

Moving away from 'dual diagnosis' to a person – centred approach

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Overview

- Treatment service silos
- MI/CBT – some treatment findings
 - MA
 - Alcohol and depression
 - Tobacco
- Healthy lifestyles
- Recommendations for practice

Treatment Silos

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National Survey of MH & Well-being

- Concluded that:

*“whilst Australia has focused some research effort on comorbid mental health and substance use problems, comorbidity **with physical disorders also warrants attention**, with the evidence for the most appropriate treatment response to these comorbidities being particularly limited” (Teesson et al 2007).*

Treatment Silos

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Multiple drug and alcohol silos

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Multiple mental health silos

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Well-being

- *Following substance use treatment, quality of life in the*
 - *physical*
 - *psychological*
 - *social and*
 - *environmental domains**remains below Australian norms*

(Manning et al 2016)

Ditch the silos?



One integrated service?

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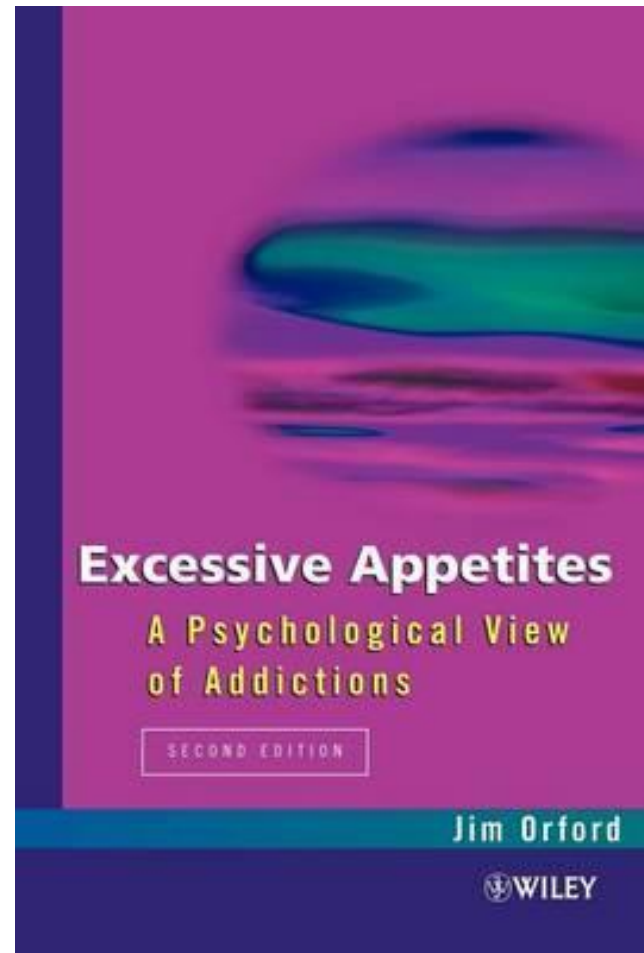
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Excessive Appetite

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Core elements :

- skewed consumption
- restraint
- + incentive learning mechanisms
 - rapid emotional change as rewards
 - wide cue conditioning
- cognitive schema
- conflict



Excessive Appetite

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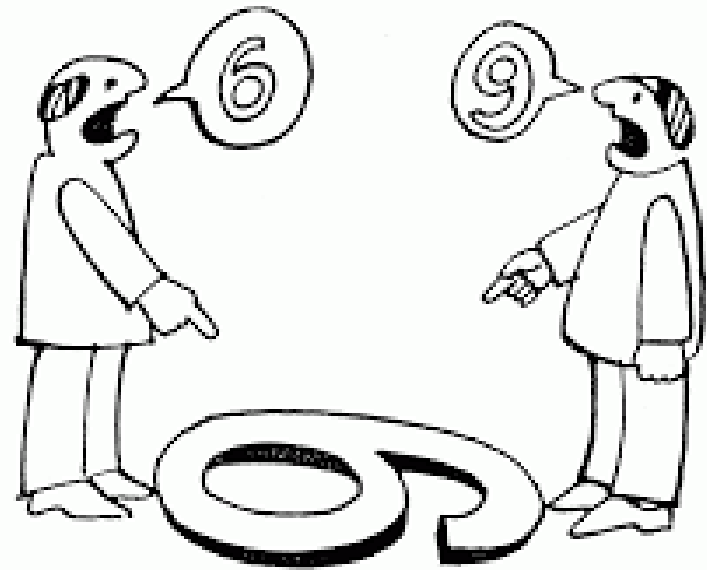
- **Strong attachment** to an appetitive activity
 - self-control is diminished
 - behaviour may appear to be disease-like
- **Giving up excess**
 - is a natural consequence of conflict
- Much change happens outside expert treatment
- Treatment change processes - more basic and universal



Counselling relationship

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- Therapist
 - Empathy
 - Warmth
 - Reflection
 - MI (consistency)
- Working alliance
- Client feedback



- Measure / Training

(Miller & Moyers 2014)



MI/CBT Methamphetamine

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- Control, 2 or 4 sessions
- ≥ 2 sessions doubled abstinence (6m)
- More sessions: significantly improved depression

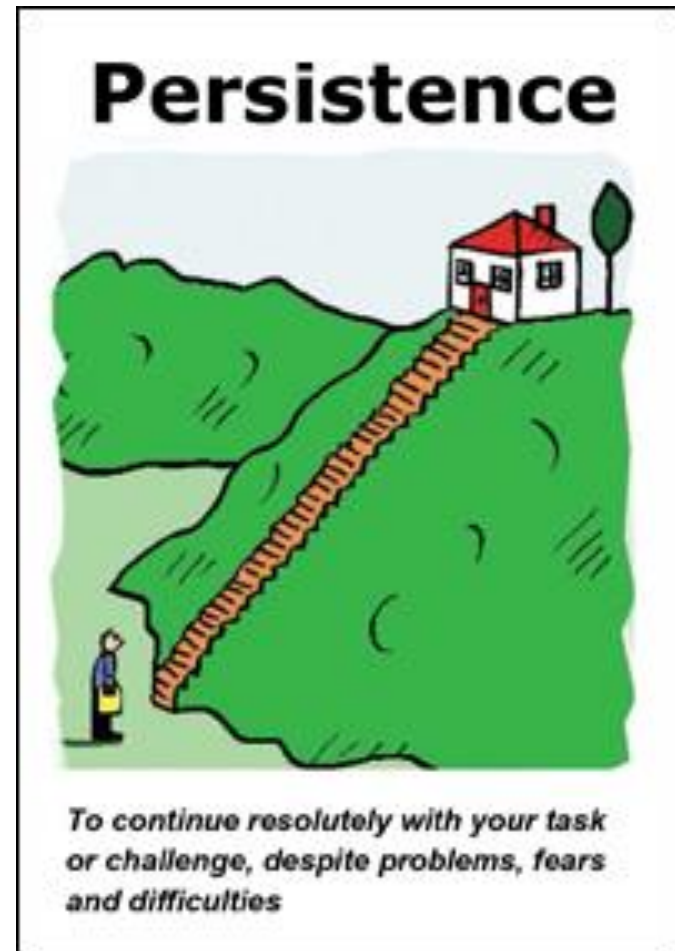
(Baker et al 2001; Baker et al 2005)



Acceptance & Commitment Therapy (ACT)

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- 12 ACT vs 4 CBT
- Median 3 sessions
- MA / dep ↓ 12, 26 w
- Hair samples; physical; polydrug favoured CBT
- High attrition
- Worthy of further research (*Smout et al 2010*)



MI/CBT Psychosis Sample

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- Psychotic disorders
- RCT: MI/CBT 10 sessions vs control
- 42% MA abuse/dep
- Large effect of MI/CBT at 12m (*Baker et al 2006*)



MI/CBT for MA

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- Effective
- ?CM
- Involve families
- Cognitive
- Healthy lifestyle
- Maintenance



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Contents lists available at [ScienceDirect](http://www.sciencedirect.com)

Journal of Substance Abuse Treatment



Regular articles

Randomized controlled trial of MICBT for co-existing alcohol misuse and depression: Outcomes to 36-months[☆]

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MI/CBT Alcohol and Depression

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- DAISI project
 - BI, Single, Integrated
 - Start with a brief integrated intervention and step up treatment, monitoring MH / AOD

(Baker et al 2010; 2014)



Maintenance - Mutual Aid

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- Reliable reductions
lowest (*Manning et al 2016*)
- Mutual aid attendance
predicted treatment
success (alcohol)

(*Manning et al 2016*)
- Evaluate SMART
Recovery and 12-step
approaches



Tobacco

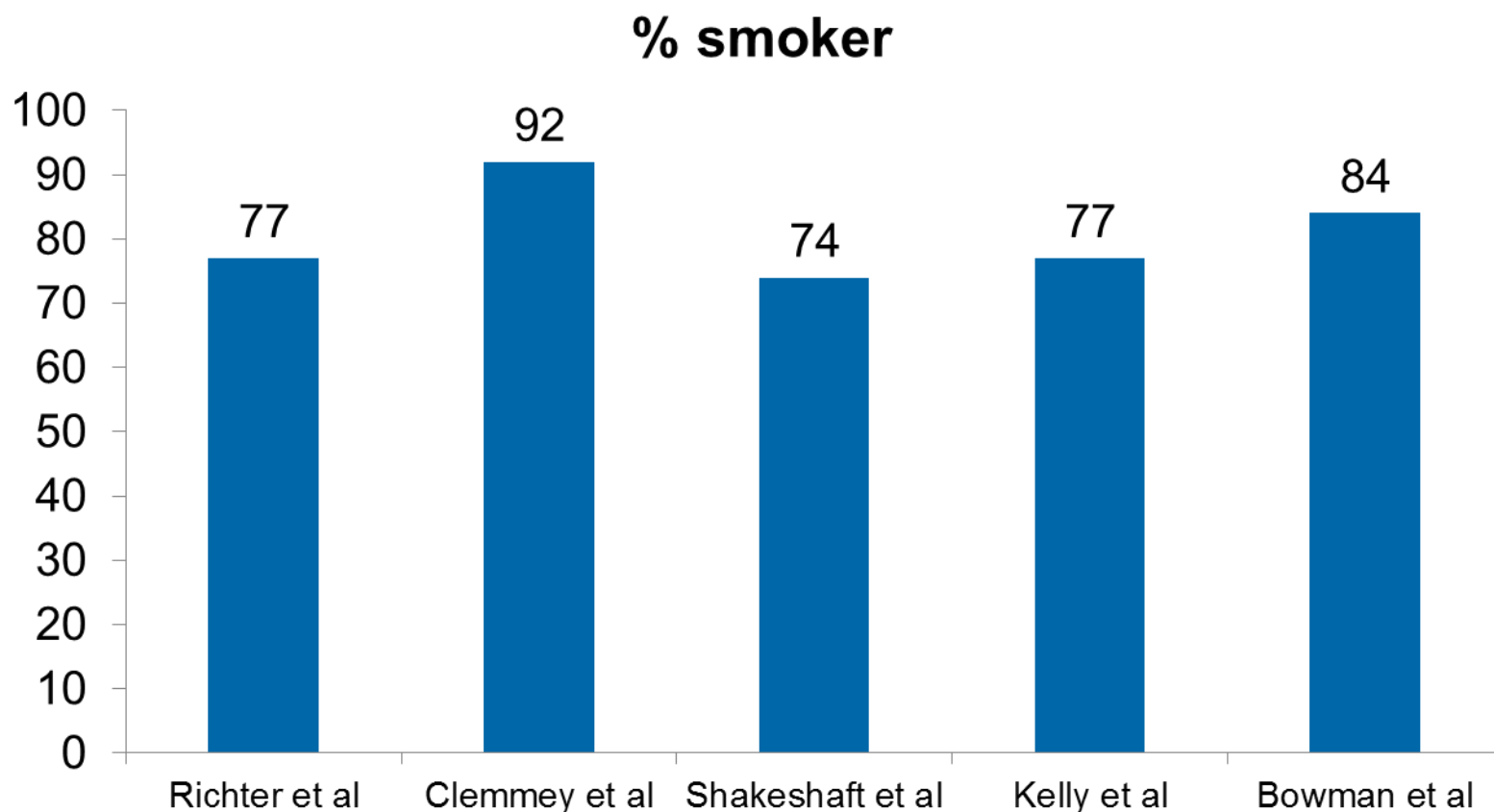
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Smoking rates in D&A treatment populations



Unhealthy behaviours and leading preventable causes of death

(AIHW 2012)

Disease	Behaviour	Biomedical
CHD/ stroke	Smoking, Inactivity, Alcohol, Diet	Obesity, high BP, Cholesterol
Cancers	Smoking, Inactivity, Alcohol, Diet	Obesity
Respiratory	Smoking	



Multi-component interventions: feasible, effective, and more efficient *(Spring et al 2010)*

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Multiple risk profiles in inpatients

(Prochaska et al 2014)

Behaviour	% at risk	Behaviour	% prepared 30 days
Tobacco	100	Depression prevent	76
High fat diet	68	Stimulant use	74
F & V	67	Stress management	69
Sleep hygiene	53	Sleep hygiene	69
Inactivity	52	Non-Rx opiate use	68
Cannabis	46	Binge drinking	57
Depression prevent	43	Inactivity	51
Stress management	42	F & V	46
Binge drinking	26	High fat diet	43
Stimulant use	22	Cannabis	23
Non-Rx opioids	11	Tobacco	23

RCTs in progress

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- **Peer delivery** in mental health settings by telephone (NEAMI, MIND)
- **Groups** within residential rehabilitation settings (The Salvation Army)
 - Kelly et al: feasible / results this conference
- **Quitline** Victoria
- **Medical settings** – HNC, stroke

Conclusion

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- MI/CBT is effective
- Even BI can help
- Consider targeting multiple behaviours



THANK YOU



Newcastle, Australia