

## Effectiveness of Pillars of Recovery Group Psychosocial Intervention (PSI) for co-morbid mental health and substance dependence (dual diagnosis): An initial pilot outcomes evaluation

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**INTRODUCTION:** There is a relative lack of evidence-based group psychosocial interventions (PSI) available to service users seeking support for comorbid mental health and substance dependence difficulties, or ‘dual diagnosis’. This study sought to evaluate the initial effectiveness of a new group PSI for dual diagnosis, ‘Pillars of Recovery’ to service users to achieve improvements to their mental health, general quality of life and wellbeing, social functioning and also reduce their substance use and dependency.

**METHOD: Design:** This was the initial stage of a larger, mixed-methods outcomes evaluation incorporating immediate and long-term follow-up of service users. **Setting:** These were dual diagnosis treatment services in Wales. **Participants:** This study reports immediate quantitative psychosocial outcomes from a group of  $n = 42$  dual diagnosis service users following a 12-week treatment period. **Intervention:** The intervention was the group PSI Pillars of Recovery for dual diagnosis. **Measurements:** This was a battery of standardised psychometric assessments including; Lifestyle Balance Model (LBM), screening tool; Leeds Dependence Questionnaire (LDQ, Raistrick et al., 1994); Patient Health Questionnaire (PHQ-9, Kroenke et al., 2001); General Anxiety Disorder Scale (GAD-7, Spitzer et al., 2006); General Health Questionnaire (GHQ-12, Goldberg and Hillier, 1979); Personal-Wellbeing Index-Adult (PWI-A, Cummins et al., 2003); General Self-Efficacy Scale (GSE, Schwarzer et al., 1997).

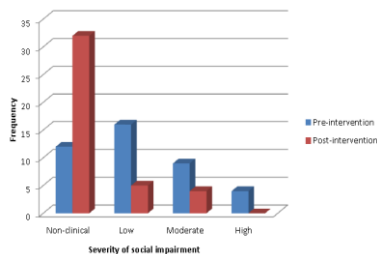
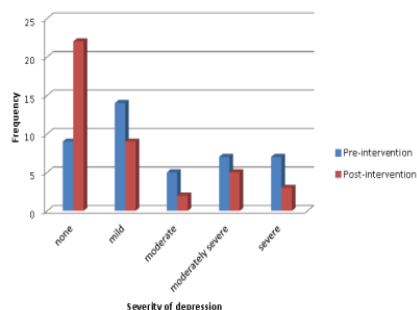
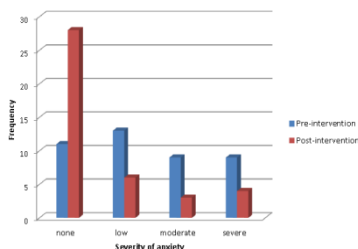
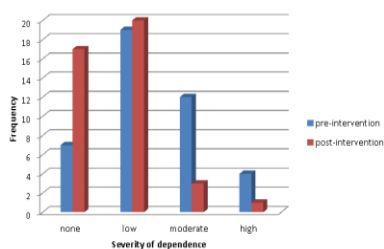
**RESULTS:** Data indicates both statistical improvements in drug and alcohol use and dependence, depression, anxiety, social functioning, quality of life and self-efficacy one-week following the 12-week treatment period. Additionally, effect size calculations revealed that improvements in psychometric scores were robust and likely a result of engagement with the intervention. Table 1 provides statistical data for these analyses. In addition, clinical improvements were identified with numbers of service users reaching clinical thresholds for substance dependence, anxiety, depression and social impairment reducing from pre- to post-intervention period.

**Table 1: Statistical outputs from analyses of psychometric data**

Psychometric Measure	Baseline	Post-treatment	Z	r
	Mean (sd)	Mean (sd)		
LBM**	32.17 (11.51)	43.63 (9.37)	4.990	.77
Alcohol consumption (TOP)*	6.38 (10.05)	3.14 (6.62)	-2.458	.38
Drug consumption (TOP)**	11.57 (22.86)	3.66 (11.76)	-3.300	.51
Substance dependency (LDS)**	8.43 (7.93)	3.05 (5.17)	-3.756	.58
Depression (PHQ)**	10.52 (7.10)	6.41 (6.75)	-3.543	.55
Anxiety (GAD)**	8.69 (6.53)	4.76 (5.49)	-3.814	.59
Social functioning (GHQ)**	13.07 (8.64)	7.07 (5.63)	-3.576	.55
Quality of Life (PWI)**	47.43 (15.75)	58.93 (16.62)	3.610	.56
Self-efficacy (SES)**	28.21 (6.30)	32.24 (6.06)	3.990	.62

\* Statistically significant at the  $p = .014$  level

\*\* Statistically significant at the  $p = .001$  level



**Figures 1-4:** Changes in numbers of service users reaching clinical thresholds for substance dependence, anxiety, depression and social impairment from pre- to post-intervention period.

**DISCUSSION:** These initial findings would indicate that Pillars of Recovery may result in encouraging clinical outcomes for service users presenting with dual diagnosis. Longer-term follow-up data has recently been collected, so it is hoped that these data will provide insights into potential sustained clinical improvements in this population. In addition, qualitative interview studies are currently underway with practitioners and service users to explore in more detail their experiences with Pillars of Recovery.

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