

Bipolar and substance abuse: The experiences with a new group therapy

*Integrated Group Therapy for Bipolar Disorder
and Substance Abuse in the Netherlands*

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Background

- Comorbidity of bipolar disorder and substance abuse is about 50%;
- Of the Axis I disorders of DSM-IV-TR, bipolar disorder has the highest percentage of comorbidity with substance abuse;
- Substance abuse and bipolar disorder have a negative impact on one another.

Background

- In the Netherlands, no treatment method is available for this specific dual diagnosis;
- Group interventions are the most effective interventions for treating a dual diagnosis;
- Systematic review: group interventions for bipolar disorder and substance abuse.

Background

- One evidence based intervention: *Integrated Group Therapy for Bipolar Disorder and Substance Abuse* (Weiss & Connery, 2011);
- Twelve sessions, elements of CBT, self-help programs and psychoeducation;
- Encouraging results from qualitative studies (Weiss et al., 2000; Weiss et al., 2007; Weiss et al., 2009).

Background

- Slightly adjusted Dutch version: *Groepstherapie voor Bipolaire stoornissen en Middelenmisbruik (GBM)*;
- Abstinence as the goal: a requirement for IGT, not for GBM;
- First exploration: qualitative research on the experiences of participants.

Question

How did participants experience GBM and how has GBM influenced their behaviour and thoughts about the comorbidity of the bipolar disorder and substance abuse?

Objective

The results of this study will contribute to the further development of GBM in the Netherlands.

Methods

- Phenomenological study;
- In-depth interviews;
- Convenience sample;
- n=5;
- Analysis: Colaizzi's approach.

Results

Background information participants

Participant	Sex	Age	Type bipolar disorder	When diagnosed with bipolar disorder?	Substance that causes the most problems	How long problems with this substance?	Earlier treatment in drug rehabilitation?	Where GBM?
1	Female	35	I	2009	Alcohol	2 years	No	Tilburg
2	Male	38	II	2009	Alcohol	21 years	No	Tilburg
3	Male	33	II	2005	Alcohol	1 years	No	Breda
4	Female	55	I	2003	Alcohol	26 years	No	Breda
5	Male	30	I	2013	Cannabis	12 years	No	Tilburg

Results

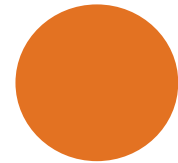
Four fundamental themes:



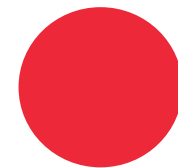
Personal development



Peer support

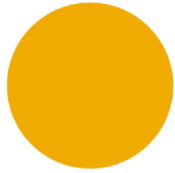


Relations with nearest and dearest



Process/technical aspect of GBM

Results



Personal development

All participants have reduced use of substances or are abstinent.

“I thought that I was able to regulate my use of alcohol in a period of stability: now, I don’t think I was. That’s what I found out during GBM.”

“Impulsive decisions happened less frequent since I started to reduce my use of cannabis and alcohol.”

Results



Peer support

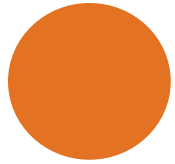
Four participants said peer support is very important.

“The fact that I wasn’t the only one was a true validation for me.”

“You have your ups and downs, obviously ... but it has been a huge support for me to know that there are people who care for me.”



Results



Relations with nearest and dearest

Four participants said relations with family and friends have improved.

“After I got home, he would ask: ‘how did it go’? ... He reinforced everything I learnt during GBM.”

“After talking more about it with my family, it became easier for me to visit my sisters more often.”

Results



Process/technical aspect of GBM

Overall very positive reactions, but more interaction is advised and nearest and dearest could get involved more.

”GBM could have been more interactive ... More questions like ‘do you recognize this?’, or ‘what would you do if...?’”

Strengths and weaknesses

Strengths:

- Patient perspective;
- Innovation of the care for this specific type of patients.

Weaknesses:

- n=5;
- Differently executed;
- Involvement researcher in both implementation and study;
- Limited member check.

Conclusion

Encouraging signs that GBM could be a valuable asset to the integrated treatment of patients with a bipolar disorder and substance abuse in the Netherlands.

However: participants didn't respond to having a different view on the comorbidity.

Recommendations

- More involvement of nearest and dearest;
- Involvement of peer workers;
- More studies on group interventions for specific combinations of dual diagnoses are needed;
- Spread of implementation of GBM in the Netherlands;
- More studies on GBM.

Any questions?

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