Are Addiction Services in Glasgow ‘Trauma Informed’: A Quantitative and Qualitative Exploration of Services and Practices with Front-Line Practitioners

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Introduction

- Addiction, Trauma and Trauma-informed practice
- Methodology
- Results and Findings
- Limitations and weaknesses
- Conclusions and Recommendations

Addiction

- Medical, biological and/or disease
- Genetic predisposition
- Sociological - esp. socioeconomic factors
- Psychological - individuals interfacing with environment

Addiction

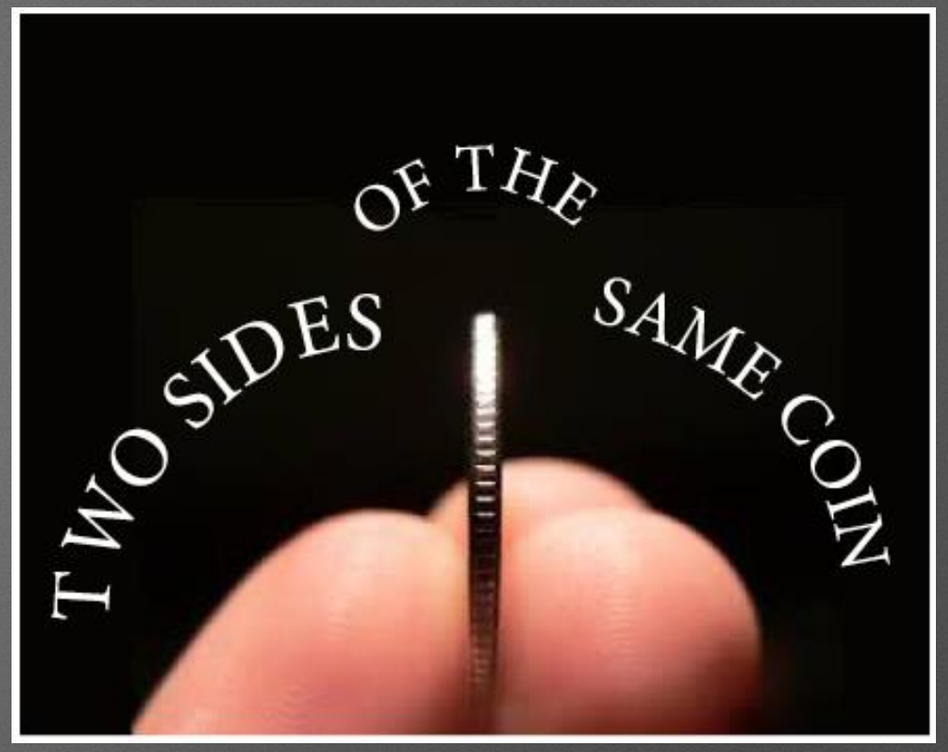
- Interactional - Biopsychosocial
- Risk factors

Key Risk Factor

- Co-morbid Mental Health issues

- Primary Mental Health, Primary Substance Use, Primary Dual Diagnosis and…. *Common Aetiology.* *(Lehman, 1989)*

Common Aetiology



- High rates of co-morbidity suggest it would be unlikely that the two issues are unrelated in the majority of cases. (Lehman, 1989)

- Familial incidence may indicate genetic predisposition, however, complexity abounds in terms of abuse. (Wilson, 2103)

Trauma and Addiction

- PTSD
- Self Medication Hypothesis (Khantzian, 1985, 1989 and Dark, 2013)


DO NOT
PUSH
BUTTON

Trauma-Informed Practice

- Harris and Fallot, 2001
- Assume trauma (due to prevalence) and design services and interventions accordingly
- Designed for women to benefit all
- Integrated (interconnected nature of the issue)
- Staff training (Brown, Harris and Fallot, 2013)

Trauma Informed Practice

- Teaching/explaining links of trauma and addiction
- Empowerment and relationship building
- Crossover skills
- Ancillary Services
- Avoid contraindicated tactics

Trauma and Addiction in Scotland

- Higher alcohol intake and problems
- One of the highest drug using populations in Europe
- Usually associated with socioeconomic disadvantage

Trauma and Addiction in Scotland

- SDF (2013) highlight trauma as significant in terms of commencement and recovery from addiction:

"… repeated sexual abuse by relatives; repeated physical and emotional abuse by parents; multiple bereavements, or complex circumstances involving chaos due to mothers fleeing violent fathers, parental mental health problems, and having criminal or drug-dealing fathers." (p.9)

Trauma and Addiction in Glasgow

- GAS Psychological Services Audit acknowledges the high prevalence of trauma in caseloads and concludes that there are implications for Addiction Services in relation to "…trauma-informed service provision." (Svanberg, Bonney and McNair, 2011, p.6)

So… what?

- Trauma
- Training
- Experience/knowledge vs. data
- Indicated and contraindicated approaches
- Other approaches
- Most and least effective
- Assumption of trauma
- Access to ancillary services

Methodology

- Participants
- Materials and measures
- Procedure

Definitions

- Victim of, or witness to: sexual abuse or rape, physical abuse or assault, emotional abuse, neglect, domestic violence, natural disaster, real or perceived threat to own or other's life or limb.
- Bereavement - determinants of grief indicated - childhood, suicide etc.
- Prostitution/trafficking
- Mental Health or Addiction Symptoms (psychosis, withdrawal)

Results

- 67% (n=37) attended one or more type of trauma training
- Mean prevalence rate for trauma in current caseloads was 73% (SD=22.6) , and for overall experience was 78% (SD=18.4)
- Participants felt that trauma was a contributory factor in 69% (SD=24.3) of cases

(negative skewing -1.038, -0.858 and -0.98)

Results

- Descriptively, those who had attended trauma related training indicated higher levels of trauma in their current caseloads, in their overall experience in addiction and as a contributory factor to addiction in general.

- However, the two groups did not differ significantly under a Mann-Whitney U.

Results

- Participants who had attended trauma training used more, on average, of the indicated approaches than those who had not and this difference was significant.

- Trauma-trained participants also used more of the contraindicated approaches, on average, than those who had not. There was no statistically significant difference between the groups.

Results

- The approaches found to be most effective were Empowerment, Enhancing Self-Esteem and Communication Skills.

“… enabling people to take control back” (participant)

- Least effective were Shaming Techniques, Higher Power and Intrusive Monitoring.

“People find it hard to make changes if they believe there is an external locus of control.” (participant)

Results

- Assume or adapt?
- The majority of participants indicated that they would change their approach when aware of trauma issues.
- Person-centred, individual treatment, etc.
- Interventions - ‘more’ sensitive, patient and understanding?
- Not changing approach because the approach is ‘treating everyone as an individual’.

Results

- Practitioners were able to access Vocational/Educational, Parenting Skills, and Life Skills services.

- The most problematic ancillary service to access was Safe Housing:

"Housing is a major issue for many service users and addressing it can be extremely difficult - there is very little supply of good quality, appropriate housing." (Participant)

Findings

- Training
- Prevalence
- Approaches
- Ancillary Services

Conclusions/Recommendations

- Supportive of the interrelationship between trauma and addiction

- Training and Prevalence rates in keeping with previous studies

- Self-selection may have led to sampling bias

Conclusions/Recommendations

- Supportive of Harris and Fallot's indicated approaches.
- Training has an effect on the number of indicated approaches used
- Standard, mandatory training
- Training should cover contraindicated approaches
- Integration of ancillary services

Conclusions/Recommendations

- Redesign of addiction services and…