Providing Trauma-Informed Substance Abuse Treatment

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National Association of Drug Court Professionals

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Overview

- Methamphetamine Recovery Services
  Trauma-Informed Treatment for Men and Women
- Clean and Sober Drug Court
  Co-Occurring Disorders
- Children Affected by Methamphetamine
  Family Treatment Drug Court
Trauma and Substance Abuse

High co-occurrence of

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

For...

- Patients in primary care
- Patients in substance abuse treatment
- Patients in Veterans Administration Hospitals
- Men and women
  - Differences in types of trauma experienced

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?
- Increases the risk for further traumatic experiences

Trauma-Informed Treatment

- Understanding impact of trauma on client behavior
- Address in milieu by all staff
- Integrate into counseling
- Universal precautions
How does trauma-informed treatment look 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
Methamphetamine Recovery Services (MARS)

Evaluation of Trauma-Informed Services for Men and Women in an Enhanced Drug Treatment Court
Trauma-Informed Treatment in a Drug Court: Methamphetamine Recovery Services (MARS)

Drug Court Enhancements
- Address clients’ trauma
- Serve adults with co-occurring disorders
- Implement evidence-based treatments

MARS treatment program
- Seeking Safety
- Matrix Model of substance abuse treatment
- Relapse prevention groups
- Individual counseling
- Case management
- Psychiatrist
- Medication (as needed)
Measures

Addiction Severity Index (ASI)

Trauma History Screen (THS)

Adverse Childhood Experiences (ACEs)

Trauma Symptom Inventory (TSI)
Addiction Severity Index (ASI)

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

McLellen et al. (1992)
Trauma History Screen (THS)

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
Adverse Childhood Experiences (ACEs)

Abuse
- Emotional
- Physical
- Sexual

Neglect
- Emotional
- Physical

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

Felitti et al., 1998; http://acestudy.org
Trauma Symptom Inventory (TSI)

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

Briere, 1995
Seeking Safety

- Evidence-based group therapy
- Cognitive-behavioral
- Achieve ‘safety’ from dangers associated with PTSD & substance abuse
  - Substance use to address trauma symptoms may increase danger of further trauma
- Addresses trauma and substance abuse concurrently
- Not for personal exploration of trauma
  - Not safe while using
  - May trigger others in group
- Relate trauma to current problem behavior & coping

Seeking Safety

25 Treatment Topics (examples)

- Asking for help
- Taking good care of yourself
- Getting others to support your recovery
- Red and green flags
- Setting boundaries in relationships
- Coping with triggers
- Taking back your power
- Detaching from emotional pain (grounding)
S.B. Drug Court Program

- Substance Abuse Treatment Court (SATC)
  - Phase 1 to Phase 4 each 12 weeks in length
  - Phase 1: treatment group 5 days a week, court weekly, random drug testing call daily
  - Phase 5: Six+ months of aftercare & sobriety
## Participants

### Demographic Characteristics

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### Drug of Choice

- Methamphetamine: 67%
- Alcohol or Marijuana: 25%
- Other Drug: 7%
- Poly Drug Use: 1%
Changes on ASI Composite Scores

Composite Score

Psychosocial Domain

- Medical*
- Employ***
- Alcohol*
- Drugs***
- Legal*
- Family**
- Psych***

Intake
6-months
12-months
Changes on ASI: Severity Ratings

- Severity Rating
- Intake
- 6-months
- 12-months

Severity Rating

Medical..  Employ..  Alcohol..  Drugs***  Legal***  Family***  Psych***
Change in Women’s Symptoms

% with Clinical Symptoms

- Defensive Avoidance
- Anger/Irritability
- Dissociation
- Tension Reduction
- Depression
- Impaired Self Reference
- Anxious Arousal
- Dysfunctional Sex Behavior
- Intrusive Experiences
- Sexual Concerns

- Intake
- 6-months
Change in Men’s Symptoms

% with Clinical Symptoms

Intake 6-months

Anger/Irritability
Defensive Avoidance
Dysfunctional Sex Behavior
Tension Reduction
Intrusive Experiences
Dissociation
Anxious Arousal
Depression
Consumer Perceptions of Care

**Strongly Agree or Agree**

- Service providers help me develop alcohol and drug free ways of coping with my moods and emotions 98%
- Service providers help me develop alcohol and drug free ways of coping with my moods and emotions 98%
- Service providers help me think about how my sexual and physical abuse experiences, mental health problems, and substance abuse are connected in my life 92%
- Service providers are helping me recover from the traumas in my life 90%
- I feel safe when talking to service providers about my experiences with violence and abuse 90%
Clean & Sober Drug Court (CSDC)
Clean & Sober Drug Court

- Targets co-occurring disorders
- Three treatment providers with different levels of service intensity and mental health treatment
- Trauma-informed treatment
- Grant target N = 145 over 3 years
Objectives for Participant Change

- Show improvements on psychosocial functioning
  - *Addiction Severity Index:*
    - Drug and alcohol problems
    - Medical problems
    - Psychiatric problems
- Reduce trauma symptoms
  - *Trauma Symptom Inventory, Version 2*
    - Self-Disturbance
    - Posttraumatic Stress
    - Externalization
    - Somatization
### CSDC Participants

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Substance Use: Drug of Choice

- Polysubstance: 51%
- Alcohol: 25%
- Opiates/Heroin: 9%
- Marijuana: 6%
- Cocaine: 6%
- Methamphetamine: 3%

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Adverse Childhood Experiences (ACEs)

- Parents Divorced
- Addict in Home
- Emotional Neglect
- Mental Illness in Home
- Emotional Abuse
- Sexual Abuse
- Physical Abuse
- Jail/Prison
- Intimate Partner Violence
- Physical Neglect

% Clients

Men
Women
Trauma History Screen (THS)

% Clients

- Sudden death of close family member/friend
- Event that made feel scared/helpless/horified
- Seeing someone die suddenly/badly hurt
- Bad car, boat, airplane, train accident
- Abandoned by spouse, partner, parent or family
- Hit or kicked hard enough to injure as adult
- Bad accident at home or work
- Natural disaster, earthquake, tornado, fire
- Hit or kicked hard enough to injure as child
- Forced/made to have sexual contact as child
- Forced/made to have sexual contact as adult
- In military service, seeing something horrible

Clients

Men

Women
Change in Composite Scores (ASI)

Comp. Score

- Medical
- Employment
- Alcohol
- Drugs
- Legal
- Family
- Psychiatric

* $p < .05$
** $p < .01$
*** $p < .001$
Change in Composite Scores (ASI)

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* p < .05   ** p < .01   *** p < .001
Assessment of Trauma Symptoms: Trauma Symptom Inventory-2 (TSI-2)

12 Clinical Subscales → 12 Clinical Scales → 4 Factors

**Self**
- Depression
- Insecure Attachment
  - Relational Avoidance
  - Rejection Sensitivity
- Impaired Self Reference
  - Reduced Self-Awareness
  - Other-directedness

**Posttraumatic Stress**
- Anxious Arousal
  - Anxiety
  - Hyperarousal
- Intrusive Experiences
- Defensive Avoidance
- Dissociation

**Externalization**
- Anger
- Sexual Disturbance
  - Sexual Concerns
  - Dysfunctional Sexual Behavior
- Suicidality
  - Ideation
  - Behavior
- Tension Reduction

**Somatization**
- Somatic Preoccupations
  - Pain
  - General

Briere, J. (2011)
Change in Trauma Factors

% Clients

Self-Disturbance (Intake)
Self-Disturbance (6 months)
Posttraumatic Stress (Intake)
Posttraumatic Stress (6 months)
Externalization (Intake)
Externalization (6 months)
Somatization (Intake)
Somatization (6 months)

6 months
Problematic
6 months
Clinical
Intake
Problematic
Intake
Clinical
Perceptions of Trauma-Informed Treatment

“When I got into [a counselor’s] groups, we would do emotional regulation. She gave me some exercises and coping skills that helped me deal with the stress of the court system and probation. [Another counselor] has helped me deal with some issues at work, deciding whether it's an urgent matter or what the priority level is.”

- Client who endorsed 10 THS items, 1 ACE

“I feel like that [safe] every time I'm there. Because of that program I'm able to say what I just told you [trauma history] and I'm okay with that.”

- Client who endorsed 11 THS items, 5 ACEs

“The last 2-3 months, I've been feeling pretty good, gotten a hold on things, understanding the reasons why I do what I do. For the longest time I thought I could just stop the drugs but now I realized I have to work on myself from the inside and be a better person so I can stay away from the drugs. We don't want to feel those feelings so we suppress them and use the drugs.”

- Client who endorsed 9 THS items, 3 ACEs
Experiences of childhood trauma are related to memory storage and retrieval (Anda, Felitti, Bremner, Walker, Whitfield, Perry, Dube & Giles, 2006).

“Angels” are positive childhood memories of relationships seen as protective forces against helplessness or fear (Lieberman, Padrón, Van Horn & Harris, 2005).

Lieberman et al. (2005) used angels in context of parent-child relationships to access moments of feeling protected and support integration of positive and negative childhood experiences.

Applied angels to the drug court population:
- Do you have a memory of a time when you were little that you felt especially loved, understood or safe?
- Do you have a memory of a time in this program when you felt especially supported, understood or safe?
Childhood Memories

- Positive memory (47%); Mean ACE = 2.4
  - During the holidays, talking with family.
  - Yes, going to cabin in Mammoth, dad teaching me how to ski, seeing how proud my dad was.

- Positive memory w/ negative aspects (35%); Mean ACE = 4.5
  - I was really close with my grandpa. He always made me feel loved, safe, understood. I was probably closer with him than my dad. He died earlier than we thought he would.
  - Yeah, I was a little boy and I was playing soccer, and my sister (she passed away, God bless her) said for every goal you score, you get a scoop of ice cream. I scored like 4... it was different with my brothers, I always had to be tough, but with my sister, I just remember, she loved me.

- No positive memory (18%); Mean ACE = 6.1
Program Memories

- **Positive Memory (63%)**
  - *When I got into [staff]'s groups, we would do emotional regulation.*
    - She gave me some exercises and coping skills that helped me deal with the stress of the court system and probation.

- **Memory has positive and negative aspects / ambivalent (9%)**
  - *Right now I feel safe, I feel fine, I'm doing exactly what I'm supposed to be doing. I don't know if I feel understood or supported by my counselor—I know she can relate to where I'm coming from, but I don't get the feeling from my individual counselor like she really cares. Overall though, it's helping me big time.*

- **Memory about being helped with a problem or in a time of crisis (17%)**
  - *Definitely, when I had a relapse. I was expecting the worst – jail, prison, you name it. I just was overwhelmed with the support from my direct counselor. That was really an awesome, awesome experience, and I'm grateful to the bone.*

- **No Positive Memories (11%)**
Clinical Use & Implications

- Asking clients about positive memories may help cultivate compassion and gratitude for the figures in their life who were supportive and protective to them.
- Clients are often asked about negative experiences; remembering positive experiences may help clients to balance bad memories with good ones.
- Asking about memories may help clinicians see clients holistically.
- Clients and clinicians may recall these memories throughout treatment to get through challenging times.
- These questions may open door for exploration of client’s childhood.
Children Affected by Methamphetamine

Family Drug Treatment Court
What is Family Drug Treatment Court?

- Provides services to families affected by parental substance abuse and child maltreatment.
- Goals:
  - To protect children and help families through a collaborative team approach to treatment
  - Family reunification
  - To prevent continuation of the cycle of violence and intergenerational substance use problems
Santa Barbara FDTC

- **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
- Treat families with comprehensive, culturally-competent, and trauma-informed services
- Reduce parental substance abuse
- Strengthen parents’ confidence and competence
- Improve physical, developmental, and mental health of child participants
Interventions

Parent Services
- Drug and Alcohol (Matrix)
- Seeking Safety
- Nurturing Parenting
- Case Management
- FDTC

Child Services
- Case Management
- Screening
- Child Abuse Listening and Mediation (CALM)
- Early Start/Head Start
Assessments

Parent Measures
- Addiction Severity Index (ASI)
- Trauma Symptom Inventory (TSI)
- Adult-Adolescent Parenting Inventory (AAPI-2)
- Adverse Childhood Experiences (ACEs)
- Trauma History Screen (THS)

Child and Family Measures
- North Carolina Family Assessment System (NCFAS)
- Child Behavior Checklist, 1.5-5 and 6-18 (CBCL)
- Youth Self Report (YSR)
- Ages and Stages Questionnaire (ASQ-3)
- Ages and Stages Questionnaire: Social-Emotional (ASQ-SE)
### Participants

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Parental Substance Use

Drug of Choice

- Methamphetamine: 44%
- Alcohol or Marijuana: 28%
- Heroin or Opiates: 20%
- Poly Drug Use: 8%

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Adverse Childhood Experiences (ACEs)

% Clients

Emotional Neglect, Physical Abuse, Addict in Home, Parents Divorced, Emotional Abuse, Intimate Partner Violence, Physical Neglect, Sexual Abuse, Jail/Prison, Mental Illness in Home

Men, Women
Trauma History Screen (THS)

- Sudden move/loss of home & possessions
- Hit or kicked hard enough to injure as adult
- Event that made feel scared/helpless/horrified
- Seeing someone die suddenly/badly hurt
- Bad car, boat, airplane, train accident
- Attacked with gun, knife or weapon
- Hit or kicked hard enough to injure as child
- In military service, seeing something horrible
- Forced/made to have sexual contact as adult
- Hurricane, flood, earthquake, tornado, fire
- Abandoned by spouse/partner/parent or family

% Clients

Men

Women
Parent Outcomes: ASI

Mean Composite Score

- Medical
- Employment
- Alcohol
- *Drugs
- Legal
- Family
- Psychiatric

Intake
Discharge
Family Outcomes: NCFAS

% Mild to Serious Problems

- Environment
- Par. Capabilities
- Fam. Interactions
- Family Safety
- Child Well-Being
- Social/Comm. Life
- Self-Sufficiency
- Family Health
- CG/Child Ambiv
- Ready to Reunify

Intake
Discharge
How have things changed for you and your family since being a part of the FTDC?

- We got closer together. Before, I could do whatever I want, now there are rules.
- Changed a lot, I haven't done anything stupid. I did a lot of stupid things in Santa Maria. My dad is doing good, going to work, staying clean, not drinking. He's gonna graduate soon too.
- You don't want to do bad things as much. Everybody agrees more often.
- Things have gotten better because my brothers are learning how to act and I'm more calm now. And my mom can handle us better than she used to.
Child Feedback

What has been the most helpful thing about the services?

- Talking to people because it’s confidential – no one else will know about it.
- *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.*
- I feel happier, not sad as much. I feel grateful for things.
- *How it helped my mom. She's more motherly.*
- Being able to concentrate on stuff I need to do more.
Conclusions & Future Directions

- Many participants in drug treatment courts also have experienced trauma that needs to be addressed
  - Training
  - Assessment
  - Supervision
- Clinicians providing trauma-informed interventions need supervision/support to process vicarious trauma
- Treating parents requires awareness of family needs
  - Systemic oriented interventions
  - Age-appropriate evidence-based treatments
  - Case management
Thank you

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