



# Creating Trauma-Informed Services for Women with Co-Occurring Disorders

Prototypes  
CENTERS FOR INNOVATION  
IN HEALTH, MENTAL HEALTH  
& SOCIAL SERVICES

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## Health Outcomes of Violence Against Women

Source: Center for Health and Gender Equality (CHANGE)

Partner Abuse  
Sexual Assault  
Child Sexual Abuse

Fatal Outcomes

- Homicide
- Suicide
- Maternal mortality
- AIDS-related

Nonfatal Outcomes

### Physical Health

- Injury
- Functional impairment
- Physical symptoms
- Poor subjective health
- Permanent disability
- Severe obesity

### Chronic Conditions

- Chronic pain syndromes
- Irritable bowel syndrome
- Gastrointestinal disorders
- Somatic complaints
- Fibromyalgia

### Mental Health

- Post-traumatic stress
- Depression
- Anxiety
- Phobias/panic disorder
- Eating Disorders
- Sexual dysfunction
- Low self-esteem
- Substance abuse

### Negative Health Behaviors

- Smoking
- Alcohol and drug abuse
- Sexual risk-taking
- Physical inactivity
- Overeating

### Reproductive Health

- Unwanted pregnancy
- STDs/HIV
- Gynecological disorders
- Unsafe abortion
- Pregnancy complications
- Miscarriages/low birth weight
- Pelvic inflammatory diseases



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## Adverse Childhood Events (ACE) Study

- Kaiser Permanente (Felitti) & CDC (Anda)
- Large-scale epidemiological study of influence of stressful/traumatic childhood experiences
- Interviewed more than 17,000 people
- Investigating adverse childhood experiences and adult health status



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## ACE Study

Recurrent & severe physical abuse	11%
Recurrent & severe emotional abuse	11%
Contact sexual abuse	22%
Growing up in a household with:	
Alcoholic or drug-user	25%
Member being imprisoned	3%
Mentally ill, chronically depressed, or institutionalized member	19%
The mother being treated violently	12%
Both biological parents NOT present	22%

(Felitti, 2003) Origins of Addiction




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## ACE Study

- Scoring system used – one point for each category of ACE before 18
- ACE's not only common, but effects were cumulative
- Compared to persons with ACE score of 0, those with ACE score of 4 or more were 2x more likely to be smokers, 12x more likely to have attempted suicide, 2x more likely to be alcoholic, and 10x more likely to have injected street drugs




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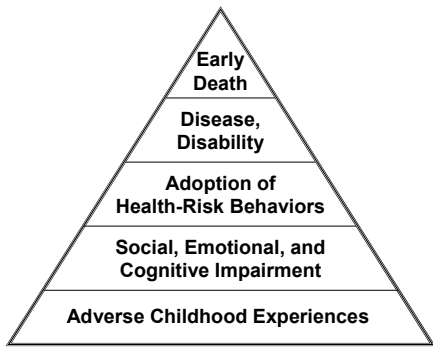
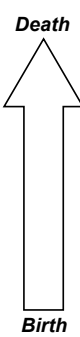
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The Influence of Adverse Childhood Experiences Throughout Life  
ACE's Major Determination of Health & Well Being (Felitti, 2003)




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## Prevalence of Trauma and PTSD in Severe Mental Illness

- 98% reported exposure to at least one traumatic event, lifetime
- 43% of sample received a current diagnosis of PTSD; only 2% had PTSD diagnosis in their charts
- Severely mentally ill patients who were exposed to traumatic events tended to have been multiply traumatized, with exposure to an average of 3.5 different types of trauma



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## Prevalence of Trauma and PTSD in Substance Use/Abuse

- 60% to 90% of a treatment-seeking sample of substance abusers also have a history of victimization
- More than 80% of women seeking treatment for a substance use disorder reported experiencing physical/sexual abuse during their lifetime
- Between 44% and 56% of women seeking treatment for a substance use disorder had a lifetime history of PTSD
- 10.3% of the men and 26.6% of the women with a lifetime diagnosis of alcohol dependence also had a history of PTSD



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## SAMHSA's Women with Co-Occurring Disorders and Violence Study



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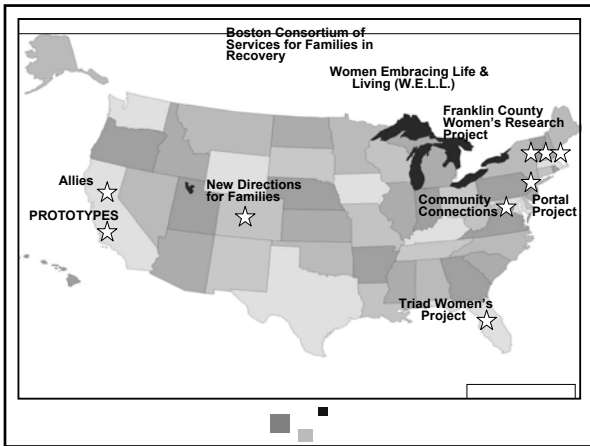
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**Sample Sizes Across Program Sites by Condition (N=2,729)**

Program / Site	Intervention Group	Comparison Group
PROTOTYPES, Los Angeles, CA	167	215
Allies, Stockton, CA	169	266
Arapahoe House—New Directions for Families, Metropolitan Denver, CO	57	108
D.C. Trauma Collaboration, Washington, DC	150	97
Triad Women's Project, Avon Park, FL	179	123
Boston Consortium of Services for Families in Recovery, Boston, MA	181	161
The W.E.L.L. Project, Cambridge, MA	218	110
Franklin County Women's Research Project, Greenfield, MA	105	120
Portal Project, New York, NY	169	114
<b>Total</b>	<b>1415</b>	<b>1314</b>

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## Definition of Trauma

- **Trauma means experiencing, witnessing, or being threatened with an event or events that involve actual serious injury, a threat to the physical integrity of one's self or others or possible death. The responses to these events include intense fear, helplessness, and/or horror.**

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## Trauma-Informed Services

- Take the trauma into account.
- Avoid triggering trauma reactions and/or re-traumatizing the individual.
- Adjust the behavior of counselors, other staff, and the organization to support the individual's coping capacity.
- Allow survivors to manage their trauma symptoms successfully so that they are able to access, retain, and benefit from the services.

Source: Adapted from Maxine Harris, Ph.D.



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## Trauma-Specific Interventions

- Services designed specifically to address violence, trauma, and related symptoms and reactions.
- The intent of the activities is to increase skills and strategies that allow survivors to manage their symptoms and reactions with minimal disruption to their daily obligations and to their quality of life, and eventually to reduce or eliminate debilitating symptoms and to prevent further traumatization and violence.

Source: Adapted from Maxine Harris, Ph.D.



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## Trauma-Specific Models

- Utilized in Women with Co-Occurring Disorders and Histories of Violence Study
  - Atrium
  - Seeking Safety
  - Trauma Recovery and Empowerment (TREM)
  - TRIAD
- Another model utilized in women's substance abuse treatment
  - Helping Women Recover



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## Stages of Recovery

### Treatment Aims

- Stage One: ESTABLISHING SAFETY
  - Securing safety
  - Stabilizing symptoms
  - Fostering self-care
- Stage Two: REMEMBRANCE & MOURNING
  - Reconstructing the trauma
  - Transforming traumatic memory
- Stage Three: RECONNECTION
  - Reconciliation with self
  - Reconnection with others
  - Resolving the trauma

Judith L. Herman, 1992



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## Participants in the Study

- 2,729 women were enrolled in the study
- All are 18 or older with histories of mental health and substance abuse services use and histories of physical or sexual abuse
- Average age (both groups) is about 26. Age ranges from 18 to 76
- 54% were Caucasian, 18% Hispanic/Latina, 29% African American
- 87% were mothers
- 50% had completed high school



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## Participants (continued)

- Either substance abuse or mental health diagnosis had to be current (within the last 30 days), other within past 5 years
- 81% had a current mental health diagnosis, 65% were receiving treatment for MH, 49% had a psychiatric inpatient stay
- 82% had received substance abuse treatment at some point
- 85% had been physically abused in adulthood, 82% sexually abused (child & adult), 13% to 18% had been abused in the 6 months before



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## Primary Outcomes & Measures

<u>Outcomes</u>	<u>Measures</u>
<b>Substance Abuse:</b>	<b>Addiction Severity Index</b> <ul style="list-style-type: none"><li>– Alcohol Composite (ASI-A)</li><li>– Drug Abuse Composite (ASI-D)</li></ul>
<b>Mental Health:</b>	<b>Brief Symptom Inventory</b> <ul style="list-style-type: none"><li>– Global Severity Index (GSI)</li></ul>
<b>Trauma:</b>	<b>Post Traumatic Diagnostic Scale</b> <ul style="list-style-type: none"><li>– Post Traumatic Symptom Scale (PSS)</li></ul>



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## The 6-Month Outcome Components

- Intent-to-treat design
- 2,006 women (1,023 in intervention condition, 983 in comparison condition) were interviewed 6 months after initial enrollment re: outcomes plus services received and other elements
- Four outcome measures: mental health symptoms, alcohol use, other drug use, and trauma-related symptoms
- Women in both intervention and comparison conditions had decreased symptoms in all four areas at 6 months



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## Differences between Intervention and Comparison Conditions

- On two of four measures (post-traumatic symptoms and drug use severity), women in the intervention programs showed significantly greater improvement than those in usual care
- On mental health status, differences almost reach significance
- Effect sizes are small, but present

Morrissey, J.P. et al. (2005) *Journal of Substance Abuse Treatment*



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## Program-Level Differences

- There is considerable variation across sites
- Sites were compared on eight program characteristics
- Integrated counseling was positively related to three of the four outcomes measured across sites

Morrissey, J.P. et al. (2005) *Journal of Substance Abuse Treatment*



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## Program Differences (continued)

- Integrated counseling defined as receiving all three types of services in individual and/or group counseling reported in three-month interview
- Number of core services provided were not associated with improved outcomes, unless integrated counseling was present

Morrissey, J.P. et al. (2005) *Journal of Substance Abuse Treatment*



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## Person-Level Analyses

- When controlling for person-level measures, substance use symptoms were reduced in intervention conditions, with some reduction of mental health symptoms

Morrissey, J.P. et al. (2005) *Journal of Substance Abuse Treatment*



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## Costs

- Controlling for baseline use, there are no significant differences in total costs between participants in the intervention condition and those in the usual care comparison
- This is true from a governmental or Medicaid reimbursement perspective

Morrissey, J.P. et al. (2005) *Journal of Substance Abuse Treatment*



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## The 12-Month Outcome Components

- 2,026 women were interviewed 12 months after initial enrollment re: outcomes plus services received and other elements
- Four outcome measures: mental health symptoms, alcohol use, other drug use, and trauma-related symptoms
- Women in both intervention and comparison conditions had decreased symptoms in all four areas at 12 months

Morrissey, J.P. et al. (2005) *Psychiatric Services*



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## Differences between Intervention and Comparison Conditions

- The 12-month effect sizes for mental health and post traumatic symptoms show statistically significant improvements for women in the intervention condition relative to those in the comparison condition
- The two substance use severity outcomes show no improvement over the corresponding values at 6 months

Morrissey, J.P. et al. (2005) *Psychiatric Services*



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## Some Key Learnings

- Providing complex sets of integrated services is feasible, including attention to trauma in systemic ways
- Collaborations between those with lived experience and researchers increases the quality of the research (and probably the services)



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## Learnings (continued)

- Women with these complicated sets of issues can reduce their problems
- Integrated counseling of mental health, substance abuse, and violence issues in a trauma-informed context appears to be more effective and no more costly than services as usual



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## 10 Principles of Trauma-Informed Services

Elliott, Bjelajac, et al. (2005) *Journal of Community Psychology*

1. Trauma-informed services recognize the impact of violence and victimization on development and coping strategies
2. Trauma-informed services identify recovery from trauma as a primary goal
3. Trauma-informed services employ an empowerment model
4. Trauma-informed services strive to maximize a woman's choices and control over her recovery



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## 10 Principles of Trauma-Informed Services

Elliott, Bjelajac, et al. (2005) *Journal of Community Psychology*

5. Trauma-informed services are based in a relational collaboration
6. Trauma-informed services create an atmosphere that is respectful of survivors' need for safety, respect, and acceptance
7. Trauma-informed services emphasize women's strengths, highlighting adaptations over symptoms and resilience over pathology



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## 10 Principles of Trauma-Informed Services

Elliott, Bjelajac, et al. (2005) *Journal of Community Psychology*

8. The goal of trauma-informed services is to minimize the possibilities of re-traumatization
9. Trauma-informed services strive to be culturally competent and to understand each woman in the context of her life experiences and cultural background
10. Trauma-informed agencies solicit consumer input and involve consumers in designing and evaluating services



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Creating a Safe, Trauma-Informed Community and Clinical Home



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## Guidelines for Trauma-Informed COD Recovery

1. Recovery takes place in an environment that provides safety and fosters trust and engagement
2. Recovery takes place in an environment in which persons with lived experience teach, learn, and grow alongside persons “in treatment” and alongside “the treaters”



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## Guidelines for Trauma-Informed COD Recovery

3. Recovery involves connectedness to others and to something beyond the self; this connectedness may be permanent
4. Recovery takes place where there are multiple choices and options; the person in recovery assists us in identifying what to work on first



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## What Are Our Clinical Shifts?

- Trauma as a key component
- Assessment needs to include Trauma/PTSD
- Services designed to assist women and men in understanding links between trauma, substance abuse, and emotional disorders
- Concept of peers is expanded



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