Presentation
by Phillip May
The Impact of an Inpatient Substance Misuse Group Program on Co-morbid Symptoms and Self efficacy
Why The Evaluation

- The program was in place
- It was evidenced based
- Thought was it effective?
- Support for the study was available
- Private Psychiatric Clinic
- 98 Bed Facility
- based in West Perth, Western Australia
  - Multidisciplinary Team:
    - Psychologists, Psychiatrists, Nurses and Occupational Therapists
Substance Misuse Program

- An individualised ten session modular program
- 4.5 hours of therapy Monday to Friday
- Active practice tasks are set for weekends
- The program design is a blending of:
  - Motivational interviewing techniques
  - Cognitive Behavioural Therapy
  - Interpersonal Therapy
  - Solution focussed therapy
Substance Misuse Program

- Modules Include:
  - Dependence and its complications
  - Introduction to Cognitive Behavioural Therapy model
  - Mood Management
  - Overview of Relapse Prevention
  - Anger Management
Substance Misuse Program

- Modules continued
  - Understanding and enhancing motivation
  - Engaged communications
  - Anxiety management
  - Enhancing self esteem
  - Improving support
Method

- Patients admitted between April 2010 and February 2011 were invited to join the study
Method

- Admission and discharge data gathered on:
  - DASS 21 (Depression anxiety and stress scales)
  - MH14 (Mental Health items form SF-36)
  - HoNOS Health of the Nation Outcome Scale
  - Frequency of Use Questionnaire
  - Time line follow back drug and alcohol Calendar Questionnaire
Method

- Data gathered one month post discharge
  - Frequency of use questionnaire
  - Timeline follow back drug and alcohol calendar questionnaire
Results

- 73 patients entered the study
- Mean Age 43.6  SD = 11.7
- Gender 56% female  54% male
- Length of stay 17.4 days (10.4)
- 77% of patients were alcohol dependent
Results

- Primary Diagnosis
  - Substance = 54.4%
  - Affective = 33.3%
  - Anxiety = 7.0%
  - Other = 3.0%

- Secondary Diagnosis
  - Substance = 85.3%
  - Anxiety = 25.0%
  - Affective = 20.6%
  - Personality = 8.8% (NB)
DASS Scores
(n=57 pre; n=47 post)

- Red: Depression
- Blue: Anxiety
- Black: Stress

Score (0-42)

Admission          Discharge
Mental Health Items of Medical Outcomes Short Form (MH-14)

Score (0-100)

Admission  Discharge

- Role Function Emotional
- Vitality
- Mental Health
- Social Function
Results

Brief Situational Confidence Questionnaire
(n=56 pre; n= 39 post)

- Negative Emotional States
- Negative Physical States
- Positive Emotional States
- Testing Personal Control
- Urges and Temptations
- Interpersonal Conflict
- Social Pressure
- Pleasant Times with Others

Score (0-100)

Pre
Post
## Time Line Follow Back (n=73)

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>1 Month Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average No. of drinks per day</strong></td>
<td>10.2 (range = 1/-50)</td>
<td>0.75 (range = 0-14)</td>
</tr>
<tr>
<td><strong>Average No. of drinking days per week</strong></td>
<td>5.8</td>
<td>0.8</td>
</tr>
<tr>
<td><strong>Average No. of Drinks Per Drinking Days</strong></td>
<td>11.6</td>
<td>5.03</td>
</tr>
</tbody>
</table>

**Note**: at follow up 76% were abstinent (n33)
Readiness to Change (n=26)

Pre-Contemplation
Contemplation
Action

Score (-8 to +8)

Pre  Post  Follow-Up
Discussion

- Readiness to change Questionnaire (RTCQ)
  - Showed a reduction at one month followup in both contemplation and action
  - This may have been influenced by individuals already moving into maintenance stage
  - As the majority of respondents had maintained abstinence, (76%), for > one month post treatment
  - Though this theory will need further review
Discussion

- Results showed significant improvements across all areas evaluated.
- Thought it was due to:
  - Inpatient therapeutic setting effect,
  - Program Effect
  - Patient motivation
  - Probability suggests a combination of all three factors.
Future Directions

- Look at the relationship between Readiness to change, Depression, Anxiety and Stress.
- Which patient diagnostic groups have better outcomes.
- Further patient follow up, (at three month intervals), over next the next twelve months.
THANK YOU

Feedback and Questions Please
5. Anyone can talk about wanting to do something about their drinking, but I’m actually doing something about it.

8. I am actually changing my drinking habits right now (either cutting down or quitting).

9. I have started to carry out a plan to cut down or quit.

12. I am actively working on my drinking problem.
Frequency of Use: Alcohol

Pre

Follow-Up (1 Month)
Frequency of Use: Amphetamines

Pre

<table>
<thead>
<tr>
<th>Frequency of AMPHETAMINE Use Pre</th>
<th>Percent</th>
</tr>
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<tbody>
<tr>
<td>Daily</td>
<td>0.0%</td>
</tr>
<tr>
<td>3-4 Times PW</td>
<td>0.0%</td>
</tr>
<tr>
<td>4-5 Times PW</td>
<td>0.0%</td>
</tr>
<tr>
<td>4-5 Times PM</td>
<td>0.0%</td>
</tr>
<tr>
<td>1-3 Times PM</td>
<td>0.0%</td>
</tr>
<tr>
<td>Not at all</td>
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</tr>
</tbody>
</table>

Follow-Up (1 month)

<table>
<thead>
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<th>Frequency of AMPHETAMINE Use 1mo</th>
<th>Percent</th>
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</thead>
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</tbody>
</table>
Frequency of Use: Sedatives

Pre

Follow-Up (1 Month)
Frequency of Use: Marijuana

Pre

Follow-Up (1 Month)
Frequency of Use: Other

Pre

Follow-Up (1 Month)