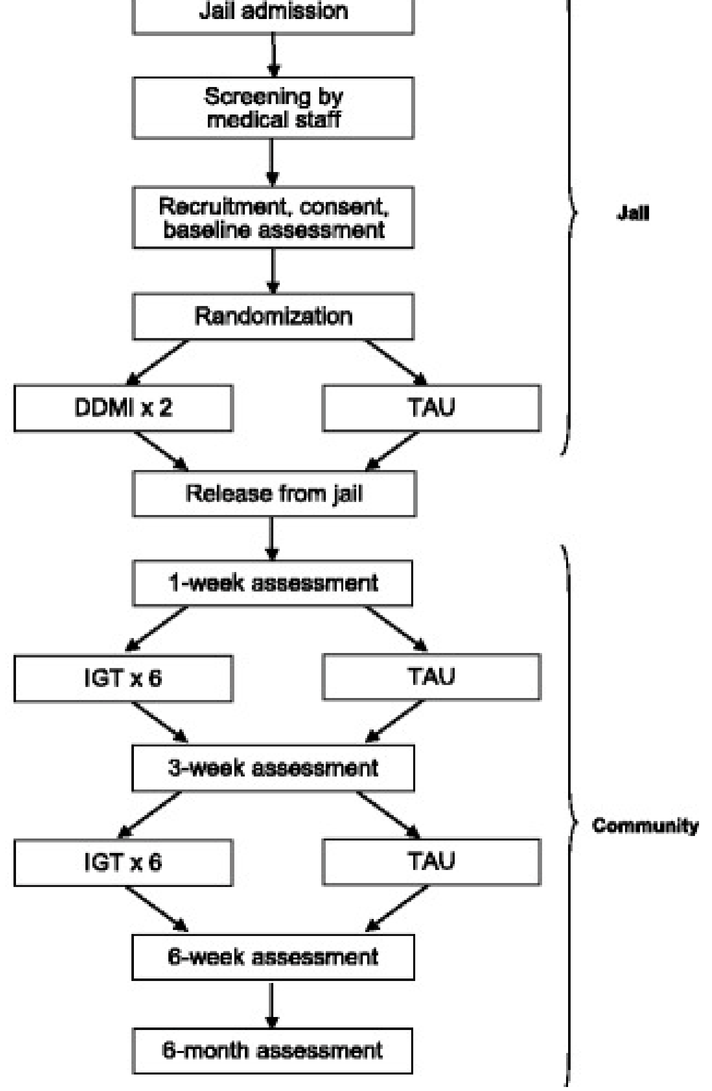
PMC full text: Trials. 2017; 18: 365.
Published online 2017 Aug 4. doi: 10.1186/s13063-017-2088-z
Copyright/License ► Request permission to reuse

BioMed Central The Open Access Publisher
TRIALS
this article search submit a manuscript register

Trials. 2017; 18: 365.
Published online 2017 Aug 4. doi: 10.1186/s13063-017-2088-z
PMCID: PMC5545037
PMID: 28778175

Jail-to-community treatment continuum for adults with co-occurring substance use and mental disorders: study protocol for a pilot randomized controlled trial

Richard A. Van Dorn,[1] Sarah L. Desmarais,[2] Candalyn B. Rade,[2] Elizabeth N. Burris,[2] Gary S. Cuddeback,[3] Kiersten L. Johnson,[1] Stephen J. Tueller,[4] Megan L. Comfort,[1] and Kim T. Mueser[5]



Abstract

BACKGROUND: Adults with co-occurring mental and substance use disorders (CODs) are overrepresented in jails. In-custody barriers to treatment, including a lack of evidence-based treatment options and the often short periods of incarceration, and limited communication between jails and community-based treatment agencies that can hinder immediate enrollment into community care once released have contributed to a cycle of limited treatment engagement, unaddressed criminogenic risks, and (re)arrest among this vulnerable and high-risk population. This paper describes a study that will develop research and communication protocols and adapt two evidence-based treatments, dual-diagnosis motivational interviewing (DDMI) and integrated group therapy (IGT), for delivery to adults with CODs across a jail-to-community treatment continuum.

METHODS/DESIGN: Adaptations to DDMI and IGT were guided by the Risk-Need-Responsivity model and the National Institute of Corrections' implementation competencies; the development of the implementation framework and communication protocols were guided by the Evidence-Based Interagency Implementation Model for community corrections and the Inter-organizational Relationship model, respectively. Implementation and evaluation of the protocols and adapted interventions will occur via an open trial and a pilot randomized trial. The clinical intervention consists of two in-jail DDMI sessions and 12 in-community IGT sessions. Twelve adults with CODs and four clinicians will participate in the open trial to evaluate the acceptability and feasibility of, and fidelity to, the interventions and research and communication protocols. The pilot controlled trial will be conducted with 60 inmates who will be randomized to either DDMI-IGT or treatment as usual. A baseline assessment will be conducted in jail, and four community-based assessments will be conducted during a 6-month follow-up period. Implementation, clinical, public health, and treatment preference outcomes will be evaluated.

DISCUSSION: Findings have the potential to improve both jail- and community-based treatment services for adults with CODs as well as inform methods for conducting rigorous pilot implementation and evaluation research in correctional settings and as inmates re-enter the community. Findings will contribute to a growing area of work focused on interrupting the cycle of limited treatment engagement, unaddressed criminogenic risks, and (re)arrest among adults with CODs.

TRIAL REGISTRATION: ClinicalTrials.gov, NCT02214667 . Registered on 10 August 2014.

Come possiamo prenderci cura della persona affetta da SMI e uso di alcol/droghe in modo integrato?

REVIEW

Psychosocial Treatments for People with Co-occurring Severe Mental Illnesses and Substance Use Disorders (Dual Diagnosis): A Review of Empirical Evidence

Jan Horsfall, PhD, Michelle Cleary, PhD, Glenn E. Hunt, PhD, and Garry Walter, MD, PhD

Considerable research documents the health consequences of psychosis and co-occurring substance use disorders. Results of randomized controlled trials assessing the effectiveness of psychosocial interventions for persons with dual diagnoses are equivocal but encouraging. Many studies are hampered by small, heterogeneous samples, high attrition rates, short follow-up periods, and unclear description of treatment components. The treatments available for this group of patients (which can be tailored to individual needs) include motivational interviewing, cognitive-behavioral therapy, contingency management, relapse prevention, case management, and skills training. Regardless of whether services follow integrated or parallel models, they should be well coordinated, take a team approach, be multidisciplinary, have specialist-trained personnel (including 24-hour access), include a range of program types, and provide for long-term follow-up. Interventions for substance reduction may need to be further developed and adapted for people with serious mental illnesses. Further quality trials in this area will contribute to the growing body of data of effective interventions. (HARV REV PSYCHIATRY 2009;17:24–34.)

Keywords: cognitive-behavioral therapy, contingency management, dual diagnosis, motivational interviewing, severe mental illness, social-skills training, substance misuse

ELSEVIER

Journal of Substance Abuse Treatment 34 (2008) 123–138

Journal of Substance Abuse Treatment

Special article

A systematic review of psychosocial research on psychosocial interventions for people with co-occurring severe mental and substance use disorders

Robert E. Drake, (M.D. Ph.D.)[a,*], Erica L. O'Neal, (M.D.)[a], Michael A. Wallach, (Ph.D.)[b]

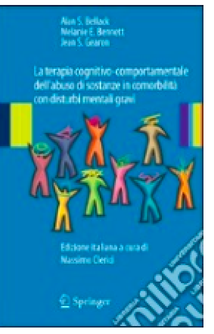
[a]Department of Psychiatry, Dartmouth Medical School, Lebanon, NH, USA
[b]Department of Psychology and Neuroscience, Duke University, Durham, NC, USA

Received 7 August 2006; received in revised form 22 December 2006; accepted 2 January 2007

Sono state proposte diverse tipologie di intervento integrato per l'abuso di sostanze, probabilmente efficaci in soggetti con "doppia diagnosi":

1. **Counseling di gruppo**
2. **Terapia cognitivo-comportamentale**
3. **Contingency management**
4. **Trattamento residenziale a lungo termine**
5. **Altri "trattamenti integrati"**

…ma quali sono i risultati?



La terapia cognitivo-comportamentale dell'abuso di sostanze in comorbilità con disturbi mentali gravi

Bellack Alan S. Bennett Melanie E. Gearon Jean S. Clerici M. (cur.)

edizioni Springer Verlag collana L'occhio e la lente, 2011

Nonostante le correlazioni tra schizofrenia e abuso di sostanze siano riconosciute come un problema crescente, spesso i medici non sono sufficientemente preparati per affrontarle. Questo libro prende in esame le problematiche specifiche che i clinici incontrano quando trattano pazienti che presentano sia schizofrenia...

A Meta-Analytic Review of Psychosocial Interventions for Substance Use Disorders

Lissa Dutra, Ph.D.

Georgia Stathopoulou, M.A.

Shawnee L. Basden, M.A.

Teresa M. Leyro, B.A.

Mark B. Powers, Ph.D.

Michael W. Otto, Ph.D.

Objective: Despite significant advances in psychosocial treatments for substance use disorders, the relative success of these approaches has not been well documented. In this meta-analysis, the authors provide effect sizes for various types of psychosocial treatments, as well as abstinence and treatment-retention rates for cannabis, cocaine, opiate, and polysubstance abuse and dependence treatment trials.

Method: With a comprehensive series of literature searches, the authors identified a total of 34 well-controlled treatment conditions—five for cannabis, nine for cocaine, seven for opiate, and 13 for polysubstance users—representing the treatment of 2,340 patients. Psychosocial treatments evaluated included contingency management, relapse prevention, general cognitive behavior therapy, and treatments combining cognitive behavior therapy and contingency management.

Results: Overall, controlled trial data suggest that psychosocial treatments provide benefits reflecting a moderate effect size according to Cohen's standards. These interventions were most efficacious for cannabis use and least efficacious for polysubstance use. The strongest effect was found for contingency management interventions. Approximately one-third of participants across all psychosocial treatments dropped out before treatment completion compared to 44.6% for the control conditions.

Conclusions: Effect sizes for psychosocial treatments for illicit drugs ranged from the low-moderate to high-moderate range, depending on the substance disorder and treatment under study. Given the long-term social, emotional, and cognitive impairments associated with substance use disorders, these effect sizes are noteworthy and comparable to those for other efficacious treatments in psychiatry.

(Am J Psychiatry 2008; 165:179–187)

Drug Context	Intent-to-Treat Sample (N)	Dropout (%)		Abstinence (%)		Effect Size (d)		
		Treatment	Control	Treatment	Control	Self-Report	Toxicology	Overall
Methadone	53	28	26	32	8	0.76	0.15	0.56
Methadone	62	33.3	22.9				–0.37	–0.37
Buprenorphine	41	35	62				0.40	0.40
Methadone	35	37.5	5.3	56.6	10.5		0.37	0.37
	52			21	9	0.44	0.07	0.32
Buprenorphine	80			25	29		0.00	0.00
Methadone								
Methadone								
Methadone								
Methadone								
Methadone								
Naltrexone								
Naltrexone								
Buprenorphine								
Naltrexone								
Methadone								
Methadone								
	151	12.3		20.8	3.6	0.87		0.87
	40	35	55	10	5	0.24	0.34	0.28
	110			36	25	0.31		0.31
	203			37	9	0.73		0.73

PSYCHOSOCIAL INTERVENTIONS FOR SUBSTANCE USE

FIGURE 1. Mean Effect Sizes Across Substance Use Disorders Under Treatment

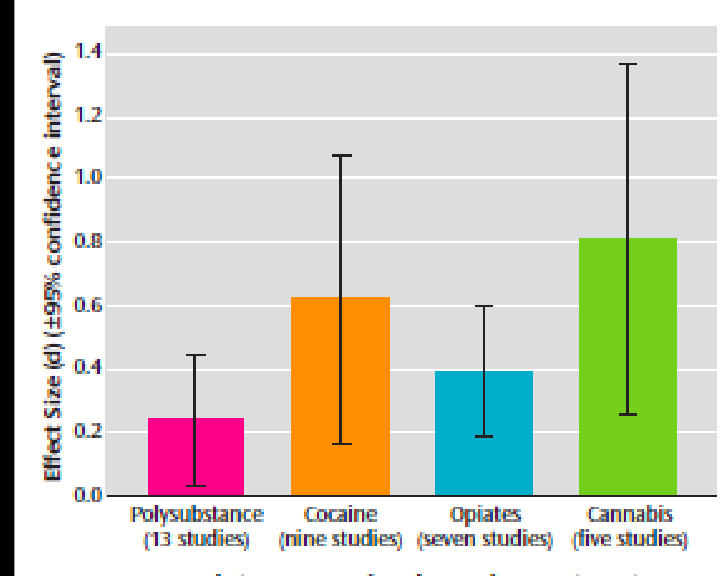
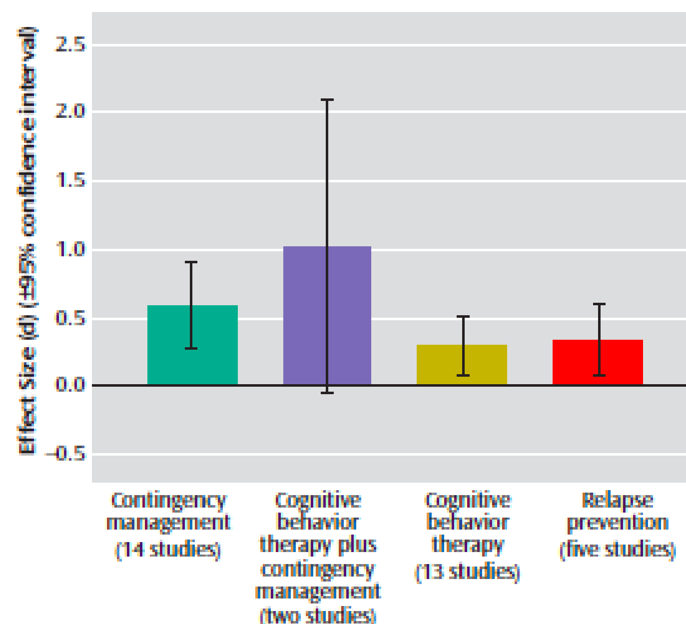


FIGURE 2. Mean Effect Sizes Across Treatment Types

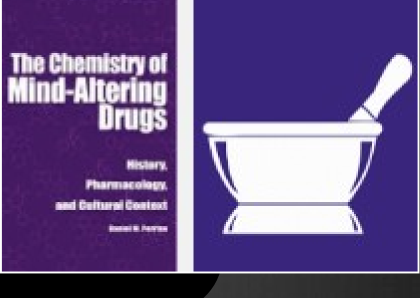


maintenance was negatively associated with dropout

Psychosocial interventions for people with both severe mental illness and substance misuse (Review)

Hunt GE, Siegfried N, Morley K, Sitharthan T, Cleary M

Cochrane Database of Systematic Reviews, Issue 4, 2008

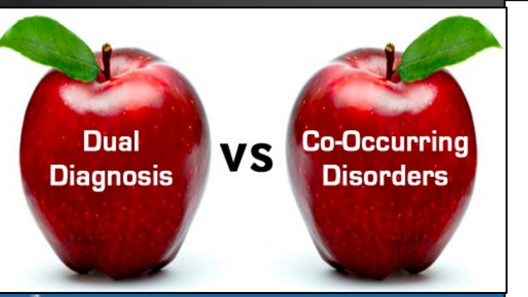


2008

*We […] found **no** compelling **evidence** to support any one psychosocial treatment over another for people to remain in treatment or to reduce substance use or improve mental state in people with serious mental illnesses. Furthermore, methodological difficulties exist which hinder pooling and interpreting results. **Further high quality trials are required** which address these concerns and improve the evidence…*

2013

There is a lack of evidence of effectiveness of the included interventions. Motivational interviewing and some family interventions may have some benefit. Cost-effectiveness has not yet been addressed in any studies, and further research is needed to determine whether any of these interventions can be recommended.



Psychosocial interventions for people with both severe mental illness and substance misuse (Review)

Hunt GE, Siegfried N, Morley K, Sitharthan T, Cleary M

Cochrane Database of Systematic Reviews, Issue 4, 2008

NCBI Resources How To

PubMed.gov US National Library of Medicine National Institutes of Health

PubMed Advanced

Format: Abstract Send to

Cochrane Database Syst Rev. 2013 Oct 3;(10):CD001088. doi: 10.1002/14651858.CD001088.pub3.

Psychosocial interventions for people with both severe mental illness and substance misuse.

Hunt GE[1], Siegfried N, Morley K, Sitharthan T, Cleary M.

PubMed.gov US National Library of Medicine National Institutes of Health

PubMed Advanced

Format: Abstract Send to

Schizophr Bull. 2014 Jan;40(1):18-20. doi: 10.1093/schbul/sbt160. Epub 2013 Oct 31.

Psychosocial interventions for people with both severe mental illness and substance misuse.

Hunt GE[1], Siegfried N, Morley K, Sitharthan T, Cleary M.

⊕ Author information

Abstract

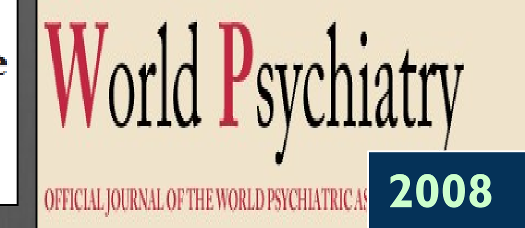
Over 50% of people with a severe mental illness also use illicit drugs and/or alcohol at hazardous levels. This review is based on the findings of 32 randomized controlled trials which assessed the effectiveness of psychosocial interventions, offered either as one-off treatments or as an integrated or nonintegrated program, to reduce substance use by people with a severe mental illness. The findings showed that there was no consistent evidence to support any one psychosocial treatment over another. Differences across trials with regard to outcome measures, sample characteristics, type of mental illness and substance used, settings, levels of adherence to treatment guidelines, and standard care all made pooling results difficult. More quality trials are required that adhere to proper randomization methods; use clinically valuable, reliable, and validated measurement scales; and clearly report data, including retention in treatment, relapse, and abstinence rates. Future trials of this quality will allow a more thorough assessment of the efficacy of psychosocial interventions for reducing substance use in this challenging population.

MAIN RESULTS: We included 32 trials with a total of 3165 participants. Evaluation of long-term integrated care included four RCTs (n = 735). We found no significant differences on loss to treatment (n = 603, 3 RCTs, RR 1.09 CI 0.82 to 1.45, low quality of evidence), death by 3 years (n = 421, 2 RCTs, RR 1.18 CI 0.39 to 3.57, low quality of evidence), alcohol use (not in remission at 36 months) (n = 143, 1 RCT, RR 1.15 CI 0.84 to 1.56,low quality of evidence), substance use (n = 85, 1 RCT, RR 0.89 CI 0.63 to 1.25, low quality of evidence), global assessment of functioning (n = 171, 1 RCT, MD 0.7 CI 2.07 to 3.47, low quality of evidence), or general life satisfaction (n = 372, 2 RCTs, MD 0.02 higher CI 0.28 to 0.32, moderate quality of evidence).For evaluation of non-integrated intensive case management with usual treatment (4 RCTs, n = 163) we found no statistically significant difference for loss to treatment at 12 months (n = 134, 3 RCTs, RR 1.21 CI 0.73 to 1.99, very low quality of evidence).Motivational interviewing plus cognitive behavioural therapy compared to usual treatment (7 RCTs, total n = 878) did not reveal any advantage for retaining participants at 12 months (n = 327, 1 RCT, RR 0.99 CI 0.62 to 1.59, low quality of evidence) or for death (n = 493, 3 RCTs, RR 0.72 CI 0.22 to 2.41, low quality of evidence), and no benefit for reducing substance use (n = 119, 1 RCT, MD 0.19 CI -0.22 to 0.6, low quality of evidence), relapse (n = 36, 1 RCT, RR 0.5 CI 0.24 to 1.04, very low quality of evidence) or global functioning (n = 445, 4 RCTs, MD 1.24 CI 1.86 to 4.34, very low quality of evidence).Cognitive behavioural therapy alone compared with usual treatment (2 RCTs, n = 152) showed no significant difference for losses from treatment at 3 months (n = 152, 2 RCTs, RR 1.12 CI 0.44 to 2.86, low quality of evidence). No benefits were observed on measures of lessening cannabis use at 6 months (n = 47, 1 RCT, RR 1.30 CI 0.79 to 2.15, very low quality of evidence) or mental state (n = 105, 1 RCT, Brief Psychiatric Rating Scale MD 0.52 CI -0.78 to 1.82, low quality of evidence).We found no advantage for motivational interviewing alone compared with usual treatment (8 RCTs, n = 509) in reducing losses to treatment at 6 months (n = 62, 1 RCT, RR 1.71 CI 0.63 to 4.64, very low quality of evidence), although significantly more participants in the motivational interviewing group reported for their first aftercare appointment (n = 93, 1 RCT, RR 0.69 CI 0.53 to 0.9). Some differences, favouring treatment, were observed in abstaining from alcohol (n = 28, 1 RCT, RR 0.36 CI 0.17 to 0.75, very low quality of evidence) but not other substances (n = 89, 1 RCT, RR -0.07 CI -0.56 to 0.42, very low quality of evidence), and no differences were observed in mental state (n = 30, 1 RCT, MD 0.19 CI -0.59 to 0.21, very low quality of evidence).We found no significant differences for skills training in the numbers lost to treatment by 12 months (n = 94, 2 RCTs, RR 0.70 CI 0.44 to 1.1, very low quality of evidence).We found no differences for contingency management compared with usual treatment (2 RCTs, n = 206) in numbers lost to treatment at 3 months (n = 176, 1 RCT, RR 1.65 CI 1.18 to 2.31, low quality of evidence), number of stimulant positive urine tests at 6 months (n = 176, 1 RCT, RR 0.83 CI 0.65 to 1.06, low quality of evidence) or hospitalisations (n = 176, 1 RCT, RR 0.21 CI 0.05 to 0.93, low quality of evidence).We were unable to summarise

SPECIAL ARTICLE

Management of persons with co-occurring severe mental illness and substance use disorder: program implications

ROBERT E. DRAKE, KIM T. MUESER, MARY F. BRUNETTE

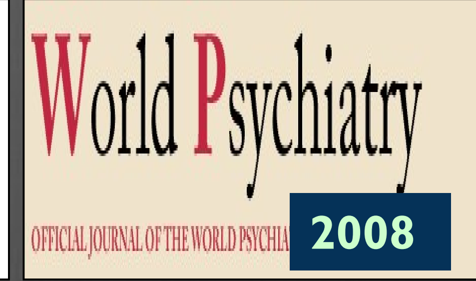


- **peer-oriented group interventions** directed by a professional leader, despite heterogeneity of clinical models, are consistently effective in helping clients to reduce substance use and to improve other outcomes
- **contingency management** also appears to be effective in reducing substance use and improving other outcomes, but has been less thoroughly studied and rarely used in routine programs
- **long-term residential interventions**, again despite heterogeneity of models, are effective in reducing substance use and improving other outcomes for clients who have failed to respond to outpatient interventions and for those who are homeless
- **intensive case management**, including assertive community treatment, consistently improves residential stability and community tenure, but does not consistently impact substance use

SPECIAL ARTICLE

Management of persons with co-occurring severe mental illness and substance use disorder: program implications

Robert E. Drake, Kim T. Mueser, Mary F. Brunette



Several promising interventions, including:

- **family psychoeducation**,
- **intensive outpatient**
- **programs**, **self-help**
- **programs**, and **jail diversion**
- **and release programs,**

Have received minimal research attention but warrant further study

Journal of Substance Abuse Treatment 34 (2008) 123–138

Journal of Substance Abuse Treatment

Special article

A systematic review of psychosocial research on psychosocial interventions for people with co-occurring severe mental and substance use disorders

Robert E. Drake, (M.D. Ph.D.)[a,*], Erica L. O'Neal, (M.D.)[a], Michael A. Wallach, (Ph.D.)[b]

- **There is inconsistent evidence to support any individual psychotherapy intervention**
- Treatment of co-occurring severe mental illness and substance use disorder has **heterogeneous evidence** (studies are limited by heterogeneity of interventions, participants, methods, outcomes, and measures)
- **Future research** will need to address methodological standardization, longitudinal perspectives, interventions for subgroups and stages, sequenced interventions, and the changing realities of treatment systems

Integrating substance use disorder treatment with psychiatric treatment is considered more favourable then treating these disorders parallel or sequential, but the evidence base is inconclusive. We examined the effectiveness of Integrated Dual Diagnosis Treatment (IDDT) on substance use in severe mental illness outpatients with substance use disorders. IDDT is a collaborative, multidisciplinary team approach in which motivational interviewing is a key element. In addition, we also examined the effects of IDDT implementation on skills and knowledge of mental health care professionals. A randomized controlled stepped-wedge cluster trial was performed in 6 functional assertive cummunity treatment teams. We included 37 clinicians who were given a three-day IDDT training. Our primary outcome was days of substance use at follow up, 12 months after IDDT implementation. This was assessed in 154

. After implementation of IDDT we found a reduction in the number of days patients used alcohol or drugs, but no improvements on other secondary outcomes such as psychopathology, functioning, therapeutic alliance or motivation to change. Also, IDDT training did not seem to improve clinicians' knowledge, attitudes and motivational interviewing skills.

Journal of Substance Abuse Treatment

Log in Register Subscribe

FULL LENGTH ARTICLE | VOLUME 95, P35-42, DECEMBER 01, 2018

Purchase Subscribe Save Share

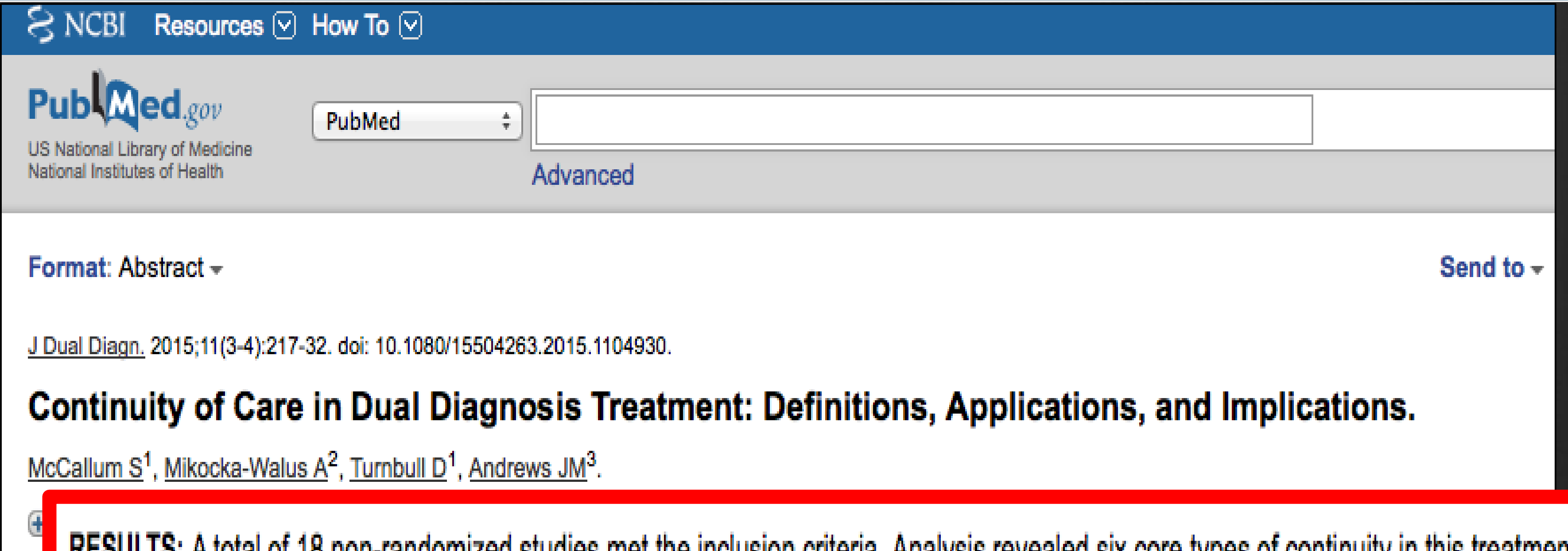
Effectiveness of Integrated Dual Diagnosis Treatment (IDDT) in severe mental illness outpatients with a co-occurring substance use disorder

Martijn Kikkert • Anneke Goudriaan • Marleen de Waal • Jaap Peen • Jack Dekker

Published: September 29, 2018 • DOI: https://doi.org/10.1016/j.jsat.2018.09.005 •

Check for updates

Take Home Messages



RESULTS: A total of 18 non-randomized studies met the inclusion criteria. Analysis revealed six core types of continuity in this treatment context: continuity of relationship with provider(s), continuity across services, continuity through transfer, continuity as regularity and intensity of care, continuity as responsive to changing patient need, and successful linkage of the patient. Patient age, ethnicity, medical status, living status, and the type of mental health and/or substance use disorder influenced the continuity of care experienced in treatment. Some evidence suggested that achieving continuity of care was associated with positive patient and treatment-related outcomes.

CONCLUSIONS: This review summarizes how continuity of care has been understood, applied, and assessed in the literature to date. Findings provide a platform for future researchers and service providers to implement and evaluate continuity of care in a consistent manner and to determine its significance in the treatment of people with a dual diagnosis.

Curr Drug Res Rev. 2019;11(1):40-43. doi: 10.2174/2589977511666181128165358.

Even More Complex.... When Mental Disorder Meets Addiction in Youth: Dual Pathology.

Torales J[1], Castaldelli-Maia JM[2], da Silva AG[3], Campos MW[4], González-Urbieta I[1], Barrios I[1].

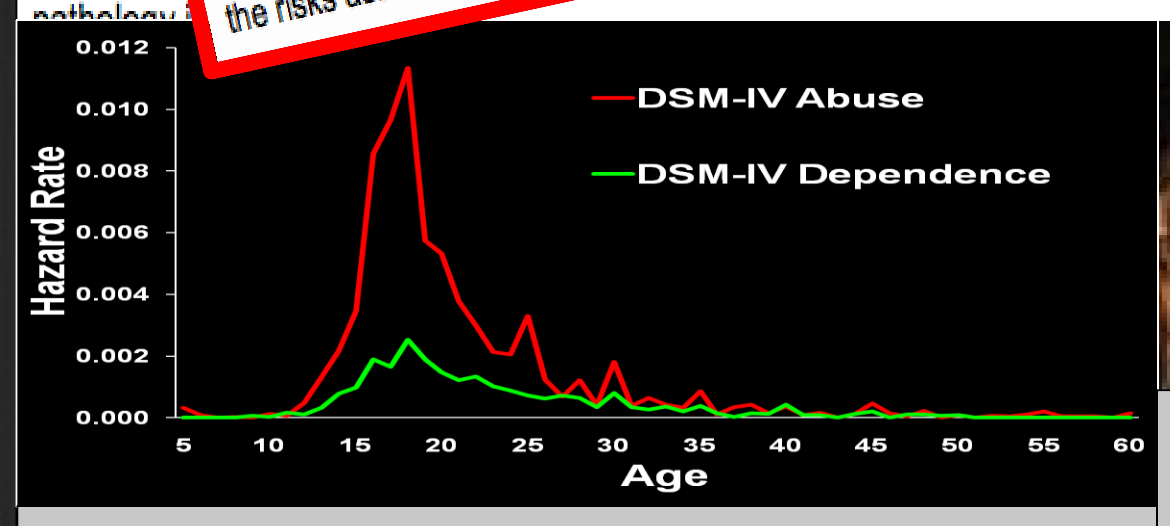
Author information

Abstract

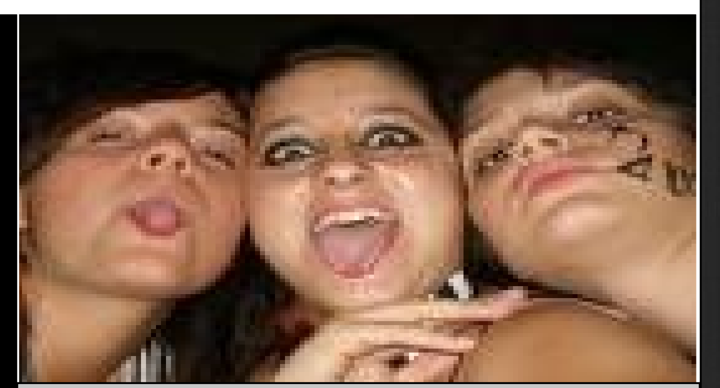
BACKGROUN... substance use disc... pathology and Substance-induced ...

OBJECTIV... on the epidemiology, etiology and management aspects of dual pathology i...

CONCLUSION: Healthcare systems should focus on creating policies that will allow early detection, preventive public health measures, and an integrated and coordinated care for these patients. Public health policies should create means to promote awareness and prevention of these pathologies since early initiation of treatment (pharmacological, psychotherapeutic, family therapy, education in schools, behavioral interventions and treatment of comorbidities) reduces the risks associated to substance use disorders and other negative consequences.



Compton et al, 2007;64:566-576



Addiction as a Developmental Disorder: ***Onset during Adolescence***

Can J Psychiatry. 2019 Feb;64(2):116-125. doi: 10.1177/0706743718784935. Epub 2018 Jun 21.

Early Adolescent Substance Use and Mental Health Problems and Service Utilisation in a School-based Sample.

Brownlie E[1,2], Beitchman JH[1,2], Chaim G[1,2], Wolfe DA[2,3,4], Rush B[1,2,5], Henderson J[1,2].

Author information

Abstract

OBJECTIVE:: This paper reports on substance use, mental health problems, and mental health service utilisation in an early adolescent school-based sample.

METHOD:: Participants were 1,360 grade 7 and 8 students from 4 regions of Ontario, Canada. Students completed an in-class survey on mental health and substance use. The sampling strategy and survey items on demographics, substance use, service utilisation, and distress were adapted from the Ontario Student Drug Use and Health Survey. Internalising and externalising mental health problems were assessed using the Global Assessment of Individual Needs - Short Screener. Distress was defined as fair or poor self-rated mental health.

RESULTS:: Rates of internalising and/or externalising problems above the threshold exceeded 30%; yet, fewer than half had received mental health services in the past 12 mo. Substance use was associated with increased odds of internalising and externalising problems above the threshold and distress. Youth using cannabis had 10-times the odds of exceeding the threshold for internalising or externalising problems. The use of substances other than alcohol or cannabis was associated with increased odds of fair or poor self-rated mental health among grade 8 students. Of the youth who confirmed at least a substance use problem, most also reported mental health problems; this association was stronger among girls than boys.

CONCLUSIONS:: Early adolescent substance use was associated with concurrent self-reported mental health problems in a non-clinical sample. The low levels of service utilisation reported highlight the need for improved access to early identification and intervention to prevent the development of concurrent disorders.

Subst Abuse Treat Prev Policy. 2017 May 25;12(1):26. doi: 10.1186/s13011-017-0111-8.

Intensive Case Management for Addiction to promote engagement with care of people with severe mental and substance use disorders: an observational study.

Morandi S[1], Silva B[2], Golay P[2], Bonsack C[2].

Author information

Abstract

BACKGROUND: Co-occurring severe mental and substance use disorders are associated with physical, psychological and social complications such as homelessness and unemployment. People with severe mental and substance use disorders are difficult to engage with care. The lack of treatment worsens their health and social conditions and increases treatment costs, as emergency department visits arise. Case management has proved to be effective in promoting engagement with care of people with severe mental and substance use disorders. However, this impact seemed mainly related to the case management model. The Intensive Case Management for Addiction (ICMA) aimed to improve engagement with care of people with severe mental and substance use disorders, insufficiently engaged with standard treatment. This innovative multidisciplinary mobile team programme combined Assertive Community Treatment and Critical Time Intervention methodologies. The aim of the study was to observe the impact of ICMA upon service use, treatment adherence and quality of support networks. Participants' psychosocial and mental functioning, and substance use were also assessed throughout the intervention.

METHODS: The study was observational. Eligible participants were all the people entering the programme during the first year of implementation (April 2014-April 2015). Data were collected through structured questionnaires and medical charts. Assessments were conducted at baseline and at 12 months follow-up or at the end of the programme if completed earlier. McNemar-Bowker's Test, General Linear Model repeated-measures analysis of variance and non-parametric Wilcoxon Signed Rank tests were used for the analysis.

RESULTS: A total of 30 participants took part in the study. Results showed a significant reduction in the number of participants visiting the general emergency department compared to baseline. A significantly decreased number of psychiatric emergency department visits was also registered. Moreover, at follow-up participants improved significantly their treatment adherence, clinical status, social functioning, and substance intake and frequency of use.

CONCLUSIONS: These promising results highlight the efficacy of the ICMA. The intervention improved engagement with care and the psychosocial situation of people with severe mental and substance use disorders, with consequent direct impact on their substance misuse.

Schulte *et al. BMC Psychiatry* 2011, **11**:64
http://www.biomedcentral.com/1471-244X/11/64

RESEARCH ARTICLE **Open Access**

Dual diagnosis clients' treatment satisfaction - a systematic review

Sabrina J Schulte[1*], Petra S Meier[2] and John Stirling[3]

- **Integrated DD treatment yielded greater client satisfaction than standard treatment without explicit DD focus**
- In **standard treatment** without DD focus, DD clients tended to be **less satisfied** than single diagnosis clients
- Whilst the evidence base on client and treatment variables related to satisfaction is small, it suggested client demographics and **symptom severity** to be **unrelated to treatment satisfaction**

J Dual Diagn. 2017 Oct-Dec;13(4):264-279. doi: 10.1080/15504263.2017.1349977. Epub 2017 Jul 12.

The Concept of Recovery as Experienced by Persons with Dual Diagnosis: A Systematic Review of Qualitative Research From a First-Person Perspective.

De Ruysscher C[1], Vandevelde S[1], Vanderplasschen W[1], De Maeyer J[2], Vanheule S[3].

Author information

Abstract

OBJECTIVES: In recent years, the concept of recovery has gained ground in the treatment of persons with dual diagnosis. Recovery refers to living a meaningful life despite limitations caused by mental illness and substance use disorders. It also implies that support for persons with dual diagnosis should be organized according to the personal needs and wishes of its users. Therefore, it is important to gain insight into the aspects that persons with dual diagnosis deem important for their recovery process. This systematic review aims to summarize existing qualitative research on the meaning of recovery from the perspective of persons with dual diagnosis.

METH
Meta-
Psycl

RESULTS: Sixteen studies using a qualitative research design were retained in which four overarching themes could be identified. The first theme focused on feeling supported by family and peers and being able to participate in the community. The second theme focuses on the need for a holistic and individualized treatment approach, seeing the persons "behind the symptoms." The third theme that emerged was having personal beliefs, such as fostering feelings of hope, building a new sense of identity, gaining ownership over one's life, and finding support in spirituality. The last theme identified was the importance of meaningful activities that structure one's life and give one motivation to carry on.

CONCLUSIONS: In this review, the participants pleaded for "flexibility" in mental health care, i.e., an approach that allows for both successes and failures. However, in order to come to a more comprehensive theoretical model of recovery in persons with dual diagnosis, future research is necessary to gain insight into the underlying mechanisms of recovery processes.

Results

All three groups made small but significant improvements on global psychosocial functioning, distress and therapeutic alliance (effect sizes (ES) 0.11 to 0.16 per year). Patients who were discharged to a less restrictive setting showed small to moderate improvement in risk to self and others, psychiatric symptoms, and skills for daily living (ES 0.19–0.33 per year and 0.42–0.73 for their mean 2.2-year treatment period). Patients remaining at SuRe showed a small increase in risk to self (ES 0.20 per year; 0.80 for their treatment period of four years or more). Oppositional behaviour was consistently greater in referred patients than in the other groups (ES 0.74–0.75).

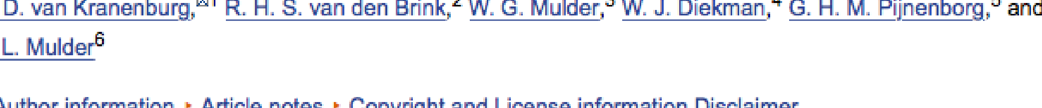
Conclusion

Long-term compulsory treatment appeared to have helped improve clinical and functional outcomes in a substantial proportion (42%) of previously severely dysfunctional, treatment-resistant dual-diagnosis patients, who could then be discharged to a less restrictive and less supportive environment. However, risk-to-self increased in a similar proportion. A smaller number of patients (16%) showed marked oppositional behaviour and needed a higher level of care and protection in another facility.

BMC Psychiatry BMC

BMC Psychiatry. 2019; 19: 270. PMCID: PMC6724243
Published online 2019 Sep 3. doi: 10.1186/s12888-019-2254-9 PMID: 31481048

Clinical effects and treatment outcomes of long-term compulsory in-patient treatment of treatment-resistant patients with severe mental illness and substance-use disorder



G. D. van Kranenburg,[1] R. H. S. van den Brink,[2] W. G. Mulder,[3] W. J. Diekman,[4] G. H. M. Pijnenborg,[5] and C. L. Mulder[6]

Author information · Article notes · Copyright and License information Disclaimer

BMC Psychiatry

ANCORA OGGI IL SISTEMA DI CURA DELLA COMORBILITA' RIMANE FORTEMENTE DISORGANIZZATO

Emergono **costi sanitari elevati e livelli d'ingresso e d'uso dei Servizi difficili e/o inappropriati** per i pazienti "complessi"

Esistono evidenze di un **eccessivo focus sull'urgenza** (suicidio/autolesività, violenza, necessità di ospedalizzazione…)

Attenzione ancora marginale agli interventi psicosociali EB e al case management intensivo del paziente **("medicina d'iniziativa")**

Modelli di trattamento non aggiornati (per lo più psicoterapie individuali e/o polifarmacoterapie aspecifiche)

Esclusione/stigmatizzazione di pazienti/familiari (*privacy*!)

La maggior parte dei professionisti, in questo ambito, riferisce **percorsi formativi non sufficienti**

Prior to Integrated Treatment Programs

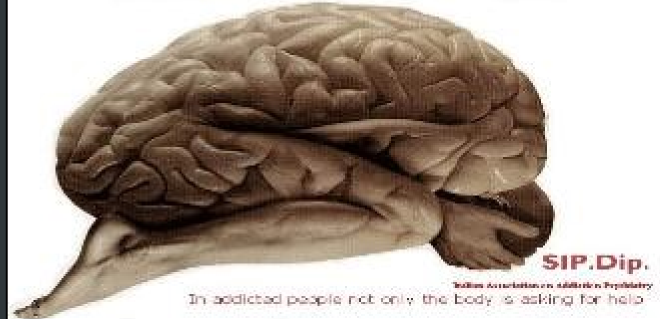
Substance Abuse ← Diagnosed With → Psychiatric Illness

Psychiatric Illness ← Diagnosed With → Substance Abuse

Denied ✗ Admission → Addiction Program

Denied ✗ Admission → Mental Health Program

Sorry, Go There First to Get Treated for Your Other Issue



Grazie dell'attenzione