

FÉDÉRATION
ADDICTION
Prévenir | Réduire les risques | Soigner

PSYCHOTRAUMADDICTO PROJECT

CHANGING THE PROFESSIONAL PRACTICES AROUND PEOPLE WITH ADDICTIVE DISORDERS AND PTSD



GENESIS OF THE PROJECT

PART 1



WHAT IS THE PROJECT?

KEY FEATURES

♦ PATIENT-CENTERED OBJECTIVE

Improve the care pathway of people affected by both addiction disorders and PTSD through the improvement of their diagnosis and care processes by medico-social professionals.

♦ 50+ PROFESSIONALS INVOLVED

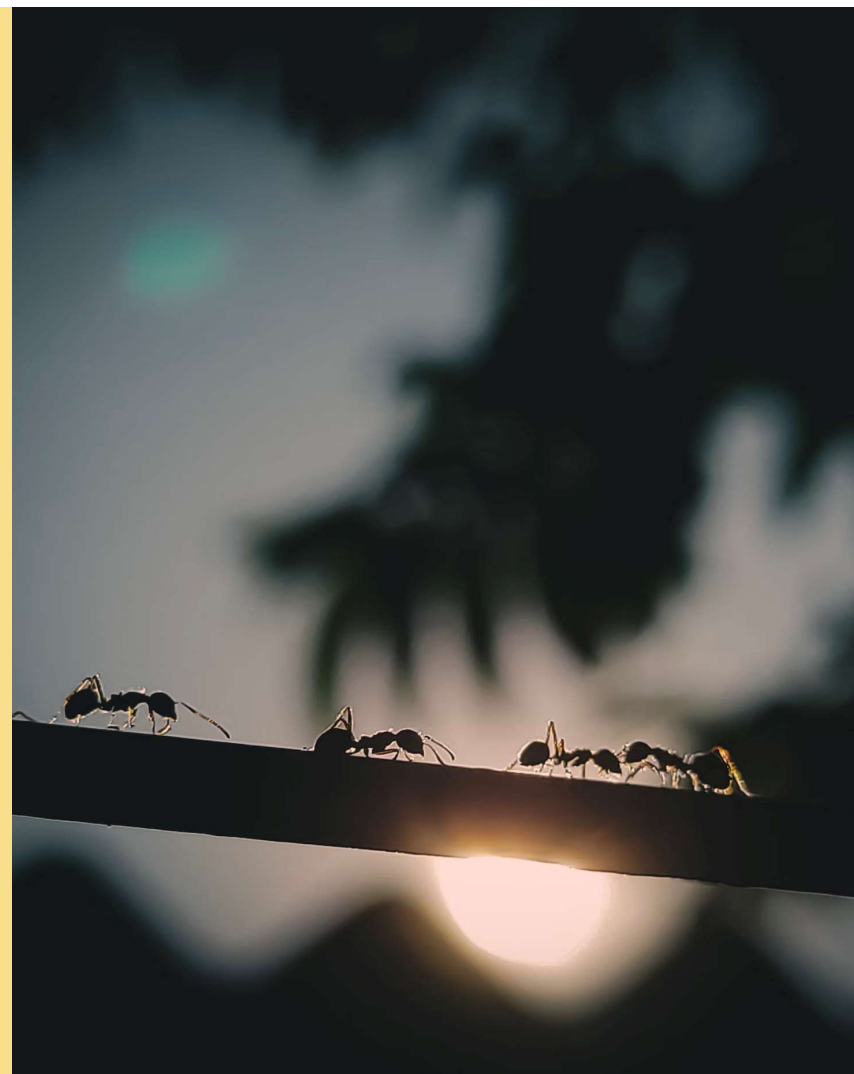
From scientists to medico-social field workers ; both psychiatry and addictions networks, willing to work together.

♦ 3 PARTNERS TO HANDLE THE PROJECT

- Project management: the Fédération Addiction and the CN2R (national center of research on psychotraumas).
- Project's results measurements: CHU (Hospital center) of Clermont-Ferrand (center of France).

♦ 3 YEARS PROJECT (STILL IN PROGRESS)

From 2021 to 2023.



WHO ARE WE?

WHY IS THE FÉDÉRATION ADDICTION RELEVANT TO MANAGE THIS PROJECT

♦ OUR IDENTITY

First French network at the service of professionals who accompany drug users.

♦ COLLABORATIVE & PARTICIPATIVE DYNAMIC

Big decisions taken by a board composed of elected professionals.

♦ FIELD PRACTICE ORIENTED AT OUR CORE

Office missions: embody professionals voices in public spaces + develop new professional approaches in accordance with the challenges encountered on the field.

FÉDÉRATION ADDICTION

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BY AND FOR ADDICTIONS PROFESSIONALS
ANCHORED IN FIELD REALITIES

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WHY THIS PROJECT?

AN URGENT PROFESSIONAL NEED IN FRANCE BUT NOT ONLY

♦ PTSD AND SUD DISORDERS: A LONG-TIME SUBJECT OF CONCERNS

20 years+ that we know that...

- PTSD makes one vulnerable to SUD and vice versa.
- Associated with other mental health disorders
- + A lot of applications during the call for proposals

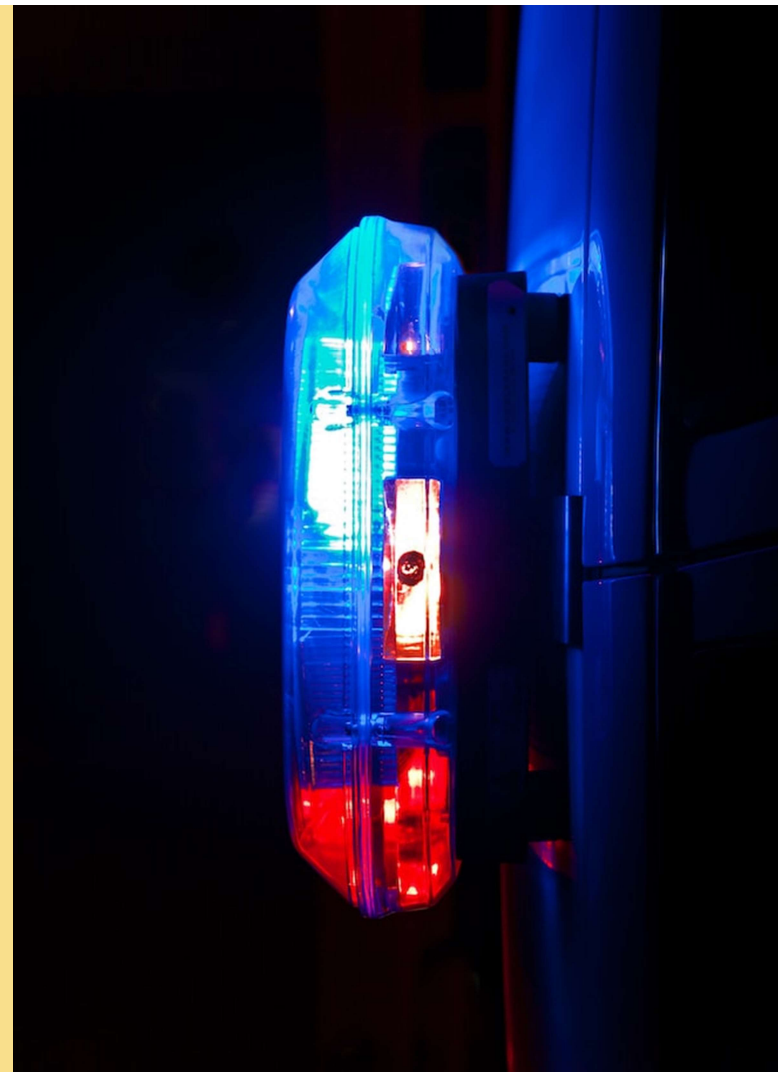
♦ ... WHOSE CARE IS STILL NOT MANAGED IN AN OPTIMAL WAY

- Tendency to focus only on the pathology of one field at the expense of **also** screening/treating the « outside the field » one.
- Mental health networks VS addiction networks

♦ HELPING PROFESSIONALS TO HELP PATIENTS

Opening the 2 sectors + making them more seamless would help tackle...

- A care pathway marked by disruptions and referrals between different services for the patient.
- The alteration of people's functional and vital prognosis but also their quality of life and that of those around them.





DEVELOPMENT OF THE PROJECT

PART 2



SUB-PROJECT 1: FIELD EXPERIMENTATION

**FINDING WAYS TO
CONCRETELY IMPLEMENT
NEW BRIDGES
BETWEEN
THE 2 NETWORKS**

♦ DURING PROJECT TIME.

- 3 geographical locations selected: 3 CSAPA (addictions) + 1 CRP, regular meetings to brainstorm and act together + create a common language.
- Developing actions such as... Cross-training days & internships, digital tools (common psychometric data collection app), cartography, educational modules for patients... And others still to come, with the help of a scientific committee

♦ AT THE END OF THE PROJECT.

Through the quantitative + qualitative measures made by the CHU with the professionals (about the before/after in their practices and what they observe with their patients) and what we will have observed in general: ***production of a booklet of recommendations on why + how connect the 2 networks, sent to every CSAPA and CRP in France.***

SUB-PROJECT 2: PRODUCTION OF A GUIDEBOOK

**PRODUCING AN
INFORMATIVE, EDUCATIVE
BUT MOSTLY PRACTICAL
DOCUMENT FOR
PROFESSIONALS**

♦ DURING PROJECT TIME.

- Scientific committee: 10+ experts from psychiatry, psychology and/or addictions.
- Reunited to advise/inspire the 3 sites + produce a scientific document that will allow every professional in psy/addictions fields to train about PTSD & SUD, and mostly to know **how to have good reflexes on field.**

♦ AT THE END OF THE PROJECT.

Production of a guide on why and how to diagnose patients with PTSD/SUD and how to improve their care from there.

OUR GOAL: **create a guide that will be the most « ready to use » possible.** It would be composed by both practical implementation tools and scientific developments if the reader wants to deepen their knowledge.



3 FIRST LEARNINGS

PART 3



LEARNING 1

THE NEED TO DEVELOP INTERSECTORIAL KNOWLEDGE AT EVERY LEVEL



- ◆ First action launched by all the sites:
a training day to exchange **knowledge on the disorders per se...**
- ◆ ... But also **on tools and processes** (which ones use and how to use them).
- ◆ An idea coming from one of the site that inspired another one:
doing some cross-internships (4-5 days) to see the reality of one another's field
(internal organization, patients profiles, etc.)

LEARNING 2

THE OPPORTUNITIES OPENED BY IMPLEMENTING DIGITAL SOLUTIONS



◆ ... To improve patient care.

For ex., an idea was discussed: a digital common platform/app to gather some diagnosis scales, care advices, good practices, etc. and/or a channel dedicated to directly exchange about a case.

◆ ... To smoothen professional practices.

For ex., a site is working on a psychometric collection tool that would be shared by addictions centers and psychotrauma center, showing the need of a common data base between networks to work together.

◆ To improve patient empowerment.

For ex., a site is working on creating an online cartography gathering addiction & psy specialists.

LEARNING 3

THE UMPTEENTH PROOF OF THE NEED OF MORE FINANCIAL AND HUMAN MEANS TO ENABLE CONCRETE CHANGE



- ◆ A lot of **interest and motivation** from every participant (professionals as much as their management)
- ◆ But a lot of time-management problems are preventing the team to develop the project as quick as we thought at first. Indeed, **professionals are already drowning under work (lack of human means)** so it's complicated for them to be involved as much as they would like to.
- ◆ Autonomy will come with time, even though a year has passed: for now, there is still **a big need of someone taking the lead and structure the communication** within the sites.

CONCLUSION

- A PROJECT ANCHORED IN PROFESSIONAL PRACTICES AND CHALLENGES IN ORDER TO **IMPROVE PATIENT-CARE.**
- FIRST LEARNINGS THAT ALREADY GIVE **MAJOR LEADS FOR AN INNOVATIVE PTSD/SUD APPROACH** BUT ALSO CONCRETELY EMBODY OUR DEMANDS OF MORE FINANCIAL MEANS ON FIELD.
- A LOT OF POSITIVE FEEDBACKS AND ENTHUSIASM THAT PUSHED US NOT EXPAND OUR DIFFUSION STRATEGY: **THE GUIDEBOOK WILL BE DISTRIBUTED TO EVERY ACTOR OF PSY/ADDICTION FIELDS, WETHER THEY ARE IN A CENTER OR NOT.**

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**THANK YOU FOR
YOUR ATTENTION**

FOR MORE INFORMATION:

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