ACT Groups For Dual Diagnosis In Public Mental Health?

Presenter: Nigel Alexander
Overview

- Dual Diagnosis in Public Mental Health
- DDx Treatment
- A mission from the boss!
- What’s required
- Is ACT suitable?
What is Dual Diagnosis?

“A person experiencing a co-occurring mental health and substance use disorder”

“Dual Diagnosis is the Expectation not the Exception!” (Dual-Diagnosis land, circa 2006)

### Prevalence

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOD Services</td>
<td>30 – 86%</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>22 – 47%</td>
</tr>
</tbody>
</table>

(Marel et al. 2016. PHE, 2014)

AOD: high prevalence mental disorders
Mental Health: low prevalence mental disorders
## Dual Diagnosis in MH

<table>
<thead>
<tr>
<th><strong>Mental Disorders</strong></th>
<th><strong>Substance Use Disorders</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Schizophrenia spectrum (FEP, SCZ, SAD, Delusional Disorder, etc.)</td>
<td>• Alcohol</td>
</tr>
<tr>
<td>• Severe Mood (Bipolar Affective Disorder, Major Depressive Disorder)</td>
<td>• Cannabis</td>
</tr>
<tr>
<td>• Severe Personality (Borderline Personality Disorder, Antisocial Personality Disorder)</td>
<td>• Hallucinogens</td>
</tr>
<tr>
<td></td>
<td>• Inhalants</td>
</tr>
<tr>
<td></td>
<td>• Opioids</td>
</tr>
<tr>
<td></td>
<td>• Sedatives</td>
</tr>
<tr>
<td></td>
<td>• Stimulants</td>
</tr>
<tr>
<td></td>
<td>• Tobacco *</td>
</tr>
<tr>
<td></td>
<td>• Other (unknown)</td>
</tr>
</tbody>
</table>

*Other (unknown)
Issues associated with DDx

Dual-Diagnosis is a key factor for higher rates of:

- Suicide
- Psychotic symptoms
- Physical health issues
- Homelessness
- Imprisonment
- Violence, being a victim of violence
- Unemployment
- Shame, Stigma, Prejudice
Treatment Response

• **Integrated** treatment – widely recommended, but not supported by the State service systems and funding structures
Non-Integrated Treatment!
Treatment for DDx in MH

**Treatment as usual**
- Medications – including substitute pharmacotherapies
- Case management
- Psycho-education
- Referral to AOD!

**Random – Recommended Treatments**
- Motivational Enhancement (Motivational Interviewing)
- Cognitive Behavioural Therapy (mixtures of)
- Group Therapy
- Relapse Prevention
Recovery Oriented

“...to support people to build and maintain a (self-defined and self-determined) meaningful and satisfying life and personal identity, regardless of whether or not there are ongoing symptoms of mental illness”

(Shepherd, Boardman & Slade 2008)

“A movement away from the biomedical view of mental illness to a holistic approach to wellbeing that builds on individual strengths”

(Davidson 2008, DoH 2011)
My Mission!

• Problem: In-patient re-admission rate too high! 65% associated with Substance Use.
• Mission: Run Substance Use Groups on the in-patient unit
• Engage the participants
• Teach others to run groups
• Enjoy Running the Groups!
Mission - Requirements

Group protocol for Dual-Diagnosis

Evidence-based
Recovery Orientated
Transdiagnostic
Brief
Flexible
Integrated
Easily taught to others!
Recommended Therapies

The Australian Psychological Society (APS, 2010)
Psychotic Disorders – CBT (level I)
Substance Use Disorders – CBT (level I), ACT (level IV)

The Royal Australian and New Zealand College of Psychiatrists (RANZCP, 2016)
Psychotic Disorders – CBTp (level I). ACT if CBTp fails (CBR)
Substance Use Disorders – Motivational Interviewing (CBR), integrated CBT (CBR)

NHRC – Centre of Research Excellence in Mental Health and Substance Use (NDARC, 2016)
MI, CBT, DBT, Relapse Prevention, Mindfulness, Contingency Mgt, Psychosocial Group Therapy
"If I have seen further than others, it is by standing upon the shoulders of giants."

- Sir Isaac Newton
Mental Giants
“...a model of psychopathology, psychological health, and treatment intervention.” (Hayes, Strosahl, & Wilson, 2012)

“Living fully – with (not is spite of) your past, with your memories, with your fears, and with your sadness.” (Hayes & Smith, 2005)
The psychological flexibility model is ‘transdiagnostic’ - it identifies common mechanisms underlying an array of psychological difficulties (Wilson et al. 2011).

“issues including substance use and severe mental illness” (Walser & Westrup, 2007)
## Some Evidence

### Systematic Reviews

*Level I evidence - NHMRC*

<table>
<thead>
<tr>
<th>Year</th>
<th>Researchers</th>
<th>No. RCT’s</th>
<th>Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>Ost, L. G</td>
<td>13</td>
<td>ES = 0.68</td>
</tr>
<tr>
<td>2009</td>
<td>Powers et al.</td>
<td>18</td>
<td>ES = 0.42, ACT &gt; TAU</td>
</tr>
<tr>
<td>2012</td>
<td>Ruiz, F</td>
<td>16</td>
<td>Hedges’s g = 0.40, ACT &gt; CBT</td>
</tr>
<tr>
<td>2015</td>
<td>A-Tjak et al.</td>
<td>39</td>
<td>Hedges’s g = 0.57, ACT &gt; TAU</td>
</tr>
</tbody>
</table>
**Some Inpatient - DDx Evidence?**

**RCT’s**  
*Level II evidence - NHMRC*

<table>
<thead>
<tr>
<th>Study</th>
<th>Design</th>
<th>Sample</th>
<th>Sessions</th>
<th>Outcome</th>
<th>DDx Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bach &amp; Hayes</td>
<td>ACT v TAU</td>
<td>80</td>
<td>4</td>
<td>20% of ACT v</td>
<td>1 /6 – ACT</td>
</tr>
<tr>
<td>Gaudiano &amp; Herbert 2006</td>
<td>enhanced TAU</td>
<td>psychosis (58% DDx)</td>
<td></td>
<td>28% ACT v 45% TAU (NS) At 4 months</td>
<td></td>
</tr>
</tbody>
</table>

“the evidence is not yet conclusive enough for guidelines to recommend ACT” but “…the existing evidence suggests that ACT is capable of achieving significant improvements in addiction and psychosis”

(Smout et al. 2012)
ACT Groups

Of interest:
• Wise Choices – ACT Groups for BPD  
  (Morton & Shaw, 2012)
• ACT for Self-Stigma & Shame in SUD  
  (Luoma, Kohlenberg, & Hayes, 2005)
• Group ACTp – protocols  
  (Johns et al. 2016; Butler et al. 2016)
• FACT – The Life Path Protocol  
  (Strosahl, Robinson, & Gustavsson, 2012)
• The ACT Matrix  
  (Polk & Schoendorff, 2014)
Sitting at desk
Writing pres.
Practicing presentation

Clenching jaw
Drinking tea
Watching TV
Engaging in house work

Nervous
Anxious
Negative thoughts
Conjuring positive thoughts

Interested in ACT
Curious if can develop protocol
Desire to give pres.

(Polk, 2014)
“The ACT model should be trialed and experimented with in various populations and settings. Vary everything that is not central conceptually.” (Hayes et al. 2013)
What’s Required!

Group protocol for Dual-Diagnosis

- Evidence-based ✓
- Recovery Orientated ✓
- Transdiagnostic ✓
- Brief ✓
- Flexible ✓
- Integrated ✓
- Easily taught to others! ✓
Summary

• Introduced the treatment of Dual-Diagnosis in public Mental Health
• Divulged my mission to run DDx groups on the inpatient unit
• Reviewed the evidence for ACT as a potential group protocol
• Introduced two forms of ACT I intend to experiment with
Conclusion
Questions?