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## Dual Diagnosis Treatment Group Curriculum

Julie M. Wood  
*Minnesota State University Mankato*

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# Dual Diagnosis Treatment Group Curriculum

Julie M. Wood, LSW

**Minnesota Security Hospital  
St. Peter, MN**

Cheryl L. Letson, MSW,  
LICSW – Field Instructor

Carol Goodeman, MSW,  
LICSW – Field Liaison

Robin Wingo, LISW –  
Academic Advisor

## INTRODUCTION

At the Minnesota Security Hospital (MSH) on unit 800, several of the patients have requested substance treatment and this project is the result of a request by the MSW field instructor to develop a group treatment curriculum that can be used with these patients.

## SIGNIFICANCE AND PURPOSE

The social workers at the MSH are treating many patients who have previous placements in chemical dependency treatment in addition to previous hospitalizations for their mental illness. Licensed Drug and Alcohol Counselors (LADC) are employed at the hospital but not on unit 800 which is the crisis and intake unit. The hospital does not have funds available in their budget to add additional LADC staff at the present time.

Having a treatment group focusing on dual diagnosis would enable the patients to receive education and therapy for their addiction issues much earlier in the course of their treatment at MSH. Because it is social workers who offer many of the treatment groups to patients, it seems like having a social work response to this issue might be the most advisable course of action.

## LITERATURE REVIEW

- Substance Use Disorder (SUD) is common among persons with severe mental illness, with about half of all patients experiencing substance-related problems sufficient to warrant a diagnosis. (Drake and Mueser, 2000).
- SUD in persons with severe mental illness tends to be a chronic, relapsing disorder with persistence over many years (Drake and Mueser, 2000).
- Dually diagnosed individuals may present with any combination of mental health or addictive symptoms or disorders. As a whole, this population has worse treatment outcomes than people with a single disorder (Geppert and Minkoff, 2004)
- To be effective, a dual diagnosis program must be comprehensive, taking into account: stress management, social networks, and activities (Drake, Mercer-McFadden, Mueser, McHugo, & Bond, 1998).

## CURRICULUM TOPIC EXAMPLES

What is Dual Diagnosis?

Understanding Anger

Relationship Rescue

Spirituality

Managing Leisure Time

## METHODOLOGY

A search of the literature on best practices for group treatment methods including existing treatment models, websites and peer-reviewed journals was conducted. In addition, literature was researched to find models that would be appropriate for the residents on Unit 800 considering their severe mental illness and substance abuse issues. Information from the United States Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) was researched as well

**key word search:** dual diagnosis, co-occurring disorders, group treatment, mental illness, substance abuse and treatment models.

## REFERENCES

Available upon request from the author

Dual diagnosis is an expectation, not an exception.

(Minkoff, 1991)

The literature suggests that adaptations to group treatment modules be made in recognition of the special needs of mentally ill patients.

(Minkoff, 1991)

Co-morbid SUD is a common complication of severe mental illness and is associated with serious adverse consequences.

(Minkoff, 1991)

## DISCUSSION

The Minnesota Security Hospital has many patients who are admitted with dual diagnoses of mental health disorders along with chemical abuse or dependency. There is currently no defined program for the social workers at the MSH to access in order to provide integrated treatment for these patients. The treatment modules created for this project may be used in the future for units other than 800 on the MSH campus. After implementation and evaluation of the treatment group curriculum, the social workers at the MSH may decide to work toward a more integrated model of treatment for patients with co-occurring disorders.

## CONCLUSIONS

The benefits to the MSH will include access to a manualized group treatment curriculum for use with their dually diagnosed patients. If the treatment group proves beneficial to the patients there, next steps could include adding other clinical professionals as well as security counselors to the treatment process so that the entire treatment team understands the goals and benefits of integrated treatment. This would include offering additional training for the team.