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UNDERSTANDING THE LINK BETWEEN SUBSTANCE ABUSE AND MENTAL HEALTH

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

by

Crystal Ann Horton

June 2017

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Crystal Ann Horton

June 2017

Approved by:

Dr. Armando Barragán, Faculty Supervisor, Social Work

Janet Chang, M.S.W. Research Coordinator

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ABSTRACT

Treating people with co-occurring or dual diagnosis disorders requires an integrated treatment approach due to the complex health and social needs of people who suffer from mental illness and drug addiction. An integrated approach is not only necessary but crucial to treat both the drug addiction and mental illness concurrently. The aim of this study is to explore the impact that non- integrated care can have on the number of relapses that dually diagnosed people can have. The study found that there is no correlation between concurrent treatment and the number of relapses that dually diagnosed people may have. Social workers will need to be able to recognize mental illness that co-occurs with substance use in order to effectively treat clients to determine what treatment approach should be used. Social workers are trained to use a biopsychosocial approach to capture all aspects of the client's life. This is especially important for clients that may be dually diagnosed.

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CHAPTER ONE

INTRODUCTION

Problem Statement

Understanding the link between substance abuse and mental illness is a concern for mental health providers, social workers and any one in the medical field working with individuals who have a dual diagnosis. Any individual whose goal is to improve the support and treatment for individuals with a dual diagnosis should be knowledgeable of the range of problems which require a range of solutions. Drake, Mercer-McFadden, Mueser, McHugo, and Bond (1998) assert that an integrated approach is not only necessary but crucial to treat both the drug addiction and mental illness concurrently. Focusing on only one disorder would be a disservice to the individual. Drake et al. (1998) ascertain that the ramifications of a dually diagnosed clients not being treated concurrently for drug addiction and mental illness can greatly affect their ability to combat their addiction and take control of their mental illness.

Dual diagnosis presents a problem in the mental health and medical field. Generally, patients may present issues to their primary care physician (Phillip, McKeown, Sandford, 2010 first allowing for an early opportunity to ascertain if an individual is suffering from a mental health and substance abuse condition. Medical, mental and substance history can be reviewed to ascertain if the client has a co-occurring disorder. Client can then be referred to an appropriate treatment program. According to Carey and Correia (1998), substance abuse is

often overlooked and underdiagnosed in the mental health setting. Mental health staffs may lack training or may be inexperienced when diagnosing substance abuse in patients. Inadequate assessments can lead to an inappropriate treatment plan. Mueser, Drake, and Wallach (1998) contend individuals suffering from mental illness are at an increased risk for substance abuse. According to NAMI.org (2015) one-third of people suffering from mental illness and half of the people with severe mental illness experience substance abuse. On the other hand, one third of alcohol abusers and one half of all drug abusers report that they have experienced mental illness. In other words, people with mental illness abuse drugs and people who abuse drugs suffer from mental illness.

In order to effectively diagnose, and treat people with a co-occurring disorder one must first understand the link between mental illness and substance abuse. Without understanding the relationship between the two and the importance of treating both disorders simultaneously treatment will not be as effective. Not only should mental health professionals be trained but medical personnel should also be trained to provide a line of defense. Patients should be screened by various medical professionals in case they do not originally seek help in a mental health setting.

In order to effectively screen, and treat co-occurring disorders it is necessary to have a system that can not only treat co-occurring disorders but intervene early enough so that clients receive adequate care. An intricate system of medical professionals, mental health professionals, and line staff who are

adequately trained to recognize signs of substance abuse in those persons presenting with a co-occurring illness is needed to successfully treat those suffering from a dual diagnosis.

Purpose of Study

The purpose of this study was to explore the impact non-integrated care can have on relapses among dually-diagnosed persons. Health professionals in all settings need to be able to recognize those presenting with a substance abuse and mental health condition. Funneling individuals to the appropriate treatment program is key to providing effective treatment for their co-occurring illness.

Co-occurring disorders affect those presenting with a mental illness and substance abuse problem. The combinations of mental disorders and the degree of mental functioning coupled with substance abuse requires a specialized approach. This study used statistical information collected from residents currently receiving residential in-patient treatment at a facility servicing men and women that offered a dual diagnosis approach for combating drug addiction and mental illness. Residents were asked to complete a simple survey consisting of 8 questions. Each resident was asked their age, gender, ethnicity, the number of times they have sought treatment for mental health, the number of times treatment has been sought for substance use addiction, the number of relapses they believe they suffered before entering the current facility, how many times have they received concurrent treatment for both substance use and mental

health, and which treatment program did they feel was most beneficial to their recovery. The resident's responses to the mental health and substance abuse related questions determined whether or not concurrent treatment of substance abuse and mental health made a difference in the number of relapses that they suffered.

Social workers and mental health professionals need to be able to recognize co-occurring disorders in individuals that they are treating. Watkins et al., (2004) report that increasing episodes of substance abuse is associated with a mental health condition. The high rate of co-occurring disorders should lead to social workers and mental health professionals being more equipped to handle those suffering from dual diagnosis. Di Lorenzo, Galliani, Guicciardi, Landi and Ferri (2014) assert that the clinical and rehabilitative needs of patients with a co-occurring disorder are different and depends on the patient's level of functioning which is conditioned by their pathological behavior and poor compliance with therapy. If social workers and mental health care professionals become properly trained in diagnosis of those suffering from dual diagnosis it can greatly enhance the well-being of those who suffering from co-occurring disorders. No one can exactly say which came first- drug addiction or mental illness. An integrated approach is best to combat this two-fold problem. The disorders cannot be treated separately as they occur within the same person. Properly treating individual with a co- occurring disorder will allow individuals to function in society as a whole. By focusing on the relationship between substance abuse and

mental illness health care professionals can focus on screening tools, effective interventions, and continuous support. An integrated treatment approach consists of programs that encompasses the treatment of drug addiction and mental illness concurrently.

Significance of the Project for Social Work Practice

Patients seeking mental health services are generally treated according to their psychiatric diagnosis. Most research related to deficits in functioning has focused on persons with a single diagnosis of mental illness or substance abuse. Dual diagnosis which adds a deepening level of concern has only received minimal attention. Continued research demonstrating why it is important to diagnosis and treat dual diagnosis with an integrated approach is necessary to effectively treat patients or clients. As social service professionals, social workers will encounter patients or clients who may not have yet been diagnosed with mental health condition. These clients might be encountered in a substance abuse program. Social workers must be able to recognize mental illness as it co-occurs with persons being treated for substance abuse. Jordan et.al (1996) study examined the relationship between psychiatric diagnoses, history of substance abuse or mental health functioning at the time a patient entered the hospital for treatment. This study focused on dual diagnosis as the co-occurrence of DSM-III R Axis I or Axis II mental illness along with a positive screening for substance abuse problems. Participants in the study were required to stay in the hospital for a minimum of five days to allow treatment to take effect and to complete baseline

interviews related to a patient's drug and or alcohol problem. Information was collected regarding the clients' medical, employment, legal, family/social, and psychological/behavioral problems. Further research should include these problems in order to successfully treat persons suffering from co-occurring disorders. These problems cannot be looked into unless a patient has been diagnosed and is receiving the proper treatment from an integrated approach. These areas detail intersecting aspects of the client's life and looking at the whole picture is the best way to treat the client. As social workers, we can use the biopsychosocial assessment as a vital tool to explore and identify problems that have occurred or are currently impacting the client's life. If it is found that the client has a substance abuse problem along with a mental illness they can then be properly referred for a program that treats both conditions simultaneously. The current study will answer the following question: Does concurrent treatment of substance abuse and mental health make a difference in the number of relapses that one may suffer?

CHAPTER TWO

LITERATURE REVIEW

Introduction

It is already known that those suffering from mental illness and drug addiction are often treated for the conditions as separate conditions and patients have suffered as a result. There are gaps in services that need to be filled. The literature examined agrees that an integrated approach is the best approach when treating dual diagnosis patients. How to best provide this approach is still up for debate. Patients participating in outpatient, and inpatient facilities were sampled. The literature supports standardized assessment tools, early screening and accessibility as being paramount to clients receiving the proper treatment

Non-integrated Treatment vs. Integrated Treatment

Drake et al. (1998) conducted a review of integrated mental health and substance abuse treatment for persons diagnosed with a dual disorder. It was found that traditional treatment consisting of clinical treatment of substance abuse and mental illness separately led to dissatisfaction and evolved into the development of integrated treatment approach. This integrated treatment approach consisted of a team of clinicians that coordinated the treatment of those persons suffering from mental illness and drug addiction. Ten studies out of the thirty-six conducted showed that comprehensive and integrated outpatient

treatment programs showed evidence of a programs potential to mesh a dual diagnosis treatment program.

In the mid 1980's, the National Institute of Mental Health (NIMH), the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) had commissioned reviews relating to the difficulties encountered by persons suffering from dual diagnosis who received separate treatments for mental illness and substance abuse. According to Drake et al (1998), individuals usually received treatment for one diagnosis but not the other. Patient outcomes suffered from this treatment approach. The resulting reviews recommended that substance abuse and mental health treatment be integrated for persons suffering from co-occurring disorders. Many of the integrated treatment models were developed from the Community Support Program (CSP). The CSP was a demonstration program for young adults who were diagnosed with a dual disorder. The main purpose of this article was to cover the evolution of integrated treatment programs and to review current research at the time. The goal of integrated treatment was to reduce conflict amongst service providers, eliminate the need to attend two programs and to remove barriers related to access and retention. Early approaches to integrated treatment consisted of adding a substance abuse component to mental health programs. Groups were formed aiming to enhance a client's knowledge of substance abuse, develop skills for reducing or abstaining from drugs and or alcohol. These groups also provided peer support for reducing or abstaining from

drugs and or alcohol. As integrated treatment evolved more components were added such as medication monitoring, intensive case management, individual and group therapy, and often times intensive and residential components. Drake et al., (1998) contend that multi-disciplinary teams were established allowing programs to provide mental health intervention, outreach, and substance abuse education and treatment. Drake et al., (1998), contend that patients did not recognize that substance use was a problem and therefore they had to be motivated to pursue abstinence. The authors found that “integrated treatment for dual disorders remains a working hypothesis with only modest empirical support” and more research is needed. Programs that integrate mental health and substance abuse into comprehensive treatment programs is more effective in the treatment process for individuals with a dual diagnosis.

The Link Between Mental Health and Substance Abuse

An analysis focusing on patients with dual diagnosis being treated for mental health and substance use found that dual diagnosis is quite common (Di Lorenzo et al., 2014). The relationship between substance abuse and mental health disorders have been debated for quite some time as to which disease causes the onset of the other. The aim of this study was to analyze treatment plans, any complications and the assistance care needs of those in the study. This study concludes that the relationship between substance abuse and mental disorder has to be known in order to focus on screening tools, damage reducing interventions and continuous support. Screening patients or clients properly to

determine if they have a dual diagnosis can ensure that they are receive a treatment plan that is right for them.

Watkins et al., (2014), contends the prevalence of mental health disorders among clients that have entered an outpatient treatment program found that individuals is substance abuse treatment programs were not currently receiving mental health services. The literature points out that identifying people with co-occurring disorders as they enter treatment has the potential to reach patients who have limited prior access to care. Individuals need to be screened for both substance abuse and mental health issues in order to effectively treat the whole person. Whether and individual seeks treatment for substance abuse, or mental health concerns it is the mental health provider or social worker's duty to properly screen the individual, and place them into an integrated program to meet both of their needs.

Gaps in Service

Individuals suffering from mental health issues and drug and/or alcohol concurrently are at risk for falling between the gaps of existing services (Staiger et al., 2011). According to Staiger et al., (2011) individuals with a dual diagnosis are difficult to engage and retain in treatment due to a "silo" based approach. Policy makers and health care providers have agreed that changes to the model of care need to be made in order to effectively treat patients with a dual diagnosis. This article reports on a study that was designed to elicit feedback form dual diagnosis patients to ascertain treatment experiences, treatment

barriers, and views of improving services. This article attests that the needs of this population have never been investigated to ensure that treatment is meeting the needs of those served. The authors point out that it is crucial to know if the client is benefitting from the services in order to determine if adjustments need to be made. The study concludes that although a fully integrated treatment plan for patients who have been dually diagnosed is the best plan, it still is not happening in mainstream service delivery. Mental health professionals and social workers need to develop the necessary skills in order to treat these complex cases. Mental health professionals and social workers have to be properly trained in order to deduce that a person has substance abuse issues and mental health concerns. An integrated treatment approach is paramount to effectively providing treatment for dual diagnosis clients. According to Drake et al., (2008) treatment of co-occurring mental health and substance abuse has a diverse evidence base that supports several types of interventions. Since the 1980's, it was observed that client in the United States were not likely to receive treatments for both mental illness and substance abuse simultaneously. Providing an integrated treatment system would improve access to services by allowing people with both disorders to receive services at the same location. Many types of intervention can be developed for integrated treatment plans that are needed to treat dual diagnosis patients. These treatment plans and interventions should be carried out by a treatment team of professional trained in substance abuse and mental health.

Theories Guiding Conceptualization

The causes behind substance abuse in patients with a mental illness is not quite clear. The presence of a mental illness places individuals at a greater risk for substance abuse. Although there is a high prevalence of individuals with mental illness abusing drugs there is little known cause of why. One thing that is known is that once treatment begins these individuals benefit from living in an institutional environment away from access to alcohol and drugs.

Mueser et al., (1998) examine severe mental and comorbidity and the etiological theories surrounding it. Since the 1980's psychosocial interventions have been developed and tested. There were lots of pre-post studies but only a few controlled trails. As of 2007 several controlled trails have been reported.

The six steps in the Stages of Change Model can be used to treat co-occurring disorders. The 1st step precontemplation is not yet acknowledging that there is a problem behavior that needs to be changed. When individual enters contemplation, they begin to acknowledge that there is a problem but they may not be ready or sure of wanting to make a change. The preparation step consists of getting ready to change. The action step entails changing behavior and exerting willpower. Individuals in the maintenance step begin to maintain the behavior change. The last step is relapse in which a person returns to older behaviors and abandons the new changes Behavior change does not happen in one step. There has to be a recognition that individuals will be in different stages.

Summary

Many programs now offer an integrated treatment approach. Although there are still many issues to be worked out when it comes to treating those suffering from mental illness and drug addiction mental health and medical professionals are headed in the right direction. Early intervention and screening should be implemented as a first line of defense in order to detect mental illness and substance abuse in the early stages. Literature and subsequent studies show that there is an understanding of what is needed for successful treatment for those suffering from co-occurring disorders but so much more is needed. Limitations of the studies and literature greatly depended on the population surveyed. Those patients who received an integrated treatment approach were more likely to have felt like they benefitted from the treatment. Those who received services to combat drug addiction and mental health separately did not report the same benefits.

CHAPTER THREE

METHODS

Introduction

The goal of this study attempted to demonstrate the necessity of an integrated treatment approach when treating individuals with a co-occurring illness. The two illness cannot be separated within the person so treatments approaches must tackle both issues. The treatment received by those affected can greatly affect their ability to remain abstinence from drugs and/or alcohol and live with their mental health condition

Study Design

The purpose of this study aimed to highlight the importance of dual diagnosed individuals receiving concurrent treatment as non-integrated care can have a direct effect on the number of relapses among dual-diagnosed persons. Being able to recognize the signs and symptoms of substance abuse in patients and/or clients who have a mental condition is paramount in order to provide the best course of treatment. It should become best practice. This study used data collected from a residential treatment facility servicing men and women that offered a dual diagnosis approach for combating drug addiction and mental illness.

Data collected at River Community was used to pinpoint if residents received any benefit from an integrated treatment approach. The sampling

consisted of residents currently receiving treatment at the facility. Staff members provided around the clock services aimed at combatting clients' mental health issues and provided the tools needed to remain abstinent from drugs and/or alcohol. Treatment received ranged from a few months to a year for the majority of the residents. Statistical data was collected from the residents and was used to determine if the residents felt that they benefitted from an integrated treatment approach. Information collected was quantifiable. Demographic information related to age, gender, and ethnicity was also be collected to determine if concurrent treatment of substance abuse and mental health made a difference in the number of relapses that one may suffer?

Sampling

The sample of residents included 20 dually diagnosed individuals receiving treatment at River Community. The treatment facility housed up to 33 residents consisting of men and women aged 18 years and over. This treatment facility was chosen as it is one of the longest running facilities that offer an integrated treatment approach for those suffering from a co-occurring illness. Although the facility is able to house 33 residents the sample size will only reflect those who attended the daily community meeting held at 9:00 AM. Each resident is expected to attend the community meeting but on most mornings only 20-30 show up. The survey sample will only be collected on Saturday mornings. There are generally at least 20 participants at each Saturday community meeting.

Data Collection and Instruments

The following data was collected from the residents of River Community: age, gender, ethnicity, number of relapses, and the number of times that treatment was received for individual illness before attending an integrated treatment facility such as River Community.

The dependent variable will be the number of self-reported relapses that the resident has experienced before entering an integrated treatment program. The independent variable will be the number of times that an individual received treatment for mental health or substance abuse separately. A simple survey was used to collect all of the needed information. Details of the survey can be found in the appendix.

The survey was created to be easily understandable and simple to use. The form was created to be administered within five to 10 minutes during a meeting that is regularly attended by the majority of the residents. The form was created to collect all needed data quickly during one of the first meetings of the day allowing for the quick collection of needed data from a large enough sample. This meeting was specifically chosen as it was the most attended meeting of the day. Resident check was a part of the meeting it consisted of each resident saying one or two words as to how they are feeling. Resident check in set the tone for the meeting. The survey would be administered right after resident check in while the attendees were still in a reflective state of mind. An attendance sheet was circulated at the start of resident check in, often times the residents sign in

and then leave. To control the sample size, the investigator intentionally held onto the sign in sheet only after explaining the purpose of the study, and informed consent. Since the completion of the survey was voluntary it was a possibility that some residents might decline to participate which would in turn reduce the sample size. If that should happen would should still be roughly 20 participants or more that respond to the survey. On the Saturday morning that the survey was administered 20 completed surveys were received.

Procedures

A survey was used to collect target data that would be used to determine if the integrated approach is beneficial to the participants. The survey would be introduced at the community meeting that the residents attend every Saturday morning. I was the facilitator of the Saturday community meetings and asked the residents to voluntarily complete a short survey related to dual diagnosis. The surveys were only to be administered during a single Saturday community meeting unless the projected sample size fell below 20. If less than 20 surveys were collected an additional Saturday meeting would be needed but not ideal as it could cause duplication of the persons surveyed. The purpose of the survey was thoroughly explained, and included informed consent. All agency and HIPPA protocol was followed. Participation in the survey was optional, and confidential.

Protection of Human Subjects

In order to protect the confidentiality and anonymity of the survey participants' residents received a survey questionnaire and informed consent after resident check in at the community meeting. Each resident was asked to read the informed consent and sign the document with an X if they wished to participate in the survey. Each resident was then provided a survey and had the option to complete the survey if they wished to do so. Residents were asked to fold the survey in half and drop it in the box that was passed around the room regardless of if they filled it out or not. The same number of surveys that were passed out will be collected.

Data Analysis

The relationship between successful treatments of patients and co-occurring illness was examined using a Pearson correlation. Demographic data consisted of the following quantifiable variables: age, ethnicity, gender, number of relapses, and treatment type utilized. Descriptive statistics were completed to identify the demographic profile of the sample.

Summary

The data collected demonstrated that a dual diagnosis approach was the preferred treatment for persons suffering from a co-occurring illness. Recovery outcomes were not increased when using an integrated treatment approach. An

integrated treatment approach offered concurrent treat for both conditions and reduced the need to jump around to separate programs.

CHAPTER FOUR

RESULTS

Introduction

It would seem that dual diagnosis treatment would be the best course of action for treating those with a concurrent condition of mental illness and substance abuse. It has not yet been determined by this investigators research or available empirical evidence. There appears to be no correlation between the number of relapses and concurrent treatment which could lead to concurrent treatment not being considered to be the best treatment modality for those who are dually diagnosed.

Presentation of Findings

Quantitative data was collected using a survey to collect statistical data from the participants. Each participant was at least 18 years old at the time the data was collected. The number of relapses suffered varied among the individuals surveyed. The number of relapses ranged from 1 relapse to 20 relapses. Survey participants were those individuals currently receiving concurrent treatment for dual diagnosis at the residential treatment facility where the survey was being conducted. It was already known that at least one instance of concurrent treatment would be reported. A Pearson correlation coefficient indicated found no relationship between concurrent treatment and the number of relapses, $r = -.15$, $n=19$, $p=.54$.

Table 1: Participant Demographics

Variable		*M(SD)*	Percent (%)
Gender			
	Male		70
	Female		30
Ethnicity			
	Hispanic/Latino		31
	Anglo/Caucasian		31
	African American		26
	Other		12
Age		33.5 (11.8)	
Most Beneficial Treatment			
	Concurrent		90
	Mental Health		5
	Substance Abuse		5

Summary

Although participants self-reported that concurrent treatment was the most beneficial treatment when compared to mental health treatment and substance abuse offered as stand-alone treatments it was not determined by this investigator that concurrent treatment was a factor in reducing the number of relapses. Participants would need to be followed for a set determinant of time in order to effectively ascertain if concurrent treatment is beneficial. Participants would need to be surveyed several times throughout the course of the study to gain more accurate results that are more reflective of the challenges faced by those dually diagnosed individuals in order to determine if concurrent treatment can reduce the number of relapses suffered. At this time, the results do not conclude that concurrent treatment is successful in reducing the number of relapses.

CHAPTER FIVE

DISCUSSION

Introduction

Although this investigator was not able to find a significant relationship between concurrent treatment and the number of relapses further research is needed to determine if there are other determinant factors that may affect this. The survey indicates that the number of relapses is not dependent on concurrent treatment, substance abuse treatment or mental health treatment.

Discussion

According to the findings, there was no significant relationship between the use of concurrent treatment and the number of relapses. Concurrent treatment did not reduce the number of relapses for individuals that reported that they had received such treatment. The results did indicate that individuals who were dually diagnosed considered concurrent treatment as being the most beneficial (85.0%), followed by independent mental health treatment and independent substance abuse treatment receiving each receiving 1.0%.

Recommendations for Social Work Practice

The literature indicates that concurrent treatment is the best option for dually diagnosed individuals. Treating both mental illness and substance abuse concurrently seems to be the best approach to combating drug addiction for

dually diagnosed individuals. The literature contends that the best approach is always an integrated approach and it must be incorporated whenever possible. The problem seems to be that this is not a standard approach, and there is not much empirical evidence that supports whether or not integrated treatment has a direct effect on whether relapses will still occur among dually diagnosed individuals. As previously stated Drake et al., (1998) assert “integrated treatment for dual disorders remains a working hypothesis with only modest empirical support”. More research is needed in this area as to why relapses continue to occur when both the mental illness aspect and the substance abuse treatment are combined to afford the client a dual approach. If concurrent treatment does not mitigate or reduce the number of relapses among dually diagnosed individuals, future research will need to ascertain whether or not individuals should continue to receive treatment at integrated treatment facilities.

The limitations of this study are that follow up surveys would be needed to follow individuals who continuously seek concurrent treatment. The sample was selective in nature as everyone at River Community has been predetermined to be dually diagnosed and were at the facility to receive such treatment. The sample size was not large enough to make conclusive findings. The variables collected were not exhaustive and other determinants may have been needed to ascertain the reason why relapses continue to occur after receiving concurrent treatment. Many individuals return to River Community after receiving treatment and relapsing, these individuals could be included in future studies to determine if

there are missing components in the concurrent treatment that they report did not work for them.

Conclusion

The study methods used does not make any causal claims between the use of concurrent treatments and relapse rates. Rather, this investigator was interested in the association between the two variables. Further research would be needed on a long-term basis to determine if concurrent treatment truly reduces the number of relapses among dually diagnosed persons. If concurrent treatment cannot be found to be a successful treatment approach as it currently stands it will be imperative that future research ascertain what needs to done to modify the approach. Dual Diagnosis treatment focus should lean toward ensuring that individual with co-occurring treatment have successful.

APPENDIX A

QUESTIONNAIRE

Questionnaire

Please fill in the blank or circle your response

1. What is your age? _____

2. What is your gender? Male or Female

3. What is your ethnicity? _____

4. How many times have you sought treatment for any issues related to your mental health condition? _____

5. How many times have you sought treatment for drug addiction? _____

6. How many relapses do you believe you suffered before being treated at River Community? _____

7. How many times have you been treated for both your mental health condition and drug addiction at the same time? _____

8. Which treatment program type do you feel was/or is the most beneficial to your recovery?

   A. Substance abuse treatment

   B. Mental Health Treatment

   C. Both treatments combined

Developed by, Crystal Ann Horton

APPENDIX B

INFORMED CONSENT

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO
College of Social and Behavioral Sciences
School of Social Work

California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED 6/1/2016 VOID AFTER 6/1/2017
IRB# SW16607 CHAIR

INFORMED CONSENT

The study in which you are asked to participate is designed to explore the impact non-integrated care can have on relapses of those affected by co-occurring disorders. The study is being conducted by Crystal Horton, a graduate student, under the supervision of Dr. Armando Barragan, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of the study is to explore the impact non-integrated care can have on relapses of persons affected by co-occurring disorders.

DESCRIPTION: Participants will be asked a few questions on the type(s) and number of treatments sought for substance abuse and mental illness, relapses, and some demographics.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue you participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and data will be reported in group form only.

DURATION: It will take 5 to 10 mins to complete the survey.

RISK: There are no foreseeable risks to the participants.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have questions about this study, please feel free to contact Dr. Barragán at (909) 537-3501.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after July 2017.

This is to certify that I read the above and I am 18 years or older.

_____ _____

Place an X mark here Date

909.537.5501
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

The California State University · Bakersfield · Channel Islands · Chico · Dominguez Hills · East Bay · Fresno · Fullerton · Humboldt · Long Beach · Los Angeles
Maritime Academy · Monterey Bay · Northridge · Pomona · Sacramento · San Bernardino · San Diego · San Francisco · San Jose · San Luis Obispo · San Marcos · Sonoma · Stanislaus

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