

Clinical relationships key to treatment of alcohol abuse

September 23 2014, by David Ellis

New research from the University of Adelaide highlights the complex needs of people being treated for alcohol problems, in particular the value they place on long-term relationships with trusted healthcare professionals.

For the first time, researchers in the University's School of Psychology have sought to better understand the experiences of patients being treated for an "alcohol use disorder", and what they consider important to the quality of their own care.

Psychology PhD student Stacey McCallum interviewed 34 patients attending a range of services and discovered that although the patients' personal circumstances were very different, most of them had similar needs.

"There's no one typical patient suffering from problems relating to alcohol," Ms McCallum says. "Patients have a wide variety of complex psychological and social issues to deal with, such as stress, trauma or depression, broken families, and housing and accommodation problems. Their use and abuse of alcohol also varies greatly.

"Many of those being treated had sought help on numerous occasions in the past - for some of them it can be a revolving door."

Ms McCallum says one of the common issues in patients' satisfaction with treatment is their interpersonal relationships with [healthcare](#)

professionals. "Patients often face the stigma of their condition and judgment from friends, family, and the broader community. What they're looking for is a non-judgmental environment, one in which they trust staff to support them and to understand what they're going through," she says.

"A number of patients had suffered past negative experiences, where they felt they were being looked down upon, disrespected and judged by staff. However, the patients I interviewed were, on the whole, satisfied with their current quality of care and this is a positive result for local services."

Interviews also aimed to explore the experiences of patients with co-occurring mental health symptoms, a particularly vulnerable patient group that is complex and difficult to treat. Ms McCallum says issues such as high staff turnover and changing appointments were of particular concern to patients with co-occurring mental health problems.

"Once they have built a relationship with staff members they trust, it's often difficult for the patient when those staff leave the treatment services. Cancelled appointments were also a common problem for patients with co-occurring symptoms, as they contribute to a lack of continuity of care."

Provided by University of Adelaide

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