

Dual Diagnosis Group Program

EMR Dual Diagnosis Group Program

Introduction:

Consumers who have both a Mental illness and a Substance Use problem benefit from group programs. Unfortunately the available group programs in the community to date do not provide a suitable environment for many of these Dual Diagnosis consumers. The available group programs require self-efficacy and a desire for behavioural change which are often not present in the Dual Diagnosis consumer. They may also operate from a disease model, require abstinence, not cater for cognitive impairment, discourage Psychiatric medications, and fail to support people with a Dual Diagnosis on their journey to understand their substance use and how it relates to their severe mental health issue. There are currently no available group programs at Eastern Health that are specifically tailored to meet the needs of this cohort of Dual Diagnosis consumer.

The Dual Diagnosis Persuasion group program commenced in 2006 at Eastern Health Mental Health's Chandler site, with the intention of engaging the Dual Diagnosis consumers attending the service regarding their substance use even though they were reluctant to change their behaviour. The program ran with a good level of success until February 2008, when it ceased due to lack of ongoing resources.

In 2011 the program was re commenced at Eastern Health Mental Health's Murnong site by Maroondah Community Care Unit staff with the Eastern Dual Diagnosis Service Clinician's support. The program has now expanded to Chandler CCT, Maroondah in-patient units, Maroondah PARC and Wellington house. This is due to the introduction of Peer leadership in August 2013 and so an expansion of the human resources required to facilitate the program.

The program is based on the Persuasion group model outlined by Kim Mueser, et al. (see below).

Persuasion Group Definition:

"Persuasion groups are aimed at helping clients develop an understanding of how substance use (and mental health) has affected their lives, to become motivated to work on reducing their use of substances (and improving their mental health), and if desired to achieve abstinence. These goals are accomplished by creating an accepting group environment in which clients feel free to discuss their experiences with alcohol and (other) drugs (and mental health) without fear of judgement, social censure, or confrontation."

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(Mueser, et al., *Integrated Treatment For Dual Disorders*, Guildford Press, New York 2003. p 137)

Aims:

The aims of the Dual Diagnosis Group are as follows:

- To develop a sustainable Group program for Dual Diagnosis Consumers in the Eastern Metropolitan region in order to improve outcomes and enhance engagement with services for Dual Diagnosis Consumers.
- To provide Consumers with an opportunity to take a lead role as they explore and manage their addictive behaviours.
- To improve the knowledge and skills of Mental Health Clinicians and AOD Practitioners in relation to their work with people who have co-occurring Mental Health and Substance Use problems/issues/concerns through engagement in the program as co facilitators.
- These aims are in accordance with the DHS Key Directions and priorities for service development document (2007) which quotes the following:

“Both disorders (SU and MH) involve alteration of mental state so that management strategies should be tailored to someone who is cognitively impaired, possibly with poor reality testing, and who may not adequately recognise the seriousness of their condition.” *Key Directions Document 2007, p.7.*

“Client-centred services which are built upon sound therapeutic alliance (in which the merits and effectiveness of different treatment approaches are discussed) and in which the consumer is actively involved, significantly improves outcomes.” *Key Directions Document 2007, p.8.*

“Align treatment, care and psychosocial support with the best available evidence and national and international standards and guidelines.” *Key Directions Document 2007, p.24*

“Develop Recovery programs and models of psychiatric disability rehabilitation and support as an integral part of service responses for people with dual diagnosis.” *Key Directions Document 2007, p.24.*

“The education and training of staff must take into account the diverse practice settings and treatment approaches employed in each sector and be delivered in ways that are seen as relevant, building upon existing knowledge and skills and be useful in working with the different populations served” *Key Directions Document 2007, p.18.*

Definitions:

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Group participant – Someone who has both a mental health concern and a substance use issue (past or current) who is currently case managed (this only applies to community groups) and is willing to engage in a 60 minute group program tailored to their needs as a Dual Diagnosis consumer.

Principal Facilitator – A Mental Health Clinician , AOD Practitioner or Peer worker that has had some Dual Diagnosis Capability training (via mentoring and/or group training sessions) and is willing and interested in taking a lead role in ensuring that the program runs every week and that participants have suitable stimulating activities as required (see Facilitator’s guide).

Co - Facilitator – Suitably interested participants who wish to enhance their skills, knowledge and confidence regarding their work with people who have co-occurring substance use and mental health concerns. They will need to be available on a regular basis to assist with the set up of the group environment, preparation of morning tea, and writing of notes post group. During the group the co-facilitator will assist the Principal facilitator to encourage and support interaction between group participants (see Facilitator’s guide).

Persuasion Group – "Persuasion groups are aimed at helping clients develop an understanding of how substance use has affected their lives, to become motivated to work on reducing their use of substances, and if desired to achieve abstinence. These goals are accomplished by creating an accepting group environment in which clients feel free to discuss their experiences with alcohol and (other) drugs without fear of judgement, social censure, or confrontation." (Mueser, et al., *Integrated Treatment For Dual Disorders*, Guildford Press, New York 2003. p 137)

Active Treatment Group - *"In active treatment groups all members have already developed awareness of substances' negative effects on their lives and the focus of group work shifts explicitly to helping participants reduce substance use further or successfully maintain abstinence."* (Mueser, et al., *Integrated Treatment For Dual Disorders*, Guildford Press, New York 2003. p 155)

Community Group Program - Refers to the variety of 12 step programs and other support groups not tailored to Dual Diagnosis consumer’s needs.