WHOS (We Help Ourselves) response to supporting clients presenting with PTSD symptoms.

By Jo Lunn
Agenda

This presentation will

• Outline the current research findings in relation to PTSD and SUD treatment

• Explain why WHOS focused on developing a PTSD intervention

• Outline two current research projects at WHOS, trialing two interventions to reduce PTSD symptoms

• Provide a summary of the research findings of both projects to date
What is trauma?

An event where a person is exposed to:

- death
- threatened death
- actual or threatened serious injury
- actual or threatened sexual violence

The event may be experienced via:

- direct exposure
- witnessing, in person
- indirectly (i.e., learning that a close relative or close friend was exposed to trauma)
- repeated or extreme indirect exposure to aversive details of events, usually in the course of professional duties
What is PTSD?

Characterised by symptoms of:

- Intrusion/re-experiencing
- Avoidance
- Negative alterations in cognitions and mood
- Alterations in arousal and reactivity
What is PTSD?

Symptoms must be present for at least 1 month

and

Cause significant distress or impairment in...

• Social
• Occupational
• other areas of functioning
PTSD and SUD (Mills et al, 2005).

![Bar chart showing exposure to trauma and PTSD for different substances: Alcohol, Cannabis, Sedatives, Opioids, Amphetamines, Any SUD. The y-axis represents percentage, ranging from 0 to 100. The chart indicates a high percentage of exposure to trauma compared to PTSD for all substances.](image-url)
PTSD, SUD and entry into treatment (Dore et al, 2011)

General Population - 57% exposed to trauma, 1% have PTSD
Why is there a link between SUD and PTSD

• Self-medication hypothesis
• High-risk hypothesis
• Susceptibility hypothesis
• Common factors hypothesis
• Regardless, once a person has both disorders each serves to maintain/exacerbate the other
Harm associated with PTSD

- Poorer mental health
- Poorer physical health
- Higher rates of attempted suicide
- Higher levels of poly-drug use
- Poorer Psychosocial functioning
- Poorer treatment outcomes
ATOS follow-up

Those with and without PTSD improved on all outcome domains (drug use, physical and mental health, employment)

Those with PTSD did just as well in terms of substance use outcomes as those without

**BUT**

they continued to demonstrate poorer physical and mental health and occupational functioning
IMPORTANT!!

Improvements in PTSD symptoms lead to reductions in substance use but

Improvements in substance use do not lead to improvements in PTSD symptoms!!

If PTSD symptoms get worse substance use increases
What does this mean....

Lessons from the literature

To provide effective treatment and relapse prevention for SUD issues, PTSD and/or trauma symptoms need to treated for clients with both PTSD/SUD.
WHOS

- New Beginnings
- Gunyah
- MTAR
- RTOD
- WHOS Najarra
- WHOS Hunter
- DATS Opioid Treatment Day Program
WHOS Improving Organisational Capacity Project

• IOC works across all of WHOS services
• Currently funded through Substance Misuse Service Delivery Grants (until June 2015)
• Increase WHOS capacity to manage complexity
  • includes mental health, cognitive impairment, involvement in the criminal justice system, homelessness, GLBTI, Indigenous or CALD status.
## Mental Health Symptoms (2014)

<table>
<thead>
<tr>
<th>Mental Health Screening Form</th>
<th>Lifetime</th>
<th>Last 30 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>During your lifetime have you experienced?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Anxiety / Panic symptoms</strong></td>
<td>80%</td>
<td>52%</td>
</tr>
<tr>
<td><strong>Strong fears (e.g. agoraphobia)</strong></td>
<td>79%</td>
<td>41%</td>
</tr>
<tr>
<td><strong>Taken psychiatric medication</strong></td>
<td>71%</td>
<td>39%</td>
</tr>
<tr>
<td><strong>Depressive symptoms</strong></td>
<td>76%</td>
<td>37%</td>
</tr>
<tr>
<td><strong>Nightmares / flashbacks from traumatic events</strong></td>
<td><strong>68%</strong></td>
<td><strong>43%</strong></td>
</tr>
<tr>
<td><strong>Emotional problems associated with sex life</strong></td>
<td>60%</td>
<td>19%</td>
</tr>
<tr>
<td><strong>Given into aggressive urges more than once</strong></td>
<td>71%</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Psychiatric hospital admission</strong></td>
<td>32%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Attempt to kill yourself themselves</strong></td>
<td>35%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Heard voices / saw objects others couldn’t see</strong></td>
<td>42%</td>
<td>5%</td>
</tr>
</tbody>
</table>
WHOS Client Focus Groups

• 2013 CMHDARN WHOS Research Grant
• Client Focus Groups—Reviewing the needs of clients with complex issues

Clients wanted help to manage their own trauma symptoms and direction on managing peers distress

• 2014 Focus Groups 19 out of 21 women in NB identified as currently struggling with Trauma Symptoms
Research Grants

WHOS successfully applied for 2 Research Grants in 2013

1. MHDAO 2013-2014 Drug and Alcohol Research Grants

2. NADA Women’s Research Grant
MHDAO 2013-2014 Drug and Alcohol Research Grant

Funded to

- Develop four, 1hr groups (first 4 weeks of program)

- Group information includes
  - Defining Trauma and describing common trauma exposure symptoms
  - Defining trauma disclosure boundaries
  - Describing and briefly practicing symptom management techniques
  - Provide direction on supporting a distressed peer

- Extensively evaluate and disseminate findings
Progress to date

- Expert Advisory Committee
- Employed a Research Assistant
- Literature review completed
- Finalised Research Design
- Trial Groups have been written
- Direction in relation to ethics approval
- Trained staff in PTSD
- Trained staff in the group-work
- Rolling out the group-work in Hunter this week
- RTOD, MTAR, NB to follow in November
NADA Women’s Research Grant

Funded to

- Provide 16 hours of group-work
  - Review and re-write 8 hours -existing Gender Group material
  - Develop 8 hours of Mental Wellness ACT based group-work
- Review NB against trauma informed practice protocols
- Extensively evaluate and disseminate findings
Progress to date

- Expert Advisory Committee
- Literature review both relating to Mental Wellness Groups and Gender Groups completed
- Research Design finalised
- Initial review of Trauma Informed Practice completed
- Ethics approval
- 7 hours of Mental Wellness ACT based groups written
- Baseline Data collected
- Staff trained in PTSD and Group-work
- Round 1 of the group-work completed
Baseline Data

K10+ Scores

- Non-clinical Symptomology
- Mild Symptomology
- Moderate Symptomology
- Severe Symptomology
PCL Checklist

• 18 out of 35 scored 44 or above indicating a diagnosis of PTSD
Blanchard, Alexander, Buckley, and Forneris (1996)

• The average score of participants was 44 (Median = 46, N=35) which indicates that as a group these participants are scoring as PTSD positive.
What did you find most useful from the groups....

- Thinking about thoughts and letting them go
- Learning how to deal with my feelings
- The mindfulness techniques leading into the group and end of the group
- I took away the thoughts that I need to work on. Became conscious of areas I need to address
- The meditation was very good to help with strong feelings that come out after each group
What did you find most useful from the groups....

- Probably mostly about defusion techniques. I found it extremely useful to be able to learn about noticing my feelings and practising diffusion techniques to allow myself to get some distant from my thoughts and get on with things.

- The defusion – I also really liked learning about the value system.

- My patterns of thinking and ways to manage the dark thoughts.
Where to from here…

- Continue with the roll-out and evaluation of both individual projects
- Evaluate the combined effect of the introduction of both group types within the one service
- Develop and review the new gender specific groups
- Disseminate key findings back into the industry
Contact details

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