



## Trauma-Informed Substance Abuse Treatment: Impact on Women & Their Children

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## Overview

- Trauma and Substance Abuse
- Assessment of Trauma and Trauma Symptoms
- Trauma-Informed Treatment
- Sober Women Healthy Families
- Family Treatment Drug Court
  - Child Welfare Perspectives
  - Program Evaluation
  - Case Study



## Trauma & Substance Abuse



## Trauma and Substance Abuse

### High co-occurrence of:

- Trauma
- Posttraumatic stress disorder (PTSD) and related symptoms
- Substance use disorders

### Found across settings....

- Patients in primary care
- Patients in substance abuse treatment
- Patients in Veterans Administration Hospitals

Anda, R. F. et al. (2002). Adverse childhood experiences, alcoholic parents, and later risk of alcoholism and depression. *Psychiatric Services*, 53, 1001 – 1009  
Becker, M. et al. (2005). Characteristics of women engaged in treatment for trauma and co-occurring disorders: Findings from a national multisite study. *Journal of Community Psychology*, 33, 429-443



## Psychological Trauma

- Emotional or psychological injury
- Results from extremely stressful or life-threatening events
- Sense of being overwhelmed continues after event



## Impact of Trauma

- Biological impact
  - Stress response
  - Easily agitated or numb
  - Increased health problems
- Cognitive impact
  - Memory for trauma & other events
  - Ability to process information clearly
- Psychological impact
  - Depression
  - Lack of trust
  - Dissociation
  - Negative evaluation of self and others
- Social impact
  - Observation of violence provides norm
  - Avoidance/isolation
  - Low expectations



## Self-Medication Hypothesis

### Why use substances?

- Self-medicates pain following traumatic events
- Most likely to occur when trauma results in an emotional disorder
- Not an effective strategy for reducing stress

### Why not use substances?

- Increases the risk for further traumatic experiences



Simpson, T.L. & Miller, W.R. (2002). *Clinical Psychology Review*  
 Suh, J., et al. (2008). *Psychoanalytic Psychotherapy*.

## Types of Traumatic Experiences

- Experience of multiple types of trauma common
- More trauma associated with alcoholism and depression
- Parental alcohol abuse increased other adverse childhood experiences
- Number of adverse experiences predicts adult alcohol use



Anda, R. et al. (2002). Adverse childhood experiences, alcoholic parents, and later risk of alcoholism and depression. *Psychiatric Services*, 53, 1001 - 1009. Dube, S. R., et al. (2002). Adverse childhood experiences and personal alcohol abuse as an adult. *Addictive Behaviors*, 27, 713-725.

## Assessment of Trauma and Trauma Symptoms



## Assessments of Traumatic Experiences

### Adverse Childhood Experiences (ACE)

- Childhood abuse and neglect
- Household dysfunction

### Trauma History Screen (THS)

- Witnessing violence
- Being attacked with weapon
- Sudden death of family/friend
- Accidents at work/home
- Accidents in car/boat/plane
- Natural disasters

### Addiction Severity Index (ASI)

- Lifetime sexual abuse
- Lifetime physical abuse

## Adverse Childhood Experiences (ACEs)

Felitti, V. J. et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, 14, 245-258

### Abuse

- Emotional
- Physical
- Sexual

### Household dysfunction

- Mother treated violently
- Household substance abuse
- Household mental illness
- Parental separation or divorce
- Incarcerated member of family

### Neglect

- Emotional
- Physical



Felitti et al., 1998; <http://acestudy.org>

## Adverse Childhood Experiences (ACES)

- Did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you?
- Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
- Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
- Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
- Was a household member depressed or mentally ill, or did a household member attempt suicide?

## Trauma History Screen (THS)

Carlson et al. (in press). Development and validation of a brief self-report measure of trauma exposure: The Trauma History Screen. *Psychological Assessment*

*The events below may or may not have happened to you:*

- a. A really bad car, boat, train, or airplane accident
- b. A really bad accident at work or home
- c. A hurricane, flood, earthquake, tornado, or fire
- d. Getting beat up or attacked- as a child
- e. Getting beat up or attacked- as an adult
- f. Forced sex- as a child
- g. Forced sex- as an adult
- h. Attacked with a gun, knife, or weapon
- i. During military service, seeing something horrible or being badly scared
- j. Sudden death of a close family or friend
- k. Seeing someone badly hurt or killed

## Addiction Severity Index (ASI)

McLellan, A. T., et al. (1992). The Fifth edition of the *Addiction Severity Index*. *Journal of Substance Abuse Treatment*, 9, 199-213

- **Structured interview**
- **Seven psychosocial areas**
  - Medical problems
  - Employment/Education
  - Drug use
  - Alcohol use
  - Legal problems
  - Family/Social Support
    - *Sexual abuse*
    - *Physical abuse*
  - Psychiatric problems



## Trauma Symptom Inventory (TSI)

Briere, J. (1995). *Trauma Symptom Inventory professional manual*. Odessa, FL: PAR

Ten Clinical Subscales → Three Summary Scores

### Trauma

Intrusive Experiences

Defensive Avoidance

Dissociation

Impaired Self Reference

### Self

Impaired Self Reference

Sexual Concerns

Dysfunctional Sexual Behavior

Anger/Irritability

### Dysphoria

Anger/Irritability

Depression

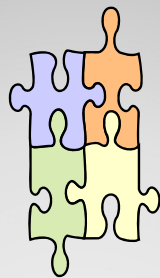
Anxious Arousal

## Trauma-Informed Interventions



## Integrated Treatment for Co-Occurring Disorders

- Patients with prior abuse have less positive outcomes
- Adults with more psychological distress more likely to relapse



- Integration means better outcomes than either alone

Amaro, H. et al. (2007). Does integrated trauma-informed substance abuse treatment increase treatment retention? *Journal of Community Psychology*, 35, 845-862.

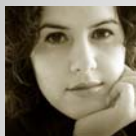
## Trauma-Informed Treatment

- Impact of trauma on behavior
- Address in milieu
- Integrate into counseling
- Universal precautions



## Trauma-Informed Treatment in Milieu

- Staff behavior
- Client awareness
- Identify 'triggers'



- For example:
  - 'Close your eyes' or 'relax' may be triggers
  - Saying 'no' to help
  - Resistance to authority
  - Withdrawal
  - Submissiveness to others
  - Sexualization of relationships

## Impact of Trauma-Informed Treatment on Staff

- Vicarious/secondary traumatization
  - Process personal issues related to trauma
- Importance of staff training (all staff)
  - Need to be aware when client exacerbates issues
- Use same coping strategies as do clients
  - Importance of clinical supervision



## Trauma-Informed Client Treatment: *Seeking Safety*

- Evidence-based, manualized group therapy
- Cognitive-behavioral approach
- Achieve 'safety' from danger associated with PTSD & substance abuse
- Addresses trauma and substance abuse issues concurrently



## Seeking Safety Domains

### Treatment Topics (*examples*)

- Grounding
- Asking for help
- Taking good care of yourself
- Compassion
- Red and green flags
- Setting boundaries in relationships
- Coping with triggers
- Taking back your power
- Detaching from emotional pain (grounding)

## Seeking Safety: Structure

- Check-in
  - Since the last session, how are you feeling?
  - What good coping have you done?
  - Any substance use or other unsafe behavior?
  - Did you complete your commitment?
  - Any community resource update?
- Quotation
- Session Content (handouts)
- Check-out
  - Name one thing you got out of today's session, and any problems you had with the session.
  - What is your new commitment?
  - What community resource will you call?

## Seeking Safety: Implementation

- Therapist qualifications:
  - Willing to work with population
  - Willing to use manualized treatment
  - No license needed
- Relate trauma to current problems
  - How did you cope with the situation?
- No exploration of trauma
  - Not safe if actively using
  - Talk about traumas may trigger other patients
  - Refer for individual therapy



## Treatment Rules

- Therapist should talk less than their clients
- Help client have insight rather than tell them
- Redirect and focus work to stay on task
- Keep patients safe from their own behavior and the behavior of others



## PTSD: Taking Back Your Power

- Check In
- Quotation: “You are not responsible for being down, but you are responsible for getting up”
- Relate Topic to Clients’ Lives
  - What is PTSD?
  - The Link between PTSD and Substance Abuse
  - Long-Term PTSD Problems
- Check-out



## Getting Others to Support Your Recovery

- Check-in
- Quote: “It takes two to speak the truth – one to speak, the other to hear.”
- Relate topic to Clients’ Lives
  - Three Types of People Who Can Influence Your Recovery
  - A Letter to People in Your Life
- Check-out



## Sober Women Healthy Families



## Sober Women Healthy Families (SWHF)

- Evidence-based practices:
  - Seeking Safety
  - Matrix Model
  - Nurturing Parenting
- Agency Collaborations:
  - Alcohol, Drug, and Mental Health Services (ADMHS)
  - Community Action Commission (CAC)
  - Good Samaritan Services
  - Child Abuse Listening & Mediation (CALM)
  - Child Welfare Services
  - Public Health Services



## SWHF Goals

- Reduce substance use
- Reduce post-traumatic stress symptoms
- Improve general well-being
- Improve child development
- Strengthen confidence and competence as parents



## Demographics of Children

### Primary Caretaker of Children

Biological Mother only	50%
Biological Father only	19%
Both Biological Mother and Father	17%
Biological Grandparents (maternal)	7%
Biological Grandparents (paternal)	3%
Foster Care Parents	3%



### Age of Children

0 – 5	54%	Mean: 6 years
6-10	26%	
11-17	20%	

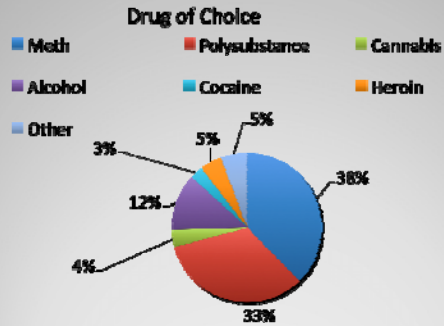
## Demographics of Women

Ethnicity		Age Group	
European American	51%	18-24	35%
Hispanic/Latina	39%	25-34	42%
African American	5%	35-44	22%
American Indian	4%	45-55	1%
Asian/Pacific Islander	1%	Mean: 29 years old	





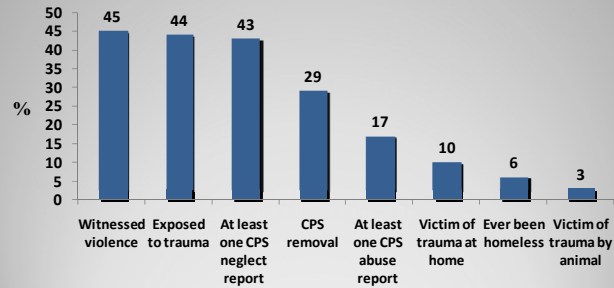
## Substance Use of Participants



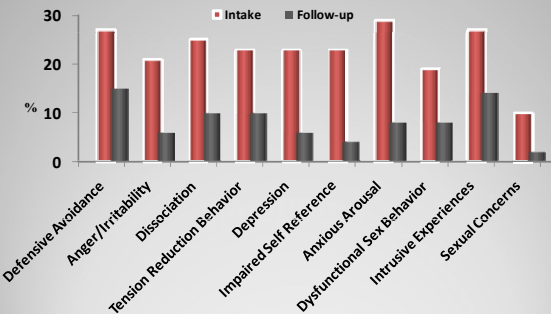
## Women's Traumatic Experiences

Event	Percent of Women
Physical abuse	73%
Lived with an alcoholic/drug user	71%
Parents divorced/separated	65%
Emotional abuse	63%
Sexual abuse	52%
No one loved you in family	49%
Lived with someone mentally ill	49%
Domestic violence in the home	47%
Household member went to prison	29%
Physical neglect	20%

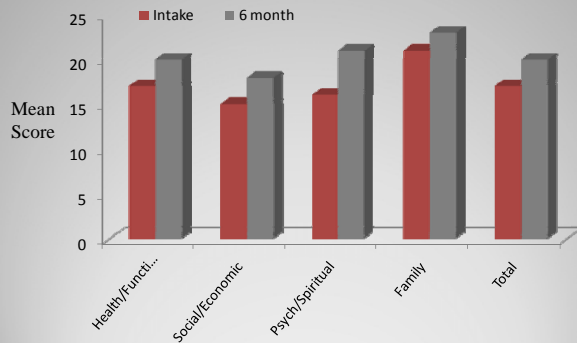
## Children's Traumatic Experiences



## Reduction in Women's Clinical Trauma Symptoms



## Improvements in Quality of Life



## Other Changes

Outcomes	% at Intake	% at 6-month
<b>Abstinence</b> did not use alcohol or illegal drugs in past 30 days	18%	90%
<b>Criminal Justice</b> no arrest in past 30 days	45%	94%
<b>Health, Behavior &amp; Social</b> no consequences due to drug use in past 30 days	46%	90%
<b>Employment/Education</b> currently employed or attending school	3%	10%

## Consumer Perceptions of Care

My service providers explain the symptoms related to violence and abuse in a language I can understand	93%
Service providers help me think about how my sexual and physical abuse experiences, mental health problems, and substance abuse are connected in my life	90%
I feel safe and comfortable when I meet with my service providers	87%
Service providers talk to me about the link between my mental health problems and the use of alcohol and drugs	86%
I feel safe when talking to service providers about my experiences with violence and abuse	74%

## Most Helpful Aspects of Program

"All of the groups are good. Especially parenting groups. They teach me how to discipline my kids the safe and right way."

"Seeking Safety groups, because dealing with personal issues is at the core of our drug use."

"It's giving me a safe place to get my life reorganized. And being able to have my son here. He's over five, and there are no other programs like this."

## Children Affected by Methamphetamine

### Family Treatment Drug Court



## What is a Drug Court?

- **Drug Courts provide treatment in lieu of incarceration**
  - Non-adversarial approach for non-violent offenders
  - Collaboration between probation, court, defense, district attorney, treatment provider, & evaluator
  - Intensive, evidence-based treatment for substance use
- Criteria outlined by National Association of Drug Court Professionals (NADCP; [allrise.org](http://allrise.org))



## 10 Key Components of Drug Courts

1. Integrate treatment services with legal process
2. Non-adversarial approach to clients
3. Early ID and placement
4. Access to continuum of alcohol or drug treatment
5. Frequent alcohol and other drug testing
6. Immediate response using sanctions and rewards
7. Ongoing judicial interaction
8. Program evaluation
9. Interdisciplinary education
10. Partnerships among legal, treatment, criminal justice teams



NADCP; [www.allrise.org](http://www.allrise.org)

## What is Family Treatment Drug Court?

- FTDCs apply the drug court model to cases of child abuse and neglect related to parental substance abuse
  - FTDCs seek protect children and reunite families by providing services to substance abusing parents
  - The collaborative interdisciplinary team assesses the family and develops a comprehensive treatment plan to meet the needs of parents and children
    - This facilitates reunification and permanency

## Santa Barbara FTDC

- Phase 1
  - 30-40 days
  - Weekly meetings with CWS Social Worker
  - Interventions 3-5 days/week
    - Substance abuse (Matrix)
    - Trauma (Seeking Safety)
    - Parenting (Nurturing Parenting)
  - Drug testing 2 times/week
  - 3 supervised visits/week
- Phase 2
  - 30-40 days
  - Twice/month meeting CWS
  - Drug testing
  - Visitation
  - Interventions
- Phase 3
  - Once/month CWS
  - Continue services
  - Graduate by first Status Hearing

## Goals of Program

- Provide rapid access and engagement in services
- Provide families with comprehensive, culturally competent, and trauma-sensitive services
- Reduce parental substance abuse
- Strengthen parents' confidence and competence
- Improve physical, developmental, and mental health of child participants

## Parent Characteristics

### Ethnicity

European American	36%
Hispanic/Latina	64%

### Age Group

20-24	7%
25-34	50%
35-44	36%
14-16	7%

Mean: 32 years old

### Drug of Choice



## Child Characteristics

### Ethnicity

European American	47%
Hispanic/Latina	18%
Mixed/Multiracial	35%

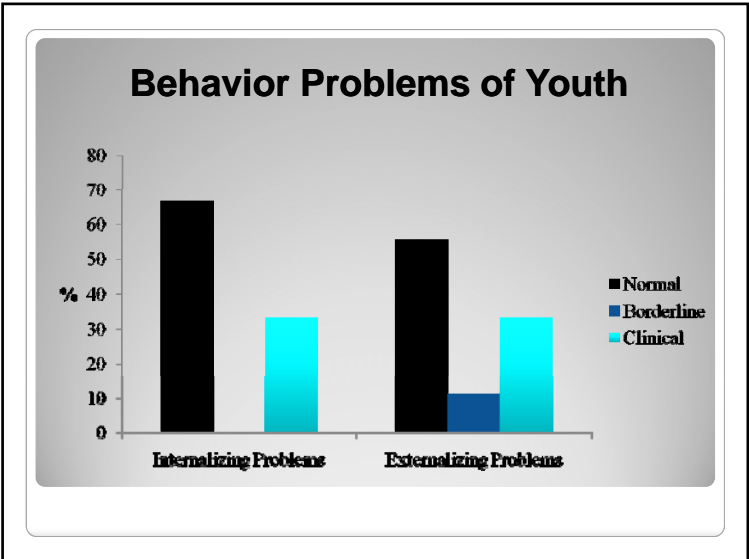
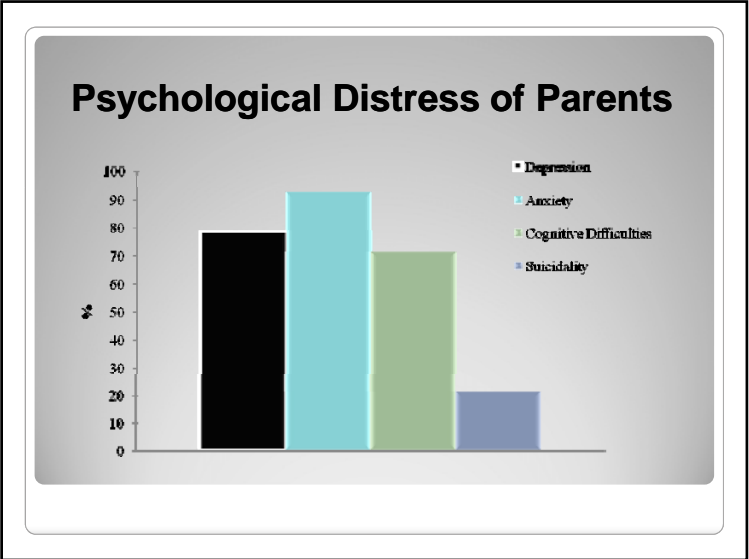
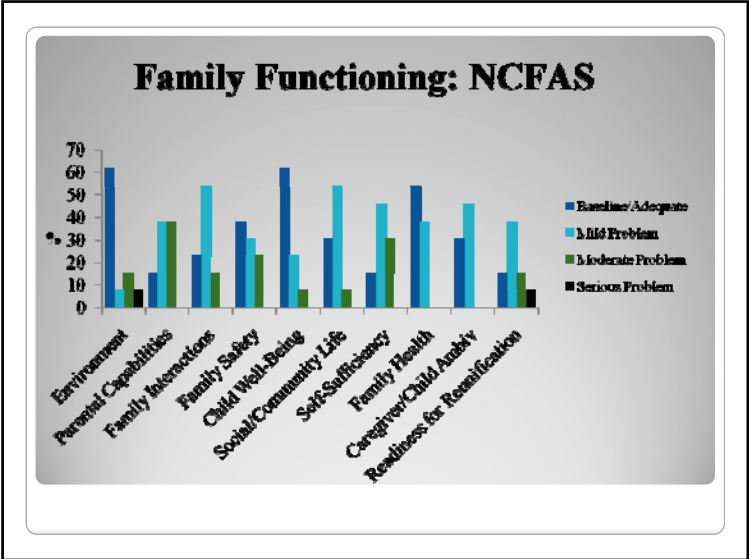
### Age Group

0-5	62%
6-10	7%
11-13	15%
14-16	15%

### Gender

Female	37%
Male	63%

Mean: 7 years old



## CWS Perspectives on Drug Use

- Cause and effect
- Barricades
- Drug of choice



## CWS Perspectives on Treatment for Women

- The conflict
- The cycle
- The key



## Reunification of Children

- Barriers to trust
- Children's council
- Parents' attitudes



## CWS Perspectives on Family Drug Court

- Close supervision
- Trust
- Success





## Non-FDTC vs. FDTC

- Barriers
- Benefits



## Case Study Child, Adult & Family Outcomes in a Family Treatment Drug Court



## Description of Family

- This European American family consists of a married mother and father and six children
- Came to CWS with allegations of neglect, no provision of support, abuse of a sibling
- Parents daily meth users
- Baby born positive for meth

Family Member	Age
Mother	33
Father	38
Child 1	15
Child 2	14
Child 3	8
Child 4	4
Child 5	3
Child 6	Infant

## Assessment of Family Functioning

Scale	Mild Strength	Baseline	Mild Problem	Moderate Problem	Serious Problem
Environment (Housing)					X
Parental Capabilities				X	
Family Interactions				X	
Family Safety		X			
Child Well-Being		X			
Social/Community Life			X		
Self-Sufficiency				X	
Family Health			X		
Caregiver/Child Ambivalence			X		
Readiness for Reunification			X		

## Parent History

### Father

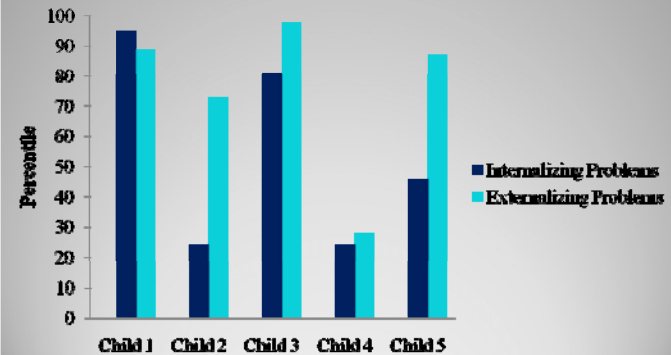
- Trauma
  - Emotional Abuse
  - Physical Abuse
- Substance Abuse
  - Drugs of Choice: Alcohol, Marijuana, and Intravenous Methamphetamine use

### Mother

- Trauma
  - Emotional Abuse
  - Witnessed Domestic Violence
  - Lived with problem substance user
  - Parental separation or divorce
- Substance Abuse
  - Drugs of Choice: Alcohol, Marijuana, and Intravenous Methamphetamine use



## Children: History and Needs



## Interventions

### Parent Services

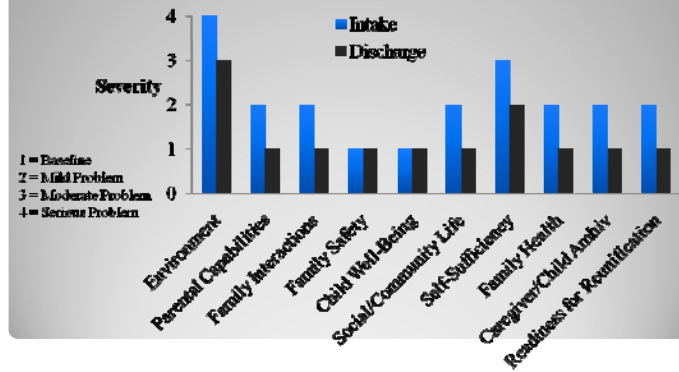
- Drug and Alcohol (Matrix)
- Seeking Safety
- Nurturing Parenting
- Case Management
- FTDC

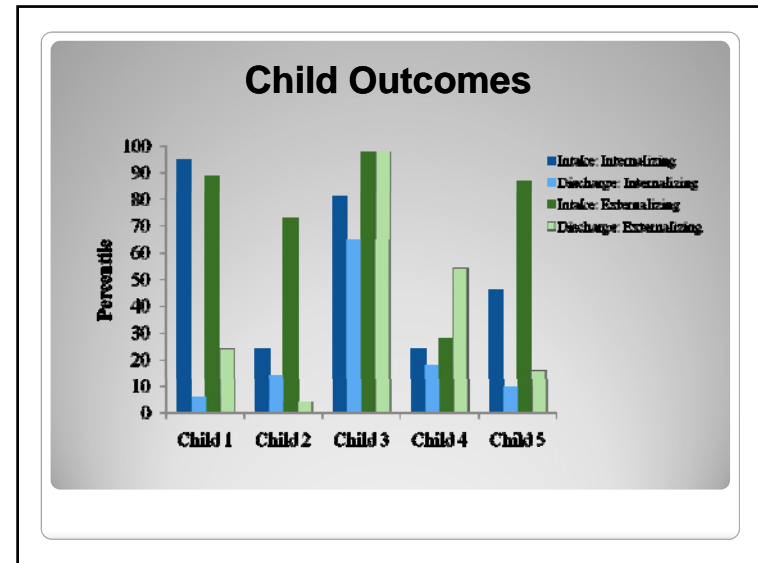
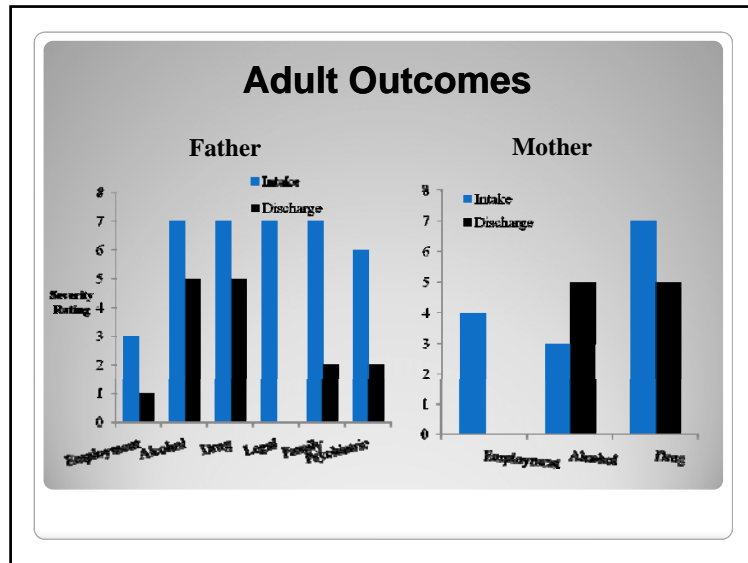
### Child Services

- Case Management
- Screening
- CALM
- HOPE
- Early Start/Head Start




## Family Outcomes: NCFAS






### Parent Feedback



- *What has helped you in the program so far?*
  - Dad: Parenting classes gave a perspective of what true discipline is-teaching, patience, pick your battles, notice when they're just being kids. It's a lot like 12 step program.
  - Mom: AA has helped me most. (*Program*) gives me something to do. (*Social worker*) helped us a lot too.
- *What will help you successfully complete the program?*
  - Dad: Being involved with CWS helps us stay vigilant and not slack off. I care more now.
  - Mom: Me staying sober.

### Child Feedback



- *How have things changed for you and your family since being a part of the FTDC?*
  - Child 1: We got closer together. Before, I could do whatever I want, now there are rules.
  - Child 2: My parents are doing better. Getting to know my grandma. Less responsibilities, more freedom, more time for myself.
- *What has been the most helpful thing about the services?*
  - Child 1: Talking to people because it's confidential – no one else will know about it.
  - Child 2: Being able to know I'll see my parents each day and that they're trying their best to make up for what they did.

## Conclusions

- Need to assess broad range of traumatic events for clients entering substance abuse treatment
- Consider substance abuse and trauma in interventions
- Acknowledge impact of trauma on staff
- Trauma-informed interventions can impact substance abuse, traumatic symptoms, life stress, parenting skills, and child outcomes



*Thank you*

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