

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



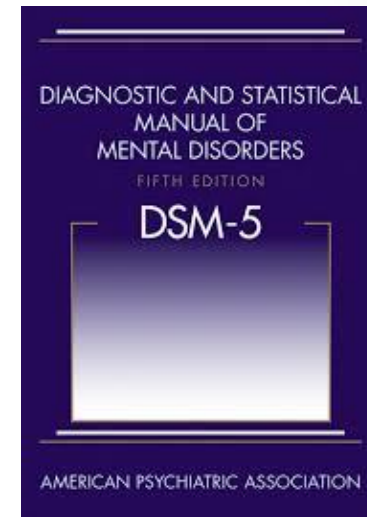
What is trauma?

An event where a person is exposed to:

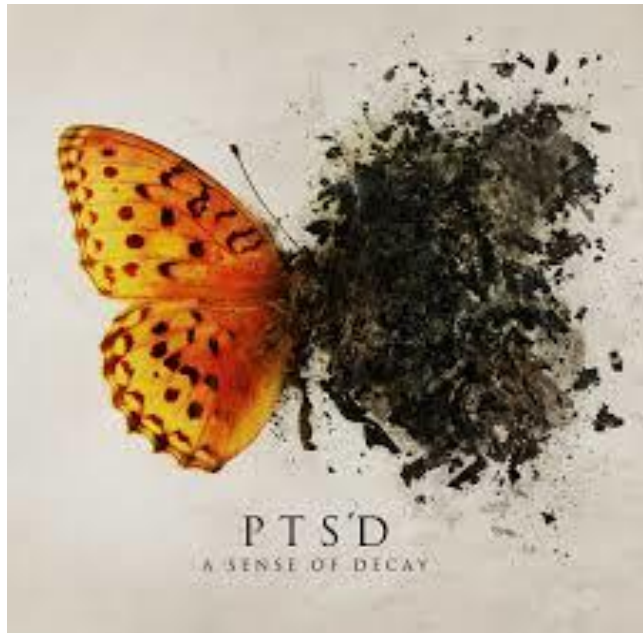
- death
- threatened death
- actual or threatened serious injury
- actual or threatened sexual violence

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

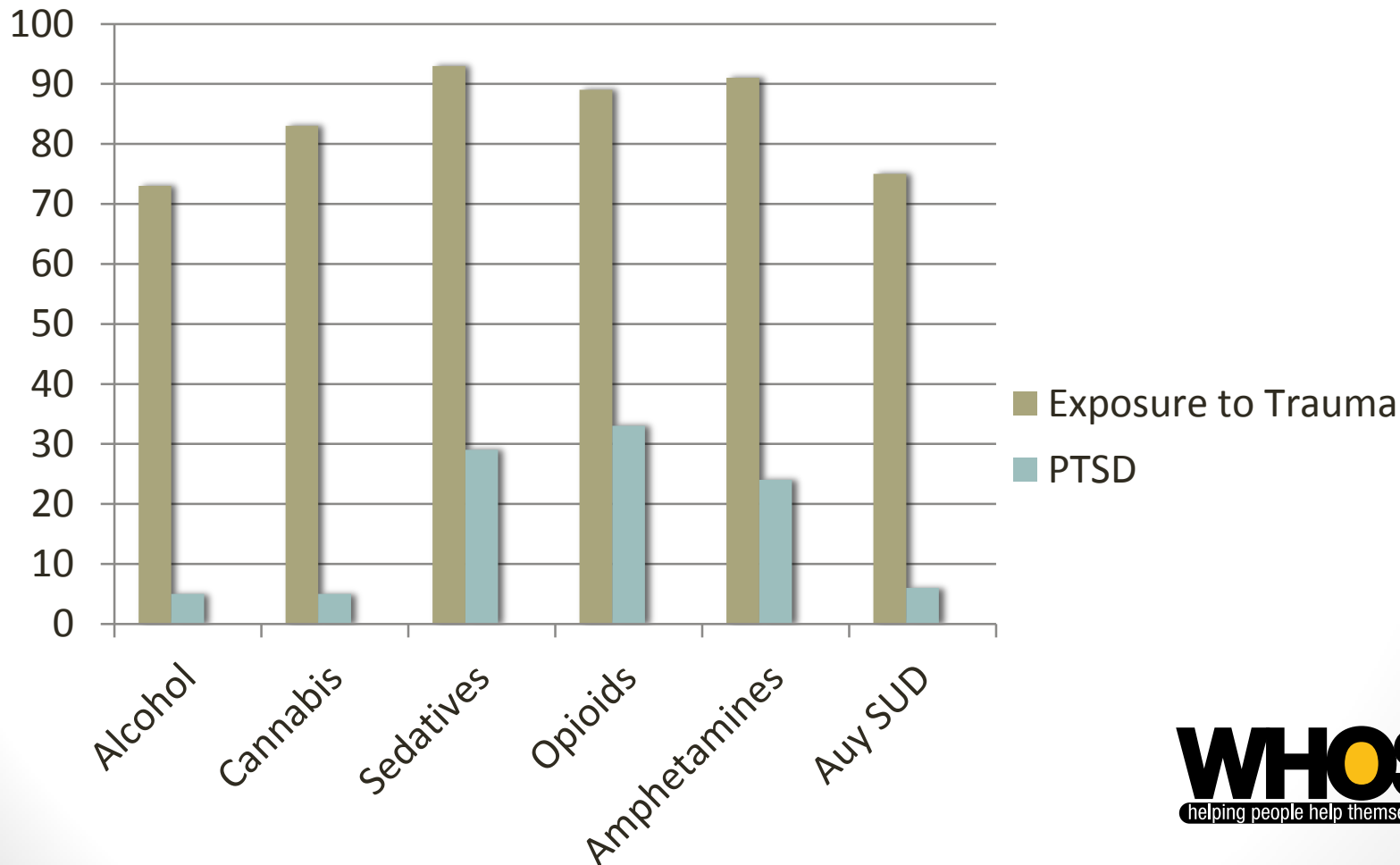
and

Cause significant distress or impairment in...

- Social
- Occupational
- other areas of functioning

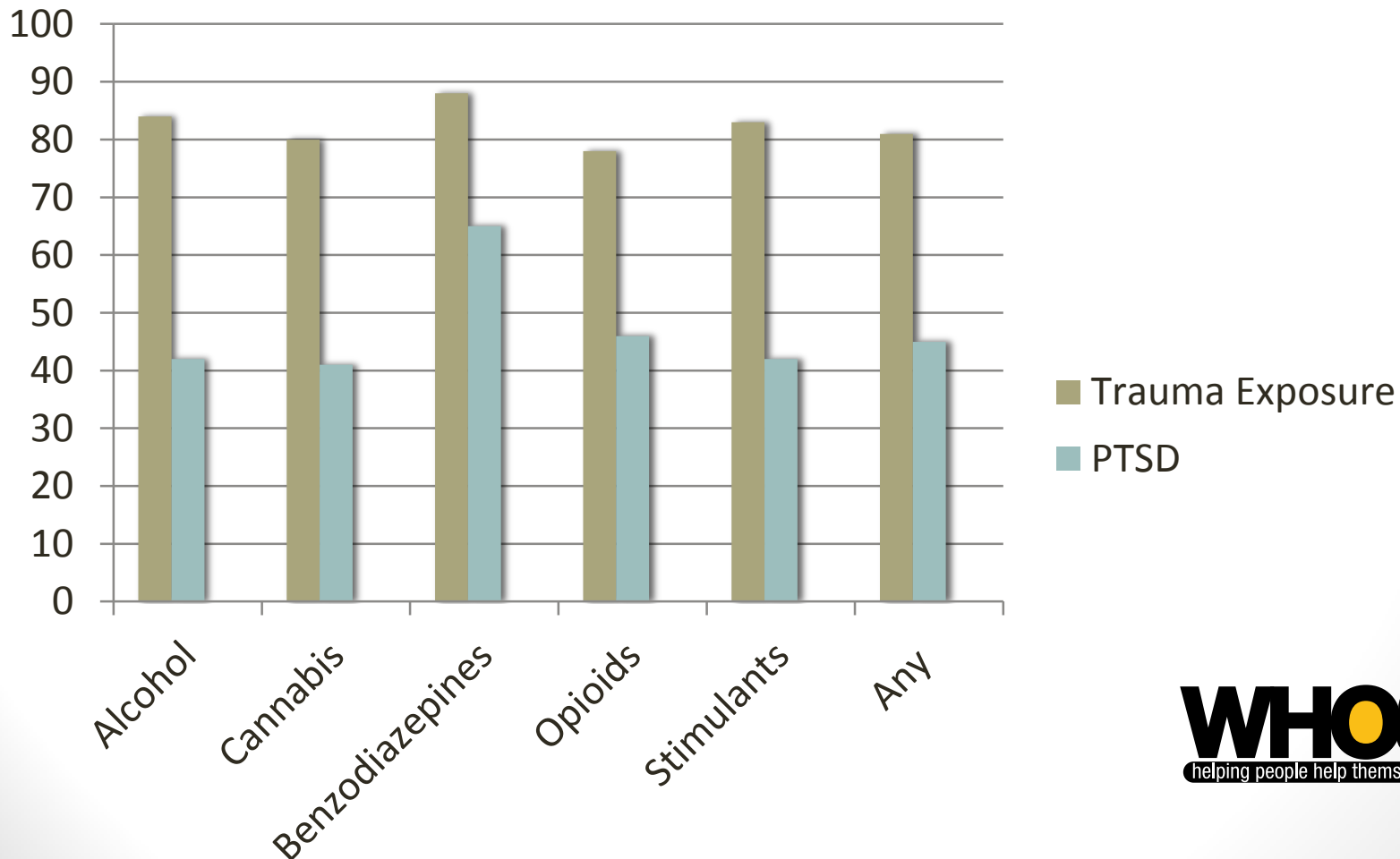


PTSD and SUD (Mills et al, 2005).



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 be 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)

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

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 week 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



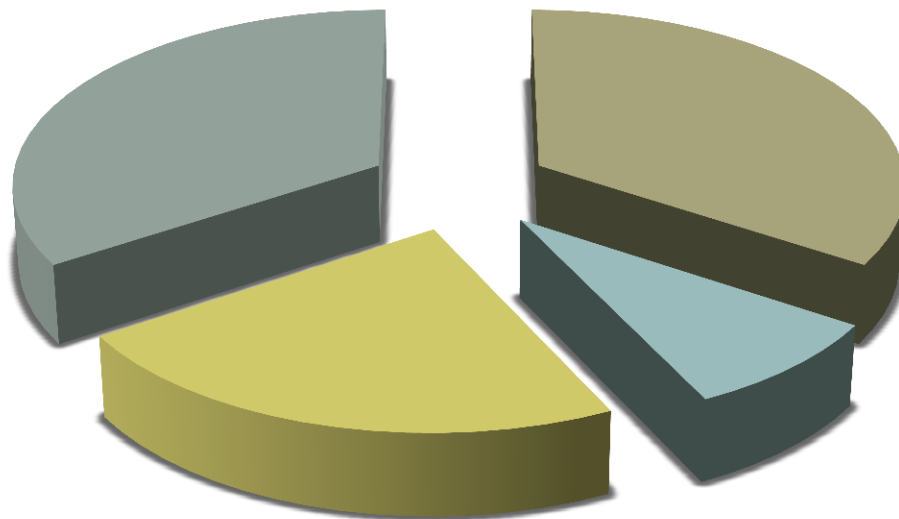
Progress to date



- 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 Symptomolgy
- Mild Symptomolgy
- Moderate Symptomolgy
- Severe Symptomolgy

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



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