Clinician's Perspectives of Trauma-Informed Care in the AOD sector

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Acknowledgements

I'd like to acknowledge the Traditional Custodians of the land on which we reside on today and pay my respect to Elders past, present and emerging. I'd also like to acknowledge any Aboriginal or Torres Strait Islander peoples that are here today and acknowledge that this land was never ceded.

I'd also like to recognise and pay my respects to people with lived experiences of trauma, mental health or substance use issues that might be here today.

What will be discussed today

- Prevalence of trauma in AOD clients

- Relationship between trauma & AOD use

- Trauma-Informed Care in the AOD setting

- Current Study

- Conclusions, Implications and Recommendations

- Question time

How common is trauma?

And why do some people exposed to trauma use substances, and vice versa?

80% of AOD clients report a history of trauma

Types of trauma

- High rates of childhood trauma

- Exposure to serious injury or death

- Threatened with a weapon

- Being held captive

- Physical and sexual assault

Majority of AOD clients have experienced multiple traumas and up to two-thirds have PTSD diagnosis

Dube, S. R., Anda, R. F., Felitti, V. J., Edwards, V. J., & Croft, J. B. (2002). Adverse childhood experiences and personal alcohol abuse as an adult. Addictive Behaviors, 27(5), 713–725 https://doi.org/10.1016/S0306-4603(01)00204-0

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Relationship between trauma and AOD issues

- Self-medication hypothesis
- High-risk hypothesis
- Susceptibility hypothesis

What is Trauma-informed care ?

TIC is a comprehensive approach that has been developed to educate clinicians and develop services to support people **exposed to trauma.**

It goes beyond trauma-related or PTSD-specific interventions and is implemented at an organisational level

Principles of Trauma-Informed Care
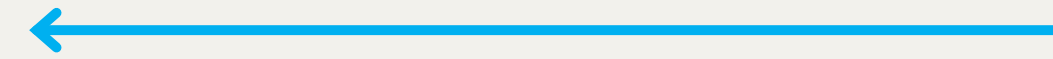
Safety

Trustworthiness

Choice

Collaboration

Empowerment

Kelzelman, C., & Stavropolous, P. (2012). The Last Frontier: Practice guidelines for the treatment of complex trauma and trauma informed care and service delivery. Retrieved from: https://blueknot.org.au/Portals/2/Practice%20Guidelines/Blue%20Knot%20Foundation%20Guidelines_WEB_Final.pdf

Clinician's perspectives

Ewer et al., (2015)
- Survey completed by 412 AOD workers
- Researchers highlighted need for adequate trauma training and supervision

Tompkins & Neale (2016)
- AOD clinicians said that TIC is essential
- Lack of focus of TIC in AOD treatment and more training is needed prior to working in this field

Mefodeva et al., (2023)
- AOD clinicians said TIC was needed and valuable in sector, though lack of knowledge and confusion between TIC and PTSD-specific interventions

Current Study

Aim: To explore the perspectives of AOD clinician's when working with clients exposed to trauma

01 What are the experiences of AOD clinicians when working with clients exposed to trauma?

02 What are AOD clinician's perspectives of trauma-informed care when providing treatment to AOD clients?

03 What are the perceived benefits and limitations of trauma-informed care when working with AOD clients?

04 What recommendations for practice and/or policy do clinicians have to improve trauma-informed care for AOD clients?

Who was interviewed?
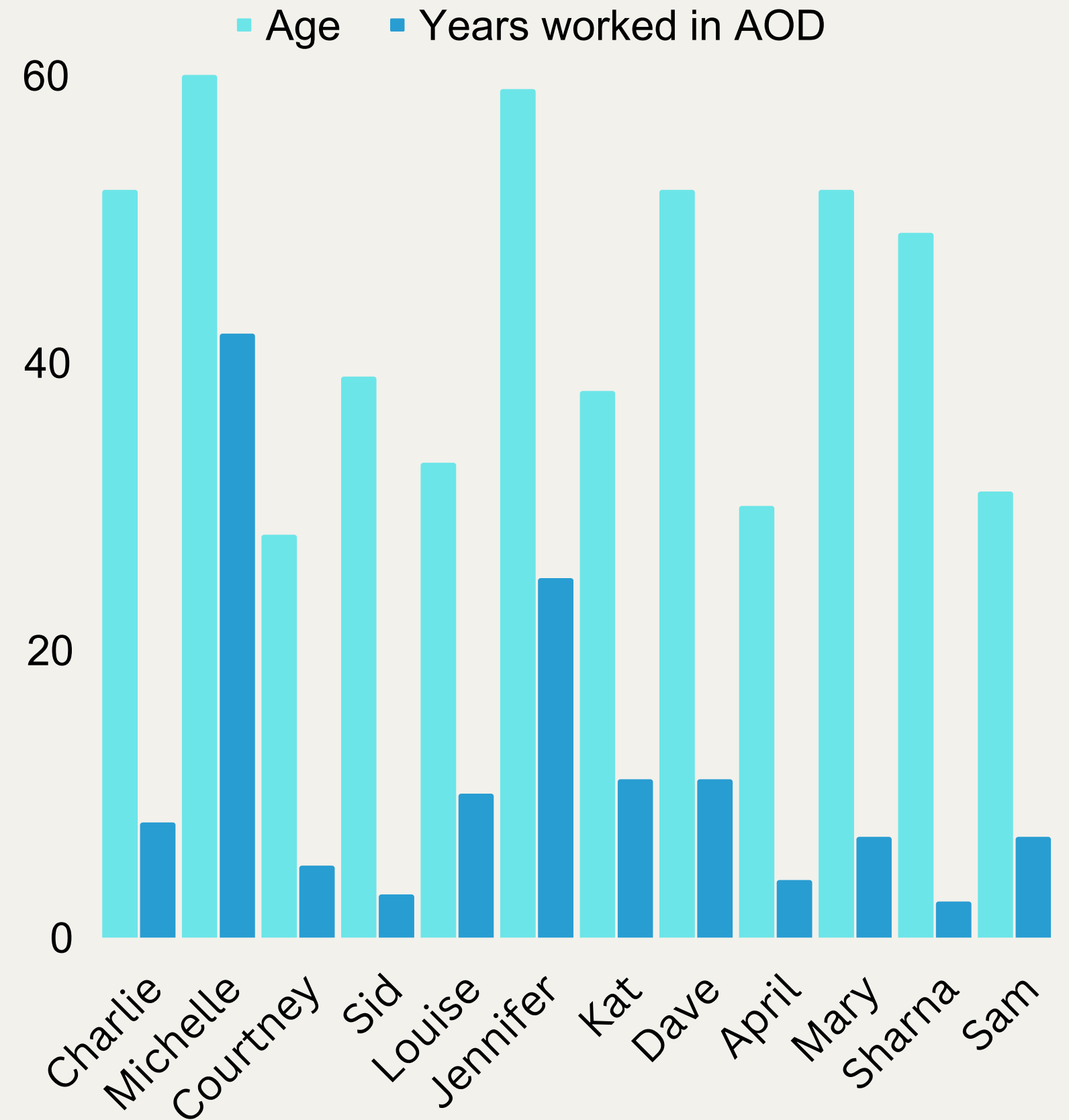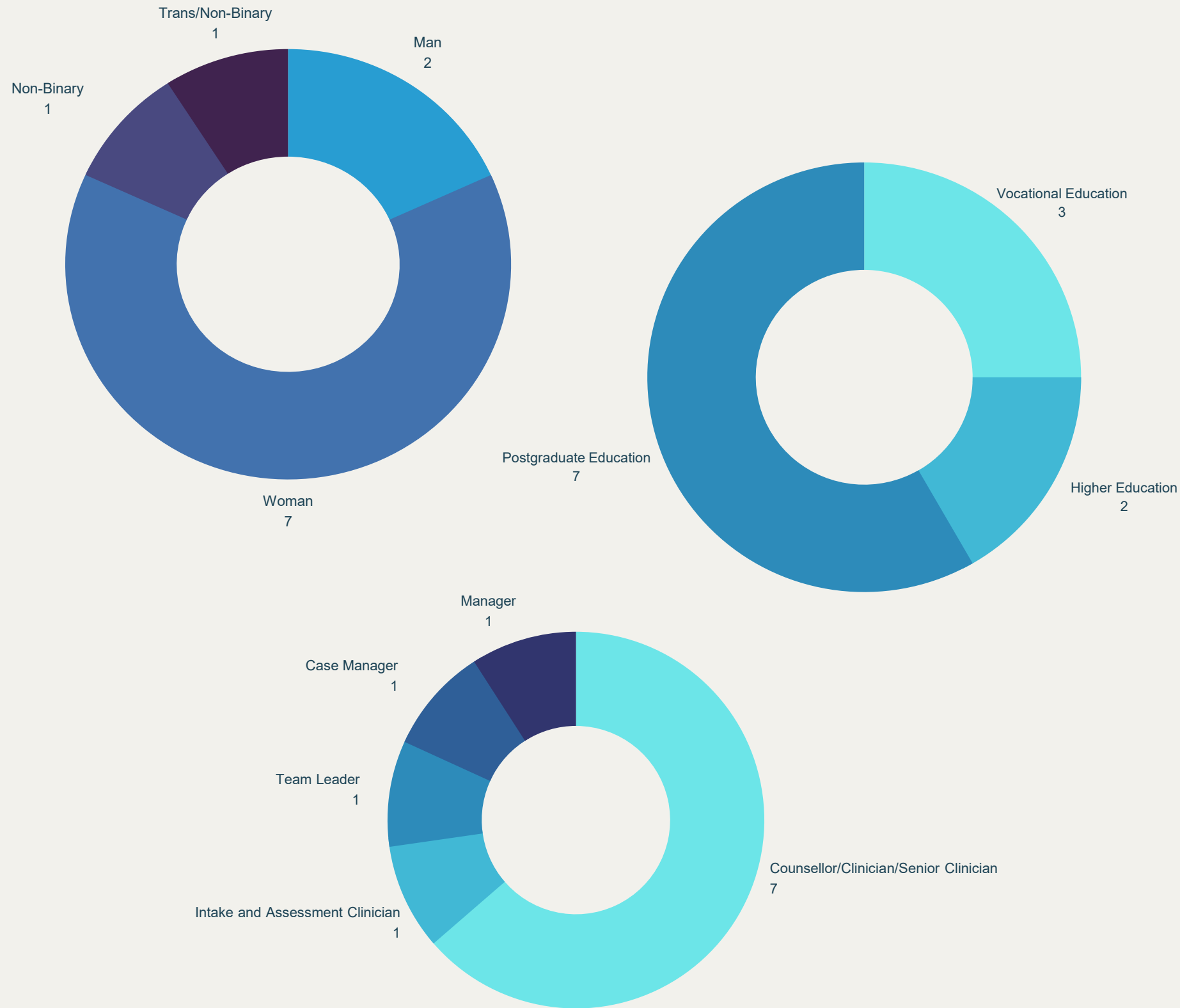
Age M = 43.58, SD = 10.50

Years worked in AOD M = 7.50 years SD = 3.53

Results

01

PERCEIVED RELATIONSHIP BETWEEN TRAUMA AND AOD USE
- Extent of trauma-related presentations
- AOD used to manage trauma-related distress

02

TRAINING IN TIC CAN SHIELD AOD CLINICIANS FROM IMPACTS OF CLIENT'S TRAUMA
- Understanding of TIC and previous training experiences
- The impact of client's disclosing trauma on AOD clinician's

03

IMPLEMENTING A TIC APPROACH BEYOND CLIENT/CLINICIAN INTERACTION
- Policies and procedures across AOD organisations
- Current government model of funding is not supporting TIC delivery

04

RECOMMENDATIONS FOR FUTURE
- Ongoing organisational supports for AOD clinicians from a TIC framework
- Need for integrated trauma-focused and AOD treatment

Extent of trauma-related presentations

AOD used to manage trauma-related distress

"*I THINK THERE IS ONLY ONE PERSON* [IN AOD CAREER] *THAT HAD NOT HAD A TRAUMATIC EXPERIENCE.*"

- Kat, 38 y/o, 11 years in AOD

"*I THINK IT [AOD] HELPS TO NUMB THOSE FEELINGS AND SENSATIONS THAT THEY HAVE DIFFICULTY REGULATING. AND SO, THE SUBSTANCE ACTS AS A CO-REGULATOR*"

- Charlie, 52 y/o, 8 years in AOD

Perceived Relationship between Trauma and AOD Use

"...IT'S AROUND PROVIDING SAFETY, PSYCHOLOGICAL SAFETY IN THE SPACE... CONSISTENCY OF RELATIONSHIP...

- Sharna, 49 y/o 2.5 years in AOD

"...AS A REALLY EARLY CLINICIAN... I HAD A HIGHLY TRAUMATISED CLIENT AND THEY JUST OFFLOADED IT IN THE FIRST SESSION AND I DIDN'T KNOW HOW TO CONTAIN THAT AND I WAS TOTALLY TRAUMATISED"

- Sharna, 49 y/o 2.5 years in AOD

Training in TIC Can Shield AOD Clinician's from Impact of Client's Trauma

TIC policies and procedures across AOD organisations

Current government model of funding is not supporting TIC delivery

"I'M NOT QUITE SURE IF IT'S WRITTEN DOWN [TIC POLICY OR PROCEDURE]... I THINK IT'S EMBEDDED [TIC] IN A LOT OF OUR PRACTICE"

- Kat, 38 y/o, 11 years in AOD

"HOW THE AOD SECTOR IS FUNDED IN GENERAL... IS NOT SET UP TO HAVE A TRAUMA-INFORMED APPROACH ...THAT WE [CLINICIANS] ONLY HAVE YEARLY CONTRACTS... IS NOT TRAUMA-INFORMED"

- April, 30 y/o, 4 years in AOD

Implementing a TIC Approach Beyond Client/Clinician Interaction

Ongoing organisational supports for AOD clinicians from a TIC framework

High need for integrated trauma-focused and AOD treatment

"...IT'S NEVER ENDING WITH TRAUMA, AND JUST WHEN YOU'RE STARTING TO GET YOUR HEAD AROUND YOUR PRACTICE...SOMEONE THROWS IN A LITTLE CURLY AND YOU THINK, WOW, I'VE NOT HAD TO WORK WITH THIS BEFORE ."

- Michelle, >60 y/o, 42 years in AOD

"...IF A CLIENT...HAS BOTHERED TO UNPACK THEIR STUFF [TRAUMA] ...THEY ARE HOPING THAT YOU WILL BE ABLE TO DO SOMETHING FOR THEM MORE THAN GIVE THEM A REFERRAL TO ANOTHER SERVICE."

- Jennifer, 59 y/o, 25 years in AOD

Recommendations for Future

Conclusions

- Trauma-exposure in AOD clients is high and AOD be used to self-regulate trauma-related symptoms

- Slow uptake of policies and procedures though TIC embedded into practice

- Perceived barriers to TIC include: training, resources, funding, clinician skills and managing trauma disclosure from AOD clients

- AOD work can be extremely rewarding though high levels of burnout can impact service delivery. Top-down and bottom-up strategies of support are needed (Skinner & Roche, 2021)

- Integrated trauma-focused & AOD treatment is preferred model of treatment, and there is growing research to support this (Gielen et al., 2014; Roberts et al., 2015).

Implications & Recommendations

Workforce development and funding review
- Explore ongoing feasibility of TIC training, consultation & supervision (individual, peer, group) for AOD clinicians in the workplace
- Developing and implementing TIC frameworks throughout service delivery and systems level

Future research
- Should extend on different modalities of TIC training (e.g., webinar, in person, workshop) for early career AOD clinicians and evaluate the effectiveness
- Exploring leadership and management perspectives of implementing TIC across all levels of AOD organisations
- On cost-effectiveness of integrating TIC into AOD services on client outcomes and AOD clinician wellbeing

Thank you

Any questions?

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