



Developing a Trauma-Informed Treatment System

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Presentation

- Basic Trauma Information, Trauma-informed Principles – *Norma*
- Trauma Specific Treatment Models – *Vivian*
- Integrating Trauma into a Large Substance Abuse Treatment Agency – *Nancy*



Before We Begin, Please Accept:

- Trauma is pervasive; affects us all
- Accept our own reactions
- Do what you need to do to take of yourself
- Will not reflect on you as a professional
- Will hopefully deepen your capacity to work with survivors



I Drank to Their Diseases

They pretended that there was nothing wrong,
Their lies stole my trust.
They said that they were “normal”.
I felt insane.
They said, “We love you”,
I was alone.
I used alcohol to kill the pain.
It made me a liar.
I drank to feel “normal”,
I became insane.
I cried, “Please love me!”
I was still alone.

Katherine, age 40

(Source: Evans and Sullivan, *Treating Addicted Survivors of Trauma*, 1995, p. 1)



Defining Violence Against Women

United Nations [1993]

“...any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life.”



Types of Violence

- Physical assault
- Sexual abuse – including rape & incest
- Emotional or psychological abuse
- Environmental violence
- Experienced as an adult or a child
- May have occurred over time or been one incident and/or time limited



During the past decade...

- Increased focus on looking at relationship between violence/trauma and substance abuse
- Trauma also at front of national consciousness due to 9/11
- Widespread impact of physical/sexual abuse on development and maintenance of substance abuse and mental health problems in women



Interpersonal Violence - physical/sexual abuse is not like natural disasters, car accidents, etc.

- Human-fostered violence against another human being
- Causes extreme disconnection from other human beings



Women in substance abuse treatment report a lifetime history of trauma, most commonly physical and/or sexual abuse, ranging from 55 to 99% compared to women in community samples (36 to 51%).

(Najavits et al 1997)



- Among 153 women seen in a variety of psychiatric settings, half had been sexually abused and 16% had been physically assaulted as children (Muesser, et al, 1998)
- At least half of all women inpatients report histories of physical and/or sexual abuse (Carmen, et al., 1984; Jacobson & Richardson, 1987)
- A 1997 report by the Research Institute on Addictions revealed that 80% of women with substance abuse disorders had been the victim of domestic violence.



- Women are more likely than men to meet criteria for PTSD once they have been exposed to trauma (Cottler, et al 2001)
- Rape and sexual assault are cited as the most distressing types of trauma associated with the development of PTSD in women (Kessler, et al 1995)
- People in treatment for PTSD and substance abuse have a more severe clinical profile than those with only one of these disorders (Brown, et al 2001)
- PTSD, with or without major depression, is a significant risk factor for suicidal behavior (APA 2000)



Adverse Childhood Events *ACE Study*

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



ACE Study

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



TRAUMA is important in substance abuse because:

1. Substance use increases after trauma
2. Women with substance use disorders and trauma histories appear to have worse treatment outcomes (when treated in traditional treatment programs)
3. A woman with both trauma and substance abuse may have a variety of other problems such as poverty, homelessness, increased risk for HIV



Definition of Trauma

1. Person experiences, witnesses or is threatened by physical harm
2. Person's response includes "intense fear, helplessness or terror" (APA 2000, p.463)



TRAUMATIC EVENTS ARE EXTRAORDINARY, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life. Unlike commonplace misfortunes, traumatic events generally involve threats to life or bodily integrity, or a close personal encounter with violence or death. They confront human beings with the extremities of helplessness and terror, and evoke the responses of catastrophe. The common denominator of trauma is a feeling of intense fear, helplessness, loss of control, and threat of annihilation.

(Judith Herman, MD, *Trauma and Recovery*, 1992)



'Going Out of My Mind'

“That’s a victim thing; you ask yourself, ‘Am I just crazy? Did I make all this up?’ Somehow it might be easier to accept that you’re crazy and you made it all up than to admit that it happened and how awful it was.”

Teri Hatcher, star of TV show *Desperate Housewives* and survivor of child sexual abuse by her uncle

(Source: Janet Yassen, VOV Program, Cambridge Hospital, 2006)



Impact of Trauma *Physiological*

- Changes in neurobiology and physical health that can dysregulate emotions and distort thinking, perceptions and behavior
- “The Body Keeps the Score”
- “Emotional Memory May Be Forever”

(Bessel van der Kolk, MD 1999, p.214)

(Le Doux, et al 1991, p.24)



“A century of study of traumatic memories shows that
1) they generally remain unaffected by other life experiences; 2) they may return, triggered by reminders at any time during a person’s life, with the same vividness as if the subject were having the experience all over again, and 3) these memories are primarily sensory and emotional, frequently leaving victims in a state of speechless terror, in which they may be unable to articulate precisely what they are feeling and thinking.”

(Bessel van der Kolk, et al 1996, p.565)



Impact of Trauma Cognitive

- Amnesia
- Blocking
- Flashbacks
- Dissociation
- Confusion
- Difficulty concentrating



Impact of Trauma Feelings

- Fear, terror
- Anger, revenge, hate
- Frustration
- Guilt or self-blame (legitimate, illegitimate, survivor)
- Shame, humiliation
- Grief or sorrow



Impact of Trauma Beliefs

- About self
- About other people
- About the world



Impact of Trauma Skill Deficits

- Self-awareness
- Self-protection
- Self-soothing/emotional modulation
- Relational mutuality / empathy / authenticity
- Accurate labeling of self and others
- A sense of agency
- Purpose and meaning



Impact of Trauma Relational Disconnection

Centrality of relationships for women

→ Trauma affects view of self as well
as participation in relationships.

- Core experience of trauma is disconnection and disempowerment
- Pathways to healing through connection and empowerment



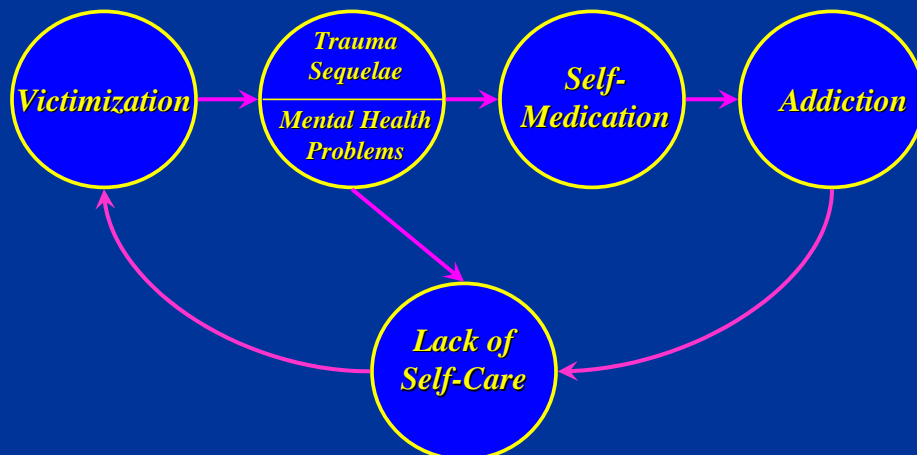
Mental Health Problems

- PTSD
- Other anxiety disorders
- Depression, suicidality
- Personality disorders – self-harm
- Eating disorders



Pathways of Co-Occurrence

(Begin Anywhere)





PTSD

- Approximately one-third who experience significant trauma will develop symptoms of PTSD
- 35-59% of women in substance abuse treatment have PTSD

(Najavits, 2002)



PTSD Symptoms

- Hyperarousal/Persistent expectation of danger/hypervigilance
 - ❖ Irritability / outbursts
 - ❖ Impaired concentration
 - ❖ Exaggerated startle response
- Intrusion
 - ❖ Reliving event – hallucinations, flashbacks
- Constriction: numbing / persistent avoidance
 - ❖ Avoids thoughts, feelings, people, places, activities
 - ❖ Detachment
 - ❖ Diminished interest
 - ❖ Sense of foreshortened future

(Herman, Trauma and Recovery, 1992)



The traumatic event is persistently re-experienced through:

- Recurrent and intrusive memories
- Recurrent dreams of the event(s)
- Reliving the trauma with dissociation, flashbacks and hallucinations
- Intense distress at internal or external cue or triggers
- Physiological reaction to a cue or trigger



The impact of violence/trauma on both men and women is inadequately understood and addressed by service providers.



Less than half of the women with interpersonal trauma and co-morbidity will receive treatment that addresses their trauma history and co-occurring conditions.

(Timko & Moos, 2002)



“I am an incest survivor and never dealt with it. Left treatment, did drugs. The most important thing is to integrate [services]. I’m a slicer and before no place would take me and if [I] say I’ve been sexually abused they boot you...I thought here we go again. Substance abuse identified and you’re welcome...need to work all 3 areas...others throw you out because they are afraid.”



Substance Abuse Treatment Programs Failed to Adequately Deal with Trauma Until Fairly Recently.

Why?

- Lack of research / knowledge dissemination; training
- Trauma not seen as central / critical to recovery
- “Uncovering” trauma would “destabilize” symptoms – needed to stabilize mental health / substance abuse - Opening a “Pandora’s Box”
- Trauma work required more sophisticated clinical skills



New Research, Pilot Programs → Paradigm shift toward provision of trauma-informed and trauma-specific substance abuse and mental health services.



SAMHSA'S Women, Co-occurring Disorders and Violence Study (WCDVS)

(1998 – 2003)

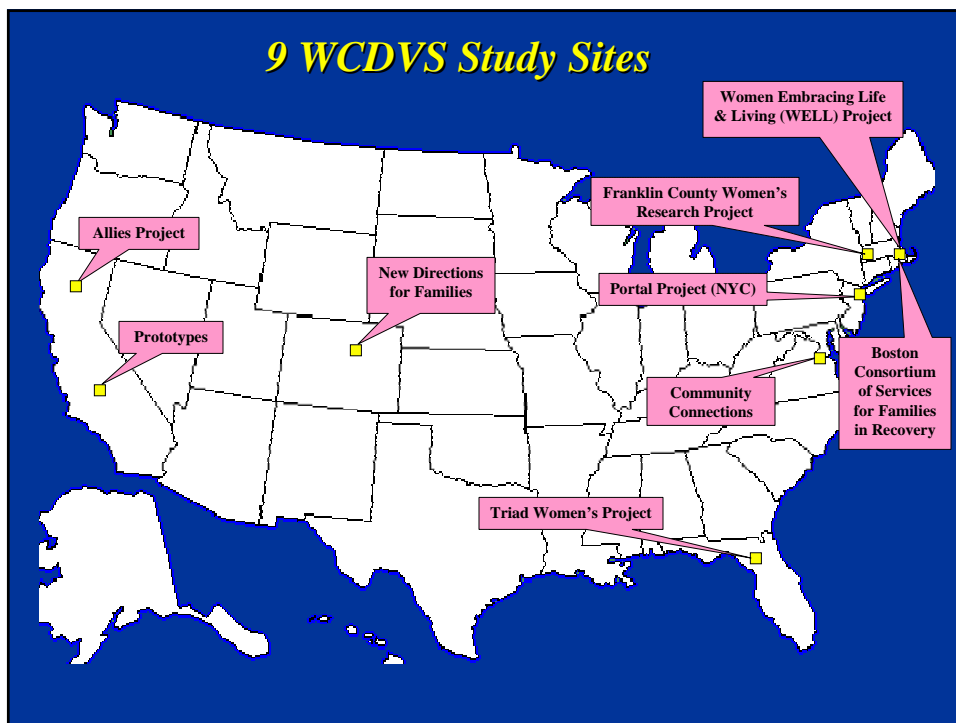
Phase 1

- 2 years, 14 sites
- Design of new Trauma Integrated Service System
- Selection of most promising trauma interventions
- Development of cross-site protocols

Phase 2

- 3 years, 9 sites
- Implementation of cross-site study comparing integrated trauma-informed and trauma-specific services to services as usual

9 WCDVS Study Sites





Outcomes

- At 6 months: all women improved on all 4 major outcomes (alcohol and drug use, mental health, and trauma symptoms)
- Women in integrated condition did better than women in usual care when provided with integrated counseling
- At 12 months: women in the intervention group maintained their improvement in drug use outcomes and continued to improve in mental health and trauma outcomes



WCDVS Showed:

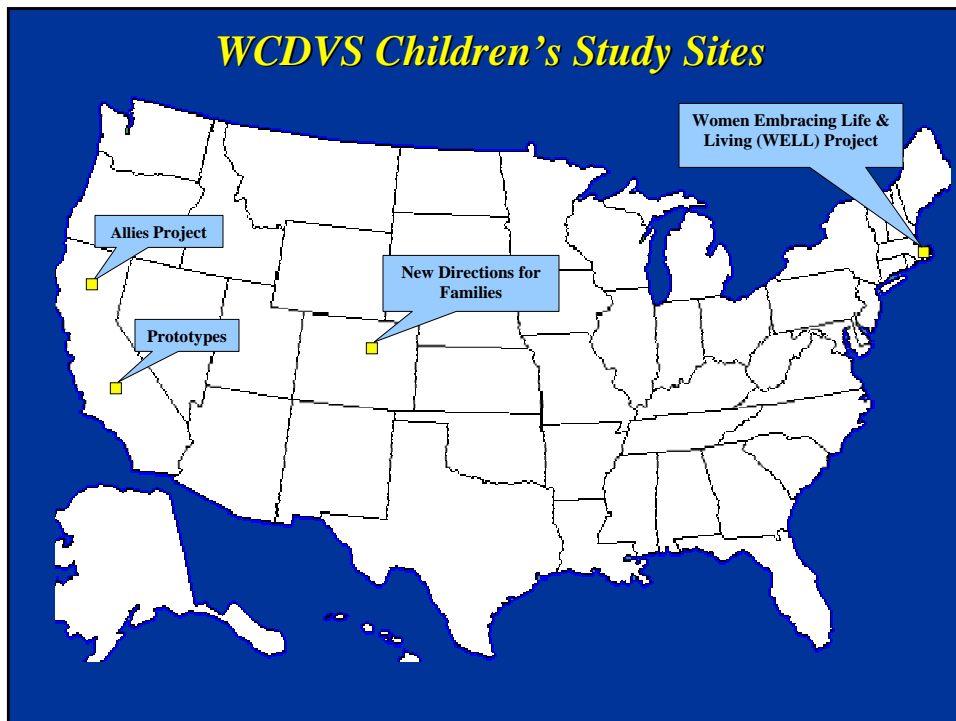
- Can start trauma treatment integrated with substance abuse and mental health treatment from the beginning – does not hurt but helps the recovery process
- The importance of developing trauma-specific treatment models that address substance abuse and co-occurring disorders
- Expansions of trauma work into men (M-TREM), children (Children's sub-study)



WCDVS Children's Subset Study:

- 4 of the 9 WCDVS women's study sites
- Development/implementation of standardized, strengths-based intervention
- Outcome evaluation of children (ages 5-10)
- Interviews conducted with mothers/caregivers
- Generate empirical knowledge re: effectiveness of trauma-informed, age-specific intervention models
- Identify models of care that will prevent or reduce intergenerational perpetuation of violence

WCDVS Children's Study Sites





Core Intervention Components

- **Clinical Assessment – Mother and Child**
- **Resource / Service Coordination and Advocacy**
- **Skills / Resiliency–Building Group**



Children's Subset Study: Primary Research Question

Are trauma-informed, age-specific interventions for children more effective than usual care conditions in leading to increases in safety, self-care, positive interpersonal relationships and self-identity?



Outcomes

N=253 Baseline, 209 (6 months), 217 (12 months)

- **6 months post-baseline:** mother's overall treatment outcome played a stronger role in children's outcomes than involvement in intervention – if mother did better, children did better.
- However, children enrolled in intervention showed general improvement regardless of mother's outcome.
- **12 months post-baseline:** participation in intervention led to *sustained positive improvement* regardless of mother's outcome, with younger children showing a greater degree of positive change than older children.



Trauma-Informed Services

Trauma-informed services are based on an understanding of the impact of trauma on those seeking services.



Failure to understand and address trauma leads to:

- Retraumatization
- Increase in symptoms
- Increase in management problems
- Increase in relapse
- Withdrawal from service relationship



Principles of Trauma-Informed Services

1. Trauma-informed services recognize the impact of violence and victimization on development and coping strategies.
 - Trauma is central to development of mental health and addiction problems
 - Impacts MANY aspects of a person's life
2. Trauma-informed services identify recovery from trauma as a primary goal.

(Source: Elliott, D, Bjelajac, P, Falot, R, Markoff, L, Reed, BG, J of Community Psychology, 2005, pp 461-477)



Principles of Trauma-Informed Services

3. Trauma-informed services employ an empowerment model.

- Collaborative relationship between provider and consumer
- Focuses on strengths
- Builds skills

4. Trauma-informed services strive to maximize a woman's choice and control over her recovery.



Principles of Trauma-Informed Services

5. Trauma-informed services are based in a relational collaboration.

- Since the violation often occurred in relationship, healing must occur by changing relational context:
 - From abusive to nurturing
 - From unresponsive to empathic
 - From lies and denial to authenticity
 - From controlling to empowering

6. Trauma-informed services create an atmosphere that is respectful of survivor's need for safety, respect and acceptance.



Principles of Trauma-Informed Services

7. Trauma-informed services emphasize women's strengths, highlighting adaptations over symptoms and resilience over pathology.
8. The goal of trauma-informed services is to minimize the possibilities of retraumatization.
 - Minimize re-victimization by avoiding strategies such as:
 - Shaming
 - Moral inventories
 - Confrontation
 - Intrusive Monitoring
 - Reducing Triggering Situations



Principles of Trauma-Informed Services

9. Trauma-informed services strive to be culturally competent and to understand each woman in the context of her life experiences and cultural background.
10. Trauma-informed agencies solicit consumer input and involve consumers in designing and evaluating services.



Consumer Quote

“It was not until I became a part of the Women, Co-Occurring Disorders & Violence Study that I became trauma-informed. I remember realizing one day, what perfect sense this all makes. I was able to finally fit the pieces of the puzzle together. Being a survivor was the reason I drank and used drugs. Post Traumatic Stress Disorder had set in, and the drinking and using suppressed my true feelings. I am among one of the lucky few. So many of us have not solved the puzzle – survivors and providers.

One of the most important things I have learned is how to keep myself safe. The word *SAFETY* never came up in treatment. I now realize how much jeopardy I put myself in when I was using substances, not caring what time of the night it was, not caring that the guy just came into the room waving a gun, just give me another hit. We continue to put ourselves in situations that can retraumatize us on a daily basis. Learning how important *safety* is to my recovery process has changed my outlook.”

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