Trauma, Gender and Substance Use: Academic Research Summaries

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Trauma Gender Substance Use

Berger, R., & Quiros, L. (2014). Supervision for trauma-informed practice. *Traumatology*, *20*(4), 296.

Background:
Trauma-informed practice requires training of all agency staff, including providers, administration, secretarial and managerial staff. One component of training is providing ongoing supervision to support skill-building and the implementation of trauma-informed services.

The Question: What are the key principles and strategies of supervision that can be applied to improve trauma informed care?

The Study: This article outlines key components of supervision of staff to support trauma-informed practice. The authors review the principles of trauma-informed care, identify the goals of and barriers to supervision, and provide a case example to illustrate the application of supervision to support trauma-informed practice.

The Results:

- Supervision includes ongoing education, support and administrative guidance.
- Supervision in the context of trauma-informed practice should align with the key principles of trauma-informed practice, including: safety, choice, trustworthiness, collaboration and empowerment.
- Supportive supervision is protective of vicarious trauma, as well as the safety of the client.
- The authors note the need to: educate staff about vicarious trauma, manage workloads, provide regular breaks, encourage self-care, ensure the emotional safety of providers, and encourage self-reflective practice among staff.
- A case study is presented in which facilitators of *Seeking Safety* were regularly supervised, both individually and jointly. The providers were encouraged to: discuss the challenges and successes they were encountering, record their thoughts and experiences in a personal journal, and reflect on the relationship between their personal and professional life. Trauma-informed supervisors aimed to be: respectful, empathetic, accepting, and provide both praise and accountability.

Policy and Practice Implications:

- Supervision for trauma- informed practice should be modelled on the principles of trauma-informed care: providing a safe environment, establishing trust between staff and supervisors, and providing a collaborative and empowering supervisory relationship.
- Research is required to examine the best supervisory strategies and policies within a trauma-informed practice context, and investigate the outcomes associated with different models of supervision.

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Bride, B. E., & Kintzle, S. (2011). Secondary traumatic stress, job satisfaction, and occupational commitment in substance abuse counselors. *Traumatology*, *17*(1), 22.

Background: Secondary traumatic stress (STS) may reduce job satisfaction and staff turnover among substance use counsellors. However, there is a lack of research examining how STS impacts occupational commitment.

The Question: What is the relationship between secondary traumatic stress (STS) and occupational commitment in a sample of 216 substance abuse counselors?

The Study: A survey and follow-up invite was mailed to a random sample of 1000 members of the National Association of Alcohol and Drug Addiction Counselors (NAADAC) in the USA. A total of 216 substance abuse counsellors responded to the survey. The survey measured: counsellor age, gender, experience, education, caseload size, counsellor STS, job satisfaction and occupational commitment.

The Results: Study participants were primarily female (59%), Caucasian (90%), and had a mean age of 56 years. The majority had completed a Master's degree or higher level of education (66%). Participants reported an average of 20 years of experience and an average caseload of 35 clients. Over half of the participants (56%) indicated having at least one PTSD core diagnostic criteria. Overall, substance abuse counselors who reported higher levels of STS also reported: lower occupational commitment and lower levels of job satisfaction. Analysis revealed that job satisfaction mediated the relationship between STS and occupational commitment. Caseload, education and years of experience were not associated with occupational commitment or level of job satisfaction.

Policy and Practice Implications:

- Counsellors and administrators need to actively reduce STS by: recognizing the signs of STS, assessing for STS, and employing or encouraging self-care strategies.
- Some strategies to reduce STS include: balancing counsellor caseloads, providing support for counsellors who have experienced trauma, including regular breaks between clients, and providing education on trauma and counsellor expectations regarding outcomes for traumatized clients.
- A trauma-informed organizational culture in which education, access to support networks, and ongoing clinical supervision is provided may help protect from and prevent STS.

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Brown, V. B., Harris, M., & Fallot, R. (2013). Moving toward trauma-informed practice in addiction treatment: A collaborative model of agency assessment. *Journal of psychoactive drugs*, *45*(5), 386-393.

Background:
Substance abuse treatment needs to account for the effects of trauma and violence, and avoid re- traumatization among clients.

The Aim: The authors describe an agency self-assessment process that includes: trauma-informed assessment, a "walk-through," and use of the Institute of Healthcare Improvement's Plan-Do-Study-Act (PDSA) cycles to support decision- making and organizational change.

The Approach:
The trauma assessment protocol was developed within the Women with Co-occurring Disorders and Violence Study (WCDVS) and a national learning collaborative: the Network for the Improvement of Addiction Treatment (NIATx). The collaborative assessment protocol is meant to improve agency services by supporting team members (including leadership, staff, and clients/ program graduates) to "walk-through" all agency procedures from initial contact through to treatment completion or transfer of care. The trauma-informed assessment is designed to capture the key components of trauma informed practice, including: client and staff safety, avoidance of re-traumatization, practice consistency, and empowerment of clients. The key question throughout assessment is: "Could this procedure/step/practice/design element upset or trigger the client?" The PDSA cycles can be applied to assess and choose effective solutions to identified problems or barriers. This process facilitates the development of an Action Plan to support trauma-informed change and implementation by leadership and staff. The assessment functions as both a non-judgmental data-gathering process, and an opportunity to identify and engage "trauma champions" who will support organizational change.

Policy and Practice Implications

- Trauma-informed systems walk-through can support organizational/ systems change at a small financial cost.
- Trauma-specific interventions should be included as a component of trauma informed practice within substance abuse agencies; common interventions include: *Seeking Safety* and *Trauma Recovery and Empowerment*
- Trauma- informed care should extend to other systems that intervene with clients with substance abuse issues who have experienced violence and trauma, including: criminal justice, education, health-care, and child welfare services.

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Choo, E., Beauchamp, G., Beaudoin, F., Bernstein, E., Bernstein, J., Bernstein, S., Broderick, K., et al. (2014). A research agenda for gender and substance use disorders in the emergency department. *Academic Emergency Medicine,* 21(12): 1438-1446.

Background:
Despite evidence that gender differences impact substance use, treatment and associated outcomes, there is a lack of research examining how these gender differences affect: Emergency Department (ED) use, ED intervention response, substance use treatment needs and barriers to treatment in the ED, and outcomes after ED visits related to substance use. In response, at the Academic Emergency Medicine Consensus Conference, a breakout group met to develop a research agenda on gender-specific research within Emergency Care.

The Question: What are the key components of a research agenda on gender and substance use in the Emergency Department setting?

The Study:
A consensus process was used to identify research questions regarding gender and substance use in the ED context. The group discussed and developed a list of research questions, and then refined this list through breakout groups, larger group discussions, expert consultations, online polling and in-person voting, to identify key questions. Finally, 30 breakout session participants ranked a short-list of questions according to priority (high, moderate and low) to identify the final set of questions.

The Results:
A total of 18 questions were developed regarding gender-based issues in alcohol and substance use in the ED context, plus 5 additional questions to address tobacco use issues. These questions captured:

- gender differences in patterns of use, risk factors and health outcomes in ED patients
- how gender biases may impact screening, interventions and referrals for ED patients
- the effectiveness of gender-specific approaches in the ED setting, including screening, brief intervention and referral
- how co-occurring issues such as trauma and mental health issues differ by gender and how to prioritize these in the ED setting
- issues regarding disclosure and the involvement of child protective services
- the potential for gender-tailored digital technologies in the ED
- how gender-based issues impact access to community-based treatment and pharmacological treatments
- sex-based differences in the pharmokinetics of various substances which may impact vulnerability to addiction and health outcomes
- gender differences in the impact of substance use policies (e.g. cannabis policies, opioid prescribing policies, etc.)
- gender differences in motivation for quitting smoking
- the effectiveness of gender-tailored tobacco cessation interventions
- gender differences in the priority topics that could be addressed in a brief ED intervention for smoking cessation.

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Policy and Practice Implications

Research on these priority topics/ issues have the potential to deepen understanding and improve the effectiveness of screening, intervention and referral for substance use issues in the ED setting.

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Cosden, M., Sanford, A., Koch, L. M., & Lepore, C. E. (2016). Vicarious trauma and vicarious posttraumatic growth among substance abuse treatment providers. *Substance abuse*, *37*(4), 619-624.

Background:
Substance abuse treatment providers who work with clients who have experienced trauma may experience vicarious trauma and vicarious post-traumatic growth (positive personal growth as a result of working with people who have experienced trauma).

The Question: How does providing trauma-informed treatment impact substance abuse treatment counselors?

The Study: Substance abuse treatment counsellors were recruited from 15 substance abuse treatment agencies in Santa Barbara County, California. A total of 51 counsellors completed a survey regarding their history of substance use and trauma, and their experiences of vicarious trauma and vicarious post-traumatic growth. Participants reported a mean of 6 years providing trauma-informed care (TIC); 73% had received formal training in TIC in either *Seeking Safety* of *Helping Women Recover*, and 61% reported ongoing clinical supervision in TIC. The majority of counsellors (92%) had experienced personal traumatic events (loss of a close relative, violence, or sexual or physical abuse).

The Results: Vicarious trauma and vicarious post traumatic growth were significantly associated with respondents' history of trauma. Providers who were in substance abuse recovery were more likely to report a trauma history and also reported higher levels of vicarious trauma and vicarious post-traumatic growth. The authors conclude that these findings suggest the need to assess for both positive and negative experiences of substance abuse counsellors who work with clients with trauma histories.

Policy and Practice Implications:

- Substance abuse counsellors require training and support to manage and prevent vicarious trauma
- Lack of professional and personal supports for vicarious trauma may result in lack of, or inconsistent implementation of trauma-informed interventions, and poor outcomes for clients.

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Flemming, K., Graham, H., McCaughan, D., Angus, K., Sinclair, L., & Bauld, L. (2016). Health professionals' perceptions of the barriers and facilitators to providing smoking cessation advice to women in pregnancy and during the post-partum period: a systematic review of qualitative research. *BMC public health*, *16*(1), 290.

Background:
While addressing smoking during pregnancy is a key policy issue in many countries, smoking rates during pregnancy remain high among disadvantaged groups of women. The aim of this study is to understand the experiences of health care providers in supporting smoking cessation in pregnancy, to help improve intervention design and routine care.

The Question: What barriers and facilitators do health care providers experience in providing smoking cessation/ reduction support to women during pregnancy and postpartum?

The Study
The authors conducted a meta-ethnography to synthesize qualitative research studies regarding the facilitators and barriers that health care providers experience when providing smoking cessation support to pregnant and postpartum women. Studies published between 1990 and 2015 were included, using search terms to capture: pregnancy, postpartum, smoking, qualitative research, maternity health professionals, and smoking cessation advisors.

The Results
- A total of 8 studies were identified, which captured the perceptions and experiences of 190 health professionals/ participants.
- The link between smoking and social disadvantage was identified as a key barrier to supporting smoking cessation during pregnancy.
- Organizational context and professional roles were found to be both facilitators and barriers to providing smoking cessation support. For example, providers reported that establishing a trusting relationship with women was critical to supporting smoking cessation, yet providers also expressed concern that this therapeutic alliance could be threatened if women interpreted smoking cessation advice as judgmental.
- Strategies that were identified as supporting successful cessation, included: providing non-judgmental approaches, focusing on the needs for women, offering positive feedback, and supporting small steps to quitting including reducing the number of cigarettes smoked.

Policy and Practice Implications
- Professional education, including continuing education, needs to train health care providers in asking about tobacco use, and offering cessation advice and support. In particular, training on the importance of the patient-provider relationship is required.
- Further research and dissemination is needed regarding interventions for disadvantaged groups of women who smoke.

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Kirst, M., Aery, A., Matheson, F. I., & Stergiopoulos, V. (2016). Provider and Consumer Perceptions of Trauma Informed Practices and Services for Substance Use and Mental Health Problems. *International Journal of Mental Health and Addiction*, 1-15.

Background: While trauma-informed and trauma-specific interventions have been identified as key approaches for individuals with mental health and substance use disorders, there is a relative lack of research on the experiences and perspectives of providers and clients regarding these approaches.

The Question: What are the facilitators and barriers to implementing trauma-informed and trauma-specific services in mental health and addictions services?

The Study: Qualitative interviews (total n=19) were conducted with mental health and addictions service providers, consumers and research experts. Services providers and research experts (n=13) were recruited from across Canada, from multiple settings, including: hospitals, case management organizations, community health services and research centres. Consumers (n=6) included women and men accessing trauma-specific services in Toronto, Canada. A thematic analysis was conducted to identify key facilitators and implementation challenges.

The Results:

- The following key facilitators to implementing trauma-informed and trauma-specific services were identified: community partnerships, awareness of trauma by staff, safety, organizational support, peer support, therapeutic alliance, client and service provider readiness to change, and support for staff.
- Key challenges included: a reluctance among service providers to address trauma, lack of funding/ resources to support services, and compassion fatigue.

Policy and Practice Implications

- Organization-wide awareness and support, dedicated resources and holistic, client-centred approaches are key to trauma-informed and trauma-specific service delivery.
- Future research is needed regarding gender differences in program needs.

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Kruk, E., & Sandberg, K. (2013). A home for body and soul: Substance using women in recovery. *Harm reduction journal*, *10*(1), 39.

Background:
Harm reduction based addictions recovery is client-centred, strengths-based and emphasizes individual choice. To identify specific client needs, this project engaged with women who use substances to understand what they identify as components of a woman-focused harm reduction based addiction recovery program.

The Question: What are the primary addiction recovery needs and other key issues experienced by women with addictions and what needs do women prioritize for the development of harm reduction-based addiction recovery services?

The Study:
In-depth qualitative interviews were conducted with 28 current and former substance using women of low/ marginal income in the Downtown Eastside in Vancouver, British Columbia. Women were asked to describe: the core features of a woman-centred harm reduction based addiction recovery program, their needs in transitioning from addiction to recovery, and facilitators and barriers experienced in their past recovery efforts.

The Results:
- Women identified **three core needs**: structure and normalization, social connection and safety.
- **Challenges to recovery** included: location of services in inner city location (where they had typically been using substances), prescriptive recovery, confrontational styles of counselling, absence of safety, social marginalization, problem-centred treatment, and coercive experiences in mutual support groups.
- **Facilitators of recovery** included: establishing a connection with counsellors/ therapists, multidisciplinary services, a focus on spirituality, learning and work opportunities, and a flexible structure of programming to meet individual needs/ preferences.

> "...there have been so many times when the very first [counsellor] I'll sit down and talk to, I don't have that initial connection with. There seems to be a barrier... And yet the next time I'll try again or go a different avenue and meet somebody completely different who I do connect with, and makes me feel like, "Yeah. I am a valuable person. I do belong here. I do need help, and you're here, and I'm glad." (Dee-Dee).

Policy and Practice Implications
- The authors note that the core components of woman-centred recovery may not align with the views of service providers and policy-makers.
- In particular, a desire for rural, nature based residential recovery setting may not be seen as feasible. However, the authors argue that the potential benefits may outweigh the costs, and they identify some options for making this more feasible.
- Women require safe and supportive services from the time of initial contact through to the transition to independent living.
- There is no one-size-fits-all approach; women's choice in prioritizing their needs is critical, as is having multi-disciplinary service options for conventional and complementary programming.

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Marcellus, L. (2014). Supporting Women with Substance Use Issues: Trauma-Informed Care as a Foundation for Practice in the NICU. Neonatal Network. 33(6): 307-314.

Background:
There is an increasing need to support women with substance use issues who have infants in NICU services. In particular, mothers of infants with neonatal abstinence syndrome require support.

The Question: How can trauma informed practice be applied to the NICU context?

The Study: The author reviews the current evidence on trauma-informed care, and provider recommendations regarding how this can be applied and integrated in the NICU context.

The Results:

- Recognizing the impact of trauma, its wide range of effects, and avoiding re-traumatization is a promising approach for improving outcomes for women and families who are accessing NICU services
- As initial steps to begin to integrate trauma informed practice in NICU settings, the author identifies the need for: developing new partnerships across the continuum of care, and including women's voices in the design of NICU services

Policy and Practice Implications
Trauma-informed care in the NICU setting has the potential to benefit:

- Women, infants and families, who will experience improved attachments, increased safety, reduced anxiety and better coordination of care.
- The therapeutic alliance between health care providers and women and their families, and prevent or decrease vicarious trauma and compassion fatigue
- At a health systems level, there is opportunity for more effective interactions among team members, greater satisfaction among providers and clients, and more responsive services and improved use of resources.

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Marsh, T. N., Cote-Meek, S., Toulouse, P., Najavits, L. M., & Young, N. L. (2015). The application of Two-Eyed Seeing decolonizing methodology in qualitative and quantitative research for the treatment of intergenerational trauma and substance use disorders. *International Journal of Qualitative Methods*, *14*(5), 1609406915618046.

Background: There are a lack of culturally sensitive treatment models for addressing intergenerational trauma and addiction among Aboriginal peoples.

The Question: Is it feasible and suitable to integrate Aboriginal traditional healing approaches into Seeking Safety, to address intergenerational trauma among Aboriginal peoples?

The Study: The authors describe the application of Two-Eyed Seeing Indigenous decolonizing methodology to blend *Seeking Safety* with traditional Aboriginal healing approaches in Northern Ontario, Canada. Two-Eyed Seeing methodology values the strengths of Aboriginal and Western ways of knowing, research methods, knowledge translation and program design.

The Results: The authors describe various strategies used to ensure the credibility and acceptability of the approach, including: involvement of elders; building ethical relationships; forming an Aboriginal advisory group; training Sharing Circle facilitators; and holding Seeking Safety Sharing circles. They describe how culturally sensitive practices were integrated into the Seeking Safety model, including: sharing circles, gifting, smudging, Elder engagement, sweat lodges and feasting.

Policy and Practice Implications:

- Aboriginal and Western knowledge can be merged to address co-occurring trauma and substance use.
- Honouring, and integrating the strength and resiliency of Aboriginal peoples within program design, is central to designing culturally sensitive programming.

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Trauma Gender Substance Use

Marsh, T. N., Cote-Meek, S., Young, N. L., Najavits, L. M., & Toulouse, P. (2016). Indigenous Healing and Seeking Safety: A blended implementation project for intergenerational trauma and substance use disorders. *The International Indigenous Policy Journal*, *7*(2), 3.

Background: Intergenerational trauma and substance use disorders are prevalent among Aboriginal communities. Promising approaches to address mental health and substance use disorders include approaches that strengthen cultural identity and integrate: community involvement, empowerment and traditional healing methods.

The Question: Is combining Indigenous traditional healing practices and Seeking Safety a feasible approach to addressing intergenerational trauma and addiction among Aboriginal women and men?

The Study: *Seeking Safety* is a Western model for treating post-traumatic stress disorder (PTSD) and substance use disorders. Indigenous frameworks and approaches were applied, including: Two-Eyed Seeing; consultations with Elders; and collaboration with an Aboriginal advisory committee. Traditional healing practices were combined with *Seeking Safety* (offered as a sharing circle format), including: sweat lodges, smudging, ceremonial drumming, sharing circles, sacred bundles, the involvement of traditional healers, and Elder teachings. The program was evaluated with 12 Aboriginal women and 12 Aboriginal men who had experienced intergenerational trauma and substance use disorders in Northern Ontario. The program was offered twice per week for 13 weeks. Interviews and focus groups were held following treatment, and a qualitative thematic analysis was used to identify key themes.

> "As I was sitting with the Elders in the sweat ceremony, I could see my addiction and trauma pains melt away in the heat; the ceremony brought healing for us all and it is so powerful; I have not attended a sweat ceremony in many years" (male participant)

> "I am not alone; I am not the only one going through this; Seeking Safety taught me that I started to use alcohol because of my trauma and that I can heal from both [the trauma and the addiction concurrently]" (female participant)

The Results: Of the 24 participants, nine women and eight men finished the program. Participants with more severe substance use were less likely to complete the program. All participants who completed the program reported improvements in substance use and trauma symptoms (less angry and better emotional regulation). Five women regained custody of their children. The blended program was enhanced by the involvement of Elders. Four key themes were identified:

- Traditional Indigenous methods to support healing
- *Seeking Safety* sharing circles promoted education and knowledge
- Understanding the link between trauma, the effects of colonization and substance use
- Application and integration of knowledge

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Policy and Practice Implications:

- Blending Indigenous traditional healing with *Seeking Safety* may support healing from trauma and substance use disorders among Aboriginal women and men.
- Key strengths of the approach, include: use of culturally sensitive approaches and methods; inclusion of Elders and Aboriginal community; honouring the voices of Indigenous people via qualitative methods; application of a historical lens; the involvement of Indigenous facilitators in sharing circles.
- Collaboration between Indigenous healers and mainstream health care providers is needed.

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Miller, E., Goodman, L., Thomas, K., Peterson, A., Scheer, J., Woulfe, J., Warshaw, C. (2016). Trauma Informed Approaches for LGBQT Survivors of Intimate Partner Violence: A Review of Literature and a Set of Practice Observations. Cambridge, MA: The GLBTQ Domestic Violence Project

Background:
The GLBTQ Domestic Violence Project is a project funded by the Administration for Children, Youth and Families, Family and Youth Services Bureau, US Department of Health and Human Services, in Boston, Massachusetts to improve trauma informed approaches for lesbian, gay, bisexual, queer and transgender (LGBQT) survivors of intimate partner violence (IPV). The project is not specific to substance use settings, but the authors identify the link between trauma and substance use, and identify the need for trauma-informed practice across all services for LBGQT individuals.

Project Goal: The goal of the project was to inform the development of a culturally-specific, trauma-informed approach to working with LGBQT survivors.

The Project:
A literature review was conducted to identify knowledge and practices regarding trauma-informed practice (TIP) for LGBQT survivors of IPV. The review was developed in consultation with an Advisory Committee, and guidance from the National Center on Domestic Violence, Trauma and Mental Health. In addition, surveys of program staff and focus groups with survivors and domestic violence program staff were held to identify their experiences and perceptions of trauma informed services. Practice-based observations, based on the literature review findings, are provided.

Project Findings:
LGBQT-specific models of trauma-informed practice are lacking; no studies were identified in the academic literature review. The literature review identifies the urgent need for such models. Other key findings of the literature review, include:

- high rates of IPV within LGBQT relationships (particularly bisexual and transgender groups)
- discrimination and stigma experienced by LGBQT individuals who have experienced IPV
- LBBQT survivors who belong to other marginalized groups experience multiple levels of discrimination
- Survivors have often experienced other forms of trauma and abuse (family violence, childhood sexual abuse, hate crimes, etc.)
- LGBQT individuals who have experienced violence may be at greater risk of developing PTSD
- Social support and identity formation may help build strength and resilience in the context of trauma and violence.
- LGBQT survivors are less likely to seek help from mainstream services and law enforcement; they are more likely to access informal supports and LGBQT-specific programs.
- There are differences within LGBQT sub-groups; for example, trans individuals encounter significant challenges in accessing non-traumatizing and culturally competent programming.

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- Services need to be based on an understanding of the overlapping oppressions that LGBQT survivors experience
- Sanctuary harm is the harm caused by social service systems which have been designed to help survivors of violence; despite knowledge of the potential for sanctuary harm in mainstream services, there is a lack of trauma informed approaches tailored to LGBQT communities.
- The Advisory Board has suggested **transformative justice**, an alternative model of trauma informed practice, which emerged from activist communities, seeks to address the root conditions of trauma and end oppression, including oppressive practices within helping systems.

Policy and Practice Implications:
The report identifies six practice based observations:

- Most LGBQT survivors have experienced multiple forms of violence and trauma, exacerbating the negative consequences.
- Organizations that support LGBQT survivors should reframe “perceived challenges” as “creative strengths.”
- Organizations that support LGBQT survivors should operate with the understanding that if individual survivors provide you with their trust, they are often accepting you as a community member rather than solely as a provider.
- There is a need for the application of social justice and anti-oppression frameworks as the foundation of an organization’s work and involvement in the community.
- Self-care by staff, and ongoing organizational support, is necessary.
- Transformative justice approaches are urgently needed for working with the LGBQT community.

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Morgan-Lopez, A. A., Saavedra, L. M., Hien, D. A., Campbell, A. N., Wu, E., & Ruglass, L. (2013). Synergy between seeking safety and twelve-step affiliation on substance use outcomes for women. *Journal of substance abuse treatment*, *45*(2), 179-189.

Background:
Seeking Safety is a manualized, present-focused, coping skills based approach to addressing co-occurring post-traumatic stress disorder (PTSD) and substance abuse. While some evaluations of *Seeking Safety* have demonstrated effects on substance use outcomes, others have not. There is also a lack of research examining the addition of post-treatment recovery support for women receiving combined treatment for PTSD and substance abuse.

The Question: What are the additive and interactive effects between Seeking Safety and twelve step programming post-treatment on alcohol use and cocaine use?

The Study:
Data from the NIDA Clinical Trials Network was analyzed, including 353 women in randomized controlled trials in six sites in the USA. The authors examined variations in effects on alcohol and cocaine use for: women who received *Seeking Safety* alone, compared to women who received *Seeking Safety* with follow-up engagement in twelve step programming.

The Results:
- The analysis revealed a significant reduction in both alcohol use and cocaine use among women who participated in *Seeking Safety*.
- However, women who participated in twelve step programming following the *Seeking Safety* intervention reported the greatest reductions in alcohol use over time.
- There was no significant difference in cocaine use between women who received *Seeking Safety* versus women who received *Seeking Safety* with follow-up twelve step programming.

Policy and Practice Implications:
- Twelve step programs as a form of aftercare may: offer ongoing social support, reinforce substance use recovery goals, and enable connection with other women who have experienced trauma and substance abuse.
- These findings highlight that women with co-occurring trauma and substance abuse may require some form of aftercare and social support to enable and maintain recovery.
- Providers may consider combining trauma-informed/ trauma-specific treatments with twelve step or other similar aftercare programs.

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Morton, S., & Hohman, M. (2016). "That's the Weight of Knowing": Practitioner Skills and Impact When Delivering Psychoeducational Group Work for Women Who Have Experienced IPV. *Social Work with Groups*, *39*(4), 277-291.

Background:
There is a lack of research examining the psychosocial impacts on providers who engage in group work with clients who have experienced violence, trauma and substance abuse. This qualitative study used action research methods and inquiry groups to examine psychosocial impacts on practitioners who engage in group work with women with co-occurring issues at a rural intimate partner violence (IPV) agency in Ireland.

The Question: What are the psychosocial and social impacts for providers who deliver group work with women who have experienced violence and trauma?

The Study:
Inquiry groups were held with six practitioners, based at a rural IPV agency in Ireland. The agency provides psychoeducational group work for female survivors of violence. The curriculum is focused on skill-building, and understanding the impacts of gender-based violence and the links between IPV and substance use issues. The study used an action research approach that positions the role of researchers as co-creators of knowledge, rather than "objective observers." The four inquiry group sessions lasted 90-120 minutes each, and encouraged participants to explore the impact of the group work on providers and the skills and methods used to support program delivery.

> "You can see what women are feeling in the movements and shifting of chairs. All of the stuff has a huge impact on each individual. You're minding yourself; you're minding each other. You're caring about every one of the women—and it's a lot of thinking about each topic, too, especially if it about loss, grief, or anger, because we can all resonate with the content, no one gets through life without loss or grief. You are trying to make sure your own stuff does not tip over into the group."

The Results:
Three key themes emerged:

- *conscious collaboration*: the complex process of building and maintaining collaborative relationships with clients; providers avoided positioning themselves as "experts," and used empathy to build trust.
- *reflections on professional expertise and personal experience:* providers expressed how they observed or experienced gender-based violence in their own lives and social networks, and how this could facilitate connection with clients, but could also result in feelings of despair.
- *attendance to safety needs*: providers felt concerned about client safety, acknowledging the need for individual counselling and meeting key basic needs (housing, finances) before engaging in group work and the need to avoid/ carefully navigate trauma triggers; provider engagement in self-care was also noted as key to avoiding burnout.

Policy and Practice Implications

- collaborative work to address trauma and violence may increase the risk of provider burnout
- skill-building and ongoing support is required to mitigate the negative psychosocial impacts of engaging in this work

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Posselt, M., McDonald, K., Procter, N., de Crespigny, C., & Galletly, C. (2017). Improving the provision of services to young people from refugee backgrounds with comorbid mental health and substance use problems: addressing the barriers. *BMC Public Health*, *17*(1), 280.

Background: A large number of refugees have settled in South Australia in the past decade. In Adelaide, many refugees are youth, who are at an increased risk of mental health and alcohol/ substance use issues.

The Question: What are the barriers and facilitators to culturally responsive care for refugee youth with mental health and substance use issues, and are these services capable of providing the necessary support?

The Study: This mixed-methods study included interviews with refugee youth and service providers, and an online survey with service managers. Staff and service managers were recruited from 26 services offering mental health and substance use services to refugee youth. In total, 30 participants completed interviews (n=15 refugee youth, n=15 service providers) and 56 service managers (n=40 complete, n=16 partially-complete) completed the online survey.

The Results:
Thematic analysis of interview and survey data revealed four key areas of barriers: 1) structural and organizational; 2) accessibility and engagement; 3) treatment and service provision; and 4) resources and staff training. Participants and service providers both discussed the need for training and understanding by staff of cultural differences and the experiences of refugees (the impact of their journey and experiences within a new cultural context). The authors identify this as a blend of trauma-informed and culture-informed care.

Policy and Practice Implications

- There are gaps in the responses of mental health and addictions services for refugee youth at the level of: the organization, provider training, service delivery, and client engagement.
- Trauma-informed and culture-informed responses are needed for refugee youth experiencing substance use and mental health issues.

This research summary has been made possible by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

Centre for Substance Abuse Treatment. (2009). *Substance Abuse Treatment: Addressing the Specific Needs of Women*. Treatment Improvement Protocol (TIP) Series 51. HHS Publication No. (SMA) 09-4426. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Background:
There are differences between women and men regarding the use and effects of substances, the impact of treatment, and program retention and outcomes.

Aim of the Report: This Treatment Improvement Protocol (TIP) provides clinical and administrative information to assist counselors, clinical supervisors, program administrators, and others working with female clients with substance use disorders on how they can best respond to the specific treatment needs of women.

Summary of the Report:

- Women are biopsychosocially different from men in regards to substance use uptake, addictions and treatment/ recovery
- Women often begin substance use with an intimate partner or family member
- Stress, depression, violence and trauma often precede substance use uptake among women
- Marital status may be protective of substance use
- Substance abuse is higher among men; However, the gender gap in substance use is closing, particularly among girls
- Women move from initiation to addiction faster than men
- Women more often change their patterns of substance use to accommodate caregiving
- Women have unique adverse effects due to differences in how they metabolize substances
- Maternal substance use is associated with negative health effects for both the pregnant woman and fetus
- Screening and assessment for women needs to be culturally relevant
- Diverse sub-groups of women may experience specific challenges that impact substance use and treatment outcomes
- Factors associated with women's retention in treatment include: social support, therapeutic alliance, childcare, and an integrated and holistic approach
- Women are equally likely as men to complete treatment, and to attend continuing care services
- Factors associated with positive treatment outcomes include: employment, less incarceration, and social support programs
- Factors associated with relapse include: depression, traumatic stress, childhood trauma, limited coping skills, low self-esteem

Practice and Policy Implications:

- The Consensus panel identified core principles for gender-responsive treatment, including:
    - Recognizing the impact of socioeconomic issues for women
    - Providing women with culturally competent treatment
    - Acknowledging the importance of relationships for women
    - Responding to women's unique health concerns
    - Applying a developmental perspective

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- Recognizing the roles women have as caregivers
- Understanding how gendered roles and expectations impact social attitudes towards women who use substances
- Applying a trauma-informed approach
- Using a strengths-based approach
- Adopting an integrated and multidisciplinary approach
- Ensuring a gender-responsive treatment context across various settings (other social, health and community services)
- Encouraging gender competency regarding women's substance use issues.

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Searcy, V., & Lipps, A. (2012). The effectiveness of Seeking Safety on reducing PTSD symptoms in clients receiving substance dependence treatment. *Alcoholism Treatment Quarterly*, *30*(2), 238-255.

Background:
Given the high rates of co-occurring trauma and substance use, there is increased attention to screening and providing treatment for post-traumatic stress disorder (PTSD) in substance use treatment settings. The authors provide findings from an evaluation of *Seeking Safety*, provided to women and men with co-occurring trauma and substance use issues in a residential treatment setting.

The Question: How effective is Seeking Safety, based on a before and after evaluation, for women and men in a residential substance use treatment setting?

The Study: *Seeking Safety* is a manualized program including 25 topics to address cognitive, interpersonal and behavioural factors associated with trauma and substance use. The program is designed to be flexible with options for tailoring to the specific needs of clients, and emphasizes strengthening coping skills for PTSD and substance use disorders. A before and after evaluation of *Seeking Safety* was conducted, including 12 men and 28 women accessing substance use addictions treatment in a 28-day residential facility. The most commonly used substances were stimulants for women (39.3%), and alcohol for males (41.7%). *Seeking Safety* was provided in women's and men's only groups, twice per week for one hour for the duration of their 28-day treatment. The Trauma Symptom Checklist was used to measure trauma outcomes pre- and post- test.

The Results: Women demonstrated a significant decrease on the total scale and all subscales (dissociation, anxiety, depression, sexual abuse trauma, sleep disturbance, and sexual problems) at post-test ($p<0.05$). For men, the total scale decreased significantly at post-test ($p<0.05$), but the following sub-scales were not significantly different at post-test: anxiety, sexual abuse trauma and sexual problems. The authors conclude that *Seeking Safety* is effective in reducing trauma symptoms in women and men with co-occurring substance use and trauma.

Policy and Practice Implications:

- *Seeking Safety* may be beneficial for women and men in residential substance use treatment who are experiencing PTSD symptoms.

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Charlotte N. E. Tompkins & Joanne Neale (2016). Delivering trauma-informed treatment in a women-only residential rehabilitation service: Qualitative study, *Drugs: Education, Prevention and Policy*, DOI: 10.1080/09687637.2016.1235135

Background

In the UK, drug dependence is routinely treated prior to addressing post-traumatic stress disorder (PTSD), and trauma informed practice is not commonly practiced. However, there is increased understanding of the links between trauma and substance use, and interest in trauma-informed substance use treatment. This in-depth case study examines the factors influencing the delivery of trauma-informed treatment in a residential rehabilitation service for women in the UK.

The Question: What factors influence the delivery of trauma-informed residential treatment, and what challenges are experienced by providers of trauma-informed treatment?

The Study

All staff at a residential rehabilitation service for women-only in the UK site were trained in trauma-informed approaches and received ongoing supervision, support and monthly team support from a trauma specialist. Clients were screened for trauma upon entering treatment, and received manualized trauma-informed group treatment and individual counselling, family support, and skills training as needed. Qualitative, semi-structured interviews were held with stakeholders who had been involved in the development of the trauma-informed system (n=3), staff (n=15) and clients (n=19). Iterative categorization (IC), a systematic method for identifying themes and conducting qualitative analysis, was used to code and analyze interview data.

The Results

- Factors that influenced the delivery of trauma-informed treatment included: the ability to recruit and retain staff; establishing a therapeutic alliance with clients; and providing a residential treatment environment that is safe.
- Staff reported challenges in working with the complex needs of clients and with the intensity of the residential treatment program.
- Factors that facilitated trauma-informed practice by staff included: ongoing supervision and support.
- Clients reported the need for both stability and safety to establish trust with staff and benefit from treatment.

Policy and Practice Implications

- Trauma informed care requires dedicated resources to enable ongoing staff training, support and supervision.
- Evaluations of trauma-informed approaches must account for the complex needs of women with co-occurring trauma and substance use. Gradual, positive changes in client wellbeing may be more realistic for some clients than expecting full recovery/ abstinence.

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United Nations Office on Drugs and Crime. April 2016. Guidelines on drug prevention and treatment for girls and women. Vienna, Austria: UNODC.

Background:
This report from the United Nations Office on Drugs and Crime, is part of the work of Project DAWN - Drugs, Alcohol and Woman Network, implemented by the United Nations Interregional Crime and Justice Research Institute (UNICRI). Project DAWN is focused on establishing a network of experts to support the development of evidence based approaches to gender, substance use and addiction recovery.

Project Goal: This report is intended to inform policy and decision makers to implement evidence based prevention and treatment strategies to address substance use among girls and women.

The Approach:
The report describes prevalence and trends in substance use among girls and women; reports on a review of the literature on the effectiveness of drug prevention approaches for girls and women; and offers principles and guidelines for the treatment of substance use disorders in girls and women.

Key Findings:
- In general, substance use is lower among girls and women compared to boys and men; except, women are more likely to misuse prescription medications. However, there is some evidence that this gender gap is closing; prevalence rates among girls are similar or catching up to boys in some high-income countries.
- Substance use can progress to problematic use more quickly in girls and women than boys and men (telescoping).
- While the available research is limited, gender-informed approaches for the prevention of substance use in girls appears to be a promising approach; evidence suggests that girls have unique vulnerability and resilience factors (e.g. depression; girls may be more protected by family support).
- Family based interventions may be more effective for girls than boys in preventing substance use disorders.
- Gender disaggregated data collection and analysis is needed.

Practice and Policy Implications:
Some of the suggested guidelines for treatment for girls include:
- Provide treatment based on developmental age
- Provide separate treatment for girls and boys
- Ensure safety and emotional support
- Evidence based psychosocial treatment may be effective (family based therapies, cognitive behavioural therapies)
- Providers need to: be sensitive to barriers, establish trust, ensure confidentiality, and be an advocate for the client
- Continuous support is needed from screening through to aftercare
- Need to address high rates of physical, sexual and emotional abuse; need for integrated treatment

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Some of the suggested guidelines for treatment for women include:

- Provide an empowering treatment context
- Ensure accessibility (cost, transportation, etc.)
- Staff training to mitigate stigma, shame, guilt
- Need to address women-specific needs (childcare, parenting, pregnancy, violence and trauma, housing, etc.)
- Staff should be trained to be respectful, non-judgemental and empathetic
- Treatment needs to engage women, and value their choices and priorities in treatment
- Continuous support is needed from screening through to aftercare
- Holistic approached are needed that address co-occurring substance use disorders and violence and trauma

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Williams, T. M., & Smith, G. P. (2017). Does training change practice? A survey of clinicians and managers one year after training in trauma-informed care. *The Journal of Mental Health Training, Education and Practice*, *12*(3).

Background: In 2014, the Western Australia Mental Health Commission provided funding for a trauma-informed care (TIC) training program for service providers in public mental health and drug and alcohol services.

The Question: What is the relationship between training in TIC and practice change as experienced by clinicians and managers in mental health and substance abuse services in Western Australia?

The Study: Training in TIC included a one-day training for clinicians and a half-day training for managers. One year following the completion of the training, 153 service providers and managers were invited to complete an online questionnaire. The questions addressed: the impact of training on knowledge, attitudes and values regarding TIC; their capacity to implement principles of TIC; how their practice had changed following training; their support for state-wide integration of TIC in mental health and addictions services; and factors that supported or hindered implementation of TIC.

> Organisational commitment to training including acceptance that this has a cost and requires staff to be away from their workplace; commitment to clinical supervision in the workplace; adjusting shift times and staffing ratios to ensure it happens; rostering systems which encourage continuity of care (Manager)

The Results: A total of 43 clinicians and 35 managers completed the questionnaire. The majority of participants reported an improvement in their knowledge, awareness and values regarding TIC. A minority of clinicians (37%) reported “very significant” or “significant” implementation of TIC following training. Both clinicians and managers indicated limited practice change following training (57% of clinicians and 59% of managers). Factors facilitating implementation included: increased knowledge and awareness of TIC, organizational factors and supportive work culture. Barriers included: challenges in facilitating cultural change to TIC, lack of resources, lack of support by leadership and teams, and lack of sustainability/ ongoing training.

Policy and Practice Implications:

- Organizational support, resources and ongoing training are key factors for supporting a shift to TIC.
- Training, particularly for a limited period of time, is inadequate to support a shift to TIC; organizational and team commitment is required.
- Training should be provided to whole workplace teams and should be tailored to the readiness level of participants.

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