Working at the Intersection of Domestic Violence, Substance Abuse and Mental Health: Creating Trauma-informed Services and Organizations

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National Center on Domestic Violence, Trauma & Mental Health

Special Issue Resource Center supported by the Family Violence Prevention & Services Program to:
• Improve program and system capacity to serve domestic violence survivors and their children experiencing a range of trauma, mental health & substance abuse-related needs
• Develop culturally relevant responses to the range of issues survivors face in trying to free their lives of violence and heal from its traumatic effects

Overview

• Critical issues for addressing the trauma-related mental health, substance abuse and advocacy needs of domestic violence survivors.
• Key elements of an integrated approach to addressing substance abuse and complex trauma in the context of ongoing domestic violence.
• Strategies for creating culture, DV- and trauma-informed services and organizations utilizing a reflective practice approach.

National Center on Domestic Violence, Trauma & Mental Health

• Public Awareness
• Training, Consultation & TA
• Research
• Policy Development & Analysis

www.nationalcenterdvtraumamh.org

Why Think about Trauma in the Context of Domestic Violence?

Domestic Violence & Other Lifetime Trauma

• Can have significant mental health and substance abuse consequences
  • Higher rates of depression, PTSD, suicidality, substance abuse among DV survivors
• Play a significant role in development & exacerbation of MH and substance abuse disorders
  • ACE study, CIDI, Gender-Based Violence & Mental Health

Women Seen in Mental Health & Substance Abuse Settings are at Higher Risk for Abuse

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>OP Prevalence MI</th>
</tr>
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<tbody>
<tr>
<td>Adult physical</td>
<td>42%-64%</td>
</tr>
<tr>
<td>Adult sexual</td>
<td>21%-41%</td>
</tr>
<tr>
<td>Child physical</td>
<td>35%-59%</td>
</tr>
<tr>
<td>Child sexual</td>
<td>42%-45%</td>
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Women living with chronic mental illness experience higher rates of abuse. Women abused in adulthood experience higher rates of psychiatric symptoms, homelessness, and sexual assault as adults who have been victims of DV.

Why is this? Risk vs. Vulnerability

- Batterers use MH & substance abuse issues to control their partners
  - Control of meds
  - Coerced overdose
  - Control of supply; Coerced use; Coerced illegal activities
  - Control of treatment
  - Undermining sanity, credibility, parenting & recovery
  - “She was out of control”

**WHY DOES THIS WORK?**

- Reports of abuse attributed to delusions
- Symptoms of trauma misdiagnosed as MI
- Assumptions that having a MI precludes good parenting
- Internalized stigma

Survivors Experience Multiple Types of Trauma

- Childhood victimization increases risk for abuse as adolescent or adult
- Coping strategies may increase risk:
  - Substance use & dissociative states: ability to attend danger signals
  - Not learn have right to protect oneself from harm.
  - Survivors also experience social, political, cultural, historical, & immigration-related trauma*

*Fabri, Triple Trauma Paradigm; Root: Insidious trauma, Cultural and Historical Trauma

Trauma can affect survivors’ responses & access to services

- Including...
  - Willingness to reach out and engage
  - Mobilization of resources, decision-making
  - Responses to law enforcement, testimony and legal case
  - Appearance and demeanor in court
  - Retraumatization in mixed-gender settings

Trauma can affect our responses as individuals and as organizations

- Without a trauma framework, services can be retraumatizing
- Understanding and responding appropriately can counter these effects

Mental Health & Substance Abuse in the Context of DV and Other Trauma: Complex Picture

- Direct effects of perpetrator behavior
- Trauma-related symptoms
  - Mental health & substance abuse effects of DV + other trauma
- Survival strategies
  - Hypervigilance, passivity/compliance, substance use
  - Exacerbation of pre-existing MH & substance abuse conditions
  - Active undermining of parenting, recovery and economic independence
- Role of cultural barriers & supports
- Role of stigma and provider, institutional, societal responses and limited overall resources
Trauma Theory as a Bridge

What do we mean by trauma theory and how can it be helpful to our work?

What Do We Mean by “Trauma”?

Trauma is the unique individual experience of an event or enduring condition, in which:

- The individual experiences a threat to life or to their psychic or bodily integrity
- The individual’s coping capacity and/or ability to integrate their emotional experience is overwhelmed
- Interpersonal trauma also impacts one’s sense of self, others and the world
- Cultural and historical trauma can impact individuals and communities across generations

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Emergence of Trauma Theory: Reframing MH Symptoms from a Trauma Perspective

- 1980’s PTSD
- 1990’s Complex Trauma
- 2000’s Neuroscience Research

PTSD vs. Complex Trauma Paradigm

PTSD
- Discrete event; predictable impact; related domains; definable time course
- Symptoms

Complex Trauma
- Repeated interpersonal trauma, often in childhood
- Core experience, organizes development
- Complex pattern of actions, reactions & adaptations
- Continuing impact; multiple domains
- Borderline reframe
- Meaning

Important Reframe: Borderline or Complex Trauma?

- BPD predominantly diagnosed in women
- 68% to 86% have histories of experiencing or witnessing abuse in childhood
- Survivors of severe long-standing abuse are more likely to develop a psychiatric disorder
- May present with 6 or 7 discrete diagnoses


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Reframing Borderline “Pathology” in the Context of Trauma: Symptoms as Adaptations

- Replaying of abusive or neglectful interactions with caretakers
- Attempts to make things work that couldn’t work in the past
- Efforts to protect oneself and others from psychologically devastating experiences & feelings
- Managing externally what can’t be managed internally

Two key advances changing conceptualizations of psychiatric disorders

- Molecular genetics
- Functional neuroimaging

Symptoms & Circuits vs. Disorders

Complex interactions between genes and environment over time

Stahl 2003, O’Connell et. al. 2009

Trauma, Attachment & Brain Development

Our brains grow in relation to our experience
- The nature and quality of those experiences help to shape our development

Impact of Experience on Brain Development

Brain Development Requires Stimulation

- Experience stimulates certain brain pathways
- Those consistently stimulated are strengthened
- Genes and experience work together but play different roles.
- Genes provide the basic wiring plan
- Experience fine-tunes brain architecture

O’Connell et. al 2009

Advances in Genetics & Neuroscience are Changing Our Understanding of Mental Illness

- Two key advances changing conceptualizations of psychiatric disorders
- Molecular genetics
- Functional neuroimaging
- Symptoms & Circuits vs. Disorders
- Complex interactions between genes and environment over time

Understanding the MH effects of abuse: Why a developmental framework is important

- Our brains grow in relation to our experience
- The nature and quality of those experiences help to shape our development

Brain Development Requires Stimulation

- Experience stimulates certain brain pathways
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Environment
Genes
Epigenetic Changes
Brain Development
Neural Architecture
Developmental Trajectories

- Intrauterine environment
- Early caregiving
- Environmental stimulation
- Abuse & neglect
- Social context
- Resilience factors

O’Connell et. al 2009
What is “attachment” and why is it important to our development?

- Attachment: emotional bond we develop with early caregivers.
- Child-caregiver interactions are critical to development
- As infants, we are unable to regulate on our own

Understanding Complex Trauma: Importance of Early Attachment Relationships

- Model for future relationships & trust
- Important source of resilience & ability to manage stress
- Template for developing self-regulating, integrative & empathic capacities
- Active throughout life

Early Experience & Brain Development: Mirror Neurons, Empathy & Attunement

- We develop neural connections through attunement
- Empathy & attunement are hardwired
- We learn by watching, imitating & matching
- We learn by attuning to others’ responses to us
- Learning brain vs. Survival brain

Why is this important?

- The intersection of early caregiving relationships, brain development, subsequent life experiences & external social realities influence who and how we are today and the resources and options available to us.....

How does this translate physiologically?

Impact of Trauma on the Brain

- As survivors
- As providers
- As organizations....
- Stress
- Traumatic Stress
- Complex Trauma

Stress Response

Normal Stress Response

Traumatic Stress Response

Sensitized Nervous System: Under-modulation of Fear Pathways

- Chronic hyperarousal and threat perception
- Sustained increase in stress hormones
- Chronic alterations of gene expression, neurochemistry and fear pathways
- PTSD: Intrusive recollections, avoidance and numbing, hypervigilance and arousal
- Increased vulnerability to stress-related illness.
- Can build compensatory pathways

Gene Variation Can Affect Traumatic Stress Responses

- Individual gene variants can impact PTSD risk
  - Less cortical & greater amygdala activity
- As well as recovery from PTSD
  - Different responses to fear extinction
  - Longer time to lose fear association & slower to learn to forget a fear-based memory;
- But, when the trauma burden is high enough, these genetic differences drop out

Trauma & Dissociation

- A physiological response to danger and threat
- A separation of mental processes and contents (e.g., thoughts, images, and sensations) that would ordinarily be connected
- A psychological coping strategy used to protect oneself from overwhelming experiences

Complex Traumatic Stress

- Breakdown in:
  - Capacity to process, integrate and categorize experience
  - Regulate internal states
- Difficulties in:
  - Emotional regulation: Recognizing, modulating, tolerating, verbalizing feelings
  - Staying present; feeling internally connected
  - Comforting oneself; Being comforted by others

Complex Trauma: How this can affect us as adults

- Trusting other people
  - Harder to reach out for or respond to help
- Trusting oneself
  - Solve problems, exercise judgment
  - Take initiative, thoughtfully plan
- Impact on
  - Emotional awareness, self-reflection, social emotional processing
  - Capacity to manage internal states in ways that do not create other difficulties
  - Social support and other resilience factors may counter these effects; quality of interactions is key

Neurobiology of Trauma

- Profound and persistent alterations in physiologic reactivity and stress hormone secretion:
  - Arousal: Noradrenergic dysregulation, RAS, locus ceruleus
  - Memory, learning and emotions: Hippocampus & Amygdala
  - Dissociation: Cortical inhibition of limbic system
  - Mood: Serotonergic activity
  - Hormonal systems: Enhanced reactivity and negative feedback inhibition of HPA axis
  - Gene Expression & Neurostructural Changes: Pathways, synapses, micro-architecture, dendritic density
  - Alterations in social, cognitive & affective pathways

Resilience

- Resilience: Capacity for successful adaptation despite challenging or threatening circumstances
- Protective factors: Promote resilience in children at risk. These include:
  - Response of caregivers and other caring adults
  - Social support, social fabric
  - Individual factors such as capacities and talents
  - Ability to positively engage others
How Interventions Help

- Social Environmental Intervention
- Neuroregulatory Intervention
- Psychotherapy
- Social Support
- Advocacy
- Skills
- Psychopharmacology

Inhibiting the Fear Response

- Emotional inputs to amygdala often use the excitatory neurotransmitter, glutamate to sound the alarm.
- Can be tempered by inhibitory neurotransmitters: GABA and Serotonin
  - GABA neurons from cortex & hippocampus +
  - Serotonergic nerve terminals from the raphe +
  - G/S interneurons in amygdala itself
- Theoretically, CBT enhances inhibitory tone in cortex by reprogramming neurons there as they become desensitized and de-conditioned to anxiety provoking triggers
- Anything that boosts output from GABA and serotonergic interneurons have several opportunities to dampen the fear response

Healing Disrupted Attachment

“The roots of resilience are to be found in the sense of being understood by, and existing in, the mind and heart of a loving, attuned, and self-possessed other.”

John Bowlby, 1980

Summary

- Brain develops in relation to early relationships and experiences
- Neglect, stress & trauma particularly at hands of caregivers impact development
- Resilience, relationships & self-capacities counter these effects

Questions?

How does knowing this help?

- Normalizes & makes sense of responses
- Offers alternative coping strategies
- Acknowledges importance & challenges of connection
- Prepares for trauma triggers
- Ensures choice; optimizes control

How does this help survivors?

Trauma Context:
- Understanding abuser role

DV context:
How does this help us as advocates & clinicians?

- Understand survivors’ responses in context
- Incorporate developmental, psychological & biological dimensions into relational, social justice approach
- Provide more useful information
- Respond in more effective & empathic ways
- Understand our own responses and their potential impact

How does this help us as organizations?

What do we mean by DV & trauma-Informed services and organizations?

How does this help organizations?

Creating Culture-, DV- & Trauma-Informed Services

- Recognize pervasiveness & impact of trauma
  - On survivors, on staff, on organizations
- Reduce retraumatization
  - Attend to environment; prepare for trauma triggers
- Facilitate emotional safety, healing & well-being
- Ensure survivor role in designing services
- Attend to staff needs (supervision, self-reflection, self-care); Incorporate into hiring and HR
- Develop community partnerships

Recognize & Attend to Trauma

- Impact of trauma on survivors
  - Responses as adaptations; Trauma themes; Neurodevelopmental processes
- Impact of stress/trauma on providers
  - Vicarious Trauma; Compassion Fatigue
  - Burnout, Responses to survivors and to roles
- Impact of stress/trauma on organizations
  - When our organizations are under siege, we can inadvertently create traumatizing experiences or environments for survivors and staff

Attend to the Environments We Create

- Physical & Sensory Environment
  - Culture and Gender Responsive
- Relational Environment: Restoring Dignity and Emotional Safety; Countering abuser control
  - Respectful caring connections; Empowering information about trauma
  - Clarity, consistency, transparency, choice & control
  - Focus on strengths & resilience
- Programmatic Environment
  - Examine rules, policies & procedures, adaptation, flexibility
  - Emotional safety planning & accommodation; Prepare for trauma triggers
## Facilitate Healing & Recovery
- Healing from trauma involves restoring safety, connections, capacities, trust, meaning & hope
- Healing connections
- Empowering Information
- Strengths & resilience
- Emotional and interpersonal skill-building
- Culture, community & spirituality

## Trauma-Informed Organizational Structure & Supports
- Survivor involvement in service design
- Ongoing training and consultation
- Ongoing reflective supervision
  - Staff receive regular supervision & feel supported
- Agency culture
  - Learning organization: reflective leadership
  - Staff supports: salaries, benefits, development
  - Staffing patterns & workload: attention to balance, self-awareness, community & room for feelings & “self-care”
- Community Partnerships

## Trauma in the Context of Domestic Violence
What else do we need to keep in mind?

### Trauma, DV & Social Context: Expanding the Frame
- **PTSD**
  - Trauma is not “post”
  - Appropriate response to ongoing danger
  - “Overreaction” to minor stimuli vs. acute social awareness
- **Complex Trauma**
  - Reenactment vs. re-entrapment
- **Insidious Trauma**
  - Social, political, systemic retraumatization
  - Traumatic trigger vs. revictimization

## Expanding Clinical Perspectives: Reframing Symptoms and Disorders
- Biomedical phenomenon
- Response to the trauma of abuse
- Response to social realities of entrapment, isolation, & danger & broader SPE context

## Domestic Violence, Substance Abuse, Trauma & Mental Health
Implications for Policy & Practice
Working with Survivors
Experiencing the Mental Health or Substance Abuse Effects of DV or Other Trauma

Issues to keep in mind

Holding Perpetrators Accountable for their Behavior

- Perpetrator – not the victim – is responsible for abusive behavior and for stopping it.
- Do not focus on helping women understand why they unconsciously "chose" to be abused.
- Recognize that perpetrators may look psychologically healthier than the partner they've been abusing for years.
- Avoid: Batterer’s intervention programs without protections for women; Anger management; Mediation.
- Be wary of having abusers provide collateral information in mental health settings.
- Ask about advance directives.

Mental Health & Substance Abuse Coercion

- Has your partner ever used substance abuse or mental health issues against you?
- Has your partner ever tried to control your medication, or access to treatment? Has he/she actively undermined your sobriety/recovery?
- Has your partner threatened to take your children away because you are receiving substance abuse or MH treatment?
- Has your partner blamed you for his/her abusive behavior by saying you’re the one who is "crazy" or an "addict"?
- Has your partner deliberately done things to make you feel like you are "going crazy" or "losing your mind"?
- Has he used your substance use or mental health condition as a way to undermine you with other people?
- Has he ever forced you to use substances, take an overdose, or kept you from routines that are healthy for you?

Trauma-Informed Interviewing: Attend to Issues of Power in Clinical Interactions

Survivors

- Potential for re-injury
- Attunement to power dynamics.

Providers

- Need to tolerate fear and uncertainty
- Need for awareness of our own responses

Trauma History

- Initial questions: Are there other things that have happened to you that may be affecting how you are feeling now?
- More extensive trauma history after relationship is established

  - Inform individual about what you are intending to ask
  - Check to see if they are comfortable
  - Attend to signs that prior traumatic experiences are being triggered
  - Ensure she/he has someone to talk with afterwards.
    - "Were these questions upsetting to you? Would you like to talk about them now? Let’s talk about what you can do if you find yourself thinking more about these issues later.”

  - Don’t dig for information; Create opportunity to disclose if and when she or he chooses
  - Trauma can affect memory; Use of substances can affect memory
Assessing for Complex Trauma

- Dysregulation of Emotions and Impulse Control
  - Emotional regulation and self-awareness: Mood disturbance, substance abuse, risky tension reduction behaviors
- Dysregulation of Information Processing
  - Cognitive effects: Attention, memory, executive function; social emotional processing
- Dysregulation of Motivation and Consciousness
  - Dissociation, identity, self-reflection, self-referential processing
- Dysregulation of Bodily Functioning
  - Somatization; bodily awareness
- Disorganized Attachment: Relational Dysregulation
  - Interpersonal difficulties

Saakvitne et. al. 2000

Self Capacities

- Managing Feelings
- Feeling Internally Connected
- Feeling Worthy of Life

Impact of Abuse: Substance Use in Context

Survivor’s assessment of:
- Relationship of substance use to current and past abuse
- Role of abuser in maintaining substance use
- Function substance abuse serves (how it helps)
- Impact and other risks (how it hurts)
- Attempts to stop, goals, barriers, options and strategies

Emotional Safety Planning: Traumatic Effects of Abuse

- Physical, psychological, and emotional abuse can affect your mental and emotional well-being – abuse can cause trauma.
  - You may feel continually afraid, loud noises startle you, you may have nightmares or trouble sleeping, you may have sudden, upsetting memories of abusive incidents and interfere with activities.
- Being aware of your feelings can help you anticipate situations which are likely to trigger a traumatic response: (things which make you feel afraid or upset, or cause nightmares) and make decisions about how to handle them.
  - Use grounding or feeling skills, journal, playing with/petting your dog or cat, calling a friend, reading a book

Addressing DV in the Context of Mental Illness and Substance Abuse

- Safety plans
  - Safety from ongoing abuse by partner or social network
  - Wellness Recovery Action Plans, Advance Directives
  - Preferred method of de-escalation during crises
  - Psychiatric Advanced Directives
- Psychiatric Hospitalization
  - Opportunity to refuse calls or visits from abuser
  - Maintain phone contact with children when possible
  - Ask about abuse on admission and safety planning on discharge

Working with Survivors of Domestic Violence

Trauma Treatment in the Context of Ongoing DV
How does one heal while still under siege?

Goals of Treatment

- Physical and emotional safety
- Empowerment and choice
- Freedom from violence
- Establishing safe, supportive relationships
- Recovery from trauma
- Rebuilding one’s life

DV & Trauma-Specific Mental Health & Substance Abuse Services

Attend to:
- Physical and emotional safety,
- Affect regulation, self-capacities, skill development,
- Parenting & attachment, connection with community, survivor choice & survivor strengths
- Issues of ongoing safety and abuser control as well as impact of abuser behavior
- Role of cultural/spiritual trauma and cultural/spiritual supports
- Importance of healing connections & collaborative partnerships
- Provider self-reflection, self-awareness, ongoing training & supervision, agency support

DV-Specific Trauma Treatment Differs from PTSD Treatment.

- PTSD treatment targets specific symptoms
- Complex trauma treatment addresses multiple domains
- Most trauma treatment models focus on past abuse
- Some evidence-based treatments for PTSD can be harmful in context of affect dysregulation and/or ongoing abuse

Trauma Treatment for Survivors of Domestic Violence: What do we know?

- Randomized Controlled Studies for PTSD & DV
  - One randomized controlled CBT outcome study (for 5yrs+) survivors of DV
  - One CBT RCT for women in DV shelter
  - One CBT RCT that included women experiencing DV
- Other promising approaches:
  - Telemedicine, Mindfulness Meditation, Capacitar
- Women currently experiencing DV usually excluded from clinical trials
- Clinical literature provides richest information about working survivors of DV and trauma


Trauma Treatment Modalities

- Non-pharmacological treatments include:
  - Evidence-Based CBT & EMDR
  - Evidence-Based Hybrid Models
  - Body-Centered Therapies
  - Mindfulness-based Studies
  - Phase-Based Complex Trauma Treatment
    - Some evidence base
    - Mostly consensus-based
- Pharmacological treatments
Treatment Models for Complex Self-Dysregulation: Hybrid Models

- Affect regulation and interpersonal skills training prior to introducing exposure techniques
- Current stressor experiences and more recent memories serve as vehicles for examining and dealing with interpersonal difficulties and problematic emotions
- Emphasis on therapeutic attachment as a vehicle for enhancing survivors’ capacities for self-regulation

Consensus Model for Complex Trauma Treatment*

- Teach specific skills for safety, social problem solving, coping, affect regulation, and self-management
- Focus on the quality of the therapeutic relationship, itself rather than processing of traumatic memories
- Support reinstatement of development
- Use a phased approach: 3 primary, variety of healing tasks
  - SX reduction and stabilization,
  - Processing of traumatic memories and emotions
  - Life integration and recovery after trauma processing.
- Future research address needs of those currently excluded

*Efficacy and effectiveness studies still needed

Phased Approach

- Building Alliances:
  - The quality of the therapeutic relationship
- Co-creating Safety and Stability
  - Physical and emotional; DV safety planning; skill building; affect regulation and interpersonal skill development
- Working Through Trauma:
  - Acknowledgment, re-experiencing, grieving, acceptance, integration
  - Not abreaction
- Reconnecting and Rebuilding:
  - Cultivating self- and relational-development

Building Alliances: Attending to the Therapeutic Relationship

- Establishing a trusting relationship may take time
- Establish clear, respectful parameters
- Be aware of transference & countertransference reactions
- Genuine kindness and care

Co-Creating Safety and Stability

- Learning about trauma and DV
- Establishing safety and building trust
- Managing stress; improving functioning and creating routines
- Recognizing and addressing triggers
- Managing feelings
  - Reducing affect; increasing affect
- Separating past from present: Grounding
  - Reducing need for dissociation

Self-Strengthening Skills & Strategies for Managing the Traumatic Impact of Abuse

- Fostering Inner Connection
- Building Self-Acceptance
- Exercising Conscious Control & Choice
- Regaining Connection to Others

Ford et al 2005

Saakvitne et al.
Facilitating Choice Making and Empowerment

- Knowledge
- Problem-solving skills
- Self-nurturing
- Increasing socio-economic resources
- Challenging assumptions and cognitions about violence; attributions of responsibility
- Increasing independent living skills
- Increasing coping skills to deal with effects of victimization

Dutton 2001

Long-term Recovery from Trauma & DV

- Experiencing feelings
  - Modulating affect and states of arousal: CBT
  - Gaining control over dissociation: Grounding
  - Reducing shame
  - Coming to terms with anger
  - Lessening need for avoidance
- Re-establishing trust and connections
- Making sense of experience
- Re-integrating aspects of self


Cultivating Self and Relational Development

- Restructuring relationships to reflect growing empowerment
- Mourning loss of relationships that cannot survive transition
- Reclaiming spirituality
- Making sense; creating meaning
- Creating community
- Reclaiming capacity for compassion and generosity
- Commitments to help others or work for social change

Warshaw 2001

Substance Abuse Treatment in the Context of Domestic Violence

- Greater relapse potential: Survivors face multiple challenges in attempting to re-establish their lives. Challenges may trigger relapse
- Survivors of DV frequently experience greater distress when abstaining from alcohol or other drugs
- Need for integrated treatment interventions
- Be alert to increased dysphoria following detox

Salber et. al. PVS

Substance Abuse Treatment, Trauma & DV: Research

- Treatment models that address trauma (PTSD) and substance abuse together appear to be more effective
- Trauma-enhanced residential substance abuse programs
  - Higher retention rates for women trauma survivors who are experiencing co-occurring disorders
- Combined DV advocacy services and substance abuse treatment
  - Effective in improving self-efficacy and reducing use of drugs and alcohol but may lead to more painful awareness of the effects of abuse (DV)

Nijman, 2002; Zimbicki et al., 2003; Brady et al. 2001; Amico et al. 2007; Bennett L. et al. 2008; Covington 1986, 2003

Substance Abuse, Trauma & DV: Treatment Elements

- Relapse prevention strategies
  - Greater relapse potential (abuser-generated; challenges in rebuilding one’s life)
  - Support and strategies to deal with painful feelings
  - Problem solving and relationship skills
- Support development of self-protective capacities
- Support in developing renewed sense of purpose
- Skills for building a safer life
- Attend to abuser’s role in undermining sobriety
- Implications for custody and involvement in illegal activities

Harris et al, Markoff et al, Salber PVS
National Multi-Site Initiative*: Lessons Learned

- Becoming trauma-informed takes a long time and requires constant attention.
- Because TI work is relational and reflective, administrative support for staff and supervisors is critical.
- Collaboration with community mental health and substance abuse partners is essential.
- This is challenging when services are limited or don’t exist. Safe use of distance technology can help.
- Being able to build partnerships at the state level greatly enhances the work.
- Community needs assessments and joint training can facilitate collaboration building.

*ID, NH, WV, AL, DE, KS, MD DV Coalitions and Transformation Detroit © NCDVTMH 2012

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