

Freedom from Drugs & Alcohol Group Evaluation

**Lisa Murata, Anne-Marie Clarkson, Robert Hickson
& Christine Walter**



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Introduction

- Our population
- Literature review and gaps
- Methodology
- Results
- Discussion
- Limitations and lessons learned



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Introduction – Our Population

- Lifetime prevalence of substance use disorders among clients with schizophrenia (Regier et al., 1990)
 - 33.7% for alcohol use
 - 27.5% for drug use disorders
 - Compared to 13.5% and 6.1% respectively in the general population



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Introduction – Consequences

- Numerous consequences of substance abuse for patients with a major mental illness
 - ❑ Increased risk of relapse and hospitalization (Hunt, Bergen, & Bashir, 2002)
 - ❑ Increased risk of depression and suicide (Bartels, Drake & McHugo, 1992)
 - ❑ Increased interpersonal and family conflicts (Salyers & Mueser, 2001)
 - ❑ Increased risk of violent behaviour (Fazel et al. 2009; Volavka & Swanson, 2010)
 - ❑ As well as financial problems and negative effects on health (Dixon et al, 1992).



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Significance of the Problem / Review of the Literature:

- Substance abuse in persons diagnosed with schizophrenia is a major health concern, with incidence rates of problem use with this population identified at greater than 50% by most studies.

(Cleary et al 2010; Davidson et al 1999; Dixon et al 2009; Drake 2007; Mueser et al 2005; Ziedonis et al 2005)

Literature Review

- Patients with schizophrenia rarely have a “voice” in their treatment: care approach is often paternalistic, often prescribed by primary health care providers regardless of the individual characteristics of the patient.

(Brunette et al 2008; Cleary et al 2010; Drake & Green 2006; Maslin et al 2001; Mueser et al 2005; Spencer et al 2002).



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Gaps in the Existing Literature

- Very few studies involving concurrent disorders make explicit reference to group therapy as a viable option to include as part of the overall treatment plan (1 RCT of 25 identified in the 2010 Cochrane Review on concurrent disorders by Cleary et al).
- No qualitative studies have been identified that looked at the personal experience of patients receiving integrated treatment, and particularly of participating in a peer-support group.



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Gaps in the Literature

- Existing studies examining concurrent disorders demonstrate that integrated treatment (including aspects such as group therapy or peer support) assists with alleviating psychotic symptoms, but are unable to demonstrate a significant effect on levels of substance use over time.

(Barrowclough et al 2010; Craig et al 2008; Davidson et al 1999; Dixon et al 2009; Haddock et al 2003; James et al 2004; Kemp et al 2007; Ziedonis et al 2005).



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Literature Review

- Persons with schizophrenia:
 - Often do not identify with traditional models of substance abuse treatment involving CBT, MI etc. (Brunette et al 2008; Haddock et al 2003)
 - or those based on an abstinence model such as AA or NA that require high degree of accountability and self-monitoring. (Jordan et al 2002)
- Historically, outpatient treatment was “parallel”:
 - treat each problem independently, but concurrently. (Mangrum et al 2006)
- “Integrated treatment” is the new gold standard (holistic: one team treating the whole person). (Cleary et al 2010)
 - Group therapy often a part of integrated treatment approach, but there is no definitive method or approach agreed upon by clinicians who work with clients with concurrent disorders. (Cleary et al 2010; Dixon et al 2005; James et al 2004; Kemp et al 2007; Mueser et al 2005)



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Introduction – Integrated Treatment

- Schizophrenia program offers an integrated treatment option in a clinical group setting
 - To in- and outpatients who have
 - A severe and persistent mental illness (schizophrenia) and
 - Substance use or abuse issues
- Freedom from drugs & alcohol group
 - Weekly
 - Run by a nurse and an addiction counselor
 - An open group format



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Introduction – Group

■ Origin

- ❑ Started in September 2008
- ❑ 1st concurrent disorder group in this program
- ❑ Based on Concurrent Disorders component of “Stage Wise Treatment” and modeled after Dr. Meuser’s Integrated Treatment for Dual Disorders



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Introduction – Group continued

■ Goal

□ To help clients

- develop an understanding of the effects of substance use or abuse on their lives
- become motivated to work on reducing their use of substances and (if desired) to achieve abstinence.

□ To create a safe and non-judgmental atmosphere where support and encouragement were generously given by group members and leaders

- Became very comfortable place to share struggles & victories over substances
- Celebrate even smallest of victories during check-in with warm & sincere applause, larger victories celebrated with food



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Introduction – Group continued

- Open to people at different stages of treatment:
 - pre-contemplation to maintenance
- Many members initially active daily users
- Group evolved
 - to active treatment/maintenance group
- Two other groups created for earlier stages of recovery:
 - engagement and persuasion



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Introduction – Group principles

- harm reduction approach
 - connects with users at the stage where they are at and encourages them to reduce harm associated with substance use (Marlatt & Witkiewitz, 2002)
 - has been shown to be at least as effective as abstinence-oriented approaches in reducing consumption (Marlatt & Witkiewitz, 2002)
- harm reduction principles
 - if someone uses they are not asked to leave the group
 - but reminded of why they started to attend the group &
 - encouraged to make steps towards recovery



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Introduction - Group Leader Goals

- Goal of facilitators (Mueser) during group
 - encourage open & free dialogue between members
 - & to provide psycho-education
- Long term goal:
 - help people reduce both quantity & frequency of substance use



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Methodology

- Sample
 - 42 people attended at least once
 - Median of 6 attendances used as inclusion criteria
 - range was 1 to 84 attendances (mode = 1)
 - 21 possible candidates, 15 surveyed
 - 6 were either unreachable or declined
- Measures
 - Pre-group usage
 - Usage at last attendance
 - Status at 30-month mark
 - Interview questionnaire to evaluate satisfaction and client usage
 - Stages of change model (Prochaska, 1994; Prochaska, DiClemente, & Norcross, 1992).



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Methodology

- Statistical analyses
 - Chi-square (McNemar, 1947; Pallant, 2010)
 - alcohol consumption based on NIAAA standards and Transport Canada standards
 - Frequencies and percentages
 - Qualitative analyses of comments to open questions
 - What was useful or helpful about the group
 - What might you change going forward

341 ml (12 oz)	Regular-strength beer	5% alcohol
142 ml (5 oz)	Wine	12% alcohol
85 ml (3 oz)	Fortified Wine	18% alcohol
43 ml (1.5 oz)	Spirits	40% alcohol

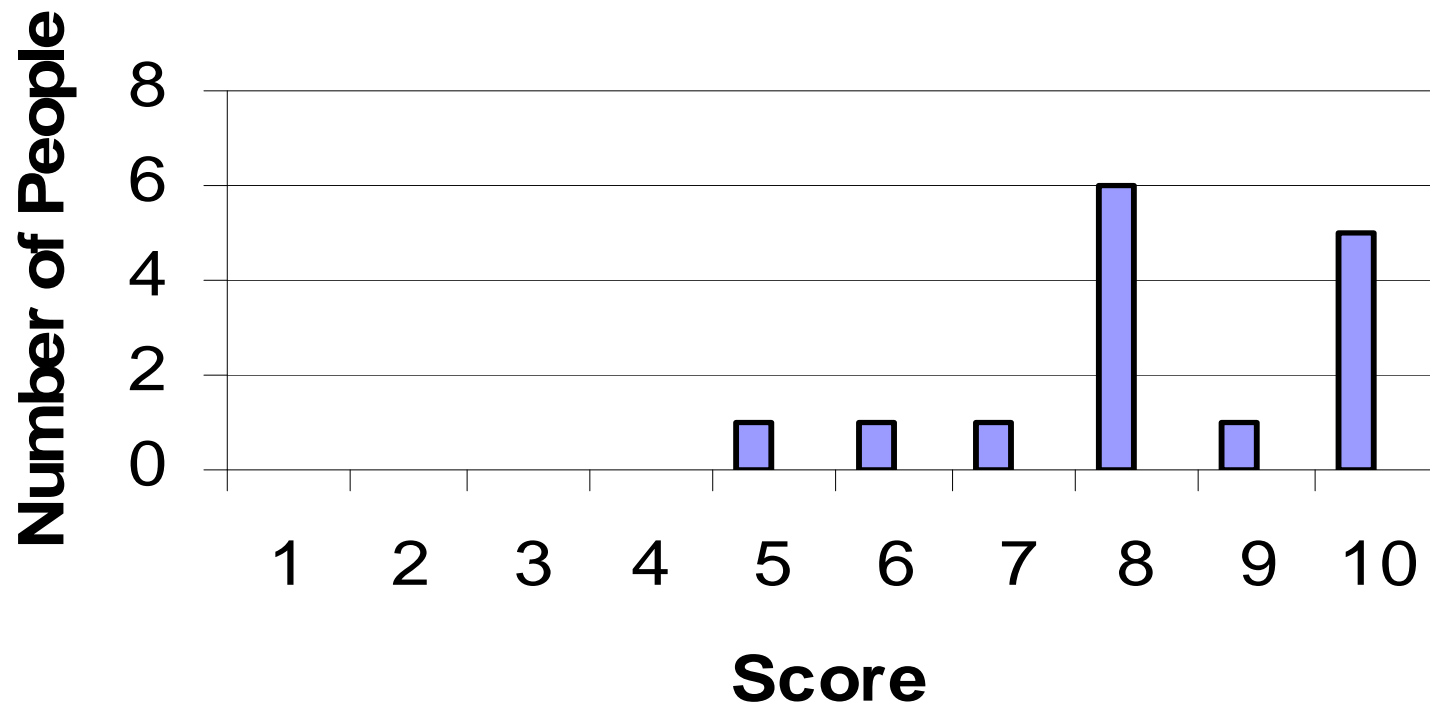


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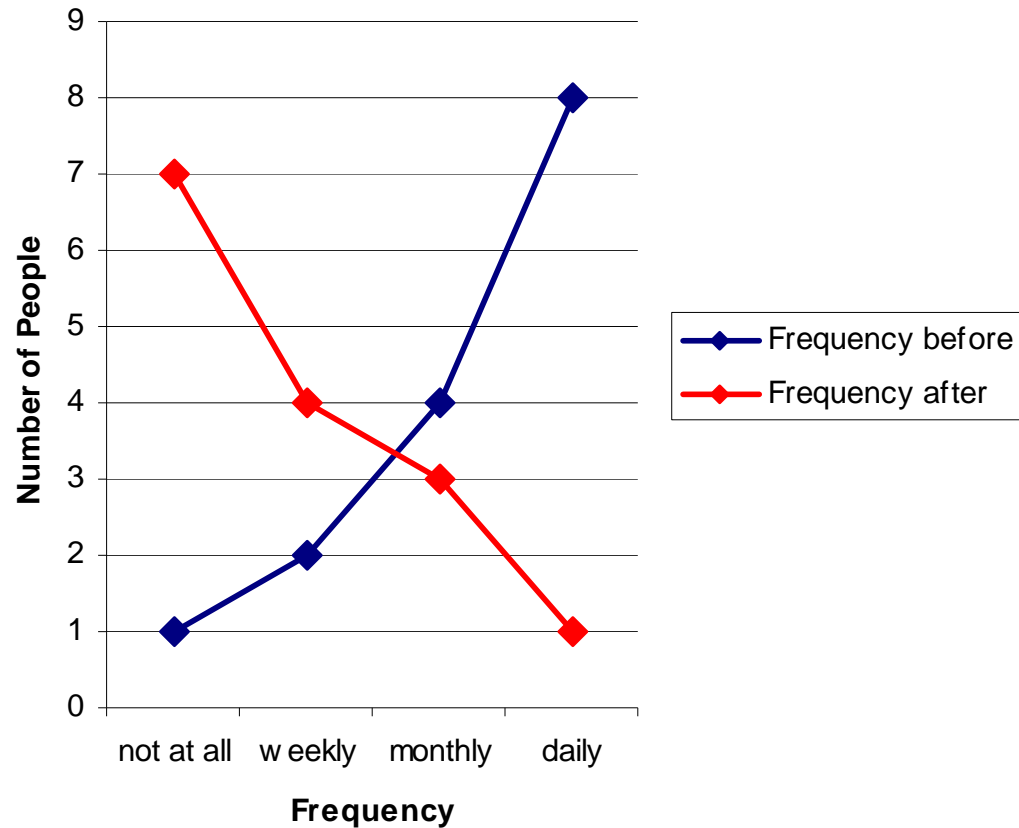
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On a scale of 1 to 10, please indicate how useful this group has been in your efforts to reduce or quit your use of alcohol or other substances



Frequency of Alcohol Use

The difference in alcohol use before and after attending group was statistically significant, showing an overall decrease over time in the frequency of alcohol consumption.

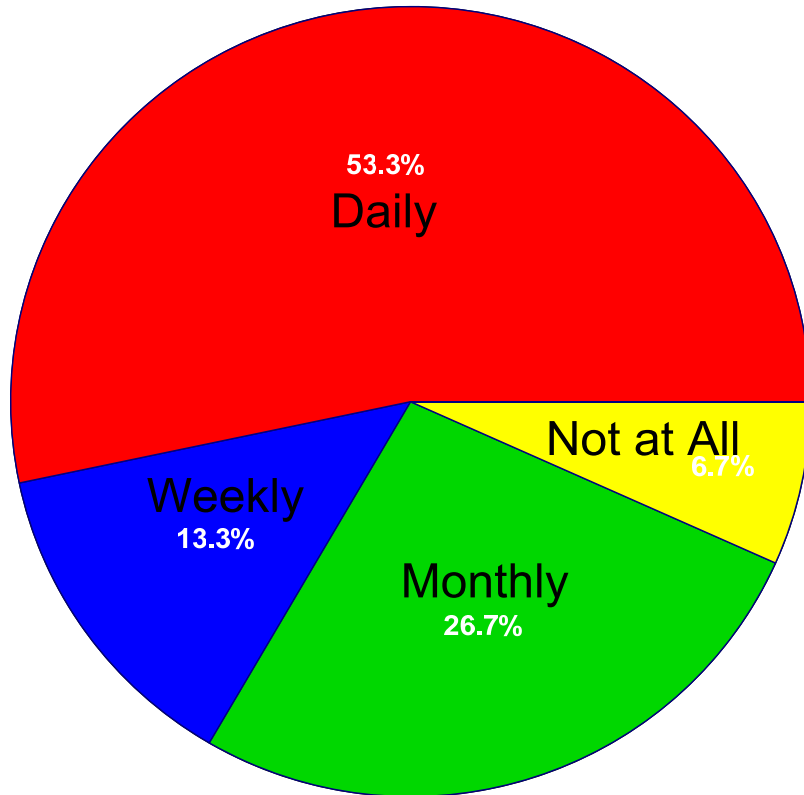


Proportion of Change in Frequency of Alcohol Use

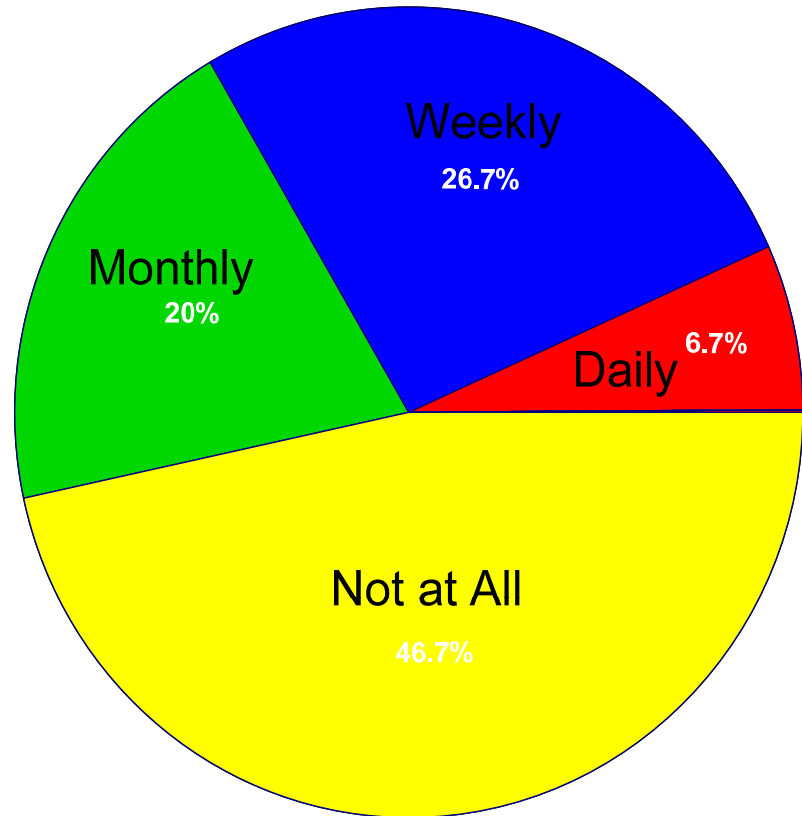
Chi-square analyses showed that these changes in proportion of use are not by chance alone

- $\chi^2 = 44.37, p > .005$

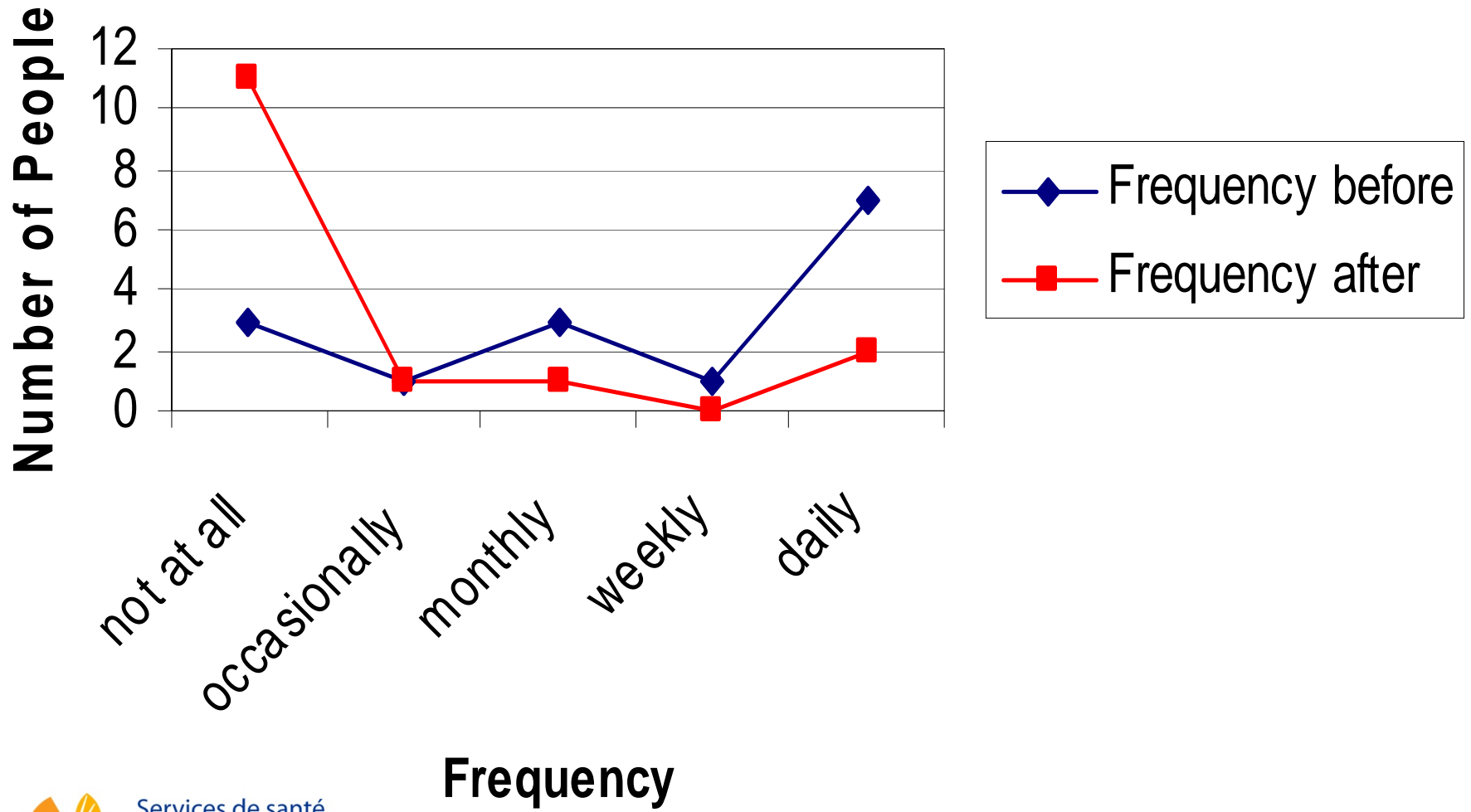
Before Group



After Group



Frequency of Marijuana Use

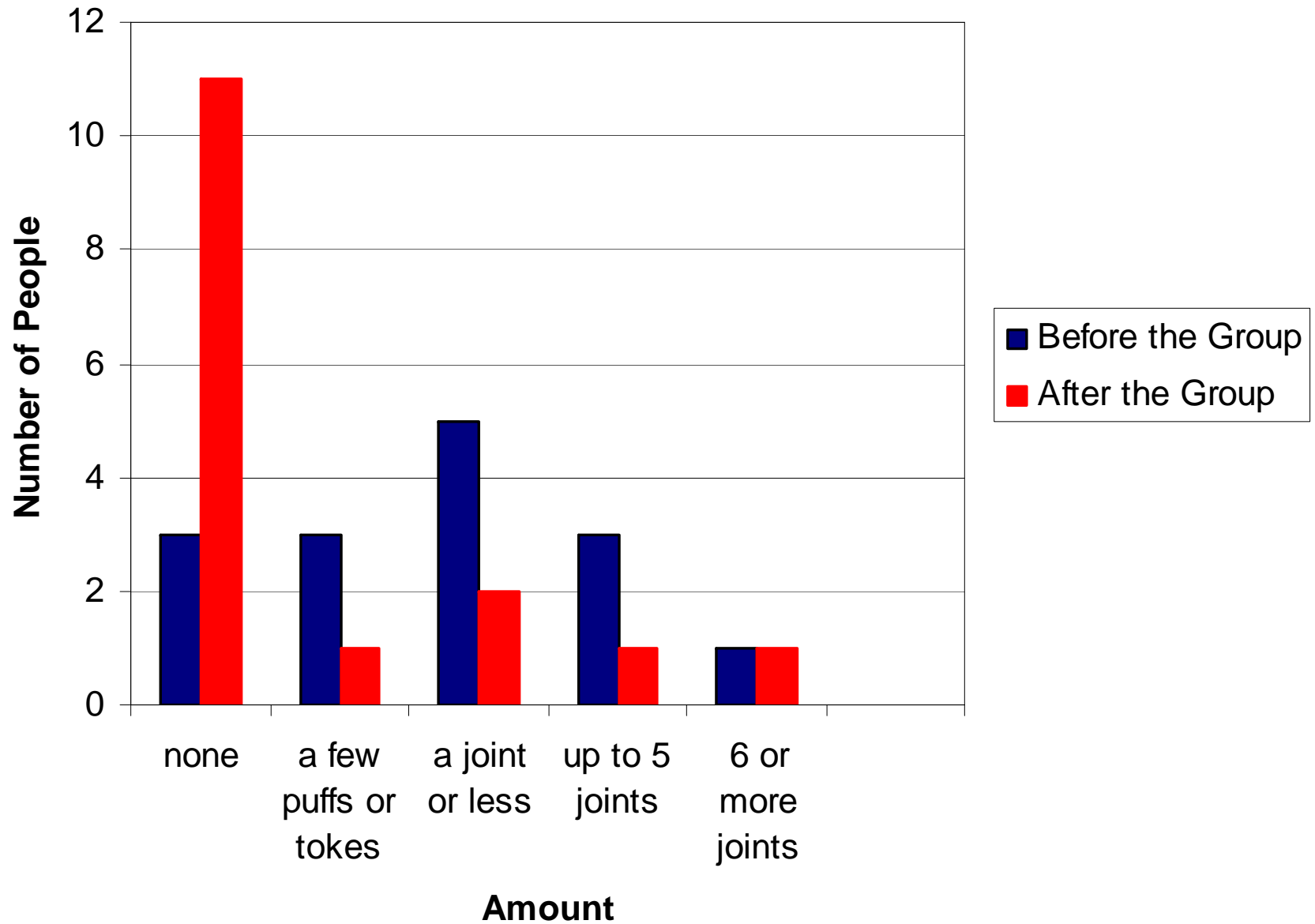


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Amount of Marijuana Used



Frequency by Amount

		Amount of marijuana used before (after) attending groups in joints and grams.					Total
		none	a few puffs or tokes	a joint or less	up to 5 joints	6 or more joints	
Frequency of marijuana use before (after) attending group	not at all	3 (11)	0 (0)	0 (0)	0 (0)	0 (0)	3 (11)
	daily	0 (0)	0 (0)	3 (1)	3 (0)	1 (1)	7 (2)
	weekly	0 (0)	1 (0)	0 (0)	0 (0)	0 (0)	1 (0)
	monthly	0 (0)	2 (0)	1 (1)	0 (0)	0 (0)	3 (1)
	occasionally	0 (0)	0 (1)	1 (0)	0 (0)	0 (0)	1 (1)
Total		3 (11)	3 (1)	5 (2)	3 (0)	1 (1)	15 (15)

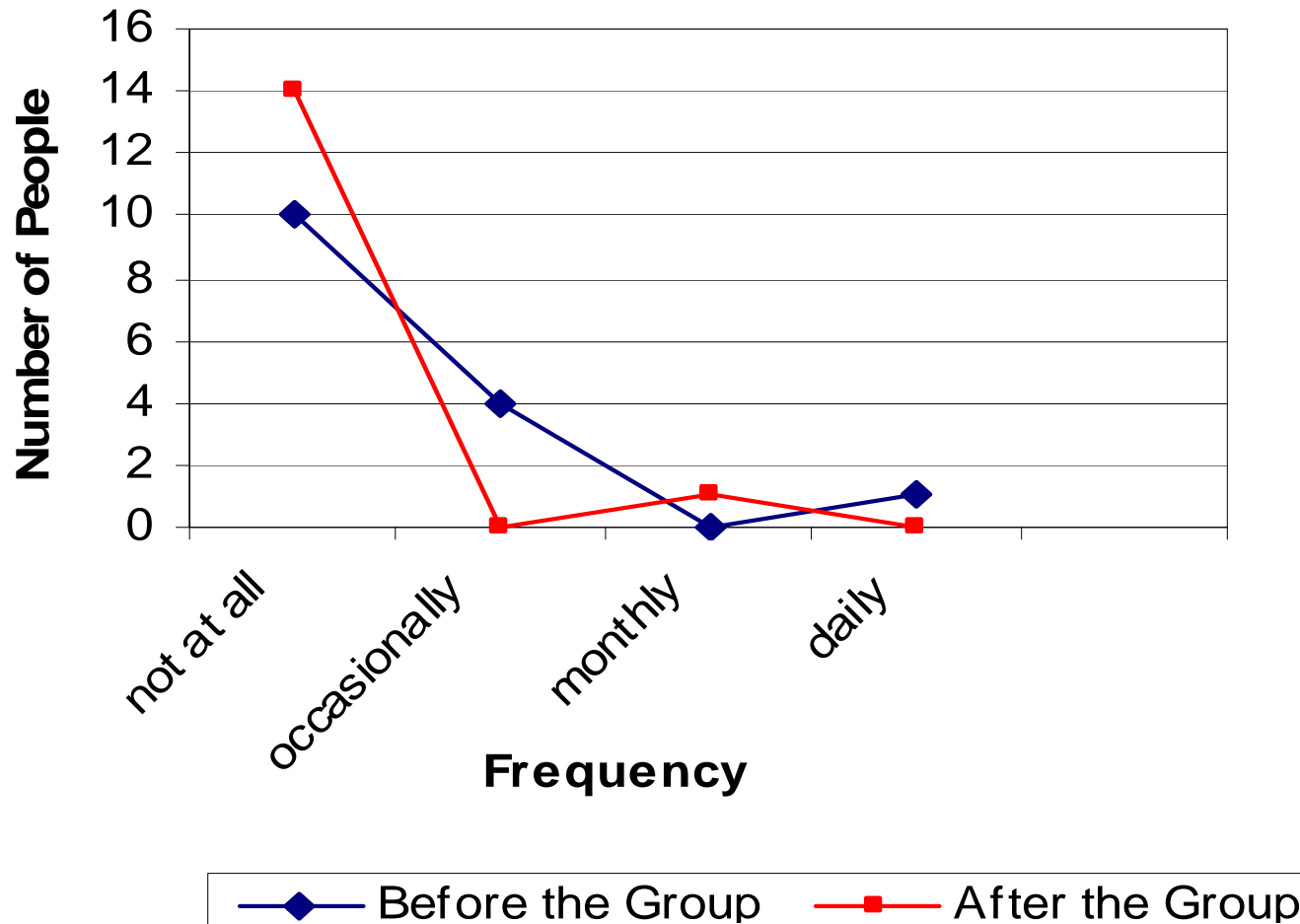


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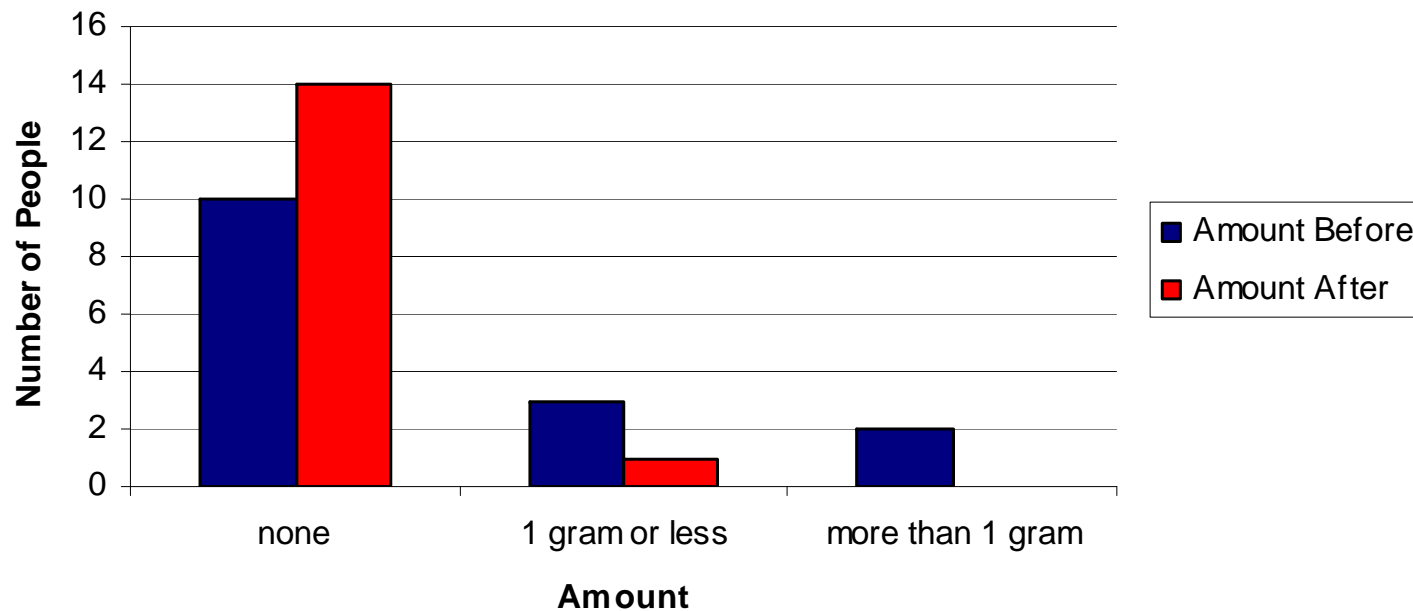
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Frequency of Illegal Substance Use



Amount of Illegal Substance Use



Frequency by Amount

		Amount of other illegal substances used before (after) attending group			Total
		none	1 gram or less	more than 1 gram	
Frequency of other illegal substances use before (after) attending group	not at all	9 (14)	0 (0)	0 (0)	9 (14)
	daily	0 (0)	0 (0)	1 (0)	1 (0)
	monthly	0 (0)	0 (1)	0 (0)	0 (1)
	occasionally	1 (0)	3 (0)	1 (0)	5 (0)
Total		10 (14)	3 (1)	2 (0)	15 (15)

Note: The item in blue signifies a missing data. This person endorsed using occasionally before the group but did not provide an amount.

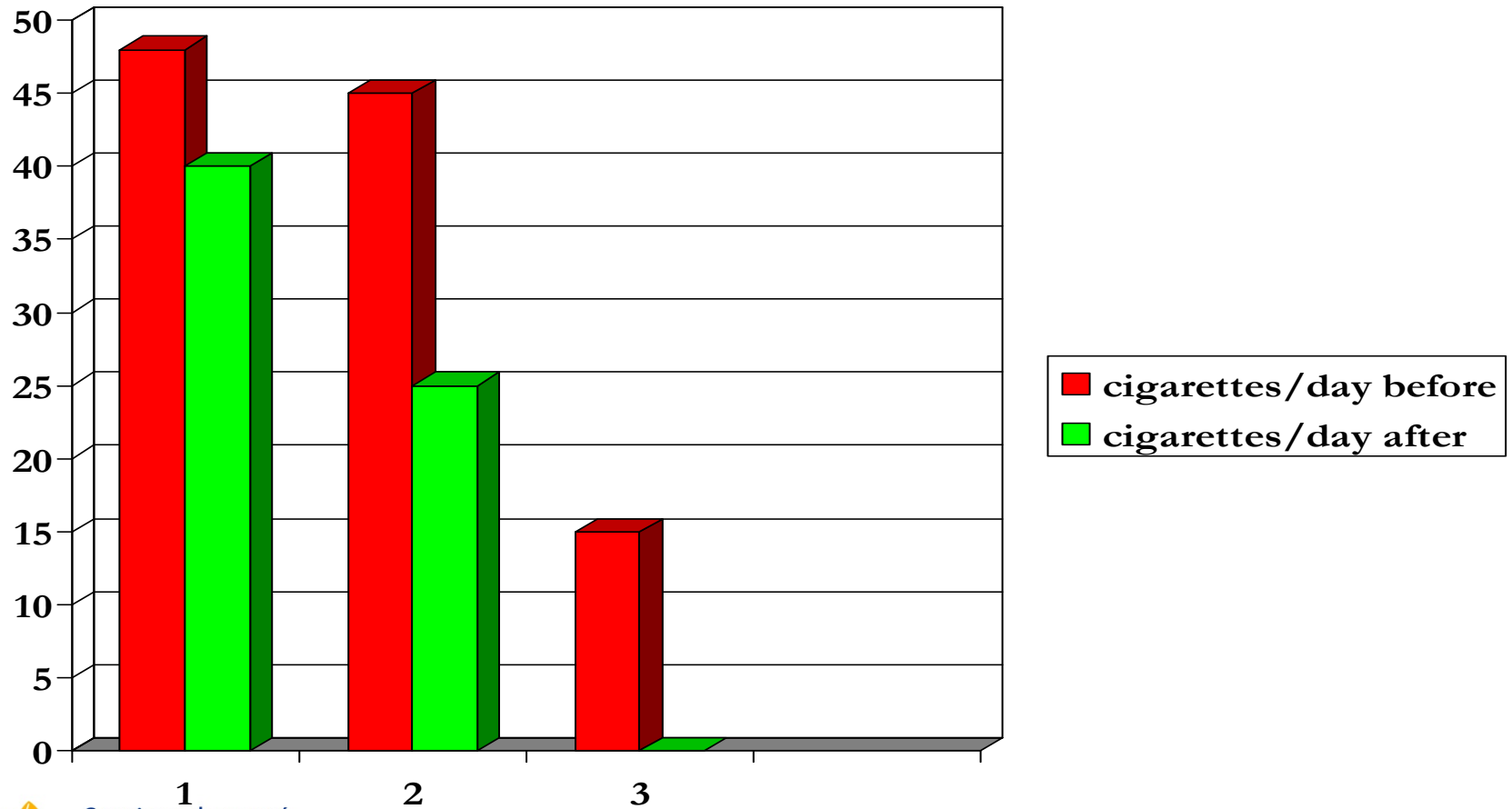


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Cigarettes Smoked Pre and Post



Quotes from Participants

- 8 comments re: support & inspiration/motivation
- *hearing stories of people quitting, motivation from the group e.g. desire to return with a good story to tell; provided strategies*
- *gives me structure as well as tokens for months & years; gives me something, helps me, if miss an AA meeting can come here, somewhere to go for help or to talk; nice that's run by a nurse and addiction counsellor; they are very supportive, both of the*



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Themes

- Give and Take
- Success Stories
- Support/Supportive
- Teaching/Learning/Education
- Motivating



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Limitations

- Retrospective study
 - Hindsight 20/20
 - Data verified via charting prior to joining groups
 - Self-report based; no diagnostics to back up
- Sample
 - Small N for some measures (e.g. illegal substance use)
 - Number of attendances based on WMS for addiction counsellor only
 - Diagnosis of schizophrenia
 - May not be applicable to other groups
 - Self-selection to group



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Lessons Learned

- Quantify marijuana and other illegal substance amounts better
 - Open-ended question gives responses that are then difficult to quantify and analyse
- Aim to capture baseline data more rigorously on first contact and at last attendance
 - Standardized testing
 - Urine or blood testing



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Discussion: What works

- Person-Centered, Solution-Focused, Recovery-Based
- Theoretical disposition: Motivational Interviewing
- Support offered by other group members and leaders
- Celebrations of small victories as encouragement towards future victories



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Ultimate Goal

- While abstinence is the ultimate goal, research shows that for many groups this may be unrealistic or unattainable, however, harm reduction is not only feasible but makes a good beginning in the right direction.
- Our results support this view



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References

- Barrowclough, C., Haddock, G., Wykes, T., Beardmore, R., Conrad, P., Craig, T., Davies, L., Dunn, G., Eisner, E., Lewis, S., Moring, J., Steel, C., & Tarrier, N. (2010). Integrated motivational interviewing and cognitive behavioural therapy for people with psychosis and comorbid substance misuse: randomized controlled trial. *British Medical Journal*, doi:10.1136/bmj.c6325.
- Bartels SJ, Drake RE, McHugo G. (1992). Alcohol use, depression, and suicidal behavior in schizophrenia. *American Journal of Psychiatry*, 149, 394-395.
- Blanchard, J., Brown, S., Horan, W.P., & Sherwood, A.R. (2000). Substance use disorders in schizophrenia: review, integration, and a proposed model. *Clinical Psychology Review*, 20(2), 207-234.
- Brunette, M.F., Asher, D., Whitley, R., Lutz, W.J., Wieder, B.L., Jones, A.M., & McHugo, G.J. (2008). Implementation of integrated dual disorders treatment: a qualitative analysis of facilitators and barriers. *Psychiatric Services*, 59(9), 989-995.
- Carey, K.B., Purnine, D.M., Maisto, S.A., & Carey, M.P. (2001). Enhancing readiness-to-change substance abuse in persons with schizophrenia: a four-session motivation-based intervention. *Behaviour Modification*, 25(3), 331-384.
- Cleary, M., Hunt, G.E., Matheson, S.L., Siegfried, N., & Walter, G. (2010). Psychosocial interventions for people with both severe mental illness and substance misuse. *Cochrane Database Systematic Review*, 1: CD001088.
- Craig, T.K., Johnson, S., McCrone, P., Afuwape, S., Hughes, E., Gourney, K., White, I., Wanigaratne, S., Leese, M., & Thornicroft, G. (2008). Integrated care for co-occurring disorders: psychiatric symptoms, social functioning, and service costs at 18 months. *Psychiatric Services*, 59(3), 276-282.
- Davidson, L., Chinman, M., Kloos, B., Weingarten, R., Stayner, D., & Tebes, J.K. (1999). Peer support among individuals with severe mental illness: a review of the evidence. *Clinical Psychology: Science and Practice*, 6(2), 165-187.
- Dixon, L.B., Dickerson, F., Bellack, A.S., Bennett, M., Dickinson, D., Goldberg, R.W., Lehman, A., Tenhula, W., Calmes, C., Pasillas, R.M., Peer, J., & Kreyenbuhl, J. (2009). The 2009 Schizophrenia PORT psychosocial treatment recommendations and summary statements. *Schizophrenia Bulletin*, 36, 48-70.
- Dixon L, Weiden PJ, Haas G, Sweeney J, Frances AJ. (1992). Increased tardive dyskinesia in alcohol-abusing schizophrenic patients. *Comprehensive Psychiatry*, 33, 121-122.
- Drake, R.E., & Mueser, K.T. (2000). Psychosocial approaches to dual diagnosis. *Schizophrenia Bulletin*, 26(1), 105-118.
- Drake, R.E., & Green, A.I. (2006). Current research on co-occurring substance-use disorder in schizophrenia. *Schizophrenia Bulletin*, 32, 616-617.
- Drake, R.E. (2007). Management of substance use disorder in schizophrenia patients: current guidelines. *CNS Spectrums*, 12, 27-32.
- Drake, R.E., Mueser, K.T., & Brunette, M.F. (2007). Management of persons with co-occurring severe mental illness and substance use disorder: program implications. *World Psychiatry*, 6, 131-136.
- Fazel S, Langstrom N, Hjern A, Grann M, Lichtenstein P. (2009). Schizophrenia, substance abuse, and violent crime. *Journal of the American Medical Association*, 2016-2023.
- Green, A.I., Drake, R.E., Brunette, M.F., & Noordsy, D.L. (2007). Schizophrenia and co-occurring substance use disorder. *American Journal of Psychiatry*, 164(3), 402-408.
- Haddock, G., Barrowclough, C., Tarrier, N., Moring, J., O'Brien, R., Schofield, N., Quinn, J., Palmer, S., Davies, L., Lowens, I., McGovern, J., & Lewis, S. (2003). Cognitive-behavioral therapy and motivational intervention for schizophrenia and substance misuse: 18-month outcomes of a randomized controlled trial. *British Journal of Psychiatry*, 183, 418-426.
- Hunt GE, Bergen J, Bashir M. (2002). Medication compliance and comorbid substance abuse in schizophrenia: Impact on community survival 4 years after a relapse. *Schizophrenia Research*, 54, 253-264.
- James, W., Preston, N.J., Koh, G., Spencer, C., Kisley, S.R., & Castle, D.J. (2004). A group intervention which assists patients with dual diagnosis reduce their drug use: a randomized controlled trial. *Psychological Medicine*, 34, 983-990.



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References – cont'd

- Jordan, L.C., Davidson, W.S., Herman, S.E., & Boots-Miller, B.J. (2002). Involvement in 12-step programs among persons with dual diagnoses. *Psychiatric Services*, 53(7), 894-896.
- Kavanagh, D.J., McGrath, J., Saunders, J.B., Dore, G., & Clark, D. (2002). Substance misuse in patients with schizophrenia: epidemiology and management. *Drugs*, 62(5), 743-755.
- Kemp, R., Harris, A., Vurel, E., & Sitharthan, T. (2007). Stop using stuff: trial of a drug and alcohol intervention for young people with comorbid mental illness and drug and alcohol problems. *Australasian Psychiatry*, 15(6), 490-493.
- Mangrum, L.F., Spence, R.T., & Lopez, M. (2006). Integrated versus parallel treatment of co-occurring psychiatric and substance use disorders. *Journal of Substance Abuse Treatment*, 30, 79-84.
- Maslin, J., Graham, H.L., Cawley, M., Copello, A., Birchwood, M., Georgiou, G., McGovern, D., Mueser, K., & Orford, J. (2001). Combined severe mental health and substance use problems: what are the training and support needs of staff working with this client group? *Journal of Mental Health*, 10(2), 131-140.
- Marlatt GA, Witkiewitz K. (2002). Harm reduction approaches to alcohol use: Health promotion, prevention, and treatment. *Addictive Behaviors*, 27, 867-886.
- McCann, T.V., & Clark, E. (2005). Using unstructured interviews with participants who have Schizophrenia. *Nurse Researcher*, 13(1), 7-18.
- McHugo, G., Drake, R.E., Brunette, M.F., Xie, H., Essock, S.M., & Green, A.I. (2006). Enhancing validity in co-occurring disorders treatment research. *Schizophrenia Bulletin*, 32(4), 655-665.
- Mueser, K.T., Drake, R.E., Sigmon, S.C., & Brunette, M.F. (2005). Psychosocial interventions for adults with severe mental illnesses and co-occurring disorders: a review of specific interventions. *Journal of Dual Diagnosis*, 1(2), 57-82
- Prochaska JO. (1994). Strong and weak principles for progressing from precontemplation to action on the basis of 12 problem behaviors. *Health Psychology*, 13, 47-51.
- Prochaska JO, DiClemente CC, Norcross JC. (1992). In search of how people change: applications to addictive behaviors. *American Psychologist*, 47, 1102-1114.
- Regier DA, Farmer ME, Rae DS, Locke BZ, Keith SJ, Judd LL, Goodwin FK. (1990). Comorbidity of mental disorders with alcohol and other drug abuse: Results from the Epidemiologic Catchment Area (ECA) study. *Journal of the American Medical Association*, 264, 2511-2518.
- Saddichha, S., Prakash, R., Sinha, B.N., & Khess, C.R. (2010). Perceived reasons for and consequences of substance abuse among patients with psychosis. *Journal of Clinical Psychiatry*, 12(5), PMID: PMC3025999.
- Salyers MP, Mueser KT. (2001). Social functioning, psychopathology, and medication side effects in relation to substance use and abuse in schizophrenia. *Schizophrenia Research*, 48, 109-123.
- Spencer, C., Castle, D., & Michie, P.T. (2002). Motivations that maintain substance use among individuals with psychotic disorders. *Schizophrenia Bulletin*, 28(2), 233-247.
- Volavka J & Swanson J. (2010). Violent behavior in mental illness: the role of substance abuse. *Journal of the American Medical Association*, 304, 563-564.
- Young, B. (2010). Using the Tidal Model of mental health recovery to plan primary health care for women in residential substance abuse recovery. *Issues in Mental Health Nursing*, 31, 569-575.
- Ziedonis, D.M., Smelson, D., Rosenthal, R.N., Batki, S.L., Green, A.I., Henry, R.J., Montoya, I., Parks, J., & Weiss, R.D. (2005). Improving the care of individuals with schizophrenia and substance use disorders: consensus recommendations. *Journal of Psychiatric Practice*, 11(5), 315-339.