

Trauma-informed Approaches in Addictions Treatment

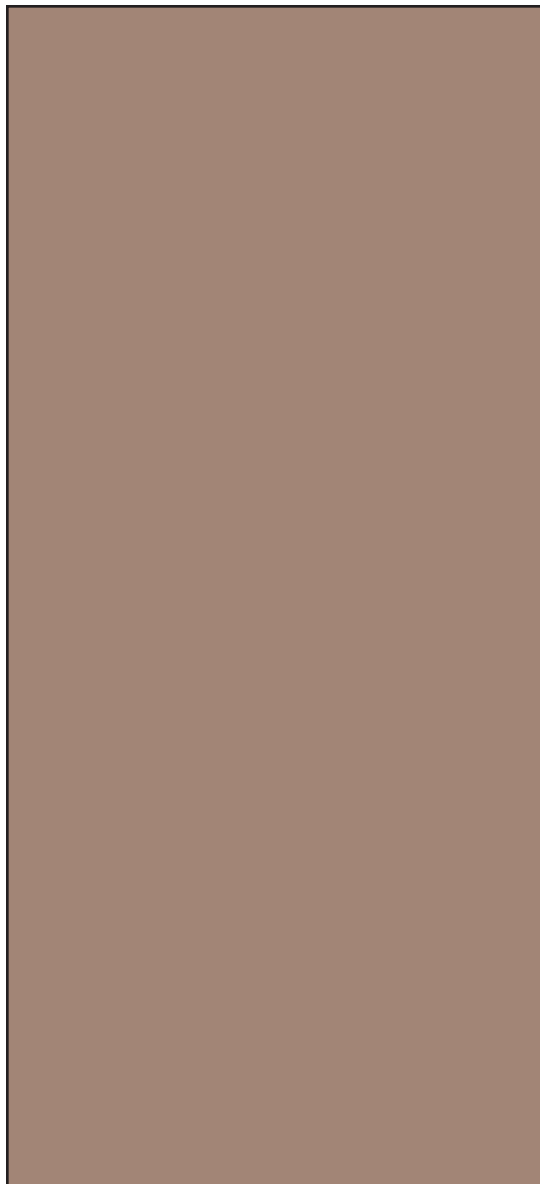
Virtual discussions

In 2009 a national, virtual community of practice (VCoP) provided the opportunity for a “virtual discussion” of issues, research and programming related to girls’ and women’s substance use in Canada. The goal of the VCoP was to serve as a mechanism for “gendering” the *National Framework for Action to Reduce the Harms Associated with Alcohol and other Drugs and Substances in Canada*. Participants included planners/decision-makers, direct service providers, educators, NGO leaders, policy analysts, researchers and interested women. The project was sponsored by the British Columbia Centre of Excellence for Women’s Health (BCCEWH) in partnership with the Canadian Centre on Substance Abuse (CCSA) and the Universities of Saskatchewan and South Australia.

This discussion guide highlights one of the topics explored in the VCoP. Its purpose is to stimulate further conversation on addressing coexisting trauma, mental health and substance use problems experienced by girls and women through trauma-informed and trauma-specific approaches.

Gendering the National Framework





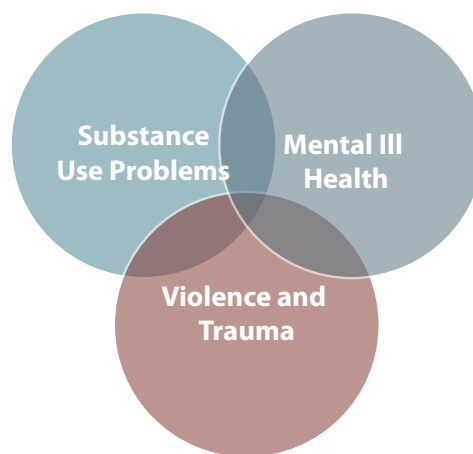
Background to the issues

What we know about the connections of substance use and experience of trauma

The inter-relationships of trauma/violence, mental illness and substance use in women have been described by researchers as “profound” and “staggering” [1, 2]. As many as 2/3 of women with substance use problems report a concurrent mental health problem (e.g. PTSD, anxiety, depression) and they also commonly report surviving physical and sexual abuse either as children or adults [3]. A Washington DC study showed that over 70% of women with mental disorders have co-occurring substance use problems and virtually all women with co-occurring disorders have a history of trauma [4].

The implications of these interconnections are significant, relating not only to emotional health and well being, but all areas of women’s lives, including physical health and mothering. Experiences of trauma are linked to central nervous system changes, sleep disorders, cardio vascular problems, gastrointestinal and genito-urinary problems, reproductive and sexual problems [5]. Physical health may also be affected by self-harming behaviours as attempts to cope with emotional pain [6]. Women are in a unique position when it comes to pregnancy and mothering, yet little attention has been directed to the needs of mothers in the context of co-occurring mental illness, substance use problems and experience of trauma [7, 8]. Women may experience the trauma of having a child removed, or threats by a partner to report her to child welfare authorities. The stigma attached to violence and substance use in relation to pregnant and parenting women can prevent or delay help seeking [9]. This can be magnified for women who find themselves even further in marginalised positions (e.g. poverty, colonization).

The literature over the past decade has emphasized the centrality of the experience of interpersonal victimization including childhood abuse, sexual abuse, and intimate partner violence for women with mental health problems and addictions [3, 10]. Women are at greater risk than men for interpersonal victimization [11-13], and a recent meta-analysis found women to be twice as likely to develop PTSD after a traumatic event and the chronicity of symptoms for women to persist up to 4 times longer than for men [14].



Current responsiveness to the interconnections

The links and interactions among experience of violence and trauma, mental health concerns and substance use problems and addictions are not typically addressed in total, nor do system responses typically start with a sex, gender or diversity based understanding of these issues. At the local level, service systems are often characterized by; service fragmentation, compartmentalization, competing and contradictory service approaches within mental health, substance use and violence support services. Women report being turned away from mental health and addictions counselling services for having more than one presenting issue, and are left too frequently to personally coordinate their care [15, 16]. In addition, there is often a basic lack of understanding of how trauma can be central to the co-occurrence of mental health and substance use problems, and consequently there is often a lack of services providing trauma-specific treatment, a lack of paced and evidence-based approaches to trauma treatment (trauma-informed interventions), especially within substance use treatment programs, as well as significant barriers to access treatment by women with children [17]. The lack of attention to effects of trauma and their connection to alcohol, tobacco and other drug use, and mental illness can lead to misdiagnosis, extended suffering and even retraumatization. The cost is significant for individuals, for families, for service systems and for governments.

Key national and international articles and reports have continued to identify opportunities and barriers to an integrated and coordinated service response [18-24]. In Canada we have a long way to go towards building a seamless, compassionate, integrated response.

The most notable example of an examination of an integrated cross/system response has been the cross-site study entitled the *Women, Co-Occurring Disorders and Violence Study (WCDVS)*,

funded by the Substance Abuse and Mental Health Services Administration in the US. Over a five year period, nine sites across the US were studied as they developed and tested integrated service models that were comprehensive, trauma-informed, and gender-specific. They found that:

- women with complex co-existing problems experienced reductions in trauma symptoms, drug use severity and mental health symptoms when integrated models that were trauma-informed and financially accessible were provided [25, 26];
- integrated counselling in a trauma-informed policy and service context was more effective than services as usual [27-29]; and
- complex collaborations including consumers, providers and system planners in all aspects of the policy design, implementation and evaluation of services improve the quality of the work [30-32].

Costs of such integrated care were not higher [33].

Canadian and American service system experts stress how we need to “*address global service issues including: stabilizing and regenerating the core continuum of services; addressing gaps in specific categories of services; and meeting needs for specialized, gender-specific service approaches in service areas such as concurrent disorders, pregnant and parenting women, and trauma*” [24]. Integration at multi-levels – outreach and engagement, screening and assessment, resource coordination and advocacy, crisis intervention, mental health and substance use services, trauma specific services, parenting support, and healthcare were advocated in the WCDV study [32, 34, 35]. Many other integrations, for example, across substances (including tobacco), across sectors (to include women and health system planners as well as service providers), and to include policy [36] improvements have also been identified.



Core approaches – multilevel, multiple-intensity support

Working at all tiers of support - To successfully “gender” the National Framework, we need to address programming and practices at all 5 tiers of support/treatment as outlined by the National Treatment Strategy Working Group:

- Tier 1 - Community based and outreach services
- Tier 2 - Brief support and referral by a wide range of professionals
- Tier 3 - Acute, proactive outreach and harm reduction services
- Tier 4 - Structured and specialized outpatient services
- Tier 5 - Intensive residential treatment

(For more description of the tiers see www.nationalframework-cadrenational.ca/uploads/files/TWS_Treatment/nts-report-eng.pdf.)

Working in different ways - To address trauma and interpersonal violence which often underlies women’s use of substances, we can:

- a) Be trauma-informed at each tier of support/treatment
- b) Offer integrated trauma-specific programming, using evidence-based models
- c) Link effectively with violence-specific services such as transition houses and sexual assault centres

This approach moves toward a holistic, instead of a closed or narrow understanding of the intersections.

Trauma-informed services take into account knowledge of the impact of trauma and integrate this knowledge into all aspects of service delivery [37]. From a trauma-informed perspective, “problem behaviours” are understood as attempts to cope with abusive experiences. Disorders become *responses*, and symptoms become *adaptations* [5]. The question shifts from “What is wrong with this woman?” to “*What happened to this woman?*” [38]. Working in a trauma-informed way does not require disclosure of trauma nor treatment of trauma, it is about working in ways that accept where the woman is at and do not retraumatize.

Trauma-specific services directly address the impact of trauma and facilitate trauma recovery and healing. Initial stages of treatment emphasize safety, identified by Herman in 1992 as the critical first stage of recovery. *Seeking Safety* [39] and *Beyond Trauma* [40] are two evidence-based program examples that take an integrated approach to supporting women with trauma and substance use concerns. The recognition of the centrality of trauma in Aboriginal women’s healing has been noted in Canadian research and practice [41].

Promising practices in action – Canadian examples

1. The work of the Jean Tweed Centre, Toronto, ON – Tier 5

The Jean Tweed Centre has evolved in their response to women in treatment for addiction issues - from recognition of trauma experiences in the women they were supporting, to providing trauma-informed and trauma-specific services [42]. They transformed their services in a four stage process.

Stage 1 – Addressing the issue

Through tracking, they noticed that over 80% of their clients had a trauma-related experience. With this information, and influenced by the work of Judith Herman (1992), program leaders began to research the topic and address the issue through:

- 1) Education – they provided education for the staff and invited the Ministry of Health funders to be part of the learning
- 2) Proposal development – they received funding for a clinical supervisor and trauma counsellor
- 3) Evaluation – they noticed that using standard approaches to raising the issue of trauma connections may in some cases be creating instability, not helping women stabilize

Stage 2 – Shift to trauma-informed

Services shifted from standardized screening and discussion of trauma, to a more “trauma-informed” approach. Service providers became much more knowledgeable about the issues, and focused on creating a safe environment which would support women to tell their story in their own ways, in their own time.

Stage 3 – Depth and capacity

Looking to deepen their capacity to support women who experience trauma, staff were offered more in-depth training in the practice of Mindfulness and the Seeking Safety model, which combines first stage trauma treatment and relapse prevention. Now, 1)

all programs at the Centre are trauma-informed 2) Seeking Safety groups are offered to all women, and 3) a dedicated trauma counsellor provides individual counselling for women and consultation/education with staff.

Stage 4 – Continuing braided support

Emphasis is placed on integrating and braiding trauma and substance use services throughout the Centre, for example trauma experienced by pregnant and parenting women who access the Pathways program (for pregnant and/or parenting women with children aged 0-6 yrs who have issues with drugs or alcohol) is addressed. Overall, the key aspects of the braided approach include:

- Ongoing staff education
- Support for women’s pacing – no prescribed timetable or sequence for dealing with trauma issues – look to the woman for readiness
- Good clinical supervision
- Peer support for staff and clients
- Evaluation – good quality assurance plan

2. The Seeking Safety model in practice at the Victoria Women's Sexual Assault Centre (VWSAC) – Tier 4

VWSAC service providers noticed that women with trauma-related mental health and substance use problems were often in crisis and accessed a variety of services to get their needs met [15]. In response, VWSAC initiated a community collaboration to provide integrated services for women. Linking with the Vancouver Island Health Authority, a trauma counsellor and an addiction counsellor deliver outpatient groups based on an adapted version of the *Seeking Safety* model. Recognizing the needs of the women for basic coping skills as well as more in-depth group support, they offer 2 stages of groups:

- 1) Seeking Information – 3 weeks, focus on coping strategies
- 2) Seeking Understanding – 12 weeks, examine specific topics related to trauma and substance use in more depth

The Seeking Information group offers an opportunity for women to make an informed choice about their readiness to commit to the Seeking Understanding program.

Participants have noted many positive impacts of these groups that integrate support for women on trauma and substance use issues including:

- Opportunity and safety to explore trauma and substance use
- Learning about the effects of trauma and skills to manage
- Reduction in stigma and increasing self acceptance
- Breaking through isolation, connecting with other women
- Developing hope for the future [15]

The experience of the Victoria Women's Sexual Assault Centre exemplifies the importance of linking with violence specific services and the possibility of integrating trauma-specific and substance-informed approaches in a community-based context.

3. Offering outreach and harm reduction services for pregnant and parenting women – Tier 3

It is important to help women who use substances when pregnant to reduce harms associated with determinants of health such as food and housing insecurity, racism, rigid mothering policies as well as experiences of violence, abuse and trauma. Service providers across BC who work with pregnant women and new mothers were receptive to this broad view of harm reduction when engaging in training through the ActNow BC Healthy Choices in Pregnancy (www.hcip-bc.org) initiative 2004-2009 [43].

Many outreach programs for high risk pregnant and parenting women, such as the Sheway program in Vancouver (www.vch.ca/women/sheway.htm), the Enhanced Services for Women program in Alberta (www.aadac.com/547_1221.asp) and the Pathways to Healthy Families program in Toronto (www.jeantweed.com/i-pathways.asp), provide services focusing on the broader determinants of health, recognizing the link between trauma, mental health and substance use. The common thread in these programs is the emphasis on paced, collaborative work with women - integrating harm reduction and trauma-informed approaches.

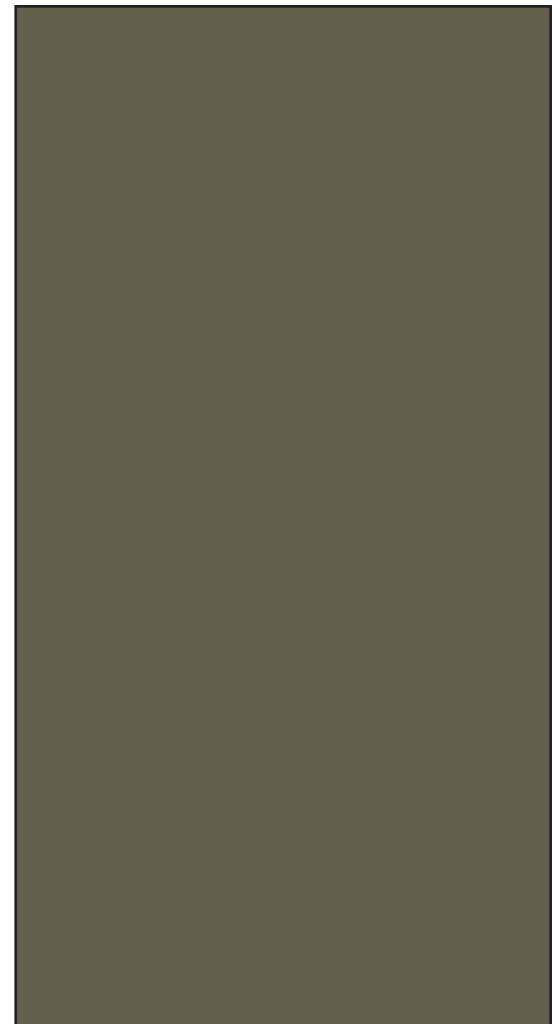
4. Trauma-informed brief interventions – Tier 2

Professionals who are not addiction or trauma counselling specialists, play a critical role in providing brief support to women and identifying those who may need more intensive services. A promising practice at this level is using a motivational interviewing (MI) style of communication to support engagement and positive change within brief interventions [44]. There is substantial evidence for the use of motivational interviewing approaches in brief intervention with diverse groups/cultures and a range of women’s health concerns [44-47].

There are many parallels between MI and trauma-informed approaches [48]. Collaborative relationships, characterized by power sharing and safety are at the core of MI and trauma-informed approaches. Both emphasize empowerment by focusing on strengths and building self-efficacy. Respect for choice and understanding a survivor’s perspective are noted as key to supporting women in making changes and recovering from trauma. The MI principle of “resisting the righting reflex” relates to the trauma-informed principle of avoiding revictimization. The “righting reflex” is the desire to fix, make better or even protect - particularly in the context of violence. This reflex can lead service providers to try to persuade women to make changes and control decisions for them, consequently becoming the source of revictimization.

5. Peer support – Tier 1

Peer support models are an important part of the treatment continuum and are noted to be particularly effective for women [49]. Recognizing that the needs of many women were not being met by traditional peer support models, Charlotte Kasl (www.charlottekasl.com) created the *16 Steps for Discovery and Empowerment* groups. The 16 steps approach is holistic [50]. At its core, this model is based on love not fear; internal control not external authoritarianism; affirmation not deflation; and trust in the ability of people to find their own healing path when given education, support, hope and choices. In the 16-step model, addiction is understood as a combination of social and physical factors, pre-disposition and personal history. A key task of healing from addiction is recognizing and honouring the underlying positive survival goals of safety and connection, and finding healthy ways to meet those needs [50].





Discussion questions on providing integrated approaches

The following questions are intended to support direct service providers, program leaders and system planners to reflect on their current practice, policies and procedures.

1. What have you noticed about the links among trauma, mental illness and substance use problems from your experience of supporting women with these and related challenges?
2. Does your service assume that violence has played some role in the woman's/girl's life, even if she has not identified abuse as a source of difficulty?
3. How does your service currently address the needs of girls and women experiencing trauma, substance use and mental health concerns?
4. Does your service provide training to women accessing services in skills useful to healing from trauma as well as substance use and mental health concerns - such as self-soothing, self-esteem, self-trust and assertiveness?
5. Has education (basic information about trauma and its impact) been offered to all staff at your service? Have clinical staff received training on specific modifications of existing services for trauma survivors?
6. What opportunities are there for building awareness/taking action to improve the response for girls and women with substance use problems and related trauma and mental health concerns?
7. Notice the language used within your context. What would happen if 'symptoms' were reframed as 'adaptations'? How would things change at a practice and policy level if 'disorders' were considered 'responses'?
8. Improving the system of care for girls and women requires a paradigm shift from "what is wrong with her?" to "what happened to her?" Consider what this shift might mean for your services or system.
9. How does your organization support efforts to minimize the possibility of re-traumatization?
10. In what ways are girls and women involved in the development of service policies and protocols?
11. How is diversity, such as one's cultural background, considered in the trauma-specific services you offer?

To access additional tools for assessing your service for being trauma-informed, see the Trauma-informed Toolkit developed by the Klinik Community Health Centre in Manitoba www.trauma-informed.ca/, and checklists adapted from Harris and Fallot [37] developed by Dr. Vivian Brown (Guidelines for Trauma-Informed Assessment) and Dr. Stephanie Covington (Services for Women and Girls: Trauma-Informed Inventory)

Weblinks

Canada

Aboriginal Healing Foundation www.ahf.ca/

The Aboriginal Healing Foundation offers resources to support the healing process of Aboriginal people and their communities. The website hosts comprehensive research documents outlining the historical context of trauma and ways forward.

CAMH Building Responses www.camh.net/Publications/Resources_for_Professionals/Bridging_responses

Developed by the Centre for Addictions and Mental Health in Ontario, Bridging Responses is a resource for front-line staff who work with women — in health care, literacy, corrections, housing and community services. It offers information and tools to help recognize responses to post-traumatic stress in women's lives, and to establish a level of confidence that encourages women who have survived abuse and violence to consider referrals to appropriate services or resources. The electronic version is available at no cost. The hard copy booklet can be ordered for \$5.95 each from CAMH.

Coalescing on Women and Substance Use www.coalescing-vc.org

This website promotes online "virtual" discussions on six key topics related to women's substance use in Canada including the response of violence services' to substance use, and the response of addiction services' to violence. There are a number of helpful information sheets highlighting key points and resources related to each topic.

Klinic - Trauma-informed Toolkit www.trauma-informed.ca

This Toolkit, developed by the Klinic Community Health Centre in Manitoba, provides information on all aspects of trauma including what it is, its impact, effective approaches to working with people who have experienced trauma, trauma recovery, the impact on service providers and organizations, self assessments to determine whether organizations are trauma informed and information on resources and training. The Toolkit can be downloaded at no cost from the website or purchased in hard copy for \$15.00 each.

US

Beyond Trauma www.stephaniecovington.com/books.asp

Developed by Stephanie Covington, Beyond Trauma is a treatment manual based on theory, research and practice experience. Emphasis is placed on coping skills and the connection between trauma and substance use is noted throughout. The manual can be ordered from the website.

Institute for Health and Recovery www.healthrecovery.org/projects/trauma_integration

A service, research, policy and program development agency that works from gender-specific, trauma-informed principles. One of their key projects is trauma integration.

National Trauma Consortium www.nationaltraumaconsortium.org

The goal of the NTC is to raise awareness about trauma and its impact on people's lives. This website has a number of helpful publications on integrating services for women which can be downloaded at no cost.

SAMHSA's National Mental Health Information Center www.mentalhealth.samhsa.gov/nctic/trauma.asp

This site provides an overview of trauma, description of trauma-informed care and links to trauma-specific interventions. Details of the Women and Co-occurring Disorders and Violence study and related publications can be found here.

Seeking Safety www.seekingsafety.org

Developed by Lisa Najavits, Seeking Safety is an evidence-based, present-focused, integrated therapy approach for treating trauma/PTSD and substance abuse. Emphasis is placed on establishing safety in the early stages of healing. Sample topics can be viewed online and the manual can be ordered from the website.

UK

Women's Aid www.womensaid.org.uk/landing_page.asp?section=0001000100100004000200020003

This site outlines comprehensive good practice guidelines for violence services working with women who use substances and for drug and alcohol services working with women experiencing violence.

Summary

This discussion guide - with its background to the issues, overview of multi-level, multiple-intensity support, presentation of promising practices in action in Canada, discussion questions and weblinks - has been prepared to assist individuals and agencies who are working on the *National Framework for Action to Reduce the Harms Associated with Alcohol and other Drugs and Substances* with gender based analysis. Hopefully it will catalyze both analysis and action on gender- and trauma-informed work by those working on the Framework and others interested in improving policy and practice related to substance use and addiction.

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