INTRODUCING GROUP-WORK BASED ON ACCEPTANCE AND COMMITMENT THERAPY TO IMPROVE MENTAL HEALTH OUTCOMES FOR WOMEN ACCESSING A RESIDENTIAL WHOS NEW BEGINNINGS THERAPEUTIC COMMUNITY

Lunn, J.¹, Kelly, P.², Mills, K.³, Roe, R⁴ Gluckman, N¹

¹ We Help Ourselves, ² University of Wollongong, ³ National Drug and Alcohol Research Centre, ⁴ Drug and Alcohol Multicultural Education Centre

Introduction and Aims: Campbell et al (2010) reported 54% (n=67) of clients accessing WHOS New Beginnings had engaged in deliberate self-harm, 55% met current PTSD diagnostic criteria, 52% Borderline Personality Disorder and 48% previously attempted suicide. Jenner et al (2014) identified women accessing AOD Services are significantly disenfranchised with greater complexity in presentation, particularly relating to mental health and complex trauma. This project reviews the efficacy of new group-work designed to promote mental health resilience and distress management.

Design and Methods: A non-randomised, controlled pilot study trialed Acceptance and Commitment Therapy (ACT) based group-work. Data was collected from clients prior to group introduction (treatment as usual group-TAS) and all consenting clients in program participated in the group-work once introduced (Intervention group). Data was collected over a six-week period for both TAS and Intervention groups.

Results: The K10 and EURIOHIS Quality of Life demonstrated significantly greater change in scores, from pre to post time points, for the Intervention Group (n=47) as opposed to the TAS (n=27), with the PTSD Symptom Checklist (PCL) change in scores also approaching significance. All three scales in the Intervention Group demonstrated a significant difference in scores from baseline to treatment completion, whereas control group showed no change.

Discussion and Conclusions: This pilot study shows promising results relating to the efficacy of an ACT based group-work to assist women with complex mental health presentations decrease distress levels as measured by the K10 and PCL and improve quality of life (EURIOHIS). Clearly a larger scale randomized control trial would be recommended.

Implications for Practice or Policy (optional): Given the significant rates of trauma exposure in women accessing residential AOD treatment services and the role trauma symptoms play in overall mental health well-being and relapse prevention, it is essential that services consider treatment options for this client group. The strength of this study is it has direct implications for clients accessing residential AOD therapeutic communities. The intervention was delivered by existing staff who were trained in both the ACT approach and the group-work. The groups were very well received by both the clients (clearly demonstrated by the qualitative data) and the staff.

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