

## **Delivery of Psychological Interventions and Trauma Informed Care across NHS Ayrshire & Arran Drug and Alcohol Services: Baseline Assessment, Evidence Report and Support Plan**

**Standard 6 Psychological Support: The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.**

### **Introduction**

The Delivery of Psychological Interventions in Substance Misuse Services in Scotland ('the LPASS report') (Scottish Government, 2018) lays out an aspirational model for services to adopt in relation to the treatment of co-existing mental health and alcohol and/or drug issues, and delivery of trauma-informed and responsive services to meet the needs of individuals struggling with complex trauma. Furthermore, it sets out the broader context within which psychological interventions should be delivered, such as being based on a comprehensive assessment of need and guided by psychological formulation of individual difficulties. In addition, all interventions should be carried out within clear managerial and supervisory structures to guide safe, effective delivery and governance, ensuring integrity of interventions for both individuals accessing the services, and clinicians delivering them.

The evidence base underpinning the LPASS report has also informed Standard 6 of the Drug Medication Assisted Treatment (MAT) standards (Scottish Government, 2021), and therefore services will be evaluated against their model of delivery of psychological interventions. The recruitment of a Clinical Psychologist to pan-Ayrshire specialist drug and alcohol recovery services from January 2018 has enabled a focus on implementing a tiered model of intervention delivery within the context described above, to gradually increase capacity for Ayrshire drug and alcohol services to provide safe, effective psychological interventions to meet a range of needs. Detailed below is the progress made so far across Ayrshire addiction services (NADARS, South Ayrshire Community Addiction Team and East Ayrshire Community Addiction Team), which forms part of our **baseline assessment**. The report also allows for reflection on areas for improvement, and forms the basis of a **development plan**.

Figure 1. A matched-care model of delivery of psychological interventions (PI) in substance misuse (SM) services

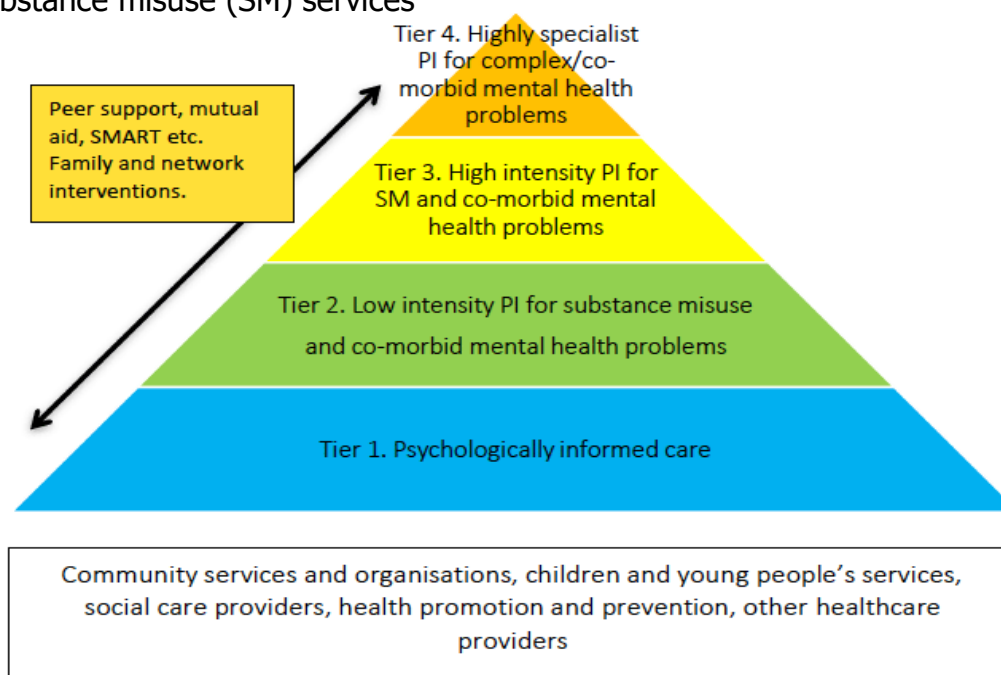


Figure 1 shows a matched/stepped care model of intervention delivery. It is noted that it should be embedded within a broader trauma-informed and recovery-orientated system of care with clear links to peer recovery support services and the recovery community, and access to holistic care.

#### *Tier 1: Psychologically informed care*

This uses principles of therapeutic engagement alongside a range of psychological approaches to support service users on their recovery journey. It is key for supporting a service user's engagement and responsive care planning and is the foundation on which the matched/stepped care model rests. A number of clinical tools, such as self-help materials, recording diaries, validated self-report outcome measures, websites and apps, may be used to enhance interventions at this tier, which should be available across all teams in a drug and alcohol recovery service, including integrated, non-statutory and social care partners.

Across Ayrshire addiction services, there have been opportunities to attend training in Motivational Interviewing (MI) and Decider Skills to support delivery of psychologically-informed care. This provides core knowledge and skills required for this, in addition to access to psychosocial skills-based materials that can support individuals accessing services. In addition to training opportunities, core clinical staff across services have access to materials produced by the Prevention Services and Support Team (PSST) that support fidelity with the delivery of psychologically informed care. Specifically the 'Detox' and 'Recovery' workbooks are widely available and support understanding of substance use through a psychological framework. Furthermore, embedding of psychologically informed care is supported by opportunities within statutory services and across partners, to grow social networks and take a holistic approach to recovery. For example, peer recovery workers are embedded across all teams, and services provide a range of group programmes that enhance access to psychologically informed care. This includes recovery and relapse prevention groups on offer promote therapeutic engagement and a psychological understanding of difficulties.

Going forward, it is anticipated MI and Decider Skills training will form core training required for new staff to undertake. The adoption of a 'Training for Trainers' model for Decider Skills within NHS

Ayrshire & Arran will ensure sustainability with the use of these skills and associated materials, although the COVID-19 pandemic has slowed the progress somewhat, but plans are underway for the continued roll-out of training. Access to MI training is more variable as there is no local/'in house' provision within Ayrshire statutory services. However in the past the Scottish Drugs Forum (SDF) have provided introductory MI training through local ADPs. Currently SDF is offering an 'Enhancing Core Communication Skills' course online, which is available for free and focuses on reflective listening skills. NES offer Motivational Interviewing eLearning modules, and the Scottish MI Winter School is delivered every year, which offers practitioners the opportunity to participate in coaching groups with colleagues from across Scotland and be updated on the most recent developments from the MI field.

Additional training opportunities for developing psychological skills and knowledge are available through Turas Learn. This includes eLearning modules as follows: Introduction to CBT for Anxiety (Substance Use); Co-occurring substance misuse and mental health difficulties; Core skills for relapse prevention and recovery management; and Essentials of psychological awareness.

To support governance of intervention delivery, all clinical staff should routinely participate in individual supervision which includes space to reflect on, and discuss, the use of psychosocial interventions with individuals. Furthermore, all community (and inpatient) addiction teams have access to psychology skills coaching sessions with the Clinical Psychologist to support their use, fidelity to intervention delivery models and build confidence in this regard. They can also access informal consultation through the Clinical Psychologist.

### **Development plan**

Work is ongoing to formalise a workforce development plan that makes explicit the training that staff should receive in order to deliver psychologically-informed care and structured psychosocial interventions. This will then provide a process for service evaluation based on which staff have accessed training. This workforce training plan for Ayrshire cannot be developed in isolation, but will reflect partnerships with national stakeholders, such as the Scottish Drugs Forum, NHS Education for Scotland (NES) and Scottish Recovery Network.

With regards continuing to build capacity and skills amongst the workforce for the delivery of psychologically informed care, future considerations include selecting a small number of staff to become MI 'champions' and undertake the MI coaching programme through NES. Existing staff and new staff will be encouraged to undertake further training in MI and Decider Skills when the opportunities arise, and participate in the eLearning modules available through Turas Learn.

In addition, work will be ongoing to identify gaps in workforce knowledge and skills in relation to psychologically informed care, with local opportunities for local training development to address these, when capacity allows. To this end, Psychological Formulation workshop has been piloted with OT and Psychiatry colleagues, and is being evaluated. Work on grief and bereavement training is at an early stage. Following positive evaluation, these trainings could form part of our workforce development plan, with capacity built in for wider roll-out.

### ***Tier 2: Low-Intensity Psychological Interventions for Alcohol and/or Drug Use and Co-existing Mental Health Problems***

Low intensity psychological interventions are recommended for mild-to-moderate alcohol and/or drug use difficulties, and mild-to-moderate co-existing mental health issues. They are delivered by a range of multi-disciplinary clinicians who have been trained in the delivery of specific structured interventions, delivered to protocol. They are designed to be delivered along with medical,

pharmacological and social interventions to appropriate individuals to encourage progress and promote recovery. Staff delivering low-intensity interventions will be from a number of professional backgrounds, but will have developed appropriate competencies required to deliver these interventions safely and effectively. The interventions are delivered within protected time and to protocols, often underpinned by a cognitive-behavioural approach, and can be accessed through 1-to-1 or group interventions.

Within one team (NADARS) a pilot project is underway to increase the capacity to deliver low-intensity interventions within the service (see SOP). To this end, a CBT Therapist is leading on the development and implementation of 'low-intensity clinics' for the delivery of structured interventions within protected time, on a 1-to-1 basis. The interventions primarily utilise a guided self-help approach, matching evidence-based interventions with need, following an assessment of presenting difficulties. Interventions are being delivered by a RMN in the team with the appropriate level of skills and competencies, and supervision will be provided by the CBT Therapist who has completed the appropriate Generic Supervision Competences (GCS) training through NES.

Members of the OT service are trained to deliver Behavioural Activation for Depression – an evidence-based low-intensity intervention that is goal-focused and encourages individuals to engage in rewarding activities, rather than avoidance, withdrawal and inactivity. OTs delivering this intervention are able to access group supervision through adult mental health services (and currently additional 'coaching' through our Trainee Clinical Psychologist on placement).

### **Development Plan**

Following successful evaluation, we will look to expand the 'low intensity clinic' pilot at NADARS with more staff given protected time to deliver these interventions. We then aim to use learning from this to determine feasibility of rolling out the service across other Ayrshire addiction services. However, currently the practicality of this is somewhat curtailed by capacity limitations and training opportunities. For example, at present there is little training available for the delivery of low-intensity interventions, and when there is training available nationally (e.g. through NES), there are capacity limitations that allow for only one or two members of staff across all Ayrshire services to access training at a time. Opportunities to introduce low-intensity group interventions, such as Decider Skills groups and the Emotional Resources group will also be explored – but access to training and staff resource/capacity remain an issue.

### *Tier 3: High Intensity Psychological Interventions for Alcohol and/or Drug Use and Co-existing Mental Health Problems*

High intensity interventions are aimed at moderate/severe alcohol and/or drug use difficulties and co-existing mental health problems. These are standardised psychological therapies delivered to protocol but may be adapted for specific groups. They are aimed at moderate-to-severe difficulties with significant complexity. High intensity interventions require specific competencies, accreditation in the particular intervention, and supervision by an appropriately trained supervisor. They are delivered by applied psychologists and CBT therapists trained to certificate and diploma level. High intensity therapies may target mental health difficulties and alcohol and/or drug behaviour change as part of an integrated treatment approach and require protected therapy time.

Across Ayrshire addiction services, individuals' access to high intensity psychological interventions has been limited by capacity. Attempts to address this in 2021 by recruiting a Clinical Associate in Applied Psychology (CAAP) for pan-Ayrshire specialist drug and alcohol recovery services were unsuccessful as we were unable to recruit to the post after two attempts. However, NADARS recently recruited a Charge Nurse who holds a Postgraduate Diploma (PgDip) in Cognitive

Behavioural Therapy, which provided some additionality for the provision of high intensity psychological therapy. In addition, a core member of the East CAT team is currently undertaking a PgDip in Cognitive Behavioural Therapy. Both staff receive supervision from the pan-Ayrshire Clinical Psychologist.

### **Development Plan**

Once qualified, formal pathways will be embedded in to East CAT for individuals open to the service to access high intensity psychological interventions from the appropriately qualified member of the team. We will continue to assess demand and capacity across Ayrshire addiction services, and look to address these when/if financial capacity allows.

### *Tier 4: Highly specialist psychological interventions for complex/co-existing mental health problems*

Highly specialist interventions for complex and enduring problems are individually tailored interventions based on case formulations drawn from a range of psychological models and identifying the combination of interventions most appropriate for an individual's needs. They are most frequently delivered by clinical and counselling psychologists where there is a need to modify standardised approaches or devise a novel approach for a specific presentation. All applied psychologists are trained in at least two models of psychological intervention and should be aware of, and able to draw from, additional therapeutic models. Tier 4 interventions are designed for service users experiencing severe and complex co-existing mental health problems. In specialist drug and alcohol services, these problems commonly relate to personality disorders (particularly emotionally unstable personality disorders) and the consequences of complex trauma. Interventions are frequently delivered in collaboration with other members of the multidisciplinary team. Across Ayrshire, access to highly specialist psychological interventions is also of limited capacity. The appointment of a Consultant Clinical Psychologist on a pan-Ayrshire basis means that 3 people at any one time from each team can access this clinic. Capacity has been temporarily increased by the presence of 3<sup>rd</sup> year Trainee Clinical Psychologist on placement with two of the teams.

### **Development Plan**

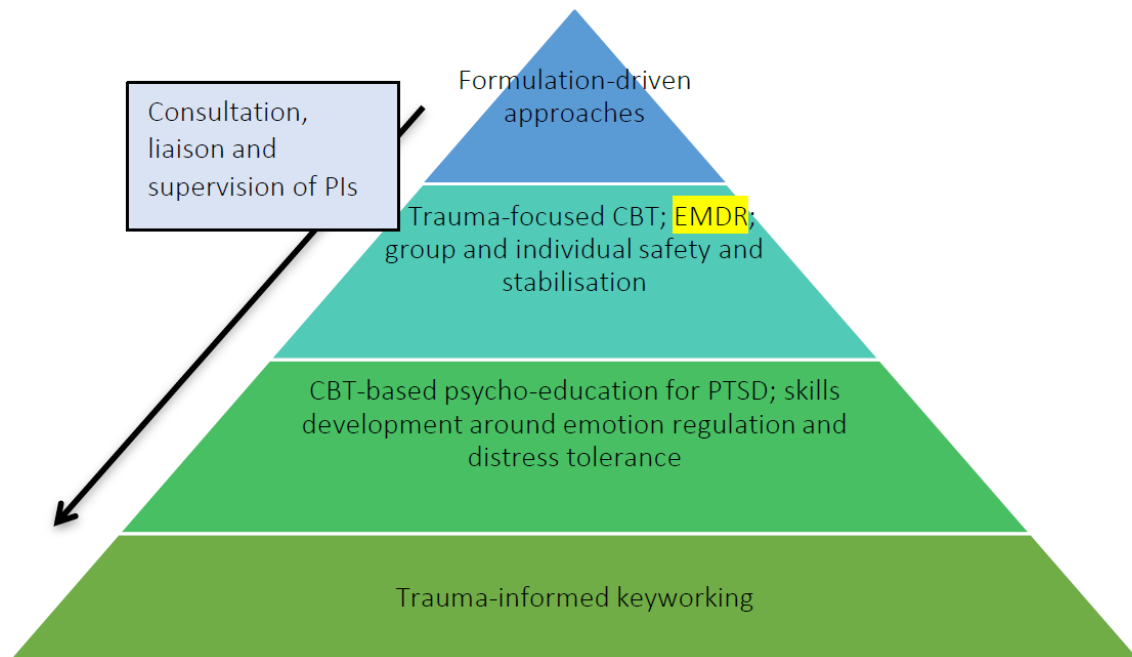
Funding through MIST and Scottish Government Recovery and Renewal Fund has enabled the recruitment of 3 additional Clinical Psychologists (2.6WTE) to pan-Ayrshire addiction services. It is anticipated that posts will be filled by mid-summer 2022. This will not only greatly increase capacity for individuals to access highly specialist drug and alcohol services, but also provide additional leadership and capacity to embed MAT Standards 6 & 10 across Ayrshire – through the provision of training, supervision/coaching, consultation and direct clinical contact (both individual and group interventions).

**Standard 10 Trauma Informed Care: All people receive trauma informed care.**

### **Introduction**

Delivery of trauma informed practice (MAT standard 10) encapsulates a broad, whole systems approach to service delivery and extends beyond staff training and psychological intervention delivery. However, training and intervention delivery do form part of the context and below is illustrated a matched/stepped care model of trauma informed care delivery within specialist drug and alcohol services.

**Figure 2. Matched-care model of trauma-informed psychological interventions**



*Tier 1: Trauma-informed keyworking*

The competencies for trauma-informed working map on to those required for providing psychologically-informed care, as discussed earlier. As a minimum, clinical staff should realise the prevalence of trauma in the population they work with, and recognise the impact that trauma can have on individuals, including psychological, social and physical factors. Staff should have access to training appropriate to their role in relation to supporting people affected by complex trauma.

Across Ayrshire addiction services, 95 health and social care staff have accessed NES Safety & Stabilisation training through the Clinical Psychologist, which is appropriate for individuals who require to be trained to 'Trauma Enhanced' practice level of the Transforming Psychological Trauma Knowledge & Skills Framework (Scottish Government, 2017). Safety & Stabilisation interventions are able to be incorporated into routine keyworking practices, e.g. provision of psychoeducation about the impact of trauma, safety planning and emotion regulation skills development. Similarly to delivering psychologically-informed care, in terms of governance, clinical staff should be regularly accessing professional supervision, and they are able to access coaching sessions with the Clinical Psychologist to discuss cases where complex trauma is relevant, and use of safety and stabilisation interventions to support individuals. They are also able to access consultation with the Clinical Psychologist.

*Tier 2: Low Intensity interventions for complex trauma*

Suitable low-intensity interventions for complex trauma include guided self-help materials that follow a cognitive-behavioural approach to educate individuals about their associated difficulties and promote recovery/coping. Aspects of other interventions may be helpful for those with more

complex presentations who are likely to require a period of developing stability and learning to regulate emotional difficulties in the present moment.

At NADARS, the implementation of the low-Intensity clinics will increase capacity of staff to deliver this, as more structured safety & stabilisation type interventions can be provided, as well as support for other related difficulties, e.g. low mood, generalised anxiety, etc. In South Ayrshire clinical staff with appropriate training are encouraged to deliver structured Safety & Stabilisation interventions where there is identified need (following discussion with wider clinical team supporting the individual). NADARS and South CAT have also delivered low-intensity group interventions for complex trauma – ‘Understanding and Coping with Trauma’, and ‘Survive & Thrive’, which is a 10 week programme for individuals affected by complex interpersonal trauma. Although a small number of staff are trained to deliver this intervention, capacity limitations and the public health restrictions in place during the COVID-19 pandemic have led to a pause in delivery.

### **Development Plan**

It is hoped that NES will shortly move to a ‘Training for Trainers’ model for Survive & Thrive facilitators, and this will hopefully increase capacity to train more staff to deliver this intervention on a more frequent basis. Increased Clinical Psychology capacity will also increase capacity for Survive & Thrive course delivery, in addition to Safety & Stabilisation training and supervision requirements.

#### *Tier 3: High Intensity Interventions for complex trauma*

For individuals with difficulties related to the experience of complex trauma – particularly where resilience and personal coping strategies are low, or where there is a high risk of relapse to substance use, a period of high intensity work around developing safety and stability is indicated. This may lead on to high-intensity trauma-focused interventions, which include CBT-based protocols for memory reprocessing.

As is the case for alcohol and/or drug use and co-existing mental health issues, there is a CBT Therapist at NADARS, and one in training at East CAT, who can deliver this type of intervention.

### **Development Plan**

See above under *Tier 3: High Intensity Psychological Interventions for Alcohol and/or Drug Use and Co-existing Mental Health Problems*

#### *Tier 4: Formulation driven approaches for complex trauma*

Formulation-driven approaches may be indicated where individuals are presenting with complex difficulties and multiple morbidity. Psychological intervention is likely to be one component of a multi-disciplinary care package.

Across Ayrshire addiction services, the Clinical Psychologist is able to lead on formulation-driven approaches for complex presentations. However, as discussed above, the provision of direct intervention is limited in capacity.

### **Development Plan**

See above under *Tier 4: Highly specialist psychological interventions for complex/co-existing mental health problems*

### **Broader Considerations and Development Plan for Delivering Trauma Informed Care**

As discussed above, delivering trauma informed care (and embedding MAT Standard 10) encapsulates a broad, whole systems approach to service delivery and extends beyond staff training and psychological intervention delivery. Therefore, further to the above, work is ongoing to take a wider lens to TIC. This includes the work of the South Ayrshire ADP Trauma Informed Support sub-group, which provides strategic support for partner agencies in their deliver of trauma-informed practice. Work will soon start on additional baseline measures, including the use of audit tools (e.g. TICPOT) to benchmark services in there delivery of TIC. Some service leaders have also been able to access Scottish Trauma Informed Leaders Training (STILT) through the National Trauma Training Programme, to support the continued embedding of TIC across services. There is also an ongoing piece of work to deliver the appropriate level of trauma training to admin staff, including those working within addiction services, led by the Consultant Clinical Psychologist.

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9<sup>th</sup> February 2022