

Trauma and Chemical Dependency Provider Survey (TCDP)

Participants

Volunteer participants (n=179) were recruited from the five regions of Upstate New York which included the: Finger Lakes and Western, Mid-Hudson, Central, North Country and Capital regions. All participants were adults working in the field of substance abuse prevention and/or treatment. The 139 (77.7 %) females and 36 (20.1 %) males who participated in the study ranged from 23 to 65 years (M = 43.9, SD = 10.1). In terms of education, 8 (4.5 %) reported a highschool diploma as their highest degree, 60 (33.5 %) reported a bachelor's degree, 105 (58.7 %) reported a master's degree, and 3 (1.7 %) reported a doctorate. Three participants did not respond to this item. One hundred and five participants (58.7 %) reported providing services to youth, 21 (11.7 %) reported providing services to adults, and 45 (25.1 %) reported providing services to both youth and adults. The type of services offered by individual participants were reported as 123 (68.7 %) universal, 105 (58.7%) selective, and 83 (46.4 %) indicated (participants could report more than one type service provision). Participants were also asked to indicate the number of years of experience working in substance abuse prevention or treatment and reported a range of 0 to 30 years (M= 10.33, SD= 7.4) of experience.

Instrumentation

The Trauma and Chemical Dependency Provider Survey (TCDP) was developed for use in this study. Its development was based upon interviews with experts in trauma, focus groups, and an extensive review of the literature on post-trauma substance use and abuse. The demographic section of the survey asked participants for demographic

information including job title, age gender, degree, years experience in

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and abuse.

alcohol/drug prevention or treatment, target population of current services, type of prevention facility, and type of services provided.

Item Content:

- Questions 1 and 2** provided identical checklists in order to allow participants to:
 - Report the types of trauma that clients have discussed with them and
 - Report the types of trauma for which they have provided services (counseling, prevention, or referral).
- Questions 3 and 4** asked participants to:
 - Estimate percentages of clients affected by trauma and severe trauma.
- Questions 5 and 6** asked participants to:
 - Estimate percentages of clients currently or previously using alcohol or drugs to cope with trauma.
- Question 7** asked participants to:
 - Estimate the percentage of clients who experienced a traumatic reaction to 9/11.
- Questions 8 through 14** were directed at:
 - Collecting information related to substance abuse provider's experience
 - Collecting information related to training in the area of trauma.
- Question 15** offered a checklist for areas of
 - Desired training related to trauma.

Substance abuse providers were asked "Since 9/11, what types of trauma have your participants talked about with you?" A checklist of 15 items was provided for response to this question. Percent of responses ranged from 62.6% indicating talk about Grief/Bereavement to 11.2% for other types of trauma. Table 1 indicates frequencies for each area of trauma.

This research was undertaken to assess prevention providers:

Results**Types of Trauma**

Experiences with Trauma,

Prevalence Beliefs,

Services Provided,

Training Received, and

Training desired.

TABLE 1Types of Trauma that Clients have Talked About with Providers

Type Trauma Talked About	Number providers Reporting	
	#	%
Grief Bereavement	112	62.6
Personal Loss	104	58.1
Death	100	55.9
Divorce	100	55.9
Separation	92	51.4
Physical Abuse	87	48.0
Sexual Abuse	77	43.0
Significant Life Change	74	41.3
Terrorism	68	38.0
Health Crisis	63	35.2
PTSD	54	30.2
Disability	36	20.1
Natural Disaster	22	12.3
Other	20	11.2
Combat Trauma	13	7.3

**Since 9/11, what
types of trauma
have your
participants
talked about
with you?**

Services Provided:

Substance abuse providers were also asked, “Within the past year, for what types of trauma have you provided services (counseling, prevention, referral)?” The identical checklist provided a range of 60.3% indicating that they provided services for Grief/Bereavement to 5.0% indicating services for Combat Trauma. Table 2 illustrates the types of trauma for which providers have rendered services.

TABLE 2

Types of Trauma for which Participants Have Provided Services

Type Trauma Talked About	Number providers Reporting	
	#	%
Grief Bereavement	108	60.3
Personal Loss	97	54.2
Death	89	49.7
Divorce	94	52.5
Separation	91	50.8
Physical Abuse	84	46.9
Sexual Abuse	76	42.5
Significant Life Change	71	39.7
Terrorism	42	23.5
Health Crisis	65	36.3
PTSD	54	30.2
Disability	31	17.3
Natural Disaster	16	8.9
Other	28	15.6
Combat Trauma	9	5.0

**Within the past
year, for what
types of trauma
have you
provided
services?**

Effects of Trauma

Participants beliefs regarding the extent of the affect of trauma was ascertained through the use of a five-point Likert-type Scale (1 = 0% to 20%, 2 = 21% to 40%, 3 = 41 to 60%, 4 = 61 to 80%, and 5 = 81% to 100%). This scale allowed participants to estimate the percent of clients they believed had experienced trauma (M=2.5, SD=1.3), experienced severe trauma (M=1.5, SD= 0.9), were currently using alcohol or drugs to cope with trauma (M= 1.8, SD=1.1), have increased alcohol or drug use following trauma in the past (M= 1.8, SD= 1.1), experienced a traumatic reaction to the 9/11 crisis (M= 1.3, SD= 0.6).

Services Provided for Trauma

In terms of services provided for trauma by substance abuse prevention providers, 132 (73.7%) of providers indicated that they had provided services specific to trauma and 39 (21.8%) had not. Types of services provided were indicated as follows: 118 (65.9%) provided referral services, 101 (56.4%) provided counseling, 106 (59.2%) provided support services, and 95 (53.15%) provided educational services. Services had been provided to adult clients by 70 (39.1%) of providers, to youth by 130 (72.6%), and to the Community by 42 (23.5%) of providers.

Training for Trauma

In order to assess training for trauma among substance abuse providers, participants were asked three questions related to training specific to trauma. Formal training was reported as received by 107 (59.8%) of participants and not received by 68 (38%) of participants. Type of training received was as follows: 63 (35.2%) had participated in at least one full-day workshop related to trauma, 63 (35.2%) had participated in at least one (1-3 hour) training session, 45 (25.1%) had taken a college-level course that included training for trauma, and 31 (17.3%) had gone to at least one (several day) conference related to trauma.

Two questions asked participants about formal training related to the impact of trauma upon substance abuse. Formal training in this area was reported as received by 78 (43.6%) of participants and not received by 85 (47.5%) of participants. The source of this training was indicated as OASAS training by 42 (23.5%), Council on Alcoholism training by 45 (25.1%), on-line training by 8 (4.5 %), and from an other source by 45 (25.1%).

In order to gain information related to desired training of resource information participants were asked to use a checklist to indicated specific areas. Frequencies ranged from 115 (64.2%) indicating a desire for training in the area of prevention of alcohol and drug abuse/dependency follow trauma to 52 (29.1%) requesting training related to prevalence of trauma. Table 3 provides the frequency and types of training requested.

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TABLE 3

Frequency and Types of Trauma Training Requested by
Substance Abuse Prevention Providers

<u>Type Trauma Training Requested</u>	<u>Number providers Requesting Training</u>	
	<u>#</u>	<u>%</u>
Prevention of alcohol or drug abuse/dependency following trauma	115	64.2
Relationship between trauma and alcohol and drug abuse	107	59.8
Treatment of trauma	90	50.3
Symptoms of trauma	87	48.6
Psychological effects of trauma	87	48.6
Family and significant other support for trauma victims	86	48
Other	86	48.0
Reaction to trauma	81	45.3
Identification of trauma	70	44.1
Types of trauma	74	41.3
Diagnosis related to trauma	62	34.6
Prevalence of trauma	52	29.1

Group Comparisons

In order to examine possible group differences in beliefs related to the experience and impact of trauma (questions 3 through 7), analyses were conducted based upon characteristics of geographic region, gender (male vs. female), level of degree (High school to Ph.D.), and type of population served (youth vs. adult vs. both). Independent sample *t* tests indicated no significant differences between males and females on any of the five items. Likewise, analysis of variance (ANOVA) tests by geographic region and by degree (high school to Ph.D.) indicated no statistically significant differences.

Regarding population served (youth, adult, or both), responses differed significantly on two items. Question 6 asked providers to estimate the percentage of participants served who they believed had increased alcohol or drug use in the past following a trauma. Providers who served youth estimated a lower percentage ($M = 1.8$, $SD = 1.1$) than did providers who served only adults ($M = 2.6$, $SD = 1.5$). Another difference was found in response to question 7 which asked providers to estimate the percentage of clients served who they believed had a traumatic reaction to the 9/11 crisis. Providers who served youth only estimated a lower percentage ($M = 1.3$, $SD = 0.6$) than did providers who served both youth and adult clients ($M = 1.8$, $SD = 1.1$).

Discussion

This data was undertaken in order to gain information related to substance abuse prevention providers experiences with client trauma, beliefs about the pervasiveness of client trauma and its relationship to substance use and abuse, types of trauma services provided, formal trauma training received, and trauma training desired.

Results related to the experiences with client trauma indicate that a majority of providers have had clients talk to them about traumatic experiences and a majority of providers have rendered services for trauma. In terms of the type of trauma dealt with, providers indicate that most often the trauma brought to them are traumas of personal loss. This category includes: Grief/Bereavement, Personal Loss, Divorce, Separation, and Death. The second most often occurring

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trauma category is that of victimization. This category includes: Sexual Abuse and Physical Abuse.

Overall, most providers indicate a belief that their clients have experienced trauma at a rate of between 20 and 60%. Providers generally believe that severe trauma has been experienced among 0 to 40% of clients. In terms of client current use to deal with the effects of trauma, providers indicate that approximately 20 to 40 percent are doing so. Past increase of substances as a means of coping with trauma is believed to have occurred in 20 to 40 percent of current clients. Finally, providers were asked to indicate the number of clients they believed had experienced a traumatic reaction to 9/11. They indicated that between 0 and 20 percent of their clients were traumatized by this event.

A substantial majority of providers indicate that they have provided services for trauma. Over half of the providers have rendered counseling, referral, education, and/or support for trauma. Interestingly, about 60 percent indicated participation in some type of formal training for trauma which include workshops, conferences, training, and college courses. Just over 40 percent have more specific training related to the impact of trauma upon alcohol and drug abuse.

In terms of requested trainings and resources, providers are most interested in training related to:

- Prevention of alcohol or drug abuse/dependency following trauma.
- Relationship between trauma and alcohol and drug abuse.
- Treatment of trauma.
- Psychological effects of trauma.
- Reaction to trauma.