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THE VINCENT VAN GOGH MODEL IN THE TREATMENT OF ADOLESCENTS WITH DUAL DIAGNOSES

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Treatment of adolescents with addiction and comorbid disorders is notoriously difficult. In clinical practice one or the other diagnoses remain unnoticed and untreated. The reason for this the unfortunate focus on just one identifiable disorder. The resulting treatment remains suboptimal because state of the art evidence based parallel treatment programs for adolescents with dual diagnosis have not been adequately developed and implemented. In addition the long term development of psychopathology in adolescents due to addiction is unclear and needs to be elucidated. Addiction can lead to psychopathology of different kinds, such as anxiety disorders, mood disorders, bipolar disorders and psychoses or the look-alikes. The opposite is also true: ADHD combined with a conduct disorder leads to addiction. Post traumatic stress disorder, bipolar disorder and antisocial personality disorder are all associated with increased rates of substance abuse or addiction.

What is missing is an integrated continuity of care program with seamless transferral from ambulant to clinic to independent living to aftercare. This program will be affiliated with other care systems in the community such as child and family services, juvenile justice and multisystemic therapy (MST). The adolescent is in a critical developmental stage of attaining a healthy personal identity. Keywords are: continuity of care, parallel treatment and long term intensive inpatient treatment of recalcitrant patients.

The role of expressive therapies, motivational enhancement therapy (MET) and cognitive behavioral therapy is emphasized. Several new exciting medications are available and will be used in individual treatment strategies.