

Using Clinical Documentation to Understand Inclusion of Trauma-Related Comorbidities in Substance Use Treatment

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Introduction and Aims: Trauma related disorders (TRD) are highly prevalent in substance use treatment settings. While the existing evidence supports the use of integrated treatment for co-occurring trauma and substance use disorders (SUD), it remains unclear how this has translated into standard clinical practices. A key factor in addressing this comorbidity in treatment is the accurate incorporation of related information into clinical documentation. This presentation utilises data from a retrospective chart review to understand how these comorbidities are currently described and incorporated into treatment.

Design and Methods: This study utilised a retrospective chart review of 12 months of treatment for a random sample of 300 patients. Extracted data included trauma histories and symptoms, substance use characteristics, and treatment activities.

Results: It is more common for trauma histories (46%) than trauma symptoms (15%) to be documented. There were low levels of planned and implemented trauma treatment reflected in documentation. Female patients ($OR = 2.58$) and those with a history of mental health treatment ($OR = 1.82$) were more likely to have trauma-related documentation, while those in their first episode of treatment were less likely ($OR = .49$).

Discussions and Conclusions: Trauma-related comorbidities are not commonly documented in SUD treatment. Given the known prevalence of TRD in this population, trauma related information is critically under documented. There is rarely a documented assessment of symptoms or diagnoses, and even more rarely a consideration of treatment. There is an urgent need for services to more assertively integrate this comorbidity into treatment.

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