

Implementing at a SUD clinic

Susanna Krus - Specialist Nurse

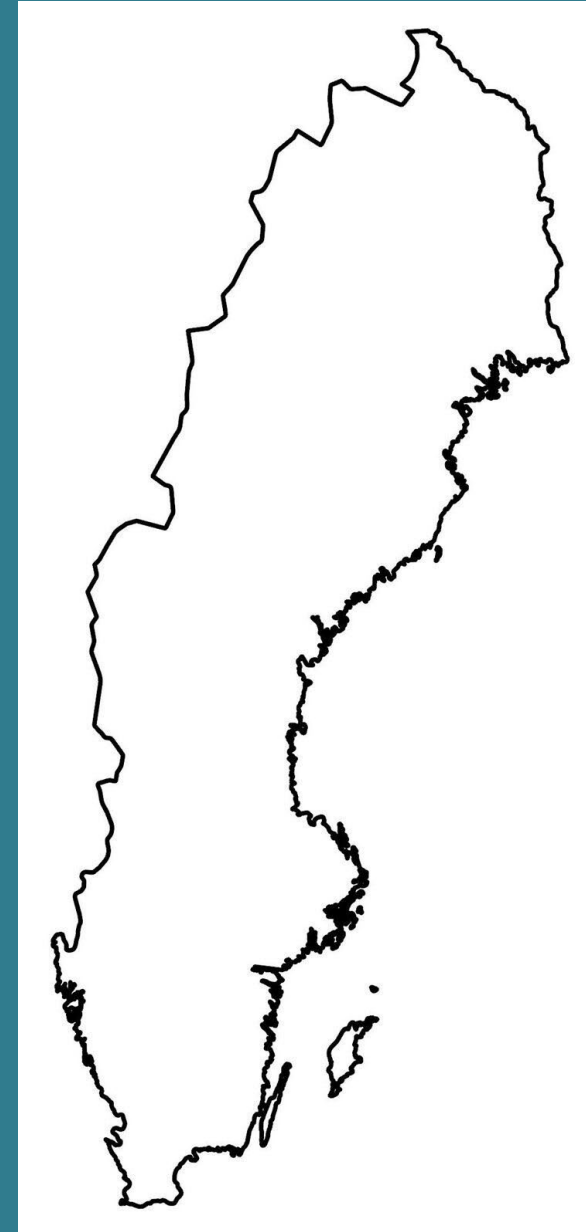
Klara Schultz - Psychologist

Isabel Jadbäck - Specialist Psychologist



Addiction Clinic, Malmö

- ~ 700 patients
- Multiple sub -teams
- Complex clinical presentations
- Common diagnoses: BPD, ASPD, ADHD, PTSD



Comorbidity SUD - BPD

Important to recognize!

More severe symptoms

Reduced quality of life

Increased risk of death



Why GPM?

- Structured framework is necessary.
- Multiprofessional collaboration.
- Local guidelines – offer GPM as a first -line intervention following diagnosis.
- An intervention that all staff at the clinic can provide.
- There are knowledge gaps regarding effective treatment for BPD and SUD.



Why GPM?


GPM had been evaluated on a small scale in patients with BPD and SUD.

RESEARCH

Open Access



Effects of substance use disorder on treatment process and outcome in a ten-session psychiatric treatment for borderline personality disorder

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GPM-team



Jonas Berge
Senior Consultant,
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Klara Schultz
Psychologist



Susanna Krus
Specialist Nurse



Stina Ingves
Specialist Nurse



Emma Larsson
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Specialist Psychologist



Education

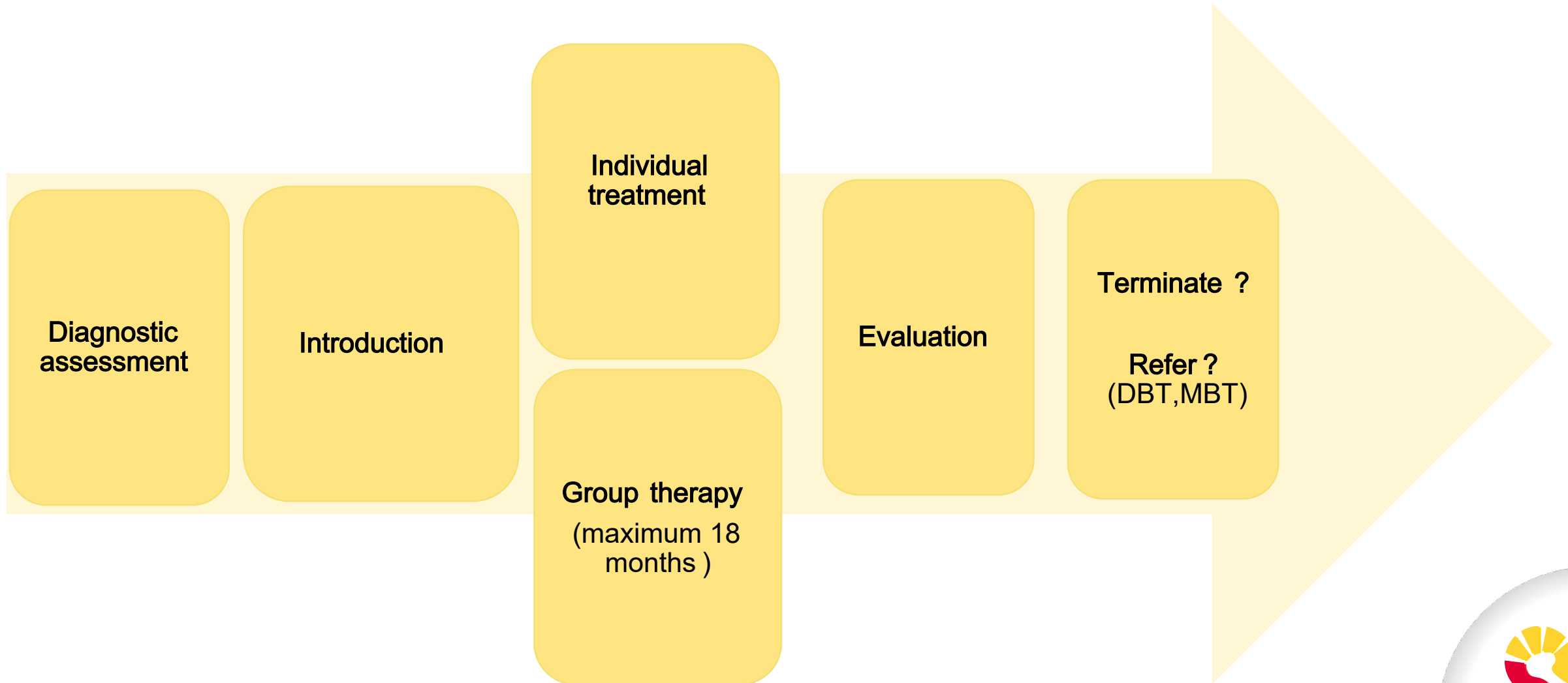


Team



External supervision

Treatment Process



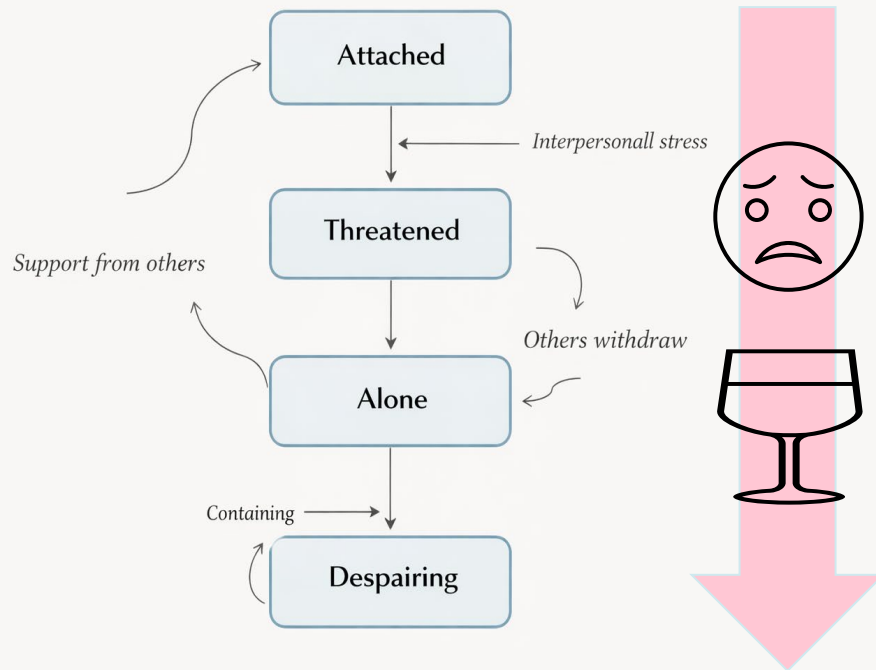
Treatment Process

Diagnostic assessment

- Stability
- Joint assessment
- Cognitive ability

Treatment Process

Introduction



Treatment Process

Individual treatment

- Goal
- Crisis plan
- Individual Placement and Support (IPS)
- Brief admission
- Treatment of comorbid conditions (PTSD)

Treatment Process

Group therapy

- Group rules
- Composition
- Theme

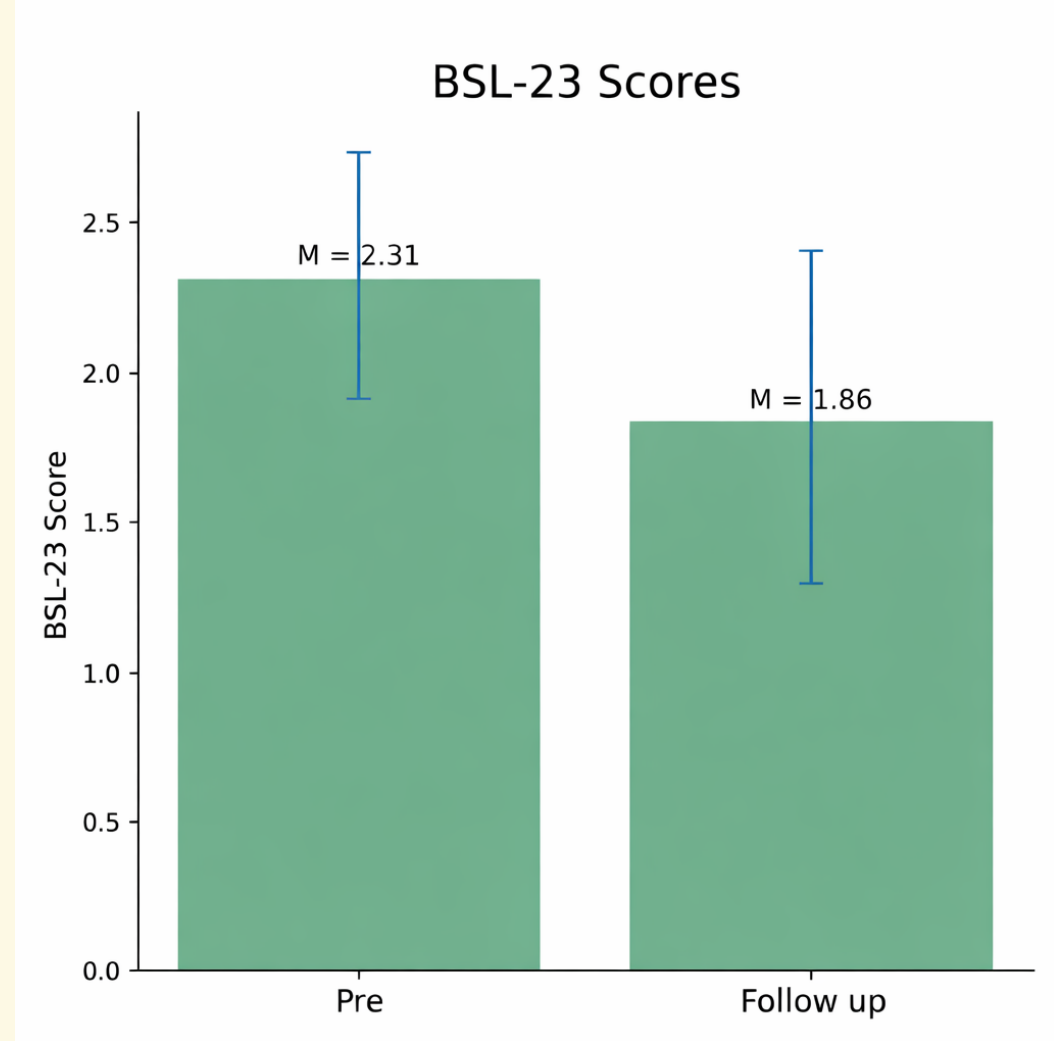
Results

Change in BSL-23 scores from pre - to follow - up (n = 11)

Mean duration of treatment at follow -up = 12 months.

Significant reduction in symptoms ($p = .041$)
Medium-to-large effect size ($d \approx 0.71$)

Most participants improve but have significant symptoms at follow up



Interview

What is GPM?

“GPM is for people with similar difficulties, and the idea is to help each other by sharing experiences.”

“It’s hard to describe, but you should feel less alone. You get support from others with the same diagnosis and from facilitators.”



Interview

What symptoms troubled you before starting treatment?

“My separation anxiety was the worst; I almost became obsessed with others.”

“Problems in relationships, unstable emotions and mood swings...”

“I had a lot of problems with anger directed outward. Strong emotions that were hard to control. I couldn't put words to my feelings or connect them to my reactions.”



Interview

Is there anything you can do today that you couldn't before treatment?

“I can communicate better with people around me about how I am feeling.”

“Setting boundaries – standing up for myself.”

“I have become better at avoiding situations that can easily lead to relapse.”



Interview

How much has the treatment helped you overall?

“Very much. I am a completely different person today. GPM motivates me to stay sober.”

“Hard to see change during treatment, but I can see it now in hindsight. I’m more tolerant toward myself... something has changed, even if I can’t say exactly what.”

“My friends have noticed a positive difference — not just that I stopped using drugs.”



Interview

Did you experience any disadvantages of the treatment?

“It didn’t feel like it was for me and it was hard to catch up on everything I missed at work”

“It’s a bit difficult that the group meetings are in the afternoon —I end up waiting all morning.”



Key Lessons

Challenges

Intake to the GPM team has been adjusted over time - patients need to be relatively stable and motivated.

Difficult to evaluate the intervention as a whole and to discharge patients considered fully treated.



Key Lessons

Advantages

Team-based work with a challenging patient group.

The method has a name and is time -limited.

Patients feel validated when difficulties beyond substance use are acknowledged.



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