Region Hovedstadens Psykiatri
Kompetencecenter for Dobbeltdiagnoser

Muligheder for tværsektoriel og tværfaglig forskning indenfor dobbeltdiagnose-området?

29.11 2021 – Dansk Psykologforenings Selskab for Misbrugspsykologi

Baggrund

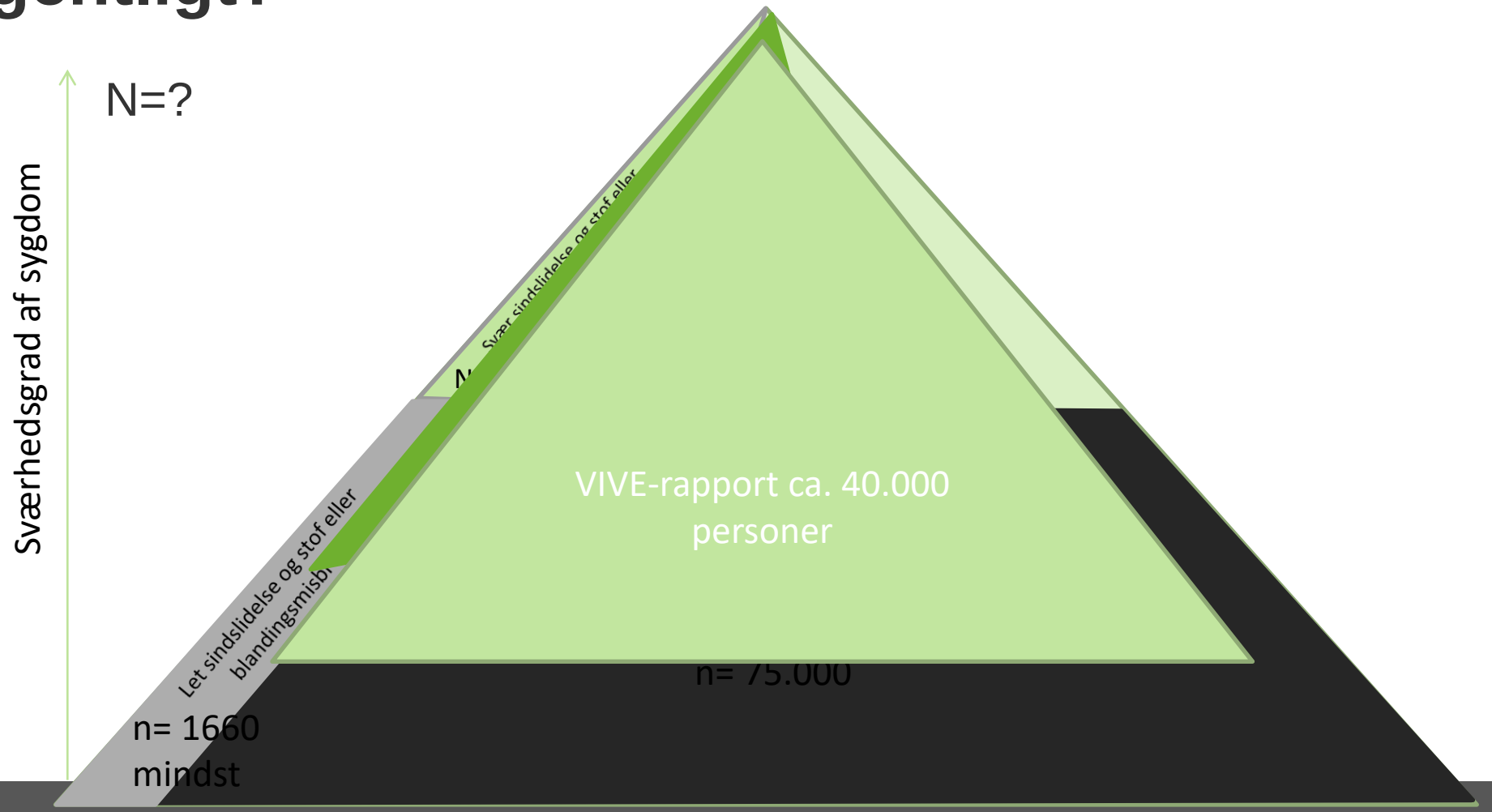
- Fra Kompetencecenter for Dobbeltdiagnoser, RHP
  - Tværfaglig forsknings- og udviklingsenhed
  - Samarbejder med afd. M, Sct. Hans
  - Antropologer, psykiater, folkesundhedsvidenskab, sygeplejerske, psykolog
- Undertegnede:
  - 2 år i rusmiddelbehandlingen, 6 år i dobbeltdiagnose-team, 2 år i psykoseteam
  - Seneste 6 år som projektleder i KFD
  - Ved at afslutte ph.d. om cannabis og psykoselidelser

Struktur

- Eksempler på, hvad jeg har arbejdet/arbejder med i ph.d.-afhandlingen.
- Overordnede ‘fund’ undervejs i arbejdet.
- Skridt i en pragmatisk orienteret forskningsproces som ramme for diskussion om tværsektoriel og/eller tværfaglig forskning.

Hvad er dobbeltdiagnose?

Hvor mange dobbeltdiagnosepatienter er der egentligt?



Ref:
Mårtensson, Johansen et al. 2019
Benjaminsen 2018
Birgitte Bækgaard Brasch m.fl. 2011

(Slide lånt fra Solvej Mårtensson & Katrine S. Johansen)

Hvordan opstår dobbeltdiagnose?

Ætiologisk model	Beskrivelse	Eksempler
Fælles faktor-modellen	Genetiske, psykologiske eller miljømæssige faktorer disponserer for begge problemer.	Genetisk disposition, anti-social personlighed, socioøkonomisk status.
Sekundær misbrugs-model	Psykiske vanskeligheder går forud for udvikling af et problematisk stofbrug.	Selvmedicinerings-hypotesen, dysfori-hypotesen, super-sensitivitets-hypotesen.
Sekundær psykisk lidelse	Stofmisbrug går forud for udviklingen af en psykisk lidelse.	Psykotomimetiske effekter, rusmidler som stressor.
Bidirektionel model	Fortløbende interaktion mellem de to typer af vanskeligheder, der forstærker den samlede problematik.	Betegnes som intuitivt appellerende men er ikke undersøgt empirisk.

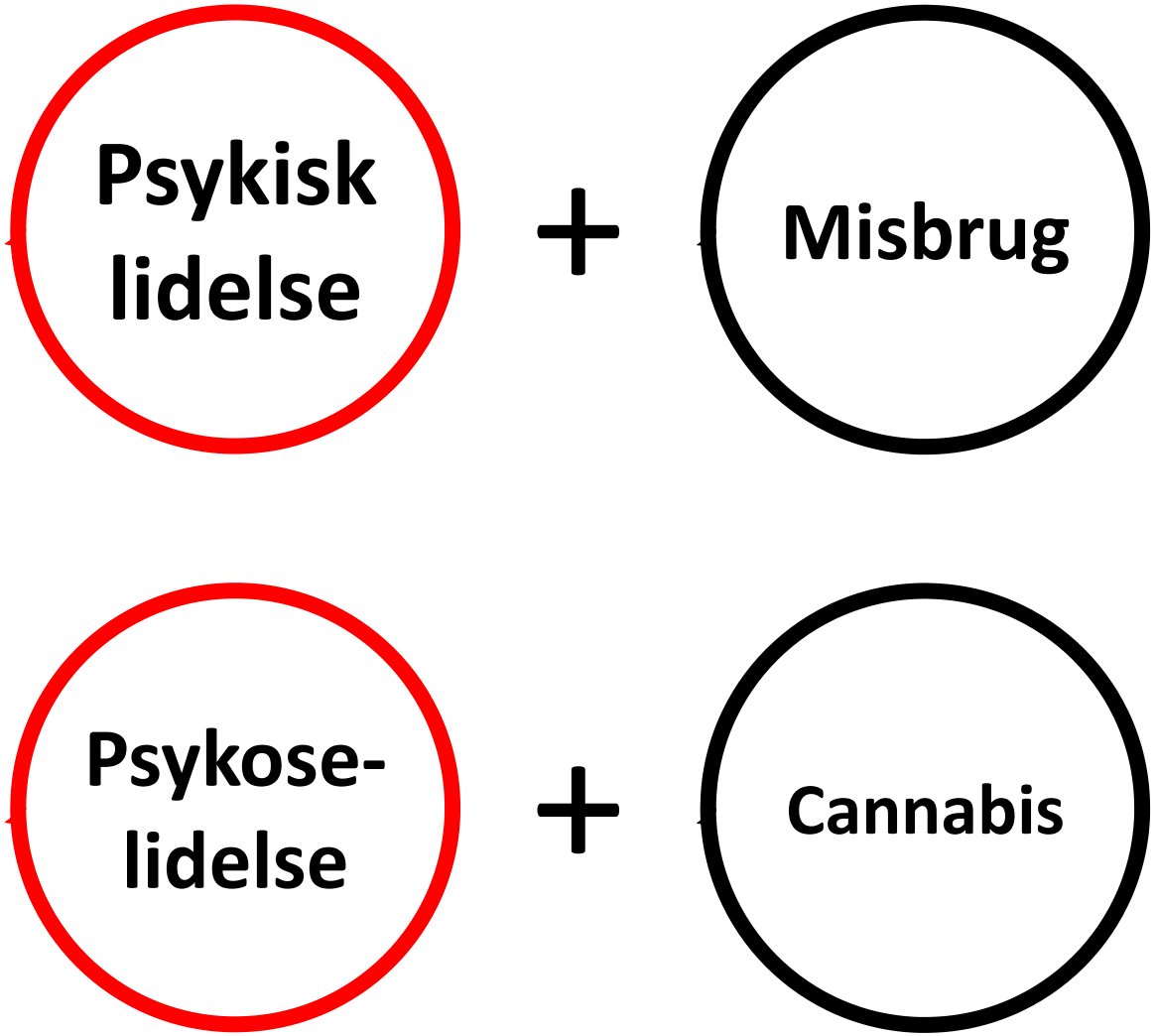

Psykisk lidelse
+
Misbrug
Psykose-lidelse
+
Cannabis

Table 1. An overview of RCT's since 2000 focused exclusively on reducing cannabis use in psychosis. Trials located first via a review by Hjorthøj, Fohlman & Nordentoft (2009) then updated via PubMed, PsycInfo and handheld search via literature references and Google.

Title	Reference	Intervention	N=	Results	Recommendation
Randomized controlled trial of a cannabis-focused intervention for young people with first-episode psychosis.	Edwards et al. 2006	Psychoeducation vs. Cannabis and psychosis therapy: similar to Motivational Interviewing (MI)	N=47	No difference in condition	Psychoeducation should be considered before implementing more intensive offers.
Motivational Intervention to Reduce Cananbis Use in Young People with Psychosis: A Randomized Controlled Trial.	Bonsack et al. 2011	Treatment as usual (TAU) + MI vs. TAU	N=62	Short-term impact of enhanced condition but no difference between conditions after 1 year.	MI could be used more intensively in psychiatric teams due to effect and patient satisfaction.
A multi-center, randomized controlled trial of a group psychological intervention for psychosis with comorbid cannabis dependence over the early course of illness.	Madigan et al 2013	Group psychological intervention using CBT, MI vs TAU	N=88	No evidence for effect on cannabis use, symptoms, global functioning insight or attitude to treatment.	Future studies seeking to develop alternative engagement strategies that are both effective and acceptable to this challenging group of patients may first consider utilizing qualitative research techniques that elicit patient opinion and choice on this matter.
Specialized psychosocial treatment plus treatment as usual (TAU) versus TAU for patients with cannabis use disorder and psychosis: the CapOpus trial.	Hjorthøj et al. 2013	TAU + MI and cognitive behavioral therapy (CBT) vs. TAU	N=103	No significant difference between conditions.	Research should be taken a step further by adding a pharmacological component to future trials.
A phase-specific psychological therapy for people with problematic cannabis use following a first episode of psychosis: a randomized controlled trial.	Barrowclough et al. 2013	TAU + brief MI/CBT vs. TAU + long MI/CBT vs. TAU	N=110	No difference in conditions nor improvement in clinical outcome.	Clinically: For people not in action stages, shift focus to broader problems associated with cannabis use. For research: Develop better understanding of benefits of using cannabis.
A contingency managment intervention to reduce cannabis use and time to relapse in early psychosis: the CIRCLE RCT.	Johnson et al. 2019	Contingency Management (vouchers once weekly for 12 weeks following confirmed abstinence) + optimized TAU vs. TAU	N=530	No difference in cannabis use or relapse between arms after 18 months.	A pressing need remains to identify suitable treatments. A wider perspective on the social circumstances of young people with psychosis may be needed for a succesful intervention to be found. succesful intervention to be found.

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		vs. TAU		succesful intervention to be found.

Hvad så?
(bredere perspektiv, bedre forståelse, alternative strategier)

Om at være 'fanget' i en begrebsramme:

1. Kig 'omkring' fænomenet dobbeltdiagnose: hvorfor er det opstået, hvad kendetegner det?

affected populations under study. At the same time, it created an unintended epistemic prison that was palpably impeding

2. Vend tilbage til fænomenet: beskrivelser ikke af 'dobbeltdiagnose' men af konkrete mennesker, deres kontekst og udvikling over tid.

Metode: Idiografisk, longitudinal, kvalitativ, inddragende, Situational Analysis

Tilgang: Pragmatisk videnskabsforståelse

('viden' indgår i udviklingen af praktiske 'greb' på en given vanskelighed)

1. Kig 'omkring' fænomenet dobbeltdiagnose: hvorfor er det opstået, hvad kendetegner det?

Psychiatry

1950+ Deinstitutionalization

1980+ Start of diagnostic proliferation with DSM-III

1980+ Narrow conception of scientific evidence

2000+ Steep rise in forensic psychiatric population

2010+ Crises of diagnostic systems and research programmes

Addiction

1960+

Society

1960+

1960s

ion of the self

Dual diagnosis

1970+ Gap between psychiatry and addiction services

1980+ Increasingly siloed knowledge production

1989 Dual diagnosis first appears in the literature

1990s First textbooks on dual diagnosis suggesting integrated treatment

2000+ Continuing challenges with cohesion between services

1950 **2000** **Now**

System-niveau beskrivelse:
Dobbeltdiagnose er betegnelsen for mennesker som udfordrer behandlingsystemernes organisering og kategoriseringssystemer – og hvor forskellige logikker og magtforhold forpurrer udviklingen af en løsning.

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Kvalitative interview (6 fordelt over et år) med personer med 1) en psykoselidelse, og 2) et aktivt forbrug af cannabis.

- Opvækst, skolegang, sociale relationer, stoffer, psykiske vanskeligheder

To ‘værktøjer’:

- Personlige netværksmodeller
- Kort over ‘affordances’

Hvorfor er der brug for sådan noget som en helhedsorienteret model?

JOURNAL OF DUAL DIAGNOSIS, 9(2), 105–106, 2013

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Routledge
Taylor & Francis Group

EDITORIAL

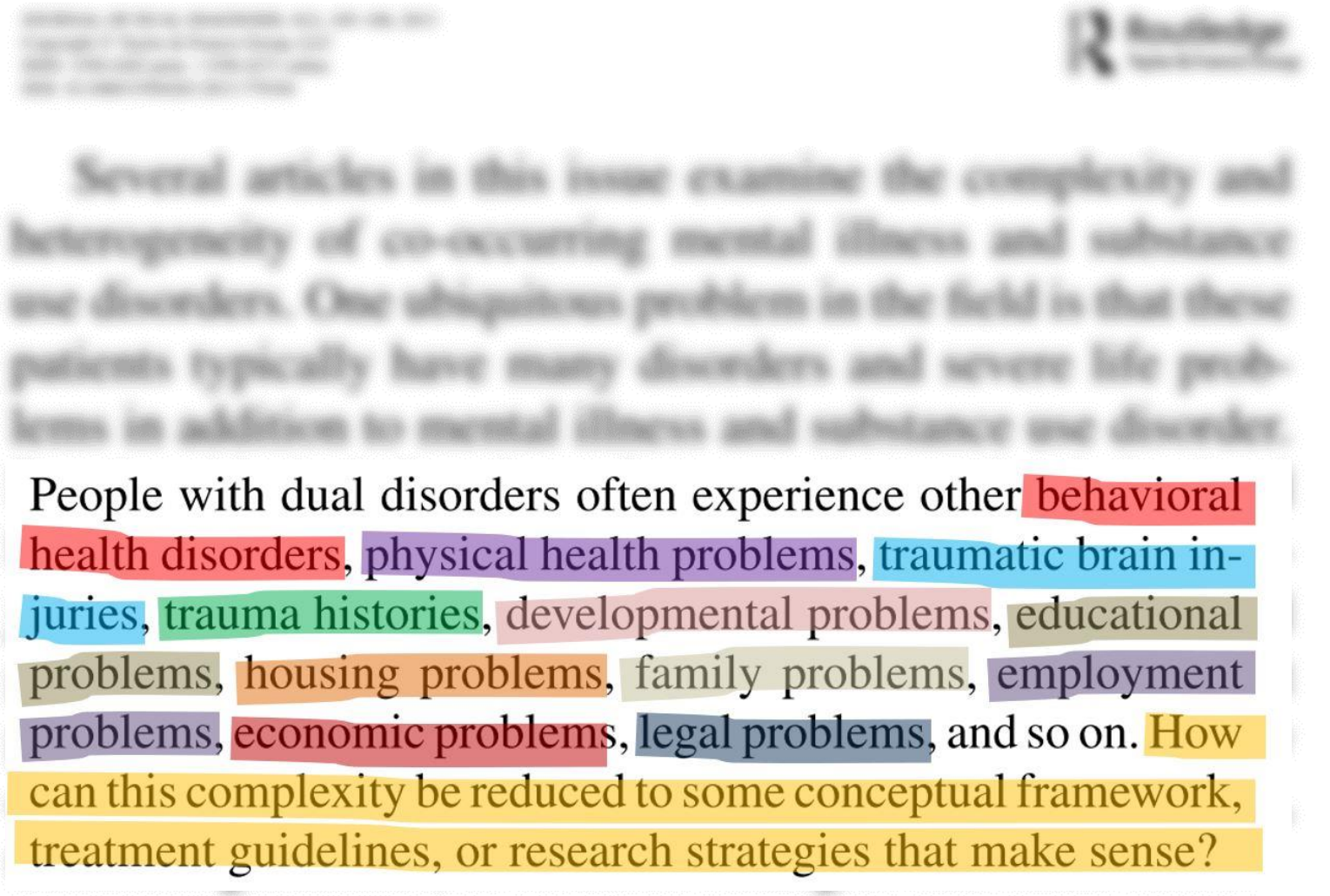
The Challenge of Heterogeneity and Complexity in Dual Diagnosis

Robert E. Drake, MD, PhD,[1,2] and Alan I. Green, MD[2]

Several articles in this issue examine the complexity and heterogeneity of co-occurring mental illness and substance use disorders. One ubiquitous problem in the field is that these patients typically have many disorders and severe life problems in addition to mental illness and substance use disorder.

Sawh, Rodrigues, Fisher, Kane, Kuhn, Ellison, and Smelson consider unemployment among homeless veterans with co-occurring disorders. Nochajski, Stasiewicz, and Patterson examine depression among people referred for evaluation following court referrals for driving under the influence. All

Hvorfor er der brug for sådan noget som en helhedsorienteret model?



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People with dual disorders often experience other behavioral health disorders, physical health problems, traumatic brain injuries, trauma histories, developmental problems, educational problems, housing problems, family problems, employment problems, economic problems, legal problems, and so on. How can this complexity be reduced to some conceptual framework, treatment guidelines, or research strategies that make sense?

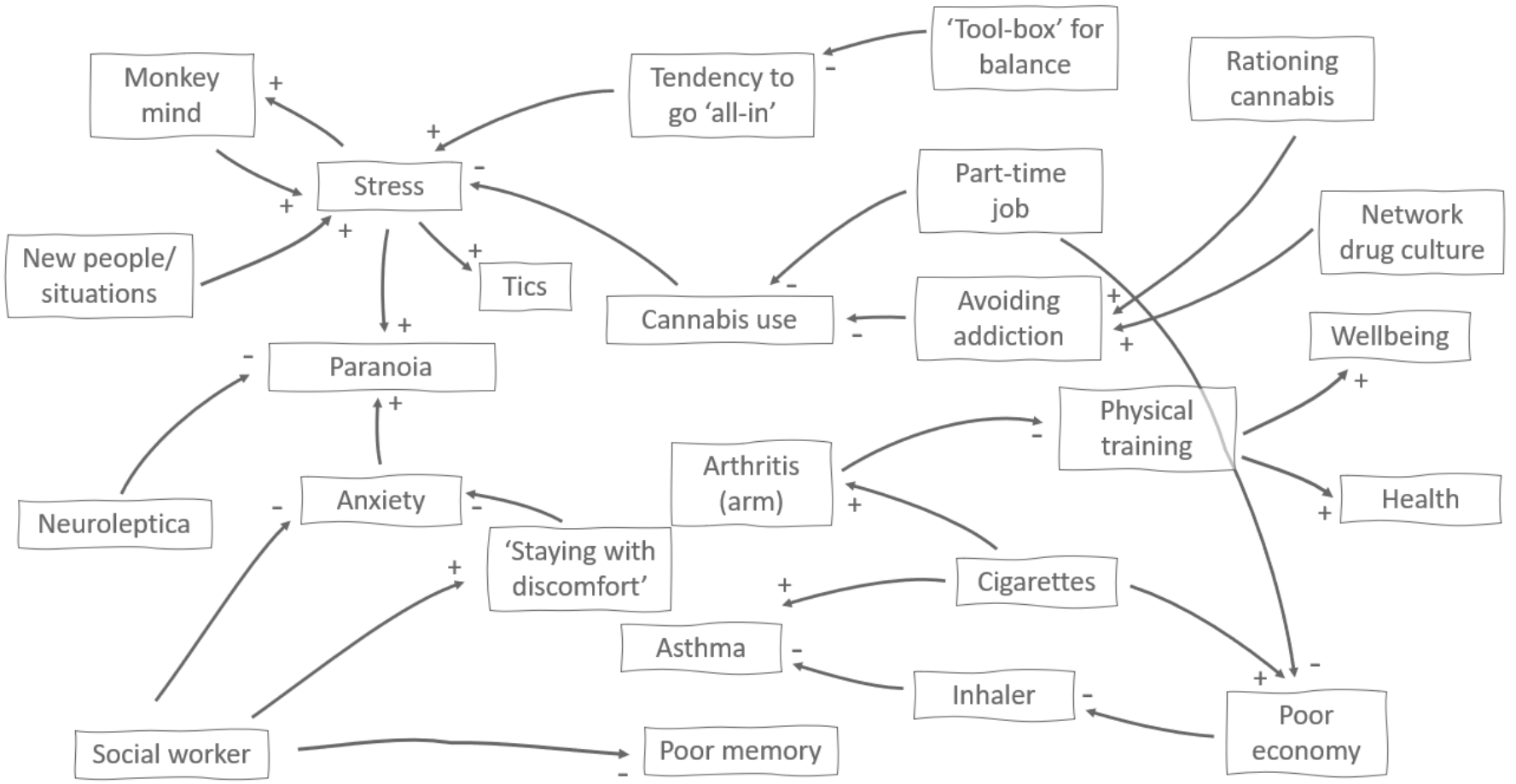
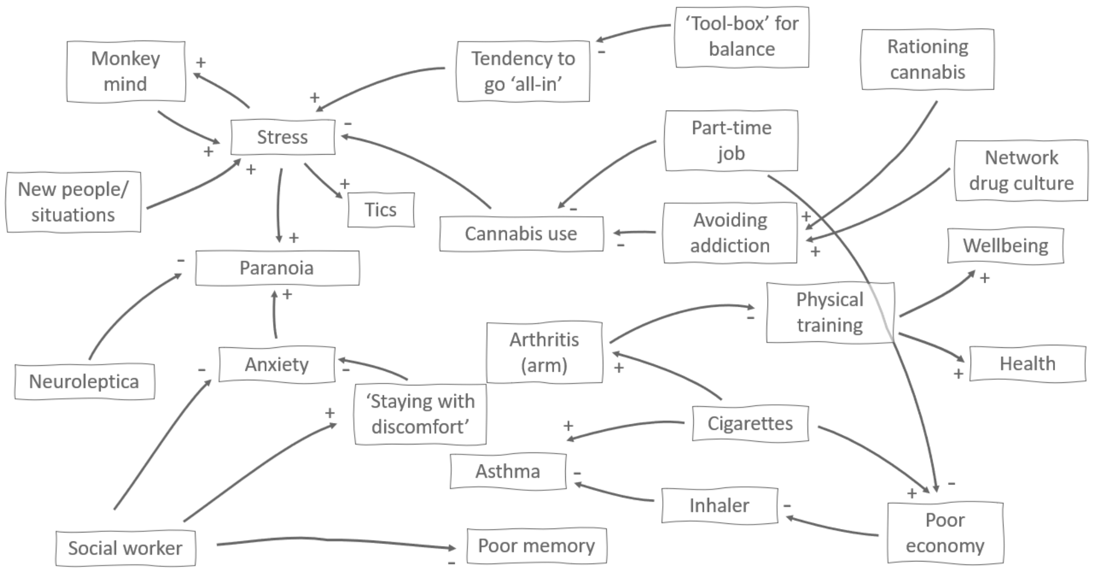
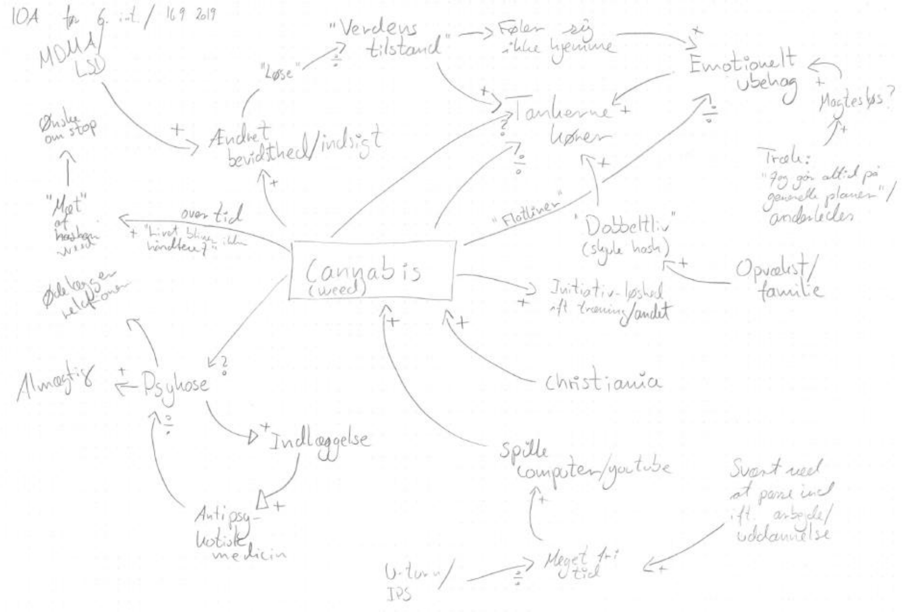


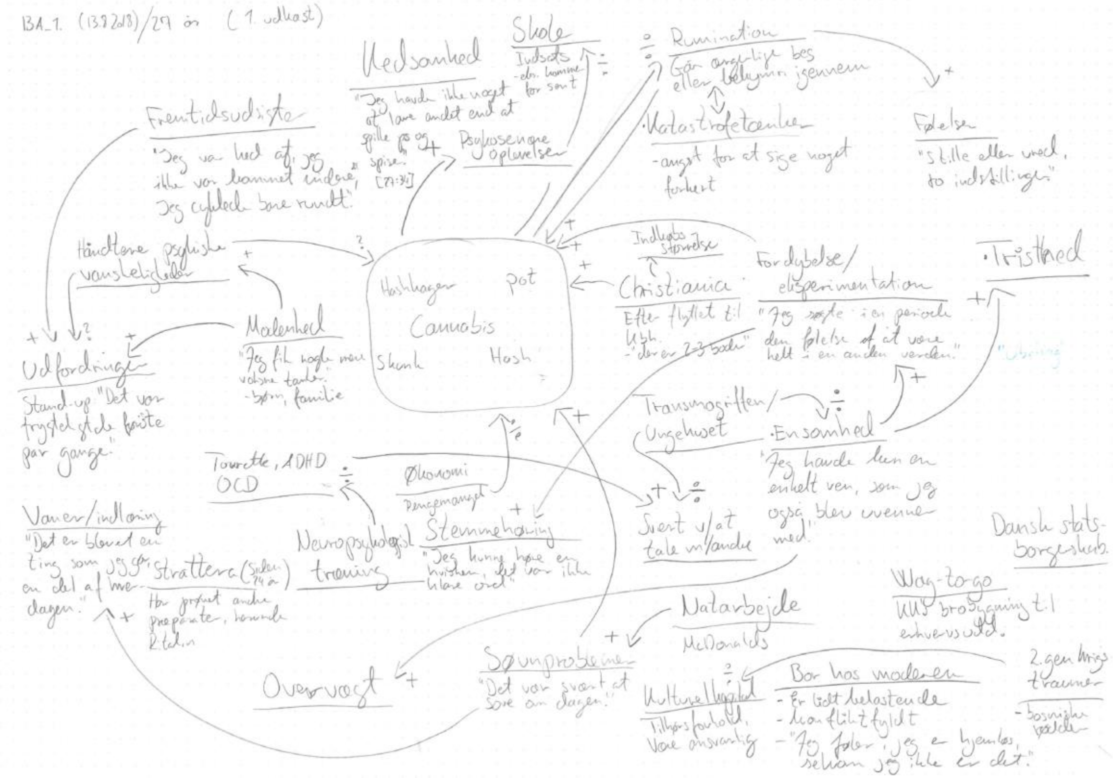
Figure 3: A network visualisation of factors impinging on and contextualising cannabis use in a 29-year-old woman diagnosed with paranoid schizophrenia. '+' or '-' at the end of an arrow indicates the effects of a change in the originating factor, i.e. new people/situation increases stress, whereas meeting with her social worker helps reduce anxiety. The map was developed in dialogue with the participant and used the four categories of factors from the 4E approach (Figure 1A above) as a guide.



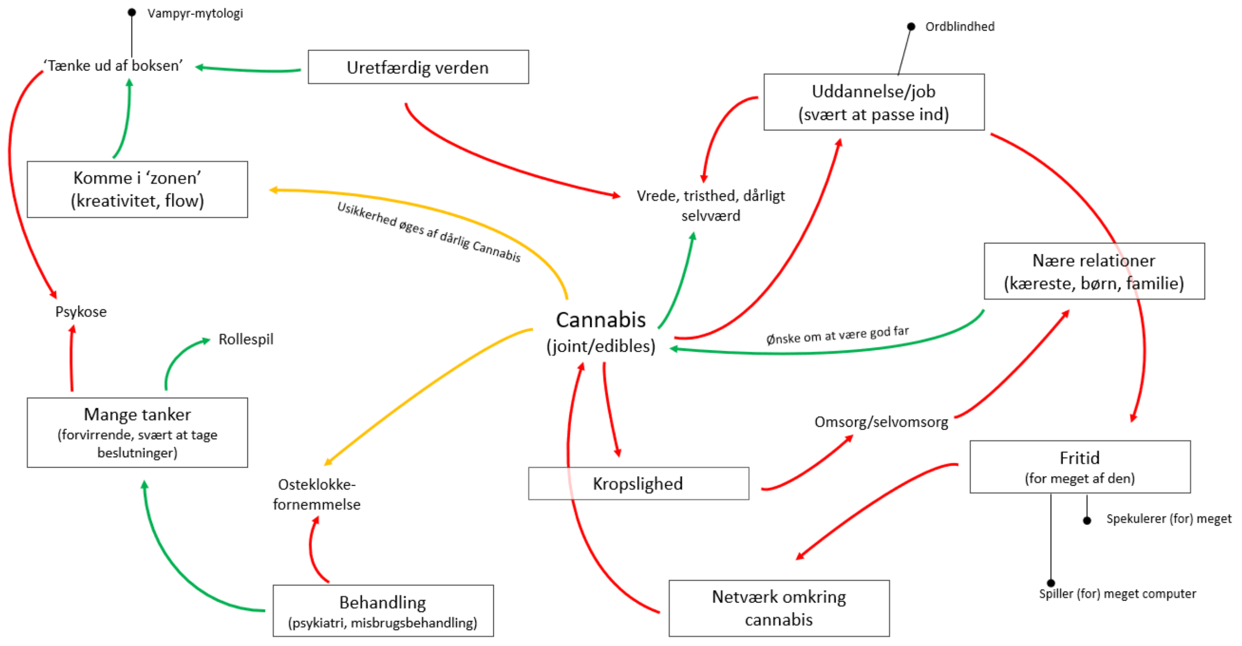
Monkey mind
Tendency to go 'all-in'
'Tool-box' for balance
Rationing cannabis
Stress
Part-time job
Network drug culture
New people/ situations
Tics
Cannabis use
Avoiding addiction
Paranoia
Wellbeing
Physical training
Arthritis (arm)
Neuroleptica
Anxiety
Health
'Staying with discomfort'
Cigarettes
Asthma
Inhaler
Social worker
Poor memory
Poor economy



Cannabis
(weed)
Psykose
Christiania
Indlæggelse



Cannabis
Christiania
Ensomhed
Natarbejde
Overvægt
Tristhed



Vampyr-mytologi
'Tænke ud af boksen'
Uretfærdig verden
Ordblindhed
Uddannelse/job
(svært at passe ind)
Komme i 'zonen'
(kreativitet, flow)
Vrede, tristhed, dårligt selvværd
Usikkerhed øges af dårlig Cannabis
Nære relationer
(kæreste, børn, familie)
Psykose
Cannabis
(joint/edibles)
Rollespil
Ønske om at være god far
Mange tanker
(forvirrende, svært at tage beslutninger)
Omsorg/selvomsorg
Osteklokke-fornemmelse
Kropslighed
Fritid
(for meget af den)
Spekulerer (for) meget
Behandling
(psykiatri, misbrugsbehandling)
Netværk omkring cannabis
Spiller (for) meget computer

Field of relevant affordances: Relationen mellem miljøets muligheder og så personens færdigheder og interesser/bekymringer.

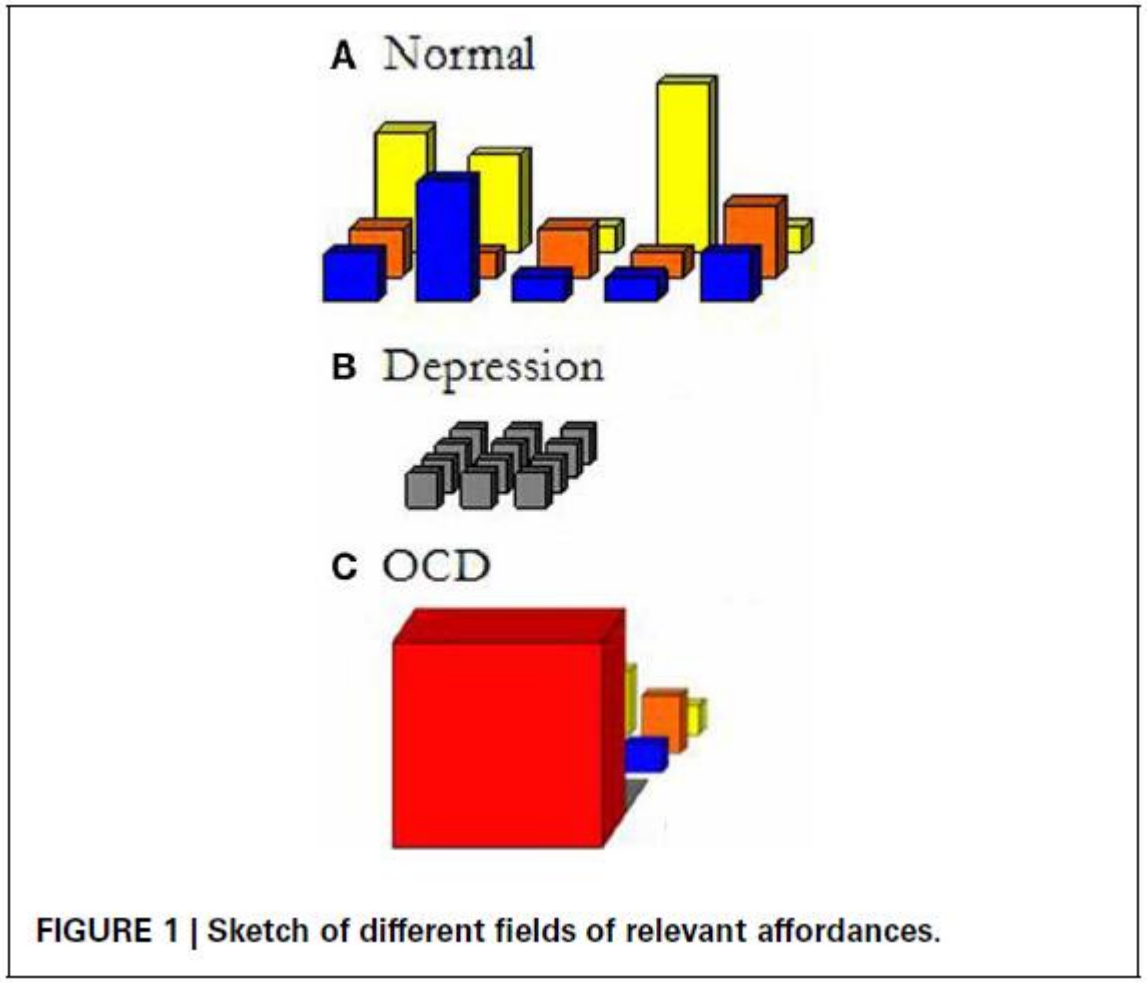


FIGURE 1 | Sketch of different fields of relevant affordances.

The phenomenology of deep brain stimulation-induced changes in OCD: an enactive affordance-based model
S. de Haan, E. Rietveld, M. Stokhof and D. Denys
Frontiers in Human Neuroscience 2013 Vol. 7

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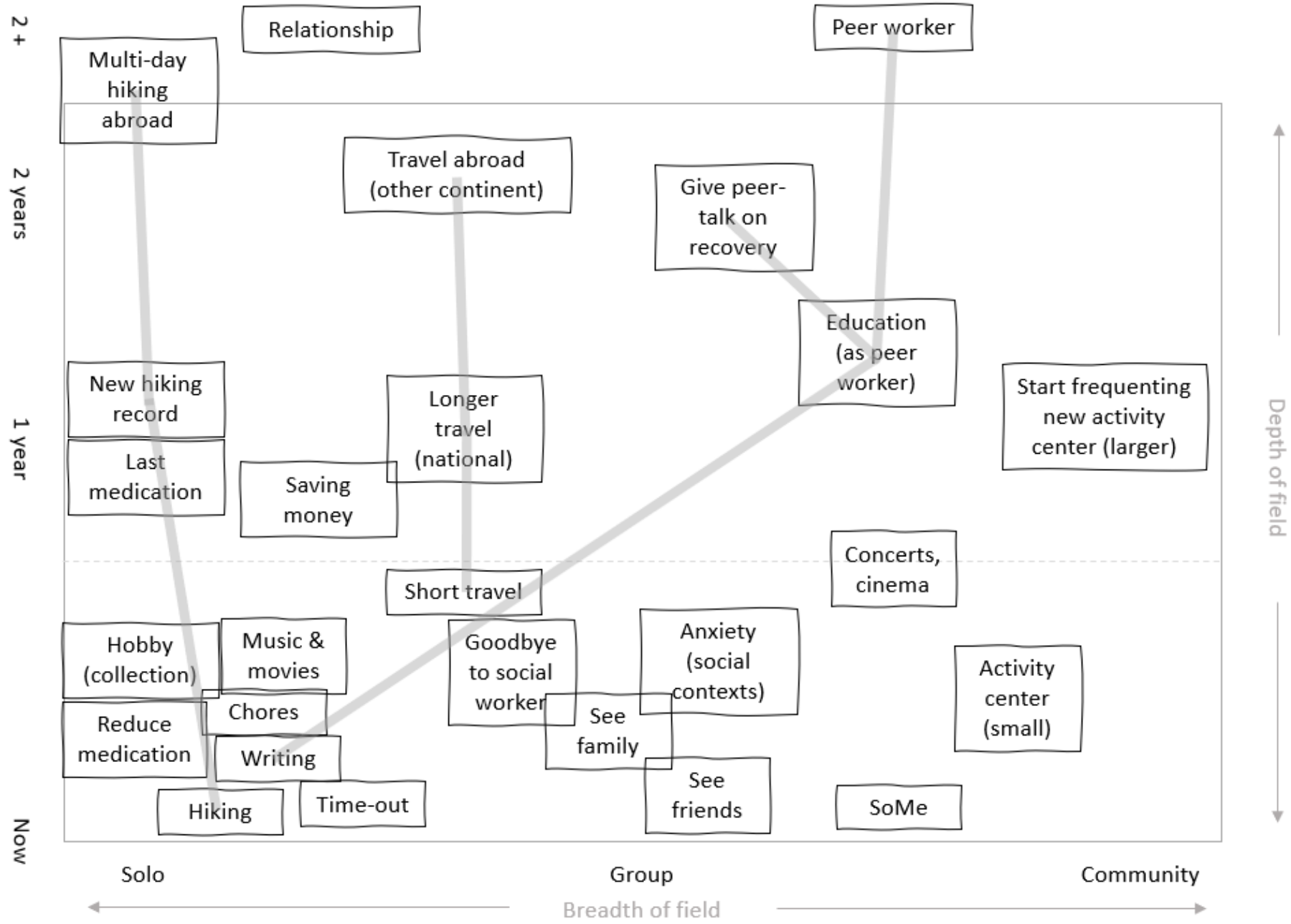
2 +
2 years
1 year
Now
Relationship
Peer worker
Multi-day hiking abroad
Travel abroad (other continent)
Give peer-talk on recovery
Education (as peer worker)
New hiking record
Longer travel (national)
Start frequenting new activity center (larger)
Last medication
Saving money
Concerts, cinema
Short travel
Hobby (collection)
Music & movies
Goodbye to social worker
Anxiety (social contexts)
Activity center (small)
Chores
See family
Reduce medication
Writing
See friends
Hiking
Time-out
SoMe
Depth of field
Solo
Group
Community
Breadth of field

Oplæg til diskussion

- 'Fund' 1: Forandring bliver hjulpet på vej af et samspil mellem begivenheder på tværs af indsatser og hverdagsliv – vi (i psykiatrien i hvert fald) forstår kun dette samspil i ringe grad.

- 'Fund' 2: 'Dobbeltdiagnose-problemet' kan ikke løses af ét system eller en sektor, men kræver samarbejde om at udvikle fælles løsninger og relevant viden.

- 'Fund' 3: En (ægte) pragmatisk tilgang til forskning/viden/praksis kan bygge bro mellem de forskellige 'greb' på psykiske lidelser, som p.t. ofte ligger i konflikt/konkurrerer.

Oplæg til diskussion – skridt mod en løsning:

1. Oplevelse af en vanskelighed (Dewey: ”a felt difficulty”)
2. Identifikation og beskrivelse af ‘vanskeligheden’
3. Forslag til en mulig løsning (idé, hypotese, model, teori etc.)
4. Udvikling og kritik af ‘løsningen’ (i lyset af ny empiri, refleksion, dialog etc.)
5. Afprøvning og muligvis fortsat oplevelse af ‘vanskeligheden’