Understanding predictors of treatment completion and outcomes in a Trauma-informed Model of Care for Residential AOD Treatment

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Acknowledgement of **Country**

I acknowledge the Traditional Owners and their custodianship of the lands on which we meet.

We pay our respects to their Ancestors and their descendants, who continue cultural and spiritual connections to Country.

We recognise their valuable contributions to Australian and global society.

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None to declare
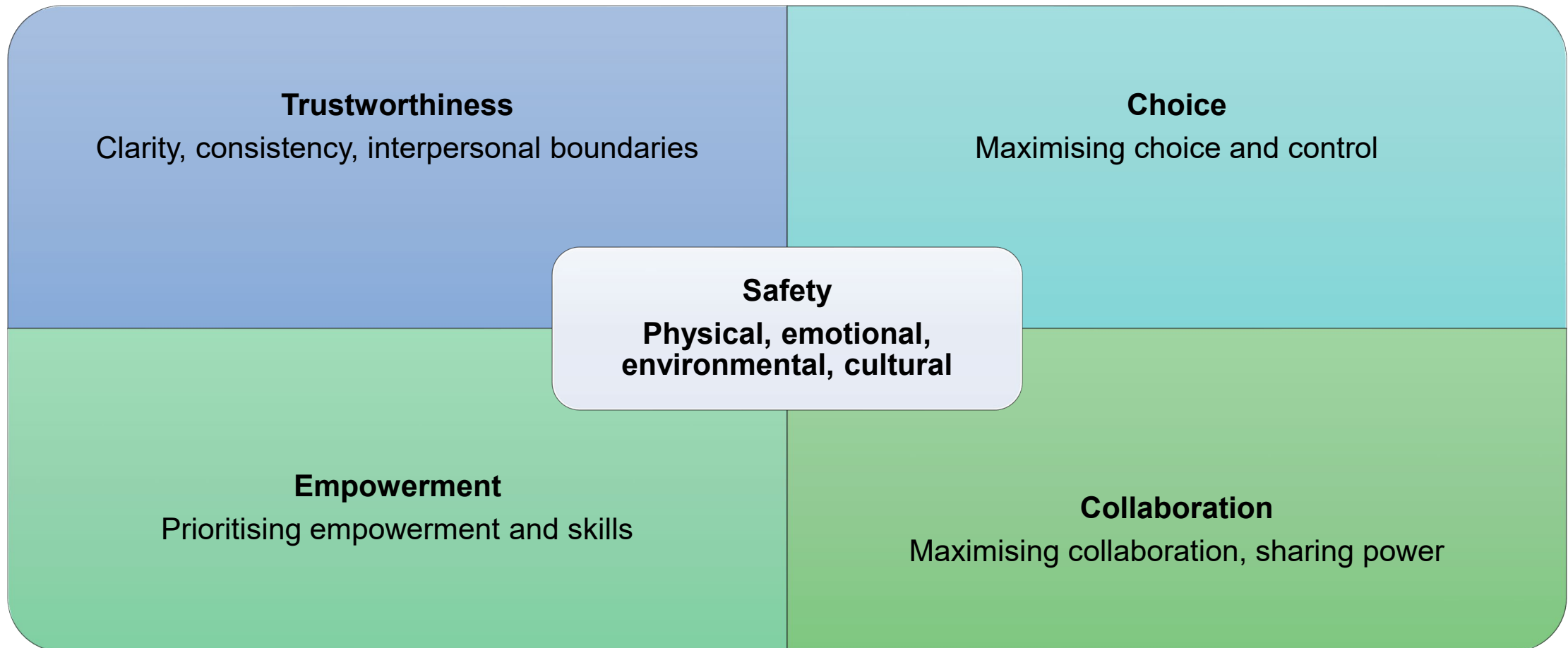
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Background

- High co-occurrence of AOD and mental health
  - Particularly trauma, depression, and anxiety

- Integrating social, emotional, physical, and psychological wellbeing could improve outcomes

- Taking a Trauma-informed care approach is recommended approach
  - Limited research implementing this in residential services

Implemented Trauma Informed Model of Care

1. Review and Revision of services

2. Workforce development through training and supervision

3. Screening and feedback for trauma and PTSD

4. 6 week program

   1. Welcome group

   2. Grit +

   3. Healthy Recovery

   4. Reframe

5. Individual trauma-focused therapy – Cognitive Processing Therapy

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Principles of Trauma Informed Care

Trustworthiness
Clarity, consistency, interpersonal boundaries

Choice
Maximising choice and control

Safety
**Physical, emotional,
environmental, cultural**

Empowerment
Prioritising empowerment and skills

Collaboration
Maximising collaboration, sharing power

Importance of treatment retention and completion

- Improved Treatment Outcomes

- Stability and Skill-Building

- Stronger Therapeutic Relationship

- Opportunity for Co-occurring Disorders Treatment

Aim

- How long are people in the residential service?

- Are they completing treatment?

- What predicts treatment completion?

- Do these baseline characteristics predict treatment outcomes?

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Methods and Design

- Single-armed, phase 1 feasibility trial

- Setting: Youth (18-35 years) residential treatment service

- 12-month evaluation phase

- Participants

  - 148 recruited at baseline (of 183, 80.9%)

  - 100 completed 1-month follow-up, 91 at 3-months, 89 at 6-months and 93 at 12-months (approx. 78% at 12-months)

Outcomes

Client Primary Outcomes

- Substance Use: WHO Alcohol, Smoking and Substance Involvement Screening Test

- PTSD Symptoms: PCL-5

- Depression: PHQ-9

- Anxiety: GAD-7

Treatment Outcomes

- Client time in service

- Treatment completion (completed 6-week program)

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Participants

Characteristics	TIC only (n = 115)	TIC + CPT (n = 33)
Age	27.40 (4.61)	26.94 (5.32)
Gender – Female	48 (42%)	18 (55%)
Education – Yr 10 or lower	56 (72%)	56 (76%)
Homeless in past 4 weeks	34 (30%)	12 (36%)
At risk of eviction in past 4 weeks	32 (28%)	7 (21%)
Arrested in past 4 weeks	23 (20%)	7 (21%)
Hospital in past 4 weeks	44 (38%)	16 (49%)

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Primary Drug

Drug	TIC		TIC + CPT	
	N	%	N	%
Amphetamines	58	50%	12	36%
Alcohol	29	25%	15	46%
Cannabis	9	8%	3	9%
Sedatives	6	5%	1	3%
GHB	5	4%	1	3%
Nicotine	4	4%	1	3%
Other	4	4%	0	0%

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Drugs Used in past 4 weeks

Drug	TIC		TIC + CPT	
	N	%	N	%
Tobacco	83	72	22	67
Alcohol	78	68	20	61
Cannabis	54	47	14	42
Amphetamines	60	52	12	36
Sedatives	56	49	15	46
Cocaine	24	21	7	21
GHB	18	16	4	12

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Treatment Received

	TIC only (n = 115)	TIC + CPT (n = 33)
Initial time in first admission	36.05 (26.64) Range: 2 - 133	44.06 (46.12) Range: 4 - 257
Total Treatment days in treatment ep	44.50 (39.10) Range: 2 - 236	55.91 (51.02) Range: 4 - 257
Number of admissions in treatment ep:		
1	94 (82%)	23 (70%)
2	16 (14%)	6 (18%)
3 or more	5 (4%)	4 (12%)
Treatment Completed (42 days)	48 (42%)	21 (64%)

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Predictors of Treatment Completion

Was **NOT** Predicted by…

- Age

- Gender

- Baseline depression

- Baseline Anxiety

- Baseline PTSD symptoms

- Primary substance of concern
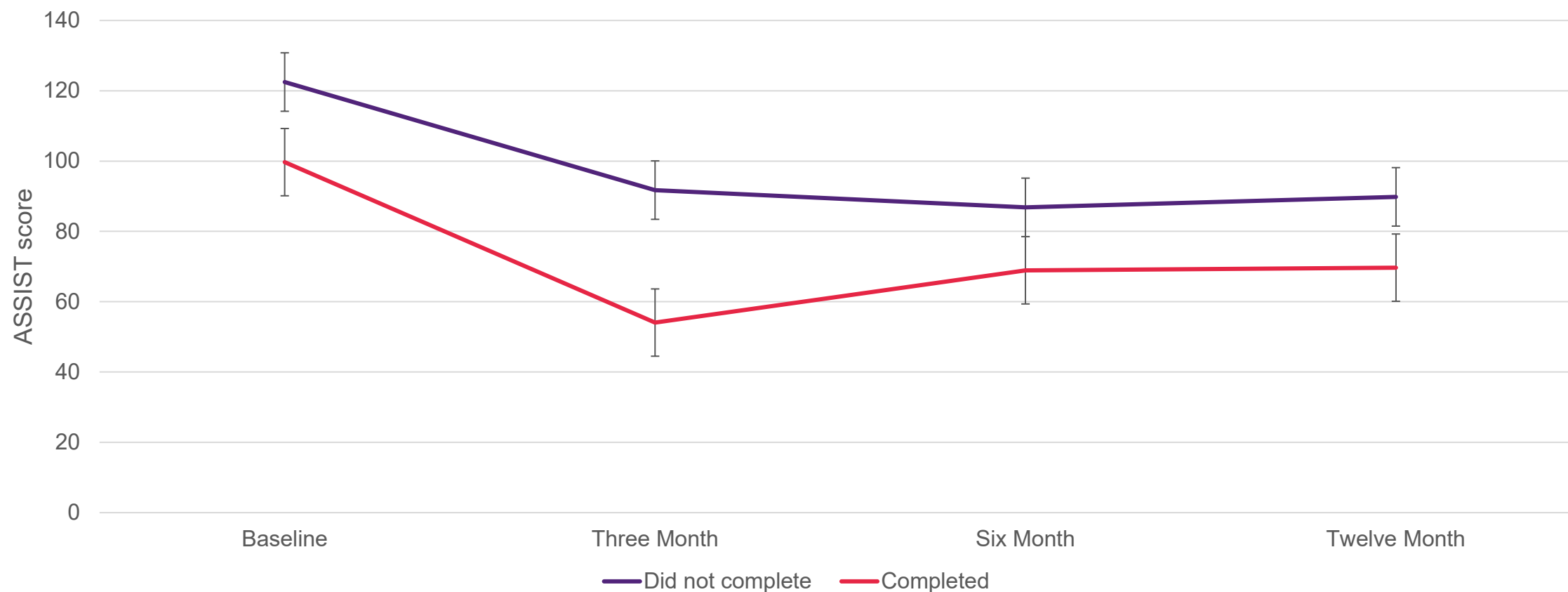
Was Predicted by…

- Polysubstance use on entry
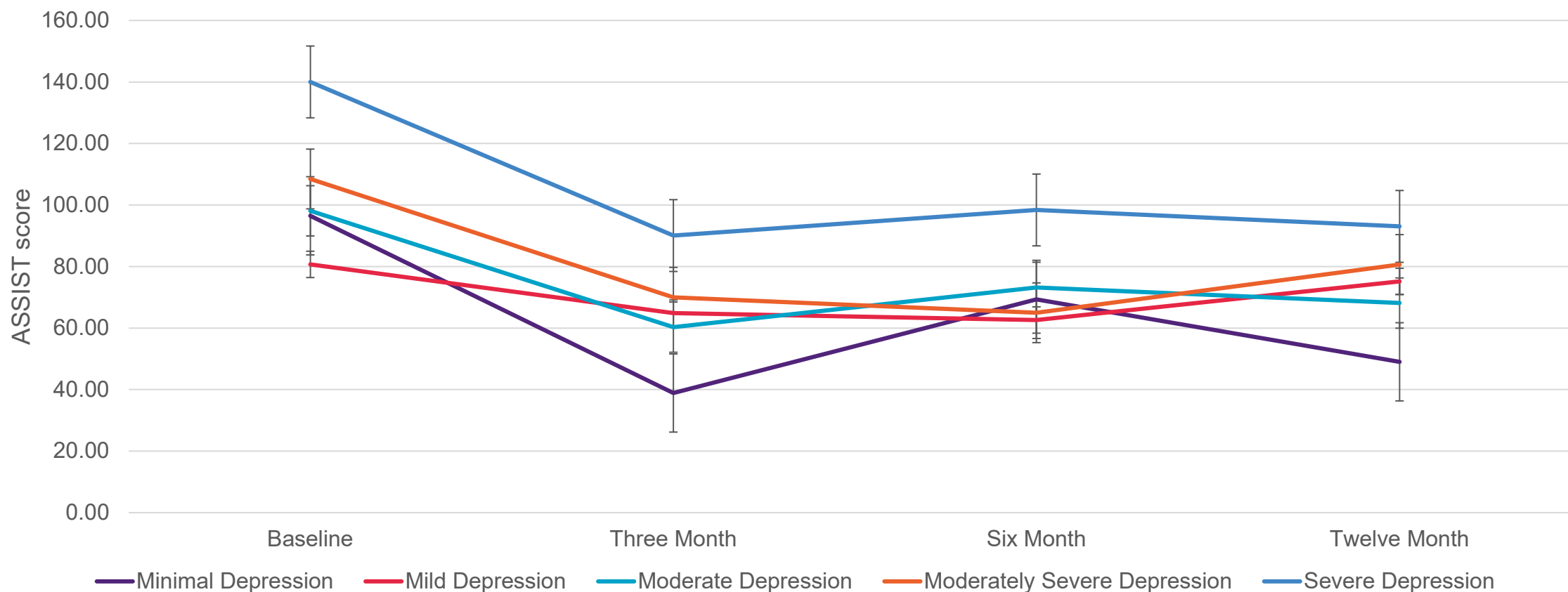
- WHO-ASSIST Total Scores baseline

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Baseline Predictors of Treatment received

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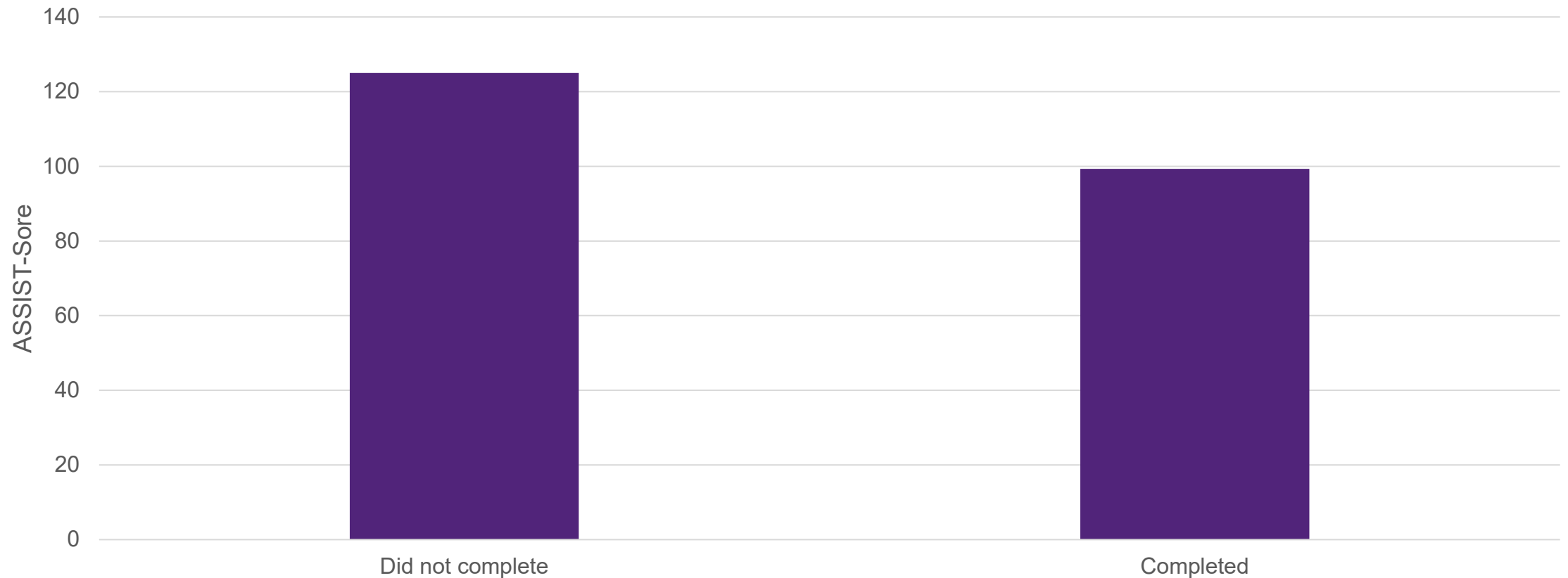
Treatment completion and WHO-ASSIST Outcomes

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Baseline Depression and WHO-ASSIST Outcomes

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Baseline Anxiety and WHO-ASSIST Outcomes

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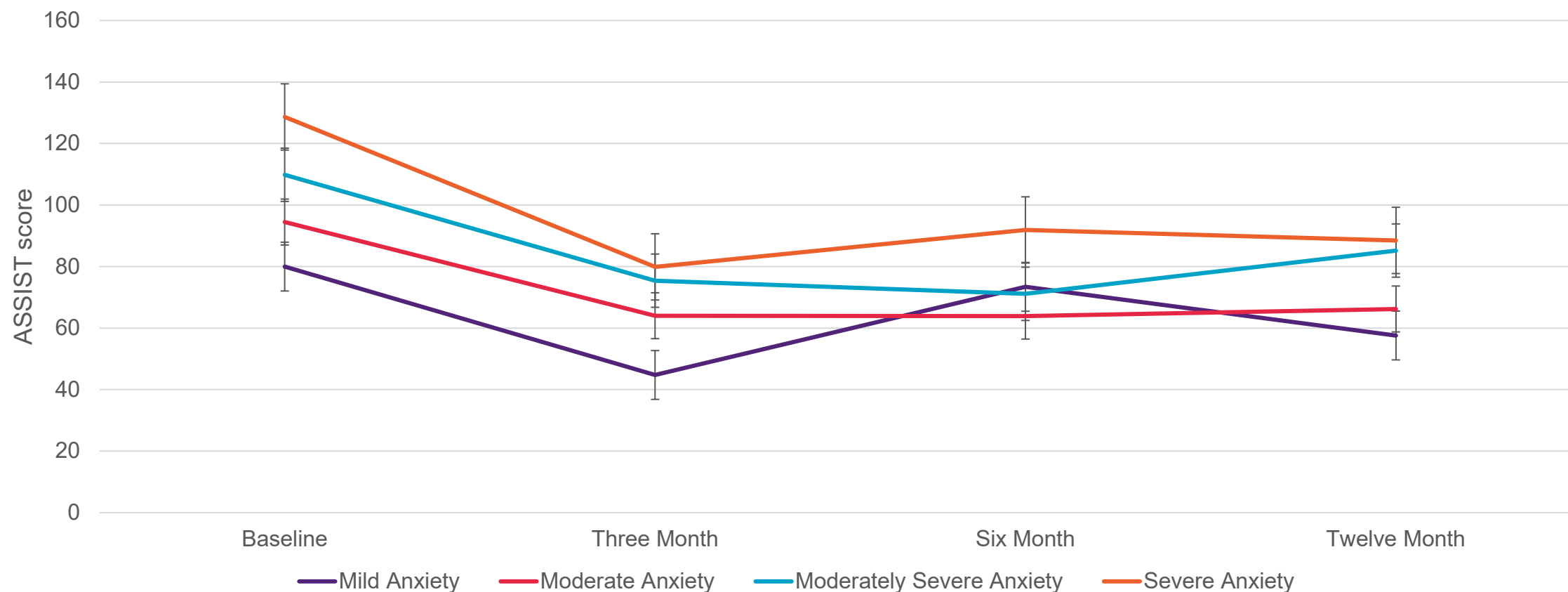
Summary

- Treatment completers had better outcomes

- People with PTSD receiving trauma-focused treatment had higher retention

- Average length of stay was 30 days

- Baseline lower polysubstance use and substance use severity predicted treatment completion

- Demographics, baseline mental health symptoms did not predict completion

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Thank you!

Questions?

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