Cross sectional study of trauma exposure in childhood among adult clients attending 3 North Dublin methadone clinics.

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- Consultant Addiction Psychiatry
- HSE Social Inclusion and Addiction Service
- City (Amiens st.), Domville House (Ballymun) and Thomson (Grangegorman Primary Care Centre) Methadone clinics.

- Response to trauma exposure

  (Neylan 2016)

- Most common is minimal response – resilience
- Less common PTSD
  Depression
  Other anxiety disorders
  Substance abuse,
  Eating disorders
- Co morbidity occurs in majority

- Failure to recover from PTSD: 1/3 develop chronic PTSD
- Recovery less likely at 9 months post trauma

Introduction – Published Literature

- **The Adverse Childhood Experiences (**ACE) Study
- **(Felitti et. al.** Am. J. Prevent. Med**. 1998.** 14. 245-258)
- 13, 494 adults enrolled in San Diego Health Plan
- Standarised medical evaluation questionnaire concerning adverse childhood experiences (70.5% response)
- Different categories of ACE reported
- 1. Psychological 11.1 %; 2. Physical 10.8%;3. Sexual 22%
- > 50 % respondents reported at least 1 ACE
- **ACE of 4 or >** 4-12 fold increased risk Substance abuse, depression, suicide attempts

- **The Effects of Multiple Childhood Experiences on Health: A Systemic Review and Meta-analysis**
- **(Hughes et. al. 2017**. The Lancet.com/public-health. 2)
- 37 studies, n 253,719 Pooled Odds Ratios

  Individuals with at **least four ACEs** were at increased risk of all health outcomes compared to **no ACEs**
- problematic drug use, interpersonal, self-directed violence **(OR > 7).**
- sexual risk taking, mental ill health, problematic alcohol use **(OR 3-6)**
- smoking, heavy alcohol use, poor self-rated health, cancer, heart, respir disease, **(OR 2-3),**
- physical inactivity, overweight or obesity, and diabetes **(OR < 2)**

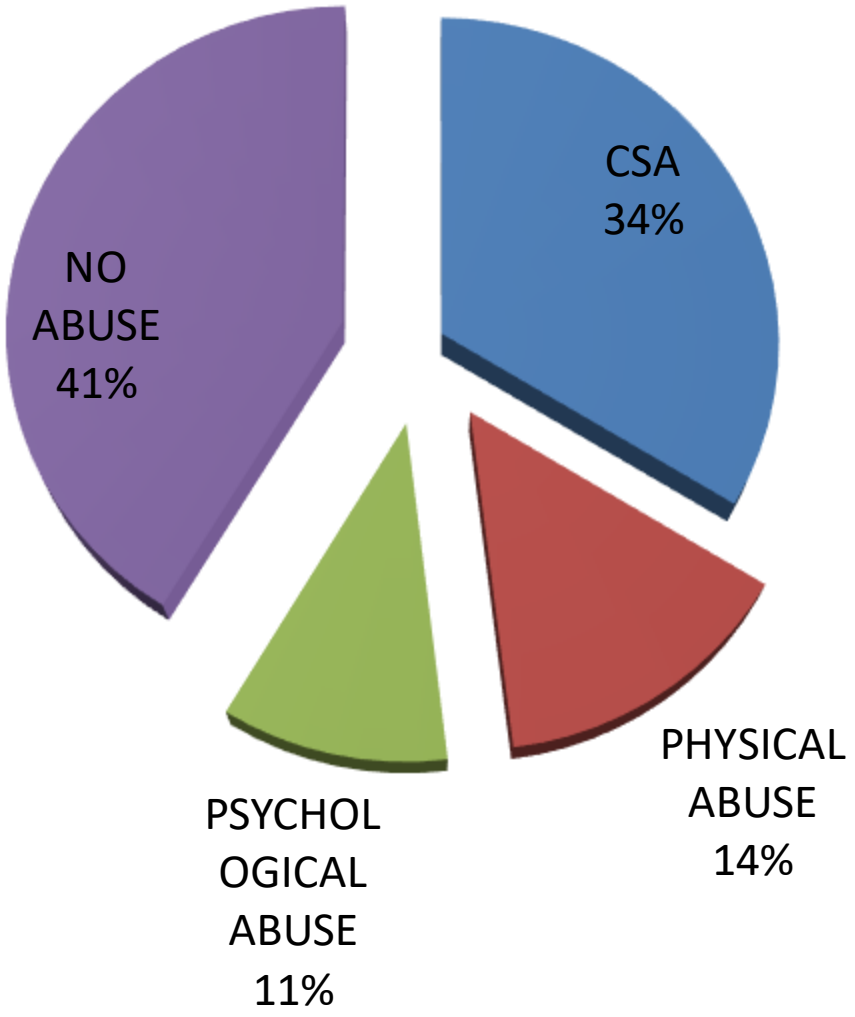
TRAUMA EXPOSURE PRE AGE 15 FOR METHADONE PRESCRIBED CLIENTS REFERRED FOR PSYCHIATRIC REVIEW

Interviewed in clinic prior to being dispensed Methadone.

151 clients seen, trauma was not discussed in case of 41 clients

Retrospective review of electronic medical records for information on exposure to sexual, physical, emotional trauma and demographic data.

Study included records for period July 2017 to December 2018.



Conclusions and Management

Exposure to childhood trauma reported for 59 % of clients attending North Dublin Methadone clinics

Management

Psycho Therapy: Trauma focussed care

(HSE Keltoi resident. program or One in Four)

Psycho Education.

Prolonged (narrative) exposure therapy

Cognitive processing therapy

Building resilience

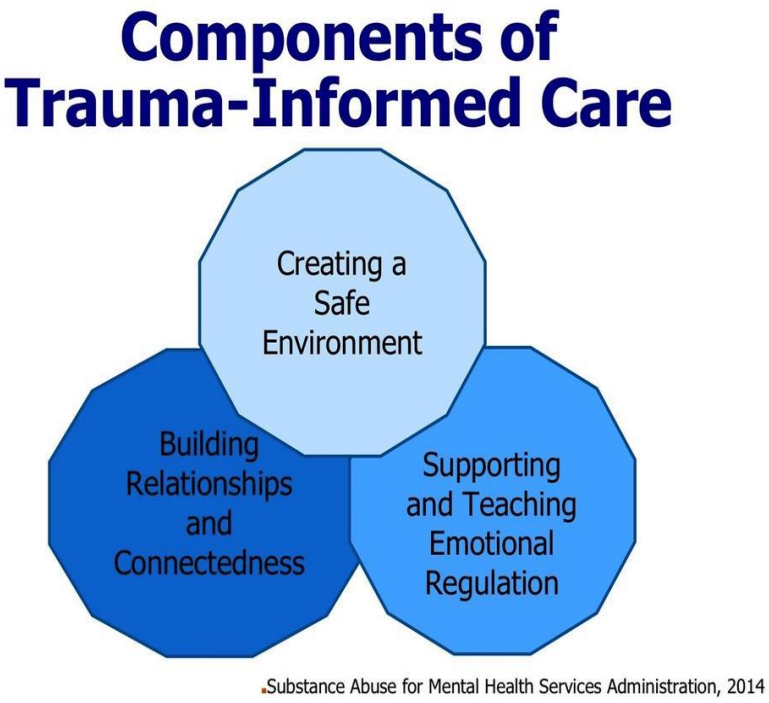
Mindfullness – emotion regulation

Trauma informed care/therapy

Medication:

Antidepressant – SSRI (Sertraline)

Short term treatment of insomnia eg chlorpromazine 50 mg nocte



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- Neylan, T. C. (2016). Update on Posttraumatic Stress Disorder (PTSD). Audio Digest Psychiatry. 45. 7.

One in Four program

- Individual assessment with a therapist
- May be offered a place on 20 week Initial Stage Therapy programme or may be referred to another specialist service if there are addiction issues.
- May then include longer term individual or group therapy
- Majority of clients who enter long term therapy remain with service for 2 to 3 years. Less tha 10 % remain over 4 years.

Keltoi Evaluation Study Sweeney et. al. 2007

- Therapeutic residential facility within HSE
- Provides re hab program for former substance users
- Evaluation of 100 successive attendees – (67% of total attendance), 1-3 years post discharge
- 51% absent from all ilicit drugs and alcohol in 30 days pre interview
- 60% absent from illicit drugs only in same period
- In general abstinent clients reported minimal criminal activity and positive outcomes related to other measures.

Diagnoses according to ICD 10

ICD 10	F 0	F 1	F 2	F 3	F 4	F 6	F 9
	1	27	8	22	25	11	2
	Organic 1	Poly subs Depend. 18	Schizo phrenia 7	Depress 14	Adjust 9	EUPD5	ADHD 2
		Psychosis 9	Delus. dis. 1	Dysthymia 6	PTSD 8	Mixed 6	
				Cyclothy 1	GAD 6		
				BPAD 1	Agro 2		
					Somat 1		

Treatment PTSD/Trauma
Second line Pharmaco therapy:

- SSRI: **Sertraline** modest effect F > M
- SNRI**: Venlafaxine**
- Alpha 1 adrenoceptor antagonist - **Prazocin**
  Smaller studies positive effect, meta analysis ?
- Wide dose range from 6 mg - 40 mg
- Antipsychotics – for co morbid depression/psychosis only, no benefit PTSD
- **Pharmacotherapy** much less effective compared to effect on major depression or panic disorder

Trauma informed care

- Building resilience
- Education – brochures, websites, conversation
- Mindfullness and meditation – powerfull tools to help patient down regulate overactive limbic system

Treatment PTSD/trauma

Trauma informed care

(Levenson 2017. Social Work. 62.105-113)

- USA Substance Abuse and Mental Health Services Administration (SAMSHA).
- **Defines principles of trauma informed care as:**

- 1. **Safety** – physical environment and interpersonal relations
- 2. **Trustworthiness and transparency** – between clients and provider
- 3**. Peer support** – mutual help and collaboration
- 4**. Collaboration and mutuality** – minimises power differences
- 5. **Empowerment**, voice and choice
- 6**. Cultural, historical and gender issues** – understand role of historical trauma in some communities , leverage healing potential of traditional cultural practices.

- Study 2012 40, 327-337.
- Vanderword et al. J. Abnorm Child Psychol. 2012.
- Trauma focussed CBT v CT without exposure for PTSD, 9 weeks therapy
- Randomised control trial, n = 33
- Single incident trauma
- Age 7 -17
- Intentio to treat analyses
- CBT 65% no longer met criteria for PTSD
- CT 56% no longer met criteria
- Treatment completers CBT 91 % response; CT 90% response
- Gains maintained at 6 months.
- Use of exposure not a pre requisite for good outcome

References

- Neylan, et al.

Methods

- Clients attending Methadone clinics (3) in North Dublin City referred for Psychiatric review
- Interviewed in clinic prior to being dispensed methadone dose.
- Retrospective review of electronic medical records for information on exposure to sexual, physical, emotional trauma and demographic data.
- Study included records for period July 2017 to December 2018.

Exposure to trauma pre age 14
City, Domville House and Thomson clinics July 17 to Dec 18.

	CSA	Physical Abuse	Psychol Abuse	Never exposed childhood trauma	Not talked about
Male	17 (16%)	11 (10.6%)	6 (5.7%)	28(27%)	23
Female	18 (17%)	4 (3.8%)	5 (4.8%)	15(14.4%)	18
Total	35 (34%)	15 (14%)	11 (10.6%)	43 (41%)	41

Response to trauma exposure

(Neylan, T.C. 2016)

- Most common is minimal response – resilience
- Our evolution as a species was dependent on our capacity to cope with trauma
- Less common PTSD

  Depression

  Other anxiety disorders

  Substance abuse, Eating disorders
- Failure to recover from PTSD: 1/3 develop chronic PTSD
- Recovery less likely at 9 months post trauma

Treatment PTSD/Trauma

First line Psycho therapy:

- **1. Education.**
- **2. Prolonged (narrative) exposure therapy**
- **3. Cognitive processing therapy**
- **4. Stress inoculation training**
- **5. Interpersonal psychotherapy**
- **6. Eye Movement Densitisation and Reprocessing therapy (EMDR)**
- **6. Trauma informed care** – Primarily social worker delivered

Treatment PTSD/trauma:
First line Psycho therapy:

- **Prolonged Exposure Therapy**

PTSD due to fear conditioning with impaired extinction.

Treated by repeat exposure to environment of the trauma

in the absence of the trauma

This exposure can be very difficult for some

- **Cognitive processing therapy**

Challenges catastrophic thinking and belief that one has no control over their life.

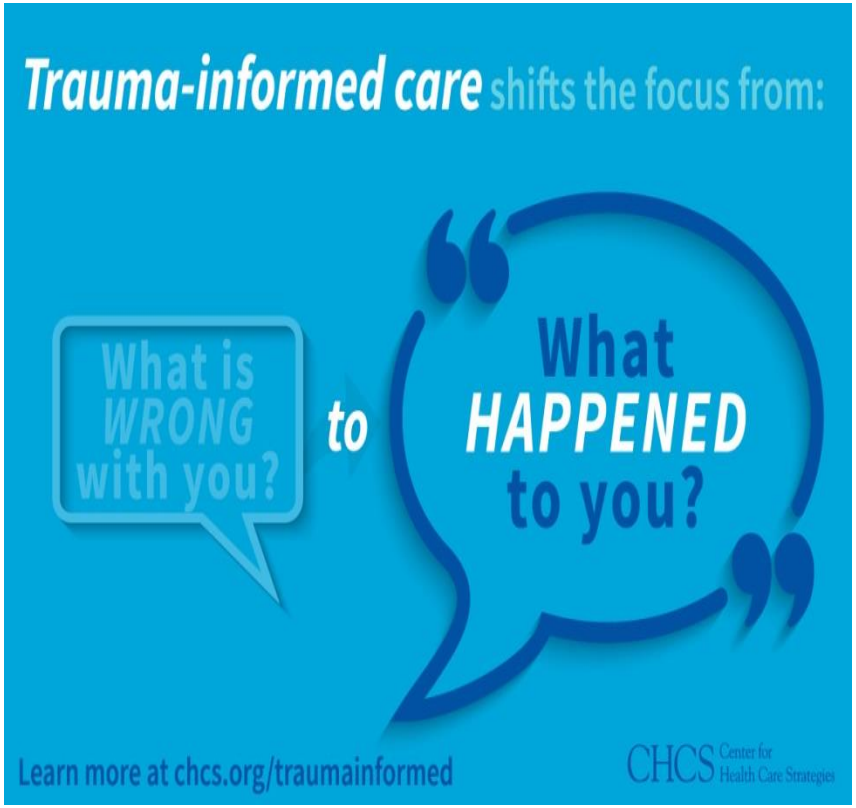
Subjects tolerate better.

Trauma informed care

- “What has happened to you”

  Rather than

  “What is wrong with you”
- Explores how patients come to exhibit disrespect, entitlement, non adherence, self-destruction, substance use, other maladaptive behaviours



Conclusions:

- Exposure to childhood trauma is common – figure is however dependent on definition in particular of psychological trauma
- Association between exposure to trauma in childhood and subsequent mental, physical health and substance abuse
- Most common response to trauma is resilience followed by PTSD, depression, substance abuse
- Treatment of trauma is primarily psychological therapy, modest effect of pharmco therapeutics

Consequences of Childhood Trauma

Ciaran Somers

- Locum Consultant Addiction Psychiatry
- HSE Social Inclusion and Addiction Service
- City (Amiens st.), Domville House (Ballymun) and Thomson (Grangegorman Primary Care Centre) Methadone clinics.