





Objective

To discuss and evaluate an innovative model for treating complex patients

Introduction

- Patients are complex and often present with multiple comorbidities.
- Comorbidity of psychological disorders accompany higher symptom severity, and suicidal behavior, as well as low satisfaction with quality of life, less social support, and poorer prognosis.
- While IOPs typically recognize that patients may present with multiple comorbidities, treatment often focuses on immediate problems and does not address complex comorbidity or moderating issues.
- Most IOP models are either overgeneralized, or highly specialized to treat one disorder. Often, standardized treatment plans are utilized, and do not meet the individualized needs of patients.
- This treatment models instead matches the needs of each individual patient, tailoring treatment to multiple specific diagnoses, utililizing multiple evidence-based treatments simultaneously.

Method

- An individualized IOP was created to test this model. The IOP incorporates a variety evidence-based CBT treatments, as well as groups, family therapy, yoga, art therapy, nutrition, and medication management.
- Data were used from 56 participants who completed the program and were administered the BDI-II, FFMQ, STAI, MPFI and QOLI.



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Expanding intensive programs to meet the needs of patients: Doing what works Lori Eickleberry, Ph.D., ABPP, Institute for Life Renovation, LLC Huda Abu-Suwa, M.S., Nova Southeastern University



Paired-samples t-tests were used to compare measure scores at intake and after completing the program.

Table 1. Demographics of Sample (N=56)

Mean age (SD)	Gender
33.36 (12.12)	69.6% fe

Results

- Significant decreases were found in BDI-II and STAI from clinically sig. to normal ranges Sig. decreases found in psychological inflexibility
- mindfulness, and psychological flexibility

Table. 2. T-test Results

Test	Τ	Ρ	
BDI-II	7.34	P<.001	
STAI State	7.15	P<.001	
STAI Trait	7.44	P<.001	
QOLI	-4.05	P<.001	
FFMQ Observe	-4.95	P<.001	
FFMQ Describe	-4.66	P<.001	
FFMQ Act with	-4.06	P<.001	
Awareness			
FFMQ Nonjudge	-7.69	P<.001	
FFMQ Nonreact	-7.80	P<.001	
MPFI Global Flexibility	-3.96	P<.001	
MPFI Global Inflexibility	4.53	P<.001	

Race

69.6% female

66.1% Caucasian

Sig. increases found in overall quality of life,

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MPFIGF	MPFKSI	BDI	STAI State -	STAI TraitQOLI

- life.
- It supports the current model on providing individualized treatment programs that are both broad and specific.
- These results provide a promising outlook for this individualized and integrated outpatient program.
- Further research is needed to validate these results and determine long-term outcomes of this treatment model

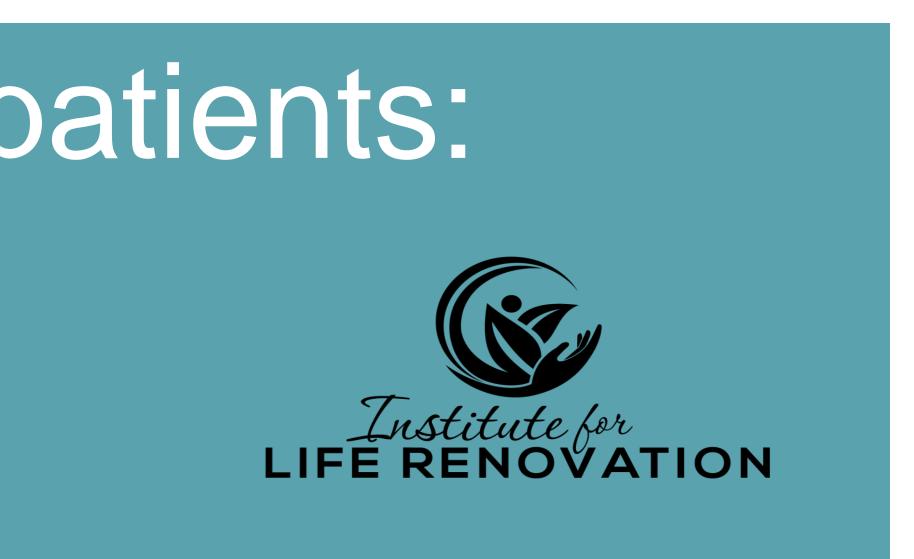


Table 3. Changes over time

Conclusions

The current IOP model demonstrates an ability to decrease symptomatology while simultaneously increasing mindfulness skills, psychological flexibility, and quality of

References

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