

# Implementing Trauma Informed Care within AOD settings

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## Presentation Overview

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- What is Trauma, Prevalence, PTSD
- Case Example
- Trauma Informed Care (TIC) in AOD settings
- Implementing TIC in AOD settings: Practice Translation Pilot
- Conclusions



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## What is trauma?

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“Trauma may arise from a single or repeated adverse events that can interfere with a person’s ability to cope.....an experience of real or perceived threat to life, bodily integrity and/or sense of self. The impacts of traumatic experiences can be cumulative across the lifespan.” (MHCC, 2013)



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## What is Posttraumatic Stress Disorder?

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Posttraumatic Stress Disorder (PTSD) may develop after experiencing or witnessing a traumatic event related to actual or threatened death, serious injury or sexual violence.

(American Psychiatric Association, 2013)



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## What is Posttraumatic Stress Disorder?

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In order to receive this diagnosis, the individual must experience for at least a month:

- Intrusive symptoms associated with the event
- Avoidance of reminders of the event
- Negative alterations in cognitions and mood associated with the event
- Alterations in arousal and reactivity associated with the event
- Dissociation or depersonalization



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## Prevalence within AOD Settings

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- Approximately 80% of substance abuse treatment entrants in Australia report a history involving traumatic experiences (Mills, 2015)
- Up to 45% of AOD service users have current PTSD symptoms (Dore et al., 2012; Driessen et al., 2008)



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## Case Example – Michael

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22 year old male – engaged in a number of serious assaults  
Last month charged with reckless grievous bodily harm and  
carrying an offensive weapon.

Aggression commenced following witnessing his younger  
brother being seriously assaulted by a group of men and not  
being able to stop it

Since then regularly consumes substances such as alcohol,  
methamphetamine and cocaine.



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## Case Example – Michael

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Michael was difficult to engage in the AOD service (mandated  
to attend)

Did not believe that his substance use was problematic.

Presented as hostile, resistant to change, highly impulsive

Repeatedly blamed others for aggravating him

Was mistrusting of the service and the AOD worker



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## Case Example – Michael

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AOD worker (experienced in trauma work) raised the issue of his younger brother and what was that like to witness this Michael became distressed and focused on feeling guilty that he could not stop it

Reported experiencing strong angry outbursts

Made connections between his own aggression and assaults as a way of his regaining power

Agreed to have some specific sessions on this issue



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## What does trauma look like in an AOD client?

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### **Emotional indicators:**

- Irritability and/or hostility
- Mood swings, instability
- Fear of trauma recurrence
- Feelings of fragility and/or vulnerability
- Emotional detachment from experiences which require emotional reactions

(SAMHSA, 2014)



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## What does trauma look like in an AOD client?

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### **Cognitive indicators:**

- Intrusive memories or flashbacks
- Preoccupation with trauma event
- Difficulty making decisions
- Belief that feelings or memories are dangerous
- Suicidal thinking

(SAMHSA, 2014)



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## What does trauma look like in an AOD client?

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### **Physical indicators:**

- Sleep disturbances
- Increased focus on and worry with body aches and pains
- Persistent fatigue

(SAMHSA, 2014)



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## What does trauma look like in an AOD client?

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### **Behavioural indicators:**

- Avoidance of event reminders
- Social relationship disturbances
- Increased substance use
- Engagement in high risk behaviours

(SAMHSA, 2014)



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## Trauma Informed Care in the AOD Setting

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- Trauma Informed Care Policy and Frameworks occurred in response to the high prevalence of trauma in AOD, Mental Health, and Youth Justice clients
- What is Trauma Informed Care and how does it differ from Trauma Focussed therapy?



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## Trauma-Informed Care (TIC)

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“Trauma-Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma that emphasizes physical, psychological, and emotional safety for both providers and survivors to rebuild a sense of control and empowerment.” (Hopper et al., 2010)



## Trauma-Informed Care (TIC)

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“Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.” (SAMHAS)





## Core Principles of TIC

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- **Awareness:** Everyone understands the impact of trauma
- **Safety:** Ensuring physical and emotional safety
- **Trustworthiness:** Maximising trustworthiness, making tasks clear, and maintaining appropriate boundaries



## Core Principles of TIC

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- **Choice:** Respect and prioritize client choice and control
- **Collaboration:** Maximizing collaboration and sharing of power with the client
- **Empowerment:** Prioritizing empowerment and skill-building of the client



## Trauma-Informed Care vs. Trauma-Focussed Therapy

### Trauma-informed care

- Describes service delivery which is an organisational approach to the trauma backgrounds of their clients (MHCC, 2013)
- Is indicated regardless of whether trauma is believed to have been single-incident or complex trauma

### Trauma-focussed therapy

- The resolution of trauma and its sequelae are specifically targeted through clinical intervention
- May adopt grounding techniques to manage dissociation, desensitization to reduce pain associated with trauma memories, and behavioural strategies to manage difficult emotions (ASCA, 2012)

## Trauma Informed Care in the AOD setting

A practice translation pilot

## Aim of the Practice Translation Pilot

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The overall aim of the practice translation pilot is to implement trauma informed care into the practice of four AOD services, two regional and two metro, and to evaluate its progress. Overall 65 staff were involved in the training.

*Funded by the Department and auspiced by the Change Action Network and supporting organisations (listed in later slide)*



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## Change Agent Network Trauma Informed Care Pilot

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A three-stage approach to the dissemination and implementation of a trauma informed care framework within an AOD service was adopted:

- **Stage 1** – Staff consultation, needs analysis and dissemination of the concept and principles of a trauma informed care framework
- **Stage 2** – Dissemination, orientation and implementation of practice guidelines, and organisational approach
- **Stage 3** – Review and refinement of approach based on evaluation and consultation



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## Objectives of the Practice Translation Pilot

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- Improvements in knowledge, attitudes and confidence in delivering trauma-informed care within AOD practice
- Development of an organisational policy (and relevant procedures) which reflects the principles and philosophies of trauma-informed care



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## Objectives of the Practice Translation Pilot

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- Improvements in delivering trauma-informed care into practice by ensuring the physical environment is “safe” and engaging
- Screening and assessment processes are all trauma-informed
- Improvements in understanding appropriate (when/where/how) referral pathways with respect to trauma-informed care



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## Stage 2 Implementation of Training

(6 month period)

Training in TIC involved the following three stages:

**Day 1 Trauma Informed Care** (full day) provided by Phoenix Australia

**Day 2 Implementation session** (full day)

How to implement Trauma Informed Care within the AOD setting

**Four monthly Mentoring/Supervision teleconferences provided by Phoenix Australia**



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## Evaluation

Data was collected using the following:

1. Baseline questionnaire provided before Day 1
2. Follow-up questionnaire provided after Day 2 and before Day 3
3. Post evaluation questionnaire provided immediately after each Day 1 and Day 2 training sessions
4. Day 3 session



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# 1 Baseline Questionnaire

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- Demographics
- The level of incorporation of the five domains of trauma-informed care within the organisation: safety, trustworthiness, choice, collaboration, empowerment
- What policies and procedures are in place and how do they reflect trauma-informed care within the service?
- The level of organisational screening of trauma



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# 1 Baseline Questionnaire

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- The level of worker's knowledge and awareness of trauma issues and its effects on clients
- The level of worker's confidence in dealing with trauma in clients
- If trauma-related concerns are part of hiring and performance review process (directed at managers)
- The level of worker's understanding of evidence-based practice and their readiness to change
- The extent the five domains of trauma informed care apply to the worker



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## Baseline Results – Demographics (N=59)

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**Gender:** 70% female, 30% male

**Age:** 63% between 35-54 years of age

**Length in AOD sector:** 67% working over 6 years



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## Baseline Results – Demographics (N=59)

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### **Professional qualification/discipline:**

- 53% counselling
- 24% social workers
- 20% nursing
- 14% mental health
- 7% psychology

**Services provided:** Range of services provided although around 50% was counselling and all had direct face-to-face contact with clients.



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## Baseline Results

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Snapshot of baseline results from 59 participants

**Training in trauma:** 35% of participants had received training in trauma prior to the pilot

**Our service is aware of the likely history of trauma experiences of clients:**

6% disagree or strongly disagree

**69% agreed or strongly agreed**

20% uncertain

4% not applicable to role



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## Baseline Results

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**Our service encourages staff to screen and/or identify individuals who have been exposed to trauma:**

22% disagree or strongly disagree

**40% agreed or strongly agreed**

34% uncertain

4% not applicable to role



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## Baseline Results

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Our service has a consistent way to screen and/or identify individuals who have been exposed to trauma:

**31% disagree or strongly disagree**

26% agreed or strongly agreed

**36% uncertain**

7% not applicable to role



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## Outcomes of the practice translation pilot

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Stage Three is underway

- Involves data collection, focus groups and the development of a plan for sustained practice in trauma-informed care at the individual and organisational level



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## Conclusions

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- Trauma backgrounds are the “norm” for those presenting to an AOD service
- Trauma Informed Care Framework is a whole organization approach within the AOD (and other sectors)
- Trauma Informed Care does not require the AOD clinician to engage in Trauma Focussed Therapy
- An understanding of trauma, its consequences, presentations, and how it is best assessed and managed needs to be a core competency for all workers in the AOD sector



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## Change Agent Network

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The Change Agent Network is a network of members from AOD services across Victoria including:

- ACSO
- Barwon Health
- Barwon Child Youth & Family
- Cohealth
- Colac Area Health
- EACH – SURE
- Eastern Health/Turning Point
- Grampians Community Health
- Inner East Community Health Service
- ISIS Primary Care
- Knox Community Health Service
- Monash Health
- St Vincent’s Hospital
- Sunraysia Community Health Services
- The Royal Women's Hospital
- Windana Drug and Alcohol Recovery



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# Change Agent Network

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For more information regarding the Change Agent Network  
see [www.changeagentnetwork.net](http://www.changeagentnetwork.net)

The Change Agent Network initiative is funded by the Victorian Government and led by Turning Point in collaboration with VAADA, the Bouverie Centre, Bendigo Community Health Services, Leadership Victoria and Deakin University.



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# Thank you

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- Questions?
- Follow up contact: [pstaiger@deakin.edu.au](mailto:pstaiger@deakin.edu.au)



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