



## Introducing group-work based on Acceptance and Commitment Therapy to improve mental health outcomes for women accessing WHOS New Beginnings Therapeutic Community

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## Agenda

This presentation will

- ▶ Highlight why this intervention was chosen for the client group
- ▶ Briefly discuss design and evaluation of the new group-work
- ▶ Provide a brief overview of where to from here



## WHOS Services [www.whos.com.au](http://www.whos.com.au)

- ▶ WHOS Gonyah-(men only) residential
- ▶ WHOS New Beginnings (women only)
- ▶ WHOS Opioid Treatment Services (mixed gender opioid treatment both stabilization and abstinence)
- ▶ WHOS Sunshine Coast (mixed gender)
- ▶ WHOS Hunter (mixed gender)
- ▶ Newcastle Day Program (mixed gender day program for clients on Opioid Treatment)
- ▶ Approx 260 clients and 80 staff across sites



Primary Substance of choice	2011	2012	2014	2015
Amphetamines	14%	29%	35%	41%
Heroin & other opiates	25%	30%	26%	24%
Alcohol	32%	21%	29%	20%
Cannabis	7%	7%	5%	5%
Prescription medication	5%	6%	-	5%
Poly-substance	17%	8%	-	6%

Recent survey (2015) 81% of clients nominated methamphetamine as a drug of concern



## WHOS New Beginnings®

- Women only service, located in Rozelle, Sydney
- 24 Bed unit
- 3-6mth program with the option of re-entry housing
- Occupancy – 100% (current financial year)
- Seriously disenfranchised client group with significant mental health issues



## WHOS Mental Health Symptom Checklist (2015)

	Lifetime	Last 30 Days
<b>Anxiety / Panic symptoms</b>	85%	57%
<b>Strong fears (e.g. agoraphobia)</b>	77%	44%
Taken psychiatric medication	70%	42%
Depressive symptoms	76%	32%
<b>Nightmares / flashbacks from traumatic events</b>	79%	54%
Emotional problems associated with sex life	54%	19%
<b>Given into aggressive urges more than once</b>	72%	8%
Psychiatric hospital admission	50%	4%
<b>Attempt to kill yourself /themselves</b>	50%	3%
Heard voices / saw objects others couldn't see	43%	8%



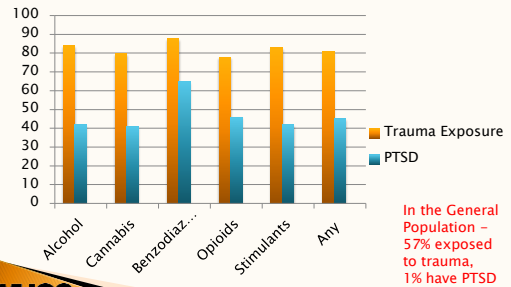
## Women accessing WHOS New Beginnings

- ▶ Mental health symptomology is typically worse (potentially due to initiation into drug use)
- ▶ 80% will have FACS involvement
- ▶ 52% will meet the criteria for Borderline Personality Disorder
- ▶ Mills et al (2012) clients experience a *mean of 6 (range 2-10) different trauma types* (e.g. rape, child sexual assault, serious accident)
- ▶ Clients were asking for support to manage both their own and peers distress (focus groups in 2013, 2014)

Mills KL, et al. (2012). Integrated Exposure-Based Therapy for Co-occurring Posttraumatic Stress Disorder and Substance Dependence: A Randomized Controlled Trial. *JAMA*; 308(7): 690-699.

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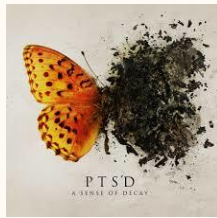
## PTSD, SUD and entry into treatment (Dore et al, 2011)



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## Harm associated with PTSD

- ▶ Poorer mental health
- ▶ Poorer physical health
- ▶ Higher rates of attempted suicide
- ▶ Higher levels of poly-drug use
- ▶ Poorer Psychosocial functioning
- ▶ Poorer SUD treatment outcomes



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## NADA Women's Research Grant

- ▶ Provide 16 hours of group-work
  - Review and re-write 8 hours -existing Gender Group material
  - Develop 8 hours of Mental Wellness ACT based group-work
- ▶ Review NB against trauma informed practice protocols
- ▶ Staff training-currently exploring eLearning options

### Project Development

- ▶ Research assistant (literature reviews, data entry)
- ▶ Literature review
- ▶ Expert Advisory Committee-evaluation

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## Acceptance and Commitment Therapy Mental Wellness Groups

- ▶ ACT is designed to help a person make life decisions and goals in-line with what they value most and to pursue these goals despite feelings of discomfort and/or distress they may experience.
- ▶ ACT intervenes by building persons resilience to unpleasant emotions.
- ▶ Exposure based intervention that can be delivered in group settings (consistent with TC model)
- ▶ Six 1 hour, experiential groups were developed in consultation with ACT experts
- ▶ Staff were comprehensively trained to deliver the intervention ensuring long term sustainability of the groups

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## ACT Mental Wellness Groups Study Design

- ▶ The ACT Group Intervention was delivered once a week, for six weeks, clients had to have completed 4 hours of the intervention to be included in the treatment group (n=25)
- ▶ Historical control group data was collected from clients who were in NB from 3 months to directly before the ACT was trialed. To be included in the control group, women had to have completed at least 4 weeks standard treatment. (n=23)

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### Assessments Tools used

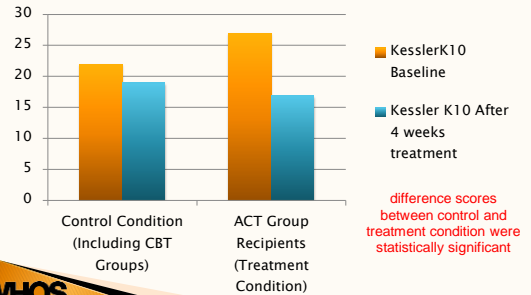
- ▶ K10 Plus - screens for mental health symptom distress, higher the score the more the distress
- ▶ PTSD Symptom Checklist - higher the score, the more the distress
- ▶ EUROHIS QOL- Quality of Life, the higher the score the more satisfaction a client is feeling about their life
- ▶ Qualitative data was also collected about what clients liked most, least, recommended changes and any other comments

**4-6 hours of ACT group-work over 4-6 weeks,  
Once staff were trained, no disruption to the service  
delivery**

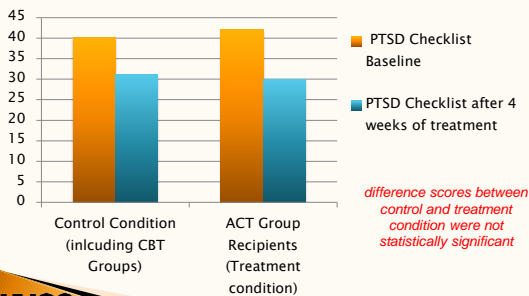


### K10 Plus - mental health distress

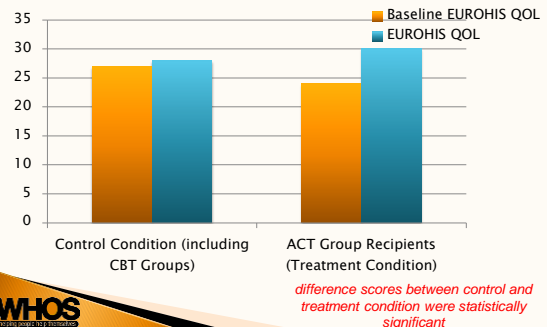
difference scores between control and treatment condition were statistically significant



### PTSD Symptom Checklist – intensity of trauma symptoms



### EUROHIS Quality of Life - level of satisfaction with current life circumstances



### Client feedback What was most valuable?



- ▶ 'Being made aware of what affects our decisions and how to live by our values'
- ▶ 'How we have the power to choose our behaviour'
- ▶ 'It was a new way of understanding and managing my life'
- ▶ 'I walked in really uninterested. But I walked out very pleased I had heard what I heard and learnt'



### What improvements can be made to the groups?

- ▶ 2<sup>nd</sup> most common comment
- ▶ 'Make the class longer as we could get more out of it'



## In summary

### Clients reported that they

- › were using their values to help guide behaviours
- › were able to manage distress more effectively

### Staff reported

- › The ACT language/lense was being used by clients outside of group became part of the NB culture
- › they enjoyed delivering the intervention

### Evaluation demonstrated

- › no increase in reported PTSD symptoms
- › Reduction in overall mental health distress
- › Increase in client satisfaction with their quality of life

*The intervention is sustainable post research as it is facilitated by existing staff*



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## Where to from here?

### Current research projects

- › ACT roll out SSC, Sunshine Coast University, Psyc honours student
- › PTSD and anxiety Psychoeducation Groups-MHDAO research grant
- › Cognitive remediation –Research Partnership's Grant University of Wollongong
- › Supporting clients with BPD –Project Air
- › Social mapping –Turning Point



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## Thank you for your time

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