Treating multiple comorbidities simultaneously using multiple thirdwave cognitive behavioral treatments: A preliminary analysis of an individualized comprehensive outpatient program for complex patients

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OBJECTIVE

To evaluate preliminary outcome results of an individualized, intensive outpatient program, using a model designed to treat multiple disorders simultaneously.

INTRODUCTION

- While patients are typically individually conceptualized, treatment of complex patients in intensive outpatient programs often follow a general structured model. This is likely due to the homogeneous nature of research and the difficulty translating randomized control trials to evidenced-based practice.
- A new model for individualized treatment was created for complex patients who present with multiple comorbidities to intensive outpatient treatment.
- An intensive outpatient program tested this model. The outpatient program consisted of integrated care, using a variety of thirdwave CBT therapies among multiple providers, treating multiple diagnoses simultaneously. Patients were also placed into other services as deemed appropriate, which may have included a variety of groups, family therapy, individual yoga, art therapy, medication management, and work with a dietitian. Preliminary outcomes were evaluated.

PARTICIPANTS

- 16 participants who successfully completed the program were included in the analysis.
- Participants were administered the STAI, BDI-II, QOLI, and FFMQ on a weekly basis.
- Paired samples t-tests were used to compare scores at initial assessment and after completing one month in treatment.

Table 1. Sample Demographics

	-	Mean	Gender	Race
	Size	Age (SD)		
Sample	16	31.56	Female=	Caucasian=
		(11.21)	93.8%	56.3%

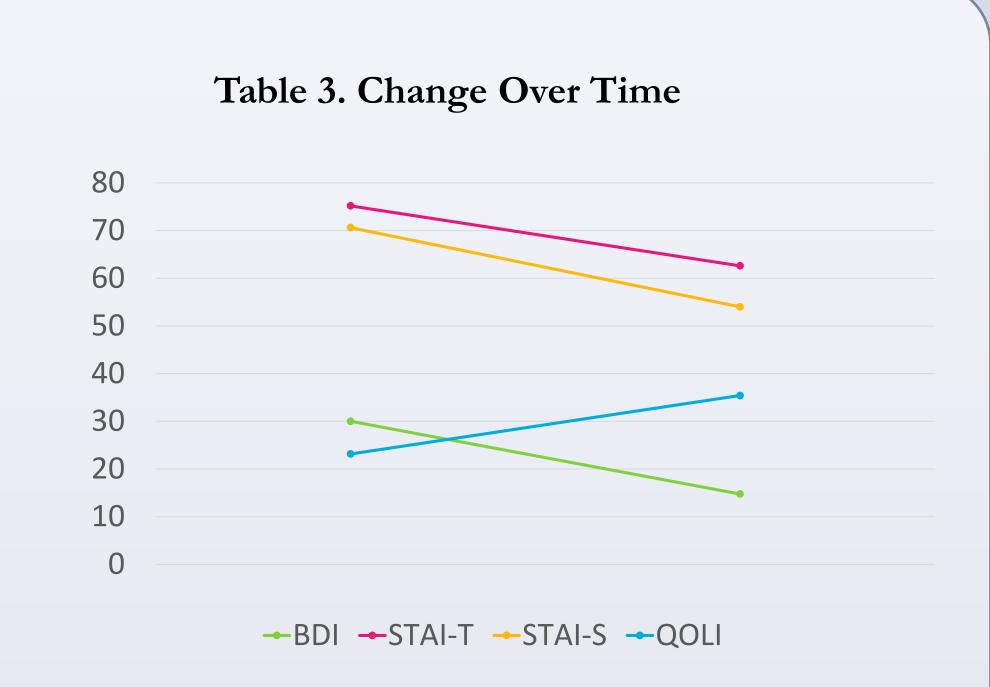
RESULTS

- Significant decreases were found in BDI-II and STAI state and trait scores, from clinically significant to normal ranges.
- Significant increases found in QOLI overall quality of life scores
- Significant increases found across the 5 FFMQ factors: observe, describe, act with awareness, nonjudge and nonreact

Table 2. T-test results

Test	T	P
BDI-II	4.96	<.001
STAI State	4.90	<.001
STAI Trait	5.70	<.001
QOLI	-6.10	<.001
FFMQ Observe	-3.22	.006
FFMQ Describe	-3.01	.009
FFMQ Act with	-3.05	.008
Awareness		
FFMQ Nonjudge	-3.39	.004
FFMQ Nonreact	-2.69	.020





CONCLUSIONS

- •The outpatient program demonstrated an ability to decrease anxiety and depressive symptomatology, as well as increase mindfulness skills and quality of life for complex patients presenting with multiple comorbidities.
- •These preliminary results provide a promising outlook for this individualized and integrated outpatient program.
- •Comparisons among
 heterogenous populations prove
 challenging. This population
 consisted mostly of women and
 a small sample size. Due to the
 small sample size, comparisons
 of other symptom outcome
 measures were not analyzed.
- •Future research is needed to validate these results and determine long-term outcomes of the program.

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