

Treatment Programs for Dual Diagnosis Patients

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The project's purpose is to identify and evaluate treatment characteristics that are associated with effective treatment for dual diagnosis patients (i.e. patients with comorbidity of substance use and psychiatric disorders). In the first study we assessed a four-month inpatient treatment program based on integrated models for patients with substance use and psychiatric disorders. At intake and at one-year follow-up, a consecutive sample of 118 dual diagnosis patients entering the program was assessed by interview. Eighty-four patients (70.6%) completed the one-year follow-up interview, reporting less frequent substance use, less severe psychiatric symptoms, a lower re-hospitalization rate, and better housing conditions than at intake. Patients diagnosed with a comorbid personality disorder improved more in frequency of drinking and were less likely to be re-hospitalized than patients with schizophrenia or depression. The results suggest that the integrated inpatient program may be a promising treatment approach for dual diagnosis patients. The results await replication in controlled studies that need to include assessment of outpatient treatment following inpatient programs.

Franz Moggi accomplished two further studies at the Center for Health Care Evaluation (Director: Prof. Dr. Rudolf H. Moos), Veterans Affairs and Stanford University Medical Centers, Palo Alto, California, USA. The first study examined a model of substance abuse treatment for patients with substance use disorders and concomitant psychiatric disorders. The model focuses on five interrelated sets of variables (social background, intake functioning, dual diagnosis treatment orientation, patients' change on proximal outcomes, and aftercare participation) that are hypothesized to affect dual diagnosis patients' one-year posttreatment outcomes. A total of 981 male dual diagnosis patients completed assessment at intake, discharge, and a one-year follow-up. The relative importance of each set of variables as predictors of outcome was estimated by constructing block variables and conducting path analyses. Dual diagnosis patients had a higher abstinence rate at follow-up than at intake; they also improved on freedom from psychiatric symptoms and employment. At follow-up, patients in programs with a stronger dual diagnosis treatment orientation showed a higher rate of freedom from psychiatric symptoms than did patients in weaker dual diagnosis treatment oriented programs; they also were more likely to be employed. More change on proximal outcomes and more aftercare participation were also associated with better one-year outcomes. Patients with less severe psychiatric disorders improved more and responded better to dual diagnosis oriented treatments than patients with more severe psychiatric disorders. Substance abuse programs that adhere to principles of dual diagnosis treatment obtain better outcomes for dual diagnosis patients, especially for patients with less severe psychiatric disorders.

Using the same sample, the second study examined general and substance-specific coping skills and their relationships to treatment climate, continuing care, and one-year posttreatment functioning among dual diagnosis patients. In a prospective multisite study, dual diagnosis patients participating in inpatient substance abuse treatment were assessed at intake, discharge, and at one-year follow-up. Fifteen substance abuse treatment programs were selected from a larger pool of 174 programs in the VA Health Care System. Assessments included general and substance-specific coping skills, dual diagnosis treatment climate, continuing care, abstinence, and clinically significant psychiatric symptoms. Dual diagnosis patients improved on general and substance-specific coping skills over the one-year follow-up period. Patients who were in programs with a greater "dual diagnosis treatment climate" and who participated in more 12-Step self-help groups showed more gains in adaptive coping. Both general and substance-specific coping were associated with abstinence, but only general coping was associated with freedom from significant psychiatric

symptoms. Enhancing general and substance-specific coping skills in substance abuse treatment may improve posttreatment substance use and psychological functioning in dual diagnosis patients.

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