

TREATMENT MILLIEU IN FJORDHUS

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Background Research

- Dual diagnosis is defined as a co-occurring psychiatric disorder and substance abuse disorder. It tends to be a chronic relapsing disorder with persistence over many years (Drake et al 1996).
- Co-morbidity with mental illness and drug abuse is very common: 25-35% of people with mental illness manifest substance abuse disorder within the past 6 months (Mueser et al 1995)
- People with dual diagnosis experience higher rates of homelessness, victimization and HIV infection than people with psychiatric illness alone (Alverson 2000)

Background Research

- Integration of treatments for mental illness and substance abuse.
- Provision of close monitoring and support
- Recovery takes place over months/years. Programs take a long term perspective (link inpatient - outpatient services)
- Motivation/commitment to recovery is variable: motivational techniques can have an important role
- Treatment should accommodate for patients stage of recovery and symptom severity

(Drake & Mueser 2000), (Bellack & DiClemente 1999)

Treatment in Fjordhus

- Established in March 2003, consisting of 6 dedicated wards (90 patients) for treatment of dual diagnosis. Open wards with screen function*
- Treatment based on cognitive behavioural model
- Multi-disciplinary team (psychiatrists, psychologists, nurses, OT's and socialworkers) Contact person is responsible for the co-ordination of all aspects of patient treatment



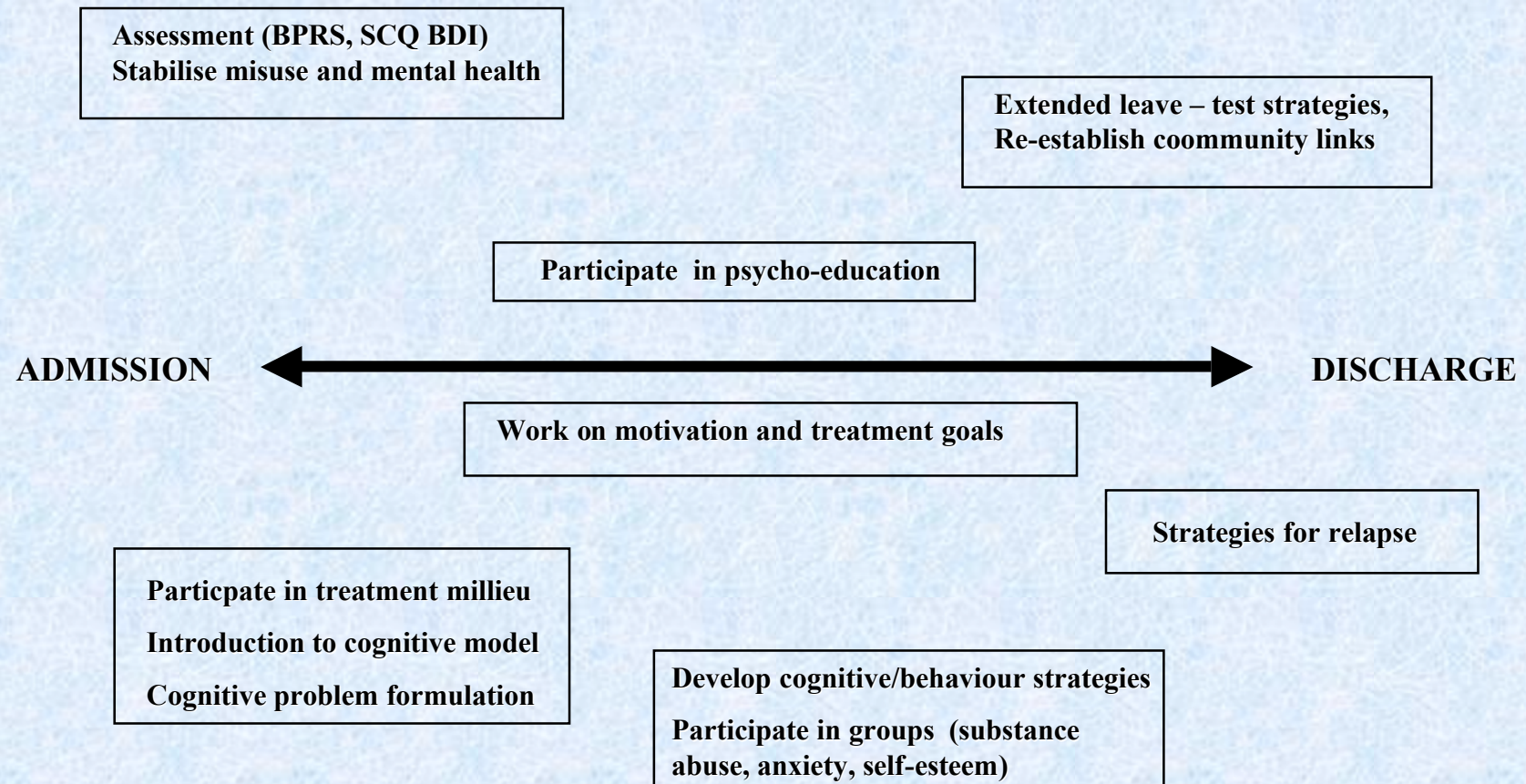
Cognitive Milieu Therapy

- Integrated treatment of psychosis and drug misuse using a combination of pharmacological and psychological interventions. (Adapted from Kognitiv Miljøterapi (2001))*
- Focus on motivation and the development/implementation of individual treatment programs within an supportive environment.
- Psychological interventions with a practical orientation and particular emphasis on social functioning and symptom management
- Ward milieu encouraging participation in groups with particular focus on self-efficacy and taking responsibility

Treatment areas in CMT

- The cognitive model: identify problematic thoughts (beliefs) and behaviour and develop new more adaptive strategies and thought patterns
- Pscho-education: information and discussion of relevant topics and issues (substance abuse, health issues, schizophrenia, anxiety)
- Social skills: develop social competence and establish and maintain meaningful relationships
- Millieu: All patients are expected to be active and participate in common meetings, duties and activities. Participation in different treatment groups is also encouraged

Treatment in Fjordhus



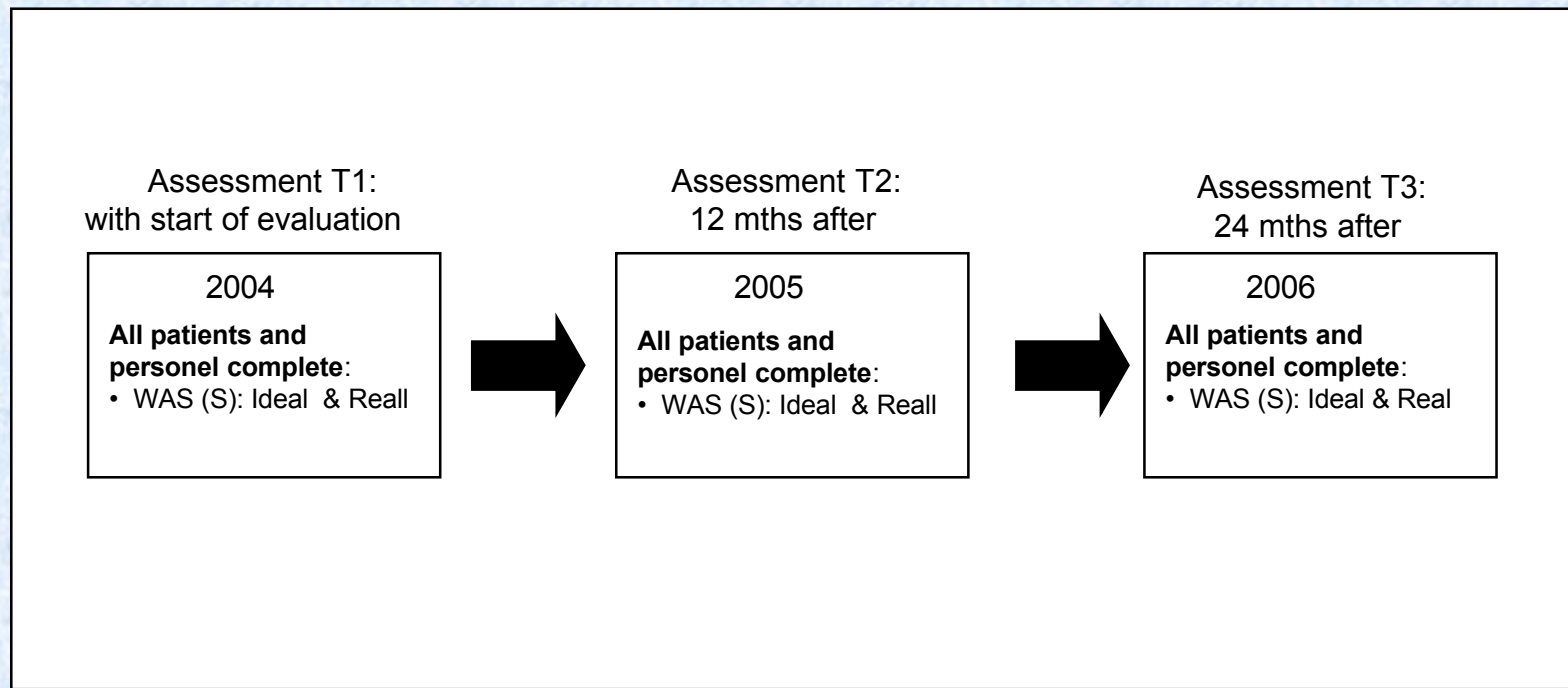
Fjordhus Evaluation

- 1. *General evaluation*: Evaluate the response of dual diagnosis inpatients to cognitive milieu therapy, examine impact on drug misuse, psychopathology, social functioning and long term satisfaction
- 2. *Individual evaluation*: Evaluate the impact of individual interventions offered to selected inpatients (eg: groups for anxiety, low self-esteem, social skills & misuse)
- 3. *Ward Atmosphere* : Examine the treatment milieu as perceived by patients and personnel

3. Ward Atmosphere

- *Goal:* measure the actual and desired treatment milieu as currently perceived by inpatients and personal
- *Participants:* All inpatients willing to complete questionnaire and all personnel connected to ward (multidisciplinary)

Experimental design: Ward atmosphere



Ward Atmosphere

- Ward Atmosphere is concerned with the social environment and qualities of inpatient programs that contribute to the treatment milieu (Jansson & Eklund 2002)
- The link between suitable treatment milieu and positive treatment outcomes is well established (Eklund & Hannson 1997)
- Rudolf Moos (1996) has operationalized the measurement of ward atmosphere thru the Ward Atmosphere Scale (WAS) (real and ideal versions)

Ward Atmosphere

- The creation of a particular ward atmosphere based on characteristics on the patients illness can improve treatment outcomes.
- Psychotic patients can improve more in a milieu with low aggression, high order and organization and high staff-patient contact (Friis 1986, Vaglum & Friis 1984)
- It has been suggested that other patient groups (non-psychotic and dual diagnosis) may also benefit from different treatment milieus

Ward Atmosphere Scale (WAS) (Moos 1996)

Involvement

Support

Spontaneity

Relationship

Dimensions

Autonomy

Personal problems orientation

Practical orientation

Anger and Aggression

Personal Growth

Dimensions

Order and organization

Program Clarity

Staff Control

System Maintenance

Dimensions

Relationship Dimension

- *Involvement*: how active and energetic patients are in the program
- *Support*: How much patients help and support each other. How supportive staff are to patients
- *Spontaneity*: How much the program encourages the open expression of feelings by patients and staff

Personal Growth Dimension

- *Autonomy*: how self sufficient and independent patients are in making their own decisions
- *Practical orientation*: the extent to which patients learn practical skills and are prepared for discharge
- *Personal problem orientation*: the extent to which patients seek to understand their feelings about personal problems
- *Anger and Aggression*: how much patients argue with other patients and staff or display aggressive behaviour

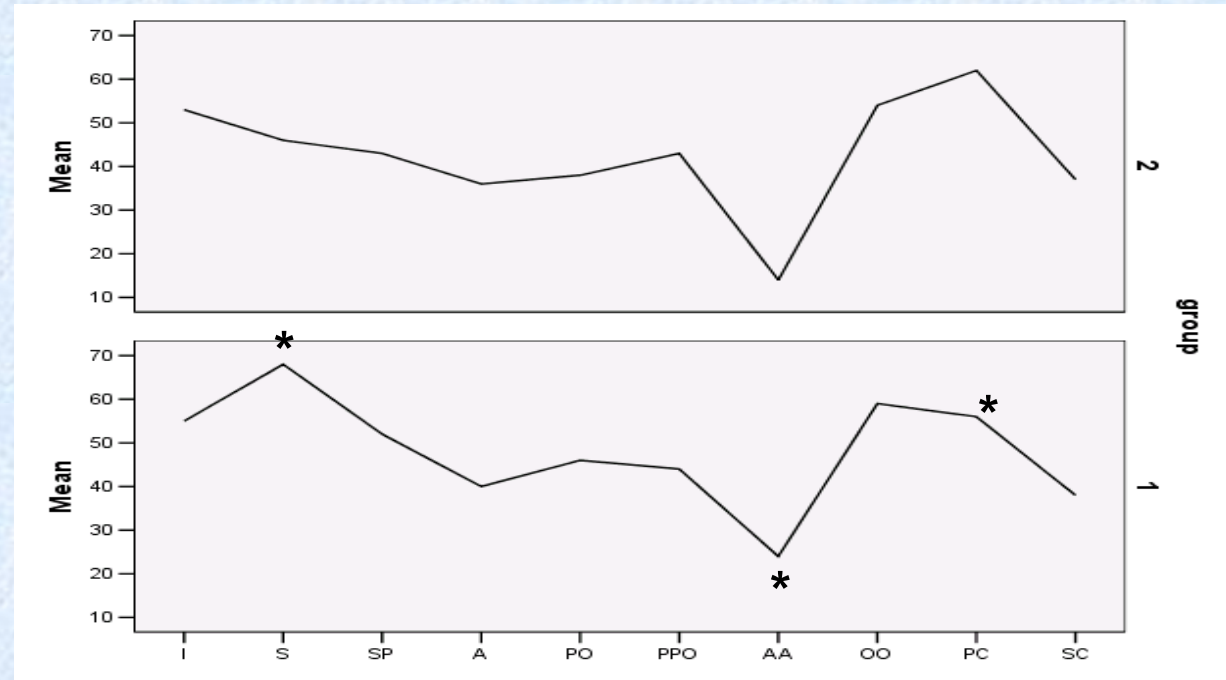
System Maintenance Dimension

- *Order and organisation*: how important order and organisation are in the program
- *Program Clarity*: the extent to which patients know what to expect in their day to day routine
- *Staff control*: the extent to which staff use measures to keep patient under unnecessary control

Perception of current treatment milieu (real)

PERSONNEL

PATIENTS



- Patients and personnel largely agree on current treatment milieu
- Patients perceive treatment as more supportive and with less program clarity than personnel.
- Personnel perceive the expression of anger and aggression lower than patients

Treatment milieu created by CMT

RELATIONSHIP DIMENSION: High in support, moderate in involvement, and spontaneity

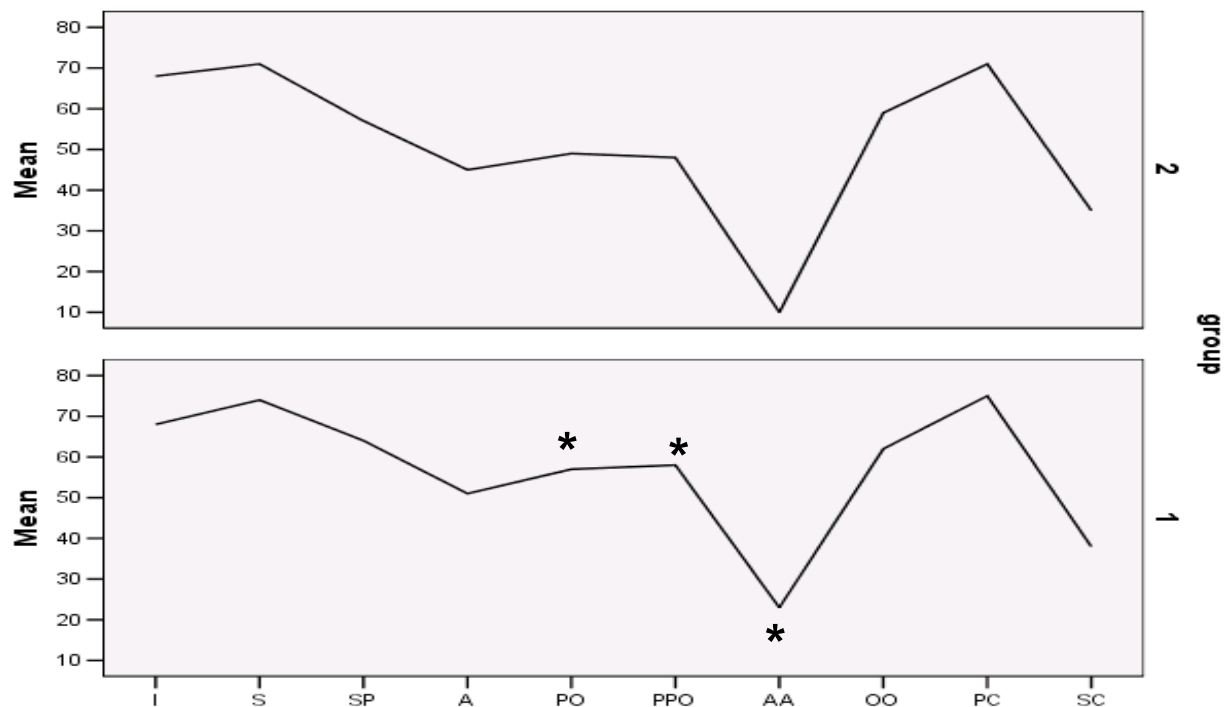
PERSONAL GROWTH DIMENSION: Moderate focus on personal problems, autonomy and practical skills and low in the expression of anger and aggression

SYSTEM MAINTAINENCE: High in program clarity, moderate in program structure and low/moderate in staff control

How is this different to the your clients perceptions of treatment ?

Perception of desired treatment milieu (Ideal)

PERSONNEL



PATIENTS

- Patients and personnel mostly agree how the ideal treatment milieu should be.
- Patients want more focus on practical skills, personal problems and expression of anger and aggression than personnel.
- Both groups perceive a low/moderate amount of staff control as appropriate

Desired treatment milieu

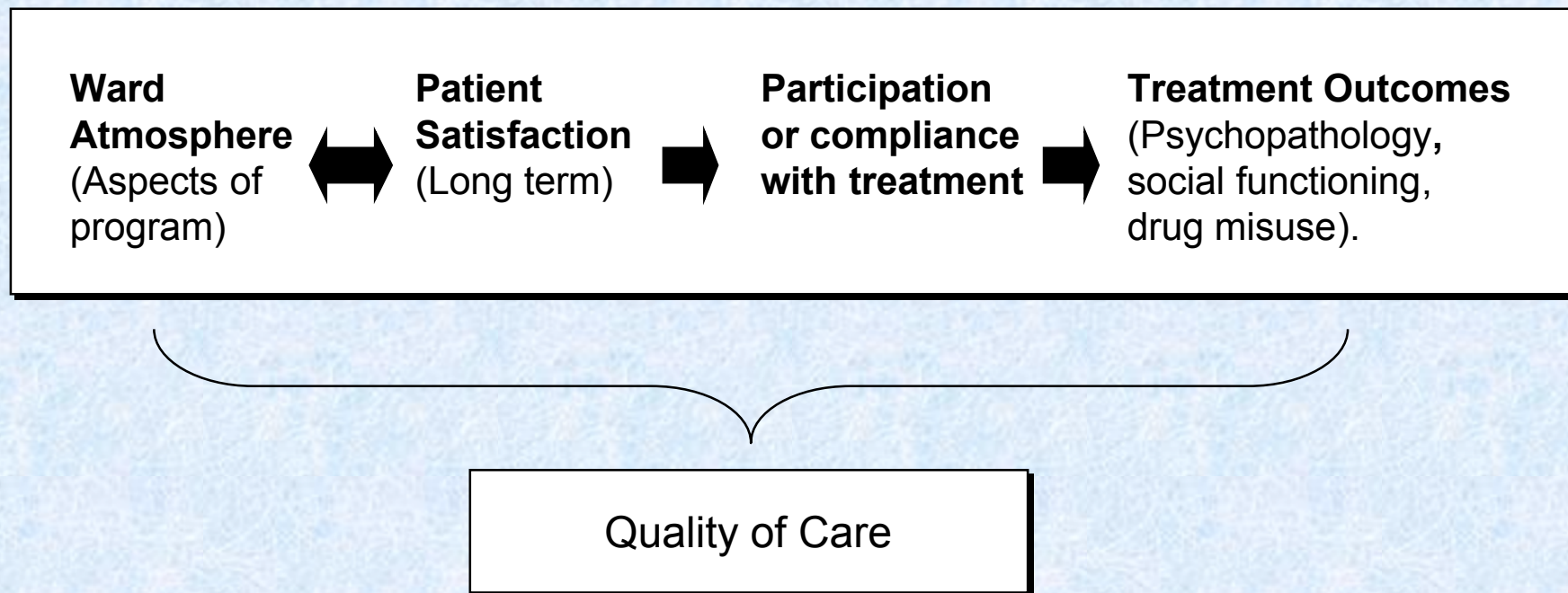
RELATIONSHIP DIMENSION*: High in involvement, support and spontaneity

PERSONAL GROWTH DIMENSION: Moderate focus on på autonomy, personal problem orientation* and practical skills*. Low in expression of anger and aggression

SYSTEM MAINTAINENCE: Very high in program clarity*, moderate/high in program structure* and low/moderate in staff control

What aspects do community patients desire from treatment ?

Conceptual model (Eklund & Hansson 2001), (Shipley et al. 2000)



What do you think of this model? Are there any problems or limitations?

Issues to consider

- Is it possible to achieve the ideal treatment milieu and what impact would it have on outcomes?
- Is it a good thing that patients and personal hold the same perceptions about treatment milieu?
- Can one measure treatment milieu with a cross sectional questionnaire? What are some other alternatives?
- Is dual diagnosis, too broad a group to propose a single suitable treatment milieu?

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