

Coalescing on Women and Substance Use: Trauma-informed Online Tool



Coalescing on Women and Substance Use
Violence, Trauma and Substance Use

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Acknowledgements

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Trauma-informed Online Tool

Coalescing on Women and Substance Use – Linking Research, Practice and Policy

For more information, and to download an electronic version of this document, please visit

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Violence, trauma and substance use subsection

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About this issue

We have compelling evidence that women's substance use is linked to their experiences of trauma and violence. Yet service providers and policy makers have not always acted on these known connections. Anti-violence service providers, substance use treatment services, other women-serving agencies and decision makers are now finding ways to respond with policies and programs that integrate support on both issues.

Based on the findings of a one-year research project (2010-2011) to learn more about trauma-informed approaches in Canada, this site provides an overview of key issues and themes in practice and policy, highlights promising practices, and tensions. It also provides links to recommended readings, curricula and training resources, and web resources for working with women, understanding the connections between substance use, mental health and trauma, and strategies for developing trauma-informed practices and services.

Trauma Informed Care in Canada



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Trauma-informed Care in Canada

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Background on Canadian trauma-informed approaches

We found that the big issues that kept coming up – addictions, FASD, domestic violence and residential schools – were all related to trauma.

~ Social policy consultant

In 1992, Judith Herman published her influential book *Trauma and Recovery* [1]. She argued that trauma was a response to a wide range of experiences, not just limited to war and natural disasters. She described how traumatic reactions could also be related to experiences of physical and sexual abuse as a child, childhood neglect, sexual assault as an adult, domestic violence, witnessing violence, unexpected losses, and many other life events.

Since then, many other researchers, service providers, and service users have continued to expand on Herman's work to understand the relationship between trauma, substance use, and women's overall health. From physical health symptoms such as chronic pain to mental health symptoms such as insomnia, dissociation, self harm, depression and suicidality, survivors of traumatic events may present with a bewildering array of symptoms or adaptations to their experiences. These symptoms or adaptations can greatly affect women's ability to access, engage with, and benefit from substance use and mental health treatment.

We have also come to see the relevance of offering **trauma-informed services**, that is services that take into account this understanding of trauma in all aspects of the service delivery and place priority on trauma survivors' safety, choice and control. The work of researchers involved in the Women's Co-occurring Disorders and Violence Study [See for example, 2, 3, 4], Stephanie Covington [5], Laura Prescott [6], and many others have helped us see how trauma-informed services can be particularly important for women, given the high prevalence of trauma, related to high rates of early childhood abuse and later gender-based violence in relationships [7].

Recently, as part of a one-year project, researchers at the BC Centre of Excellence for Women's Health interviewed service providers, program planners, and policy makers across Canada to learn more about trauma-informed approaches being used to assist women with mental health, substance use and violence concerns. In general, the project found widespread awareness of the long-term effects that trauma can have on women throughout their lives. The project also noted:

- While many service providers and agencies did not use or were unclear about the definitions of "trauma-informed" and "trauma-specific," many were taking steps to offer supports which take into account women's experiences of violence/trauma.

- Many service providers and agencies were exploring ways to provide culturally safe and competent services for women of First Nations, Inuit and Métis descent. Support for women of Aboriginal descent included a recognition of the effects of colonization and residential schools as well as intergenerational trauma. Several service providers noted how many programs' structure, rules and regulations can be retraumatizing for residential school survivors.
- A number of substance use treatment programs, based on their understanding of the interconnections of trauma, substance use and mental health concerns, have incorporated education about trauma into their programs. For example, offering brief skills sessions on grounding and containment for coping with trauma effects, as a part of their intake and overall services.
- Some shelters and residential services have been making changes to the way they deliver services to address the needs of women with trauma histories. These shifts included: allowing women in residential programs to sleep with their doors open at night and have the lights on; providing a safe home-like atmosphere and with snacks available during the day (i.e., not adhering to strict mealtimes); providing clients a safe place to stay, even when intoxicated, in order to reduce further harm to the women.
- As well, awareness of the interconnections between women's experiences and their efforts to cope has led to efforts at a system-level to build partnerships between anti-violence, mental health and substance use sectors.

1. Herman, J., *Trauma and Recovery* 1992 New York: Harper Collins.
2. Markoff, L.S., et al., *Relational systems change: Implementing a model of change in integrating services for women with substance abuse and mental health disorders and histories of trauma*. Journal of Behavioral Health Services & Research, 2005. **32**(2): p. 227-240.
3. Moses, D., N. Huntington, and B. D'Ambrosio, *Developing integrated services for women with co-occurring disorders and trauma histories: Lessons from the SAMHSA Women with Alcohol, Drug Abuse and Mental Health Disorders Who Have Histories of Violence Study*, 2004, Policy Research Associates: Delmar, NY. p. 58.
4. Elliott, D.E., et al., *Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women*. Journal of Community Psychology, 2005. **33**(4): p. 461-477.
5. Covington, S.S., *Women and addiction: A trauma-informed approach*. Journal of Psychoactive Drugs, 2008. **SARC suppl**(5): p. 377-385.
6. Prescott, L., et al., *A Long Journey Home: A guide for generating trauma-informed services for mothers and children experiencing homelessness*, 2008, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration; and the Daniels Fund; National Child Traumatic Stress Network; and the W.K. Kellogg Foundation.: Rockville, MD.
7. Markoff, L.S., et al., *Relational systems change: Implementing a model of change in integrating services for women with substance abuse and mental health disorders and a histories of trauma*. Journal of Behavioral Health Services & Research, 2005. **32**(2): p. 227-240.

Examples of Trauma-Informed Practice in Canada

Example 1 - Transforming Services

The work of the [Jean Tweed Centre](#), Toronto, ON

The Jean Tweed Centre in Toronto first opened in 1983 as a treatment program specifically for women with substance use concerns. Since then their programs have evolved to include both residential and day programming including programs for women and their children. Early on, as part of their woman-specific focus they recognized the trauma experiences of the women they were supporting and began providing trauma-informed and trauma-specific services. They transformed their services in a four-stage process.

Step 1 – Identifying the issue

Through tracking, they noticed that over 80% of their clients had a trauma-related experience. With this information, and influenced by the work of Judith Herman, program leaders began to research the topic and address the issue through:

- Education – they provided education for their staff and invited the Ministry of Health funders to be part of the learning;
- Proposal development – they received funding for a clinical supervisor and trauma counsellor; and,
- Program evaluation – they learned that the approaches used to raise the issue of trauma were, in some cases, contributing to instability and retraumatization.

Step 2 – Shift to trauma-informed

Services shifted from standardized screening and discussion of trauma to a more “trauma-informed” approach. Service providers became much more knowledgeable about the issues, and focused on creating a safe environment where trauma was acknowledged and the impact understood.

Step 3 – Depth and capacity

Looking to deepen their capacity to support women who experience trauma, staff were offered more in-depth training in the practice of mindfulness and in the *Seeking Safety* model, which combines first-stage trauma treatment and relapse prevention. Now: 1) all programs at the Centre are trauma-informed; 2) Seeking Safety groups are offered to all women; and, 3) a dedicated trauma counsellor provides individual counselling for women and consultation/education with staff.

Step 4 – Continuing braided support

Emphasis is placed on integrating and braiding trauma and substance use services as new programs are developed. For example, in their more recently developed outreach services for pregnant and parenting women, they may see the impact of trauma in

apprehension, birth, parenting, etc. With a trauma-informed approach, staff are able to address both aspects of healing concurrently.

Overall, the key aspects of the braided approach include:

- Ongoing staff education – maintaining a foundation of knowledge and training for all staff;
- Support for a concurrent and staged approach that combines trauma-informed with trauma-specific services;
- Clinical and peer supervision that builds reflexive practice for all staff; and,
- Evaluation – continuing to listen to the experiences of women as they move through their journey, building on clinical wisdom and incorporating evidence-informed practice.

Example 2 – Development of Trauma-Informed Practice and Support Training (TIPS)

By the Victoria Women’s Sexual Assault Centre, Victoria, BC

Since 1982, the Victoria Women’s Sexual Assault Centre (VWSAC) has focused on healing and prevention and education about sexualized violence. In order to deliver a range of prevention initiatives, they partner with a number of community services. Over time, the agency found that requests for information and support from community providers working with trauma survivors were increasing. VWSAC found that previous models for support and information to community agencies were no longer sufficient to meet the needs of community providers as they attempted to address the urgent and complex needs of clients. VWSAC educators realized that they needed to increase community capacity to respond to trauma/violence survivors.

The TIPS Curriculum

In 2008, VWSAC formed an advisory committee to develop a curriculum for training youth support workers to provide trauma-informed care in a multitude of settings. The curriculum was modified for other agencies serving marginalized women. Building on the skills that community support workers already have, the curriculum focuses on providing first-stage skills and knowledge on the interconnections of trauma, mental health and substance use. After every training, the advisory committee modified the curriculum based on evaluations. From this they have created a flexible, modular curriculum that can assist a variety of community organizations in becoming trauma-informed.

The TIPS training emphasizes *being* trauma-informed and *referring to* trauma-specific services. The curriculum incorporates trauma-related effects, information, and skills as they relate to the survivor, the service provider, and the survivor/provider relationship. These three areas are included into the following components:

- Trauma competence – Understanding what trauma is, its prevalence and its effects on the survivor. Trauma is broadly defined and includes: colonial trauma, intergenerational trauma and developmental trauma;
- Understanding the client/survivor – Response to trauma from the survivor, from the family and the response to the survivor from others in society. A view of trauma within the larger context of living is explored, not focusing only on the individual;
- Client empowerment – Client choice within the context of safety can present challenges for service providers and the curriculum explores these issues;
- How working with survivors of trauma may affect supporters; and,
- Safety – providing both internal and external safety to a wide range of clients. Physical safety is often paramount to service providers, but providing emotional containment for survivors requires a different set of skills.

Currently most of the TIPS trainings have been for direct service workers. Nonetheless, the training encourages that a trauma lens be applied to all levels of an organization. Future plans for the curriculum are to extend the training to management and administration with the aim of influencing trauma-informed practices more broadly.

Recommended Readings

Below is a selection of 10 key resources on trauma-informed care for women in a Canadian context. The list is not meant to be exhaustive, but rather serve as an introduction and overview of key issues and perspectives. If you are interested in a more complete listing of grey and academic literature, please contact the BC Centre of Excellence for Women's Health.

For full versions of academic research articles not available on-line, we encourage you to e-mail requests for electronic reprints (e.g., text files, PDFs, faxed copies) to the lead author.

1. Ad Hoc Working Group on Women Mental Health Mental Illness and Addictions. (2006). *Women, Mental Health and Mental Illness and Addiction in Canada: An Overview*. Winnipeg, MN: Canadian Women's Health Network and the Centres of Excellence for Women's Health.

This report describes how important sex and gender based analysis is, for mental health and addictions policy in Canada, and includes a number of information sheets on the intersections among women's substance use, mental health and experience of trauma and violence.

[Read more >> http://www.cwhn.ca/en/node/39344](http://www.cwhn.ca/en/node/39344)

2. Haskell, L. (2003). *First stage trauma treatment: A guide for mental health professionals working with women*. Toronto, ON, Centre for Addiction and Mental Health.

In this book, Dr. Haskell describes for clinicians the consequences of trauma on women's physical and mental health, and specifics on how and when to deliver first-stage trauma treatment. Each part of the book is available for download, and ordering information is provided.

[Read more >>](#)

http://www.camh.net/Publications/Resources_for_Professionals/First_stage_trauma/index.html

3. Hiebert-Murphy, D. W., Lee (2000). "A model for working with women dealing with child sexual abuse and addictions: The Laurel Centre, Winnipeg, Manitoba, Canada." *Journal of Substance Abuse Treatment* **18**(4): 387-394. The authors describe the clinical model for providing integrated and trauma-informed treatment for women at the Laurel Centre in Manitoba.

[Read more >>](#)

<http://www.journalofsubstanceabusetreatment.com/article/S0740-5472%2899%2900075-6/abstract>

4. Klinik Community Health Centre (2008).

This guidebook offers general guidelines for trauma-informed practice to assist

service providers to increase their capacity in delivering trauma-informed services. It can be downloaded in PDF format or ordered from the publisher.

[The Trauma-informed Toolkit](#)

5. Lavallee, L. F. and J. M. Poole (2010). "Beyond recovery: Colonization, health and healing for Indigenous people in Canada." *International Journal of Mental Health & Addiction* **8**(2): 271-281.

The healing practices of Indigenous people in Canada are profound and holistic, and the recovery process for them must take history, healing practices and the effects of colonization into account. The authors argue that we must expand our limited notions of recovery and practice as it pertains to the health of Indigenous people.

[Read more >> http://www.springerlink.com/content/w25693732t857k45/](http://www.springerlink.com/content/w25693732t857k45/)

6. Schacter, C. L., Stalker, C. A., Teram, E., Lasiuk, G. C., Danilkewich, A., (2008). *Handbook on sensitive practice for health care practitioner: Lessons for adult survivors of childhood sexual abuse*. Ottawa, Public Health Agency of Canada. This downloadable handbook presents information designed to help health care practitioners practice in a manner that is sensitive to the needs of adult survivors of childhood sexual abuse and other types of interpersonal violence (not gender specific). It outlines nine principles for working with survivors of childhood sexual abuse in primary care settings are described by these practitioners.

[Read more >> http://www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/nfntsx-handbook_e.pdf](http://www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/nfntsx-handbook_e.pdf)

7. Van Ameringen, M. M., Catherine; Patterson, Beth; Boyle, Michael H., (2008). "Post-traumatic stress disorder in Canada." *CNS Neuroscience & Therapeutics* **14**(3): 171-181.

Researchers in this study interviewed over 2991 men and women across the country about traumatic events they had experienced and symptoms of PTSD. As in studies done in the U.S., they found that women are more likely to develop PTSD following a traumatic event and that the most traumatic of events for both men and women is sexual assault. Van Ameringen et al. provide prevalence rates and information by gender that is specific to Canada.

[Read more >> http://onlinelibrary.wiley.com/doi/10.1111/j.1755-5949.2008.00049.x/abstract](http://onlinelibrary.wiley.com/doi/10.1111/j.1755-5949.2008.00049.x/abstract)

8. Van Wyk, L. and N. Bradley (2007). A braided recovery: Integrating trauma programming at a women's substance use treatment centre. *Highs and lows: Canadian perspectives on women and substance use*. N. Poole and L. Greaves. Toronto, ON, Centre for Addiction and Mental Health.

This chapter describes the stages of integrating a trauma-informed approach to women's substance use treatment taken the Jean Tweed Centre in Toronto.

[Read more >>](#)

http://www.camh.net/Publications/Resources_for_Professionals/Highs_Lows/index.html

9. Waldron, I. R. G. and K. McKenzie (2008). Re-conceptualizing "trauma": Examining the mental health impact of discrimination, torture and migration from racialized groups in Toronto. K. McKenzie. Across Boundaries, Toronto. In this report, the authors make the case for using a broader trauma lens to view the emotional and physical distress of Canadians including ongoing racism, immigration, social inequality and exclusion, and discrimination. They offer specifics for improving client support and service delivery.
[Read more >> http://acrossboundaries.ca/conference/Trauma%20Report.pdf](http://acrossboundaries.ca/conference/Trauma%20Report.pdf)
10. Wesley-Esquimaux, C. C. and A. Snowball (2010). "Viewing violence, mental illness and addiction through a wise practices lens." *International Journal of Mental Health & Addiction* 8(2): 390-407.
The authors state that Aboriginal healing models have been largely dismissed by the health care system. Wesley-Esquimaux and Snowball present the "wise practices" model of healing, which is based on sacred Aboriginal values, and argue that it should sit alongside "best practices" model. Recovering and using traditional healing traditions will return strength and self-efficacy to Aboriginal people.
[Read more >> http://www.springerlink.com/content/1k7753kv66x117t4/](http://www.springerlink.com/content/1k7753kv66x117t4/)

Web Links

Below is a list of Canadian web sites providing information about trauma-informed practices with women.

Centre for Addictions and Mental Health (CAMH)

CAMH: Cross Currents Magazine Spring 2009 – This issue of Cross Currents was entitled “Are you trauma-informed?”

<http://www.camhcrosscurrents.net/archives/spring2009/index.html>

CAMH: *First Stage Trauma Treatment: A guide for mental health professionals working with women.*

This site has excerpts from this book by Dr Lori Haskell.

http://www.camh.net/Publications/Resources_for_Professionals/First_stage_trauma/

CAMH: Overview of trauma treatment for mental health and substance abuse counsellors – This section of the CAMH Knowledge Exchange Network provides links to a range of trauma treatment resources

http://knowledgex.camh.net/amhspecialists/specialized_treatment/trauma_treatment/Pages/default.aspx

CAMH: *Women: What do these signs have in common? Recognizing the effects of abuse-related trauma.*

This pamphlet provides women who have experienced abuse and violence help in understanding what has happened to them, the possible effects of what has happened to them and where they can go for help. It is provided on the CAMH site in PDF form for printing and downloading.

http://www.camh.net/About_Addiction_Mental_Health/Mental_Health_Information/women_recognize_trauma.html

Ending Violence Association of BC

[*Freedom from Violence: Tools for working with Trauma, Mental Health and Substance Use.*](#)

This comprehensive toolkit offers specific, practical trauma-informed strategies for working with women who have substance use and mental health concerns. Strategies for discussing substance use, mental health concerns and for safety planning are included.

The Homeless Hub

This Canadian site provides links to a range of resources on working in a trauma-informed way with people experiencing homelessness, including women and children.

<http://www.homelesshub.ca/Topics/Trauma-Informed-Care-512.aspx>

The Ontario Woman Abuse Screening Project

The [Ontario Woman Abuse Screening Project](#) provides in-depth information on woman abuse, trauma and their relationship to mental health and substance use. There are a number of screening tools and a screening video. Also included are information on stabilization and safety planning.

Woman Abuse Response Program

[Building Bridges](#) is a cross-sectoral initiative to support women experiencing violence, mental health and substance use issues. It is led by the Woman Abuse Response Program at BC Women's Hospital and Health Centre Vancouver, BC.

British Columbia Society of Transition Houses

[British Columbia Society of Transition Houses](#) is a non-profit centre that supports strategies and agencies that work to end violence against women and children. They provide training, resources and education to service agencies and partner with other community organizations in special projects and knowledge translation activities. They are currently undertaking a project entitled *Reducing Barriers to Support for Women Experiencing Violence* which is about expanding support on substance use and mental health concerns for women accessing violence services

Webcast

What do we mean by "trauma informed" care? (November 18, 2010)

Duration:

Description: This webcast features a discussion between six researchers and/or service providers across Canada and the U.S. who work with women in the areas of mental health, substance use and trauma/violence. Following the initial presentations, participants were able to ask questions and hear these questions discussed in a real-time, round-table format.

[View the webcast >>](#)

[View the presentation slides >>](#)

*Production of this web-based guide has been made possible through a financial contribution from Health Canada.
The views expressed herein do not necessarily represent the views of Health Canada.*

Connecting Substance Use, Mental Health, and Trauma



Coalescing on Women and Substance Use

**Connecting Substance Use,
Mental Health and Trauma**

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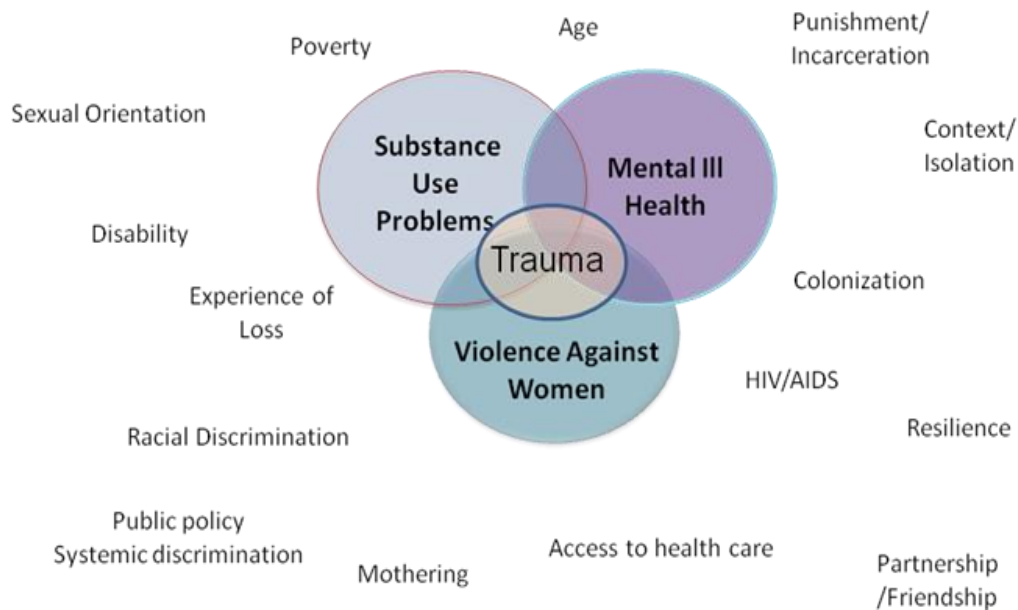
Background on the Connections

I have come to believe that trauma is the problem, and substance use the solution . . . until the solution becomes the problem. ~ Addictions counsellor

Evidence is building on the contribution of abuse and trauma to mental illness and substance use problems in women, and in turn, the benefits of trauma-informed approaches in reaching and assisting them. A recent Canadian study involving six women's treatment centres from across Canada found that 90% (n=55/61) of the women interviewed reported childhood or adult abuse histories in relation to their problematic use of alcohol [1]. In general it has been noted in the literature that as many as 2/3 of women with substance misuse problems report a concurrent mental health problem such as anxiety and depression, and they also commonly report surviving physical and sexual abuse either as children or adults [2].

The implications of these interconnections are significant and affect not only emotional health and well-being, but all areas of women's lives including their physical health and mothering. Experiences of violence and trauma are linked to central nervous system changes, sleep disorders, cardiovascular problems, gastrointestinal and genito-urinary problems, as well as reproductive and sexual problems. A study of birth mothers of children with Fetal Alcohol Syndrome found that 100% had histories of serious sexual, physical and/or emotional abuse and 80% had a major unaddressed mental illness [3]. Yet, surprisingly little attention has been given to the needs of mothers with co-occurring mental health disorders and trauma. The image below illustrates how trauma can be central to women's experience of substance use, mental health problems and experience of ongoing violence.

Making the Links



1. Brown, C. *The pervasiveness of trauma among Canadian women in treatment for alcohol use*. in *Looking Back, Thinking Ahead: Using Research to Improve Policy and Practice in Women's Health*. 2009.
2. Logan, T., et al., *Victimization and substance abuse among women: Contributing factors, interventions and implications*. Review of General Psychology, 2002. **6**(4): p. 325-397.
3. Astley, S.J., et al., *Fetal Alcohol Syndrome (FAS) primary prevention through FAS Diagnosis: II. A comprehensive profile of 80 birth mothers of children with FAS*. Alcohol & Alcoholism, 2000. **35**(5): p. 509-519.

Examples of Studies that Highlight the Connections

Below are two examples of key studies which explored the connections between trauma, substance use and mental health.

Example 1 – The Adverse Childhood Experiences Study (ACE)

The ACE study looked at the life histories of 17,337 people in the U.S. to determine the connections between adverse childhood experiences and health in adulthood. A number of research articles were published that corroborate the link between adverse childhood experiences and health outcomes including substance use, mental health issues and violence. The study produced an assessment tool called the ACE Score, which is used to identify health risks based on the number of positive responses.

- Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., et al. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European Archives of Psychiatry & Clinical Neuroscience*, 256(3), 174-186.

Detailing the methods and results of the ACE study, this article includes information on the effects of adverse experiences on the brain.

[Link to Abstract >>](#)

- Chapman, D., Whitfield, C., Felitti, V., Dube, S., Edwards, V., & Anda, R. (2004). Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of Affective Disorders*, 82(2), 217-225.

The authors discuss the degree to which the number of adverse childhood events is associated with increased depression in adulthood.

[Link to Abstract >>](#)

- Dube, S., Felitti, V., Dong, M., Chapman, D., Giles, W., & Anda, R. (2003). Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: The adverse child experiences study. *Pediatrics*, 111(3), 564-572.

Ten categories of adverse childhood events were measured. For people reporting five or more adverse events, the likelihood of illicit drug use increased 7- to 10-fold. Other risk factors are discussed.

[Link to Abstract >>](#)

Example 2 – The Women, Co-occurring Disorders and Violence Study (WCDVS)

The WCDVS, funded by the US Substance Abuse and Mental Health Services Administration, was a groundbreaking study designed to pilot interventions that addressed the needs of women with substance use and mental health concerns and histories of trauma and violence. Results from the WCDV study provided promising evidence that trauma-informed, comprehensive services were needed to provide better care to women with these co-occurring problems. In the final phase of the study 2,729 women were enrolled in 9 sites across the U.S. Half were enrolled into traditional service models and half into integrated services. There are many articles published about this study's findings. The following articles were selected for their focus on the connections of trauma, mental health and substance use among women.

- Amaro, H., Larson, M. J., Gampel, J., Richardson, E., Savage, A., & Wagler, D. (2005). Racial/ethnic differences in social vulnerability among women with co-occurring mental health and substance abuse disorders: Implications for treatment services. *Journal of Community Psychology*. Special issue: Serving the Needs of Women With Co-Occurring Disorders and a History of Trauma, 33(4), 495-511.

Women with co-occurring disorders and a history of violence have significant and special needs that are not being met with existing services.

[Link to Wiley Abstract](#) >>

- Becker, M. A., Noether, C. D., Larson, M. J., Gatz, M., Brown, V., Heckman, J. P., 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*. Special issue: Serving the Needs of Women With Co-Occurring Disorders and a History of Trauma, 33(4), 429-443.

This study demonstrated that women in treatment for trauma and co-occurring disorders have substantial mental and physical health needs and a significant history of violence and abuse.

[Link to Wiley Abstract](#) >>

- Gatz, M., Russell, L. A., Grady, J., Kram-Fernandez, D., Clark, C., Marshall, B. (2005), Women's recollections of victimization, psychological problems, and substance use. *Journal of Community Psychology*, 33(4), 479-493.

Data from this study demonstrated that 2/3 of women who had experienced physical and sexual abuse reported that it occurred before they were 18 years old. The study also found that the abuse preceded substance use disorders.

[Link to Wiley Abstract](#) >>

- Larson, M. J., Miller, L., Becker, M., Richardson, E., Kammerer, N., Thom, J., et al. (2005). Physical health burdens of women with trauma histories and co-occurring substance abuse and mental disorders. *Journal of Behavioral Health Services & Research*, 32(2), 128-140.

Nearly half of the women in the WCDV study reported serious physical health issues that affected their daily lives.

[Link to PubMed Abstract](#) >>

Recommended Readings

Below is a selection of key resources on the interconnections between substance use, mental health and trauma. Where possible, we have selected studies relevant to the Canadian context. All articles have been published within the past 10 years (since 2001).

The list is not meant to be exhaustive, but rather serve as an introduction and overview of key issues and perspectives. If you are interested in a more complete listing of grey and academic literature, please contact the BC Centre of Excellence for Women's Health. For full versions of academic research articles not available on-line, we encourage you to e-mail requests for electronic reprints (e.g., text files, PDFs, faxed copies) to the lead author.

1. Amstadter, A. B., Resnick, H. S., Nugent, N. R., Acierno, R., Rheingold, A. A., Minhinnett, R. & Kilpatrick, D. G. (2009). Longitudinal trajectories of cigarette smoking following rape. *Journal of Traumatic Stress*, 22(2), 113-121.

Research has identified that cigarette smoking increases following trauma exposure. The authors focused on increases for sexual assault victims in particular, and found that increased smoking depended on a few factors which include depression, PTSD symptoms, and being injured during the assault. The authors discuss interventions to target smoking following an experience of sexual assault.

[Link to Abstract on PubMed >>](#)

2. Back, S., Sonne, S., Killeen, T., Dansky, B., & Brady, K. (2003). Comparative profiles of women with PTSD and comorbid cocaine or alcohol dependence. *The American Journal of Drug and Alcohol Abuse*, 29(1), 169-189.

The authors compared two groups of women in substance use treatment; those who were dependent on alcohol and those who were dependent on cocaine. Some of the factors they looked at included history of trauma, addiction severity, and symptoms of PTSD. An example of differences: women dependent on alcohol had more exposure to accidents and circumstances that resulted in serious injury, whereas, women who were cocaine dependent had greater social consequences.

[Link to PubMed Abstract >>](#)

3. Ballon, B. C., Courbasson, C. M. A., & Smith, P. D. (2001). Physical and sexual abuse issues among youth with substance use problems. *The Canadian Journal of Psychiatry / La Revue canadienne de psychiatrie*, 46(7), 617-621.

Girls in adolescent substance use treatment in Canada had higher rates of both sexual abuse and physical abuse in comparison to boys in treatment. Of all those in treatment reporting abuse, girls were more likely than boys to use substances

to cope with experiences of trauma.

[Link to PubMed Abstract >>](#)

4. Bopp, J., van Brugen, R., Elliott, S., Fuller, L., Haché, M., Hrenchuk, C., et al. (2007). *You Just Blink and it Can Happen: A Study of Women's Homelessness North of 60, Pan-Territorial Report*. Four Worlds Centre for Development Learning, Qullit Nunavut Status of Women Council, YWCA Yellowknife, Yellowknife Women's Society, Yukon Status of Women's Council.

Women in the North are particularly vulnerable to homelessness. Based upon over 250 interviews with homeless women in the Yukon, Nunavut and the Northwest Territories, this report explores the conditions that affect women in the North and includes an analysis of social determinants of health and experience of trauma and substance use, as well as policies affecting women.

[Link to Document >>](#)

5. Boughton, R., & Falenchuk, O. (2007). Vulnerability and comorbidity factors of female problem gambling. *Journal of Gambling Studies*, 23(3), 323-334.

This study surveyed 365 women gamblers from across Ontario about their personal history, mental health concerns and gambling behaviours. Higher rates for abuse and co-occurring disorders were reported by women who gamble than by women in the general population. Prevention and treatment strategies for problem gamblers should take trauma, mental health and addiction histories into account.

[Link to PubMed Abstract >>](#)

6. Brady, K. T., Back, S. E., & Coffey, S. F. (2004). Substance abuse and posttraumatic stress disorder. *Current Directions in Psychological Science*, 13(5), 206-209.

This study demonstrated that substance abuse and posttraumatic stress disorder commonly co-occur. Possible explanations are provided by the authors.

[Link to Sage Abstract >>](#)

7. Christensen, R. C., Hodgkins, C. C., Garces, L. K., Estlund, K. L., Miller, M. D., & Touchton, R. (2005). Homeless, mentally ill and addicted: The need for abuse and trauma services. *Journal of Health Care for the Poor & Underserved*, 16(4), 615-621.

This study looked at the lifetime prevalence of trauma, (specifically sexual or physical abuse) in a group of 78 homeless adults with co-occurring disorders. They found that 100% of the women and 68.6% of the men had experienced a life-

altering traumatic event. The authors discuss the STAR program as a model for helping homeless people with co-occurring disorders.

[Link to ProjMuse Abstract >>](#)

8. Dion, J., Collin-Vézina, D., De La Sablonnière, M. Philippe-Labbé, M.-P., & Giffard, T. (2009). An exploration of the connection between child sexual abuse and gambling in Aboriginal communities. *International Journal of Mental Health Addiction*.

Child sexual abuse has long been linked as a potential risk factor to the development of addictions. In this article, the authors discuss the existing studies on the links between addictions and gambling. They note that gambling is more prevalent in Aboriginal populations and discuss possible reasons including historical trauma.

[Link to Article >>](#)

9. Godard, L., Cory, J., & Abi-Jaoude, A. (2008). Building Bridges - Linking Woman Abuse, Substance Use and Mental Ill Health: Summary Report January 2008. Vancouver, BC: Woman Abuse Response Program, BC Women's Hospital.

Based on the extensive interviews with service providers and policy makers in 82 British Columbia communities and the personal stories shared from women with lived experiences of violence and abuse, the Building Bridges initiative describes the interconnections of woman abuse, substance use and mental health issues for women. This report recommends integration of services for women and cross-sectoral collaboration as a way to improve service delivery and the health and safety outcomes for women.

[Link to Report >>](#)

10. Hien, D., Litt, L. C., Cohen, L. R., Miele, G. M., & Campbell, A. (2009). Perspectives on traumatic stress, posttraumatic stress disorder, and complex posttraumatic stress disorder. *Trauma services for women in substance abuse treatment: An integrated approach*. (pp. 9-17). Washington, DC: American Psychological Association.

This chapter offers a succinct overview of the relevance of trauma to understanding women with addictions concerns and explores the evidence for the self-medication model as explanatory.

[Link to Book Overview >>](#)

11. Logan, T., Walker, R., Cole, J., & Leukefeld, C. (2002). Victimization and substance abuse among women: Contributing factors, interventions and implications. *Review of General Psychology*, 6(4), 325-397.

This article provides a very comprehensive look at the high rates of the co-occurrence of substance use and victimization, which are described in the literature. The authors discuss the complexity of this relationship and present a synthesis of the factors that have been identified as contributing to victimization and substance abuse.

Link to [Presentation by Logan](#) in PowerPoint.

12. Marquenie, L. A., Schadé, A., van Balkom, A. J. L. M., Comijs, H. C., de Graaf, R., Vollebergh, W., et al. (2006). Origin of the comorbidity of anxiety disorders and alcohol dependence: Findings of a general population study. *European Addiction Research*, 13(1), 39-49.

This study found that anxiety and substance use disorders often co-occur and they have a distinct relationship and may be associated with childhood traumatic events. Further, the authors found that anxiety disorders precede alcohol dependency.

[Link to Article >>](#)

13. Niccols, A., Dell, C. A., & Clarke, S. (2010). Treatment issues for Aboriginal mothers with substance use problems and their children. *International Journal of Mental Health and Addiction*, 8(2), 320-335.

The authors discuss the issues concerning substance use by women who are pregnant or parenting. The article focuses on Canadian Aboriginal women in particular and reviews the unique challenges these women encounter, which include intergenerational trauma and colonization.

[Link to Article >>](#)

14. Poole, N., Greaves, L., Jategaonkar, N., McCullough, L., & Chabot, C. (2008). Substance Use by Women Using Domestic Violence Shelters. *Substance Use & Misuse*, 43(8/9), 1129-1150.

The authors describe the interconnections of substance use, violence and stress among women using domestic shelter services in British Columbia.

[Link to PubMed Abstract >>](#)

15. Schneider, R., Burnette, M. L., Ilgen, M. A., & Timko, C. (2009). Prevalence and correlates of intimate partner violence victimization among men and women entering substance use disorder treatment. *Violence And Victims*, 24(6), 744-756.

Nearly 1 in 2 women and 1 in 10 men entering substance abuse treatment report lifetime abuse by an intimate partner. This abuse leads to a complex set of physical and mental issues that are often gender-specific.

[Link to PubMed Abstract >>](#)

16. Stevens, S. J., Andrade, R. A. C., & Ruiz, B. S. (2009). Women and substance abuse: Gender, age, and cultural considerations. *Journal of Ethnicity in Substance Abuse*, 8(3), 341-358.

The rise of substance use among women is discussed within the context of violence and trauma, mental health concerns, physiological factors and cultural factors.

[Link to Abstract >>](#)

17. Weaver, T.L., & Etzel, J.C. (2003). Smoking patterns, symptoms of PTSD and depression: Preliminary findings from a sample of severely battered women. *Addictive Behaviors*, 28, 1665-1679.

This study explores the relationship between smoking, depression and post-traumatic stress. The research findings reveal correlations between smoking levels and socio-economic factors, levels of physical abuse and controlling behavior, and basic life functioning. Implications for treatment and further research are explored.

[Link to ScienceDirect Abstract >>](#)

18. Vaillancourt, A., & Keith, B. Substance use among women in “The Sticks”: Northern perspectives. In: Poole, N., Greaves, L., eds. *Highs and lows: Canadian perspectives on women and substance use*. Centre for Addiction and Mental Health, 2007:37-50.

The authors note that most of the understanding of women's substance use has come from research of urban women, and recommend specific attention should be focused on the needs and experiences of women in diverse geographic locations. In their study they conducted focus groups and individual interviews with: 1) women who used substances, and 2) service providers working with women who used substances. In their findings they discuss the intersecting nature of violence, stigma, economic challenges, and substance use as they affect women in rural communities.

[Link to Highs & Lows.](#)

19. Zilberman, M.L., Tavares, H., Blume, S. B., & el-Guebaly, N. (2003). Substance use disorders: Sex differences and psychiatric comorbidities. *Canadian Journal of Psychiatry*, 48(1), 5-13.

The authors performed a computerized search of health information databases in Canada to determine sex differences in psychiatric co-morbidities. They found that women with substance use disorders are more likely to have psychiatric co-morbidities than men. Additionally, the authors found that depression is often primary in women, while for men substance abuse is primary.

[Link to PubMed Abstract.](#)

Web Links

U.S. Department of Health and Human Services

U.S. Department of Health and Human Services is currently presenting a series of webinars under the title “The Impact of Trauma on Women and Girls Across the Lifespan”. Although these webinars do address trauma-informed approaches, they also discuss the connections between trauma, substance use and mental health, so we include them here. Below are archived webinars.

[Women, Girls & Trauma: A Gender-responsive Approach](#)

Speaker: Dr. Stephanie S. Covington

Presented on November 2, 2010.

In this webinar, Stephanie Covington describes what is known about trauma and violence in the lives of women and girls, how it specifically affects them, and the need for gender-specific approaches. Follow the link and related instructions to view.

[Lifecourse Effects of Trauma in the Lives of Girls: Findings from Adverse Childhood Exp. Study](#)

Speaker: Dr. Valerie J. Edwards

Presented on December 14, 2010.

Dr. Edwards is a member of the Adverse Childhood Experiences (ACE) study research team and discusses gender-specific findings related to traumatic experiences in childhood. She reviews health issues that particularly affect girls and women including alcohol use, smoking, drug abuse and obesity.

From Stilettos to Moccasins

[From Stilettos to Moccasins](#) is a unique knowledge translation of academic, community-based research. After gathering Aboriginal women’s stories of healing from sexual abuse and violence, addictions and incarceration, the researchers and participants came together to create a music video. [More information](#) about the project is provided by researcher Colleen Dell, PhD.

Canadian Women’s Health Network

Making the links: Violence, Trauma and Mental Health

<http://www.cwhn.ca/en/node/41607>

Ending Violence Association of British Columbia

You are not alone: Violence, Substance Use and Mental Health

<http://www.endingviolence.org/node/850>

Ontario Woman-Abuse Screening Project, Toronto

Offers in-depth information about incorporating trauma-informed approaches into mental health, substance abuse programs and transitional houses along with tools and

training guides. Resources include violence/trauma screening assessments and a number of information videos and presentations on the connections between violence/trauma, mental health, substance use and housing.

<http://womanabusescreening.ca>

Queensland Women's Health Network News

This issue offers information about the connections of gambling with trauma, mental health and substance use issues.

[Women and Addiction: Gambling](#)

Webcast

Connections: Working with Women on Substance Use and Violence Issues (September 25, 2006)

Duration: 71 mins

Description: This webcast shares the work of violence services in Canada towards responding to the needs of women with both substance use problems and violence/trauma related issues. The content reflects the discussion of 20 representatives working in violence and substance use agencies, as well as in research and policy contexts, who participated in a virtual community of practice over a 4-month period from April through July 2006 on this topic. The project was sponsored by the BC Centre of Excellence for Women's Health (BCCEWH), and co-sponsored by the Canadian Women's Health Network (CWHN) and the Canadian Centre on Substance Abuse (CCSA).

[View the webcast >>](#)

[View the presentation slides >>](#)

Production of this web-based guide has been made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

Developing Trauma-Informed Practices



Coalescing on Women and Substance Use
**Developing Trauma-informed
Practices**

www.coalescing-vc.org

Background

What do we mean by “trauma-informed” practice?

Not everyone needs to know everything about trauma, but everyone needs to know something. ~ Project manager, community training initiative

Service providers who work with women in a range of contexts can play an important role in supporting women who have experienced trauma. Service providers who work from a "trauma-informed" perspective are not necessarily specialists in providing treatment for trauma; instead, they recognize the effects of trauma and are able to alter their practices to provide appropriate support for women. “Trauma-Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.”[1]

Trauma-informed practices can include a range of practice and program adaptations [2] such as:

- supporting women in understanding the connections between their experience of trauma and their current strategies for coping (both adaptive and maladaptive);
- ensuring women have choices and control about their service use and treatment options;
- using collaborative ways of determining needs and plans and handling distress; every attempt is made to share power, decrease hierarchy and build trust;
- adapting screening and intake procedures so that women are not required to disclose trauma before they are ready, nor have to repeatedly re-tell their stories;
- recognize the range of emotional responses and symptoms that women may experience and view these as symptoms or adaptations to difficult life experiences rather than problem behaviours; and,
- facilitate the learning of coping strategies, healing and empowerment.

Trauma-specific practice – what is the difference?

Trauma-specific services are often differentiated from "trauma-informed" practices. Trauma-specific services more directly address the need for healing from traumatic life experiences and facilitate trauma recovery through counselling and other clinical

interventions. *Seeking Safety*[3] and *Beyond Trauma*[4] are two evidence-based program examples that take an integrated approach to treatment for women with both trauma and substance use concerns. They have elements of trauma-informed practices as well as trauma-specific interventions. A recent Canadian study identified how substance use treatment for Aboriginal women needs to integrate recognition of trauma, as well as direct healing supports for both trauma and substance use concerns [5].

1. Hopper, E.K., Bassuk, E.L. & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings, *The Open Health Services and Policy Journal*, 3, 80-100.
2. Harris, M. & Fallot, R.D. (2001). *Using trauma theory to design service systems* (San Francisco, CA US, Jossey-Bass).
3. Najavits, L.M. (2002). *Seeking Safety: A treatment manual for PTSD and substance abuse* (New York, The Guilford Press).
4. Covington, S. (2003). *Beyond trauma: A healing journey for women* (Center City, Minnesota, Hazeldon).
5. Dell, C.A. & Clark, S. (2009). The role of the treatment provider in Aboriginal women's healing from illicit drug abuse Available from: www.coalescing-vc.org/virtualLearning/community5/documents/Cmt5_InfoSheet2.pdf.

Examples of Trauma-Informed Approaches

Example 1 - Providing Information about the Effects of Trauma

Many women with lived experiences of trauma report that understanding and learning about the effects of trauma can be validating. Acknowledging that reactions and feelings are normal is a powerful step toward healing from trauma [1, 2] and can be an opportunity develop a collaborative relationship with women.

The Centre for Addictions and Mental Health has developed two pamphlets that can be incorporated into existing programming, handed out during intake and assessment, or left in waiting areas for women to pick up on their own.

- [What do these signs have in common? Recognizing the effects of abuse-related trauma.](#)
- [Common questions about trauma](#)

It is also important to respect the ways of coping that have allowed you to protect yourself, and to survive emotionally and physically. This same strength can be used in your work toward healing from abuse.

Healing starts with learning to identify and understand what has happened to you, and how it affects your life today. That way, you can find the kind of help you need to recover.

Why healing is important

Healing is important because it:

- allows women to feel more in control of their lives and entitled to their own thoughts and feelings
- allows women to develop closer relationships with others
- helps women to free themselves from the traumatic past; they no longer relive it in nightmares or in their daily lives whenever they feel afraid or powerless
- can help relieve pain and depression
- can help women experience their bodies and feelings again.

Seeking help is important

Women can and do recover from abuse-related trauma. In the first stages of trauma therapy, women learn more effective and less harmful ways to deal with the overwhelming pain they feel. Therapy also helps women cope with effects such as flashbacks, panic and self-harm.

When you look for help, make sure you are comfortable with a potential therapist's experience and approach. Ask him or her questions. See the CAMH booklet *Women, Abuse and Trauma Therapy* to learn more about trauma and trauma therapy, and for advice on finding a therapist. Finding suitable treatment may take time, effort and patience—but it's important to keep looking.

Where to find help

If you are concerned about abuse-related trauma, there are people who can help you or help you find support. Contact:

- women's health centres
- community health centres
- therapists in private practice (including psychologists, psychiatrists and social workers)
- sexual assault centres
- crisis lines for women who have been abused
- YWCA
- women's shelters
- spiritual centres
- family service agencies
- family doctors.



Also available from the Centre for Addiction and Mental Health:

Women, Abuse and Trauma Therapy: An Information Guide for Women and Their Families
Lori Haskell, EdD, C.Psych.

This guide is for women who are in therapy or looking for therapy to help them deal with abuse-related trauma. It contains information about trauma and the process of therapy. It also gives practical tips for getting the most out of trauma therapy.

Published 2004 • 44 pages • \$4.95
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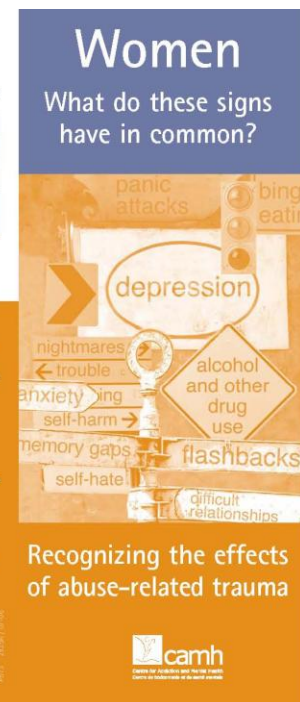
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Example 2 - Trauma-Informed Screening

Screening and assessment practices can be modified in order to be "trauma-informed." There are two perspectives on asking about trauma as women begin to engage with support for substance use problems.

On one hand, standardized screening and assessment of trauma, including gathering information about the type of trauma, the age of traumatic experience, people involved in the trauma and how it is affecting current functioning, can support many aspects of treatment such as service matching, ensuring current safety and promoting the safety of other program participants. As well, for some women, acknowledging and validating the connections between traumatic life experiences, coping and substance use at an early point in treatment can be helpful.

On the other hand, screening and assessment practices that minimize the amount of information collected about trauma ensure that women are not pushed to disclose information at a time when they may not have adequate supports and coping skills to manage such disclosures. The process of assessment can increase the potential for re-traumatization and may result in riskier patterns of substance use, self harm and/or avoid engaging in further treatment.

At a system-level, information about the prevalence of trauma can support the development and funding of more comprehensive and responsive services. Dr. Vivian Brown and colleagues have developed a short screening tool called the "COJAC screener" which uses a total of nine questions – three about mental health, three about substance use and three about trauma[3]. Brown recommends providing women with choice and control over the screening process, by starting with a preamble such as “We are going to ask some questions that may feel uncomfortable to you; if you don’t want to answer, please say ‘I don’t want to answer’. You do not have to give a false answer, just don’t have to answer, you have a choice.” (BCCEWH webcast, August 4, 2010)

1. Gose, S. & Jennings, L. (2007). *Seeking Safety: Integrating substance use programming at a sexual assault centre*, in *Highs and lows: Canadian perspectives on women and substance use*, N. Poole and L. Greaves, Editors. Centre for Addiction and Mental Health: Toronto, ON.
2. Stenius, V.M.K., & Veysey, B.M. (2005). *"It's the little things": Women, trauma, and strategies for healing*. *Journal of Interpersonal Violence*, **20**(10): p. 1155-74.
3. Brown, V.B., Ph.D., Bachrach, K., Ph.D., & Melchoir, L., Ph.D. (2008). *Introducing the COJAC Screener: A short screening instrument for COD and trauma*. Accessed on March 1, 2011 at http://www.uclaisap.org/slides/psattc/cod/2008/K_The_Cojac_Screener.ppt .

Recommended Readings

Below is a selection of resources on practices that use a trauma-informed and gender-specific lens. Topics include assessment, treatment, training, cultural awareness, and implementation of trauma-informed practice. The list is not meant to be exhaustive, but rather serve as an introduction and overview of key issues and perspectives. If you are interested in a more complete listing of grey and academic literature, please contact the BC Centre of Excellence for Women's Health.

For full versions of academic research articles not available on-line, we encourage you to e-mail requests for electronic reprints (e.g., text files, PDFs, faxed copies) to the lead author.

1. Bride, B. E., Hatcher, S. S., & Humble, M. N. (2009). Trauma training, trauma practices, and secondary traumatic stress among substance abuse counselors. *Traumatology*, 15(2), 96-105.

In their survey of 225 alcohol and drug counsellors, the authors found that most substance abuse treatment counsellors are at risk for secondary trauma, have not had adequate training to work with traumatized populations, and have experienced some symptoms of secondary trauma.

[Link to Sage Publications Abstract >>](#)

2. Covington, S. S. (2008). Women and addiction: A trauma-informed approach. *Journal of Psychoactive Drugs, Suppl. 5*, 377-385.

This article offers a comprehensive analysis of the trauma-informed practice for women with addictions and a trauma history. Covington provides the theoretical framework for working with women and addictions, and information about the Women's Integrated Treatment (WIT) model, a manualized curriculum working with women and girls.

[Link to Article >>](#)

3. Elliot, D. E., Bjelajac, P., Fallot, R., Markoff, L. S., & Glover Reed, B. (2005). Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women. *Journal of Community Psychology*, 33(4), 461-477.

These researchers from the Women, Co-occurring Disorders and Violence Study review the findings from nine different sites and five years of data. In this landmark article, they discuss the need for and benefits of trauma-informed services and offer up 10 principles for implementation into practice.

[Link to Wiley Abstract.](#)

4. Fallot, R. D., & Harris, M. (2002). The Trauma Recovery and Empowerment Model (TREM): Conceptual and practical issues in a group intervention for women. *Community Mental Health Journal*, 38(6), 475-485.

The Trauma Recovery and Empowerment Model (TREM) is an intervention model designed for working with women trauma survivors with co-occurring disorders. The TREM manual is used in group interventions and draws from the authors' findings in their involvement with the Women, Co-occurring Disorders and Violence Study.

[Link to Springer Abstract >>](#)

5. Fearday, F. L., & Cape, A. L. (2004). A voice for traumatized women: Inclusion and mutual support. *Psychiatric Rehabilitation Journal*, 27(3), 258-265.

This paper describes strategies for including peer-run support in treatment programs for women who have co-occurring disorders and a history of violence. The authors present both the perspectives of women who have participated in peer-run groups and the research data that supports their use.

[Link to PubMed Abstract >>](#)

6. Hopper, E.K., Bassuk, E.L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal*, 3, 80-100.

The authors provide an extensive review of the literature on trauma-informed care, compare various descriptions, and offer a consensus-based definition. Further, they discuss specific examples of trauma-informed programs, highlight helpful resources, and make recommendations for implementing trauma-informed practices.

[Link to Article >>](#)

7. Krejci, J., Margolin, J., Rowland, M., & Wetzell, C. (2008). Integrated group treatment of women's substance abuse and trauma. *Journal of Groups in Addiction & Recovery*, 3(3/4), 263-283.

Drawing on the research showing the value of integrating services for women with substance abuse and trauma, the authors present a model for working in this way. They outline the multi-pronged approach, and suggest the core competencies required of the clinicians who deliver it.

[Link to InformaWorld Abstract >>](#)

8. Lavallee, L. F., & Poole, J. M. (2010). Beyond recovery: Colonization, health and healing for Indigenous people in Canada. *International Journal of Mental Health & Addiction*, 8(2), 271-281.

The healing practices of Indigenous people in Canada are holistic, and the recovery process must take history, healing practices and the effects of colonization into account. The authors argue that we must expand our limited notions of recovery and practice as it pertains to the health of Indigenous people.

[Link to Article >>](#)

9. Miller, D. (2002). Addictions and trauma recovery: An integrated approach. *The Psychiatric Quarterly*, 73(2), 157-170.

The Addictions and Trauma Recover Integration Model (ATRIUM) is an integrated model developed for simultaneously working with addictions and trauma-based mental health issues. Using a cognitive-behavioral and relational approach, this model focuses on mind, body and spiritual health.

[Link to Article on Springer >>](#)

10. Morrissey, J. P., Jackson, E. W., Ellis, A. R., Amaro, H., Brown, V. B., & Najavits, L. M. (2005). Twelve-month outcomes of trauma-informed interventions for women with co-occurring disorders. *Psychiatric Services*, 56(10), 1213-1222.

This is a report on 12-month outcomes following integrated, trauma-informed treatment in one of the Women, Co-occurring Disorders and Violence Study sites. Analysis of the data showed that integrated treatment was more effective for women with a history of violence and co-occurring disorders than the usual-care group. Objectives, methods and results are discussed in full.

[Link to Article >>](#)

11. Najavits, L. M. (2000). Training clinicians in the Seeking Safety treatment protocol for posttraumatic stress disorder and substance abuse. *Alcoholism Treatment Quarterly*, 18(3), 83-98.

Many programs that serve women who have co-occurring disorders and a history of violence use the Seeking Safety curriculum as part of their treatment model. Here, the authors offer concrete suggestions for training and supervising clinicians in using the model.

[Link to Article on Seeking Safety website >>](#)

12. Poole, N., & Pearce, D. (2005). Seeking Safety, An integrated model for women experiencing post traumatic stress disorder and substance abuse: A pilot project of the Victoria Women's Sexual Assault Centre, Evaluation Report. Victoria, BC: Victoria Women's Sexual Assault Centre.

This evaluation of the Seeking Safety model as implemented by the Victoria Women's Sexual Assault Centre and the Vancouver Island Health Authority Addictions Services in 2003 found benefits for participants from the intervention related to: reducing isolation and stigma, creating accessibility and safety, learning to understand and manage symptoms and developing hope, confidence and service connections to heal further.

13. Poole, N. & Urquhart (2009). Discussion guide: Trauma-informed approaches in addictions treatment. *Gendering the National Framework Series* (Vol. 1). Vancouver, BC: British Columbia Centre of Excellence for Women's Health.

This 12-page discussion guide (2009) is intended to stimulate further conversation on addressing coexisting trauma, mental health and substance use problems experienced by girls and women.

[Link to Guide >>](#)

Web Links

Web Resources

- [Aboriginal Canadian Portal to Women's Health](#) can be searched by province for aboriginal health programs specifically for women.
- [Centre for Addictions and Mental Health](#) (CAMH) – This knowledge exchange section on the CAMH website offers information for addictions and mental health specialists. Below are links specifically related to working with women with mental health, substance use and trauma-related issues, as well as culturally sensitive approaches.
- CAMH [Bridging Responses: A front-line worker's guide to supporting women who have post traumatic stress](#) by Dr. Lori Haskell. This is a complete guide to providing working with women who have experienced trauma. Included is comprehensive information about trauma and its effects on women, when and how to screen for trauma, how to recognize trauma responses and reframe reactions to it, and referral options. PDF is available for download.
- CAMH: [Trauma Treatment](#) – This publication takes a comprehensive look at trauma, effects of trauma and the necessity for staged treatment. It is not recommended as a “how-to-book” on trauma-specific care, but it does provide information and detail about trauma-specific therapy.
- [CAMH: Women and Trauma](#) – This brochure informs women who are interested in seeking therapy for trauma about the stages and kinds of therapy, what to expect, and how to know if the therapy is helping. It may be a good resource to provide women who ask about trauma-specific services.
- [CAMH: First Stage Trauma Treatment](#): A guide for mental health professionals working with women. In this book, Dr. Lori Haskell describes how to provide first-stage trauma-informed care to women. First-stage trauma care lays the groundwork for further exploration of trauma should a woman decide to go further. Written for the mental health professional, it includes in-depth information about trauma, challenges in working with women who have experienced it, and language shifts that are respectful of and does not pathologize responses to trauma.
- CAMH: [Working with Women](#) – Links to a complete list of publications offered by CAMH on working with women. Includes brochures for helping women understand trauma, and publications for service providers on smoking and pregnancy.
- CAMH: “Cross Currents” is a quarterly newsletter. The link below will take you to the Spring 2009 issue entitled “Are You Trauma Informed?” From there you can search

the archives and subscribe to the newsletter.

<http://www.camhcrosscurrents.net/archives/spring2009/index.html>

- [Ending Violence Association](#) of British Columbia offers links and resources and these 2 toolkits:
[*Freedom from violence: Tools for working with trauma, mental health and substance use.*](#)
[*You are not alone: Violence, Substance Use and Mental Health – A peer approach to increasing your safety.*](#)
- [Homeless Hub of Canada](#) has extensive links to articles and resources related to connections between trauma, addictions, mental health and homelessness including gender-specific information and resources on this page: [Best Practices for Providers: Trauma Informed Care](#)
- [Motivational Interviewing as a Trauma Recovery Tool](#) – Slide presentation for workshop developed by Kristin Dempsey, Director of Work Force Development for San Mateo County. She shows how M.I. practices support a trauma-informed system of care.
- [National Trauma Consortium](#) – This link leads to a large number of publications available for download including two publications from the Women, Co-occurring Disorders and Violence study. A U.S. based site promoting integrated services for trauma, mental health, and substance use.
- The [National Center on Family Homelessness](#) offers a self-care workbook for service providers.
[“What about you? A workbook for those who work with others”](#) by the Family Homelessness Organization in the U.S.
- The [National Center for Trauma-Informed Care](#) website in the U.S provides information on trauma-informed practices and implementation. This link below provides information about a number of trauma-specific interventions and links to websites:
<http://www.samhsa.gov/nctic/healing.asp#essence>
- [University of California at Los Angeles](#)
Several PowerPoint presentations regarding trauma and co-occurring disorders are available on this UCLA site. Below are links specifically relating to practice.
 - UCLA: [Introducing the COJAC Screener: A Short Screening Instrument for COD and Trauma](#) Vivian Brown, Ph.D. (PROTOTYPES), Ken Bachrach, Ph.D. (Tarzana Treatment Center), Lisa Melchior, Ph.D. (The Measurement Group), February 2008.
The COJAC Screening tool was designed as a simple yet effective way to

screen for co-occurring disorders with varied populations, including adolescents and women with children, in multiple service settings. Using a total of 9 questions – 3 about mental health, 3 about substance use and 3 about trauma – it is presented here along with results from two pilot testing sites. The committee that developed this screening tool included researchers from the Women Co-occurring Disorders and Violence Study.

- UCLA: [Trauma-Informed Practices for Treating Co-Occurring Disorders \(Plenary Panel\)](#)

A link to slides from four presentations about trauma, trauma-informed practices, Stage 1 trauma curricula, and results from the Women Co-occurring Disorders and Violence study. Norma Finkelstein, Ph.D. (Institute for Health and Recovery), Roger Fallot, Ph.D. (Community Connections), Lisa Russell, Ph.D. (ETR Associates), Vivian B. Brown, Ph.D. (PROTOTYPES), and Gloria Gonzales (Family Ties). February 2008

Curricula

There are a number of curricula which assist service providers in designing and delivering programming for women with trauma, mental health and substance use concerns. Below are links to some of that are most often used.

- [Addiction and Trauma Recovery Integration Model \(ATRIUM\)](#) by Dusty Miller. This curriculum consists of 12-sessions that explore the effects of trauma on the mind, body, and spirit and the recovery process. It has been used in a variety of settings and with both men and women.
- [Risking Connection](#)® offered by [The Sidran Institute](#) is a training curriculum for organization to build trauma –informed services. Focusing on healthy and respectful connections between service providers and services users, they also offer specialized trainings and consultation regarding trauma-informed practices.
- [Sanctuary Model](#)® -- a model for changing and restructuring organizations to be trauma-informed and non-violent. Using a whole-culture approach, this model has been adopted by a variety of settings including shelters, juvenile justice programs, and inpatient mental health settings. It is gender-informed and brings a non-violence lens to all areas of an organization.
- [Seeking Safety](#) – widely used curriculum by Lisa Najavits for Stage I trauma support. There are 25 topics that can be presented individually and in any order. The focus is on creating safety internally and externally.
- [Stephanie Covington](#) has developed a number of curricula including *Beyond Trauma* and *Women in Recovery* for women with addictions, and *Voices* for girls and young

women. She also leads trauma and addictions workshops and trainings for service providers and organizations in public, private and criminal justice settings.

- [Trauma Recovery and Empowerment Model \(TREM\)](#) offered by Community Connections in Washington DC, has a women-specific curriculum which consists of 29 sessions. It focuses on empowerment, education about trauma, and building coping skills. Dr. Maxine Harris and Dr. Roger Fallot, researchers for the Women Co-occurring Disorders and Violence study, are associated with Community Connections and TREM.

Webinars

Trauma Informed Care: Practical Solutions for Patients, Providers and Organizations

Speaker: Sheela Raja, PhD

<https://services.choruscall.com/links/womenshealth.html#> follow link to register to view archived presentation and download the slides. Dr. Raja reviews prevalence and connections of trauma. She suggests practical ways to promote safety and prevent retraumatization in a variety of health settings including using universal trauma precautions.

Presented on February 7, 2011 by the U.S. Department of Health and Human Services as part of their series “The Impact of Trauma on Women and Girls Across the Lifespan.”

Webcasts

Research to Practice on Women and Substance Use Issues (August 4, 2010)

Duration:

Description: This was a joint presentation by Dr. Vivian Brown and Dr. Laurie Drabble.

Linking trauma, mental health and addictions treatment practice

Dr. Vivian Brown will briefly discuss the findings of the Women and Co-occurring Disorders and Violence Study (WCDVS) and her work with Prototypes in California in order to highlight our need to bring evidence to practice as a way of linking and integrating the treatment of mental health, trauma and addictions concerns experienced by women. Vivian B. Brown, Ph.D. is the founder and recently retired Chief Executive Officer of PROTOTYPES, Centers for Innovation in Health, Mental Health, and Social Services.

Linking addictions and child welfare practice

Dr. Laurie Drabble returns to share results of recently completed research on the role of collaborative and harm reduction oriented values, for bridging the work of child welfare and addiction treatment providers as they support mothers with substance use problems. Laurie Drabble, Ph.D., MSW, MPH is an Associate Professor in the School of Social Work at San José State University.

[View the webcast >>](#)

[View the presentation slides >>](#)

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The views expressed herein do not necessarily represent the views of Health Canada.*

Developing Trauma-Informed Services



Coalescing on Women and Substance Use

Developing Trauma-informed Services

www.coalescing-vc.org

Background on Agency-level and Systemic Trauma-informed Work

One of the key components to making our collaboration work with child welfare was trust. And we built trust through cross-sectoral trainings and regular consultations. ~ Women's substance use treatment program manager

Recently, there has been movement towards developing trauma-informed values, principles, and "cultures" within agencies serving people with substance use and mental health problems. Several groups of researchers and practitioners have developed principles for guiding and implementing trauma-informed care:

- Eliot, Bjelajac, Fallot, Markoff and Reed initially identified ten principles during their study on Women, Co-occurring Disorders and Violence study [1] <http://cfbhn.org/assets/Principles%20of%20Trauma%20Informed%20Services%20Summary.pdf>
- Schacter, Stalker, Teram, Lasiuk and Danilkewich developed nine principles for working with survivors of childhood sexual abuse within primary care settings [2], http://www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/nfntsx-handbook_e.pdf
- Klinic Community Health Centre in Manitoba developed a toolkit to help providers implement trauma-informed practices [3]. <http://www.trauma-informed.ca/>

Trauma-informed services take into account how common trauma is and the wide range of impacts of trauma, and integrate this knowledge into all aspects of service delivery [4]. In trauma-informed services there is attention in policies, practices, and staff relational approaches, to safety and empowerment on the part of the service user. Harris and Fallot, for example, describe this "paradigm shift" towards recognizing the pervasive nature of trauma and strategies to create a safe environment for survivors. [5]. They propose a values-based [framework](#) for trauma-informed services which includes:

- Safety: Emotional and physical
- Trustworthiness: Are we clear and consistent about our policies, honest with service users and maintain program-appropriate boundaries?
- Choice: Do our activities offer service users choices and control?
- Collaboration: Do we use a collaborative approach with women instead of a top-down hierarchical model?
- Empowerment: Do we offer self-esteem and skill building?

Collaboration between agencies and systems is a key component of developing trauma-informed services. Recent projects led by the anti-violence field that promote

awareness and cross training among anti-violence, substance use and mental health services are creating recognition of the benefits of integrated or linked and holistic approaches. The Ontario Abuse Screening Project and the Building Bridges Project are two other initiatives by the anti-violence community to link with, and do cross education with, mental health and substance use providers.

Working from newer understandings of substance use and violence connections are assisting anti-violence workers to provide more effective support to women and their children, as well as validating current approaches. For example, in a study done in British Columbia, it was found that women significantly reduced their use of alcohol and illicit drugs following a stay at a transition house, when either brief or significant support was provided on substance use [6].

For the child welfare system, discussion and action on collaborative, harm reduction-oriented and trauma-informed approaches are making way for alternative, tailored, supports for mothers with substance use, mental health and trauma-related concerns [7, 8]. In Toronto, the Jean Tweed Centre has built relationships with child protection authorities and the women in their services who are attending mother- and child-centred programs. From this collaboration they created cross-training and consultation opportunities that has informed the development and ongoing implementation of practice guidelines between substance use treatment centres and child welfare agencies in Toronto [9].

1. Elliot, D.E., et al., *Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women*. Journal of Community Psychology, 2005. **33**(4): p. 461–477.
2. Schacter, C.L., Stalker, C. A., Teram, E., Lasiuk, G. C., Danilkewich, A., , *Handbook on sensitive practice for health care practitioner: Lessons for adult survivors of childhood sexual abuse*, 2008, Public Health Agency of Canada: Ottawa.
3. Clinic Community Health Centre, *Trauma-informed: The trauma-informed toolkit*, 2008, Clinic Community Health Centre: Winnipeg, MB.
4. Harris, M. and R.D. Fallot, *Using trauma theory to design service systems*. Using trauma theory to design service systems.2001, San Francisco, CA US: Jossey-Bass.
5. Harris, M., et al., *Envisioning a trauma-informed service system: A vital paradigm shift*, in *Using trauma theory to design service systems*.2001, Jossey-Bass: San Francisco. p. 3-22.
6. Poole, N., et al., *Substance use by women using domestic violence shelters*. Substance Use & Misuse, 2008. **43**(9): p. 1129-1150.
7. Drabble, L., M. Tweed, and K. Oslerling, *Pathways to Collaboration: Understanding the role of values and system-related factors in collaboration between child welfare and substance abuse treatment fields*, 2006, San Jose State University of Social Work: San Jose, CA.
8. Drabble, L. and N. Poole, *Collaboration between addiction treatment and child welfare fields: Opportunities in a Canadian context*. Journal of Social Work Practice in the Addictions, in press. **11**(2).
9. Chaim, G. and Practice Guidelines Working Group, *Practice Guidelines between Toronto Substance Abuse Treatment Agencies and Children's Aid Societies*, September 2005: Toronto, ON.

Examples of Agency and Systemic Trauma-Informed Approaches

Example 1 – The Sanctuary Model

The Sanctuary Model® is an organizational culture intervention that focuses on changing or supporting the culture of organizations to be trauma-informed. Both staff and clients are key decision makers and work together to create a democratic and non-violent culture where everyone is safe. While it began in the mental health sector, the model is now used in many service sectors including substance use programs, shelters and group homes [1]. Described as “a template for changing social service delivery systems,[1]” The Sanctuary Model® does not promote a set of intervention techniques. Instead, it incorporates the concepts of therapeutic community, non-violence and social morality to create a trauma-informed culture in which healing can take place. That culture is described by as follows[2]:

1. Culture of Nonviolence
2. Culture of Emotional Intelligence
3. Culture of Social Learning
4. Culture of Shared Governance
5. Culture of Open Communication
6. Culture of Social Responsibility
7. Culture of Growth and Change

Example 2 – Client Involvement in Service Delivery: Consumer/Survivor/Recovering Women: A Guide for Partnership in Collaboration

Some innovative ways that organizations and programs have incorporated more client involvement in services include:

- providing women with comprehensive information and opportunities for discussion about their service options and allowing them to direct their own treatment;
- offering leadership training or peer support training to women in order to support the development of the skills to increase their participation in service delivery;
- conducting focus groups with participants that inform program development and organizational decisions; and,
- posting a Client Bill of Rights

During the Women, Co-occurring Disorders and Violence study, researchers and service providers prepared a guidebook on partnership with women who describe themselves as consumers/survivors and/or recovering. [*Consumer/Survivor/Recovering Women: a Guide for Partnership in Collaboration*](#) was developed on the premise that integration and partnership in service delivery with women who have used services in the past will

improve outcomes for both consumers and organizational environments [3] This guide provides a range of strategies for including women with lived experiences in all levels of service delivery and describes the ways that such shifts in power relationships between women and institutions can serve to promote self-esteem, healing and skill development.

- 1.. Bloom, S.L., et al., *Multiple opportunities for creating sanctuary*. Psychiatric Quarterly, 2003. **74**(2): p. 173-190.
2. Bloom, S.L. and S. Yanosy Sreedhar, *The Sanctuary Model of trauma-informed organizational change*. Reclaiming Children & Youth, 2008. **17**(3): p. 48-53.
3. Prescott, L., *Consumer/survivor/secovering women: A guides for partnerships in collaboration*, in *Women, Co-occurring Disorders and Violence Study Coordinating Center*2001, Substance Abuse and Mental Health Services Administration.

Recommended Readings

Below is a selection of key resources on developing trauma-informed services and organizations. The list is not meant to be exhaustive, but rather serve as an introduction and overview of key issues and perspectives. If you are interested in a more complete listing of grey and academic literature, please contact the BC Centre of Excellence for Women's Health.

For full versions of academic research articles not available on-line, we encourage you to e-mail requests for electronic reprints (e.g., text files, PDFs, faxed copies) to the lead author.

1. Amaro, H., McGraw, S., Larson, M. J., Lopez, L., Nieves, R., & Marshall, B. (2005). Boston Consortium of Services for Families in Recovery: A trauma-informed intervention model for women's alcohol and drug addiction treatment. *Alcoholism Treatment Quarterly*, 22(3), 95-119. This group of service agencies collaborated to develop and implement trauma-informed services in five of their addiction treatment programs for women who were largely Latin and African American. They describe the program components and implementation processes.
[Link to Article.](#)
2. Bloom, S. L., & Yanosy-Sreedhar, S. (2008). The Sanctuary Model of trauma-informed organizational change. *Reclaiming Children & Youth*, 17(3), 48-53. Although this model was originally designed for children and youth, the principles and methods offered here have informed the thinking and approaches of all services that work with those affected by trauma and violence.
[Link to Article.](#)
3. Clark, C., Young, M. S., Jackson, E., Graeber, C., Mazelis, R., Kammerer, N., et al. (2008). Consumer perceptions of integrated trauma-informed services among women with co-occurring disorders. *Journal of Behavioral Health Services & Research*, 35(1), 71-90. This evaluation instrument was developed during the Women Co-occurring Disorders and Violence study as a way to measure consumer perceptions of the services they receive. It was determined that this instrument was valid, reliable and sensitive in assessing four areas of consumer perspectives on: choice in services, services integration, cultural identity and trauma-informed assessment.
[Link to SpringerLink Abstract.](#)
4. Elliot, D. E., Bjelajac, P., Fallot, R., Markoff, L. S., & Glover Reed, B. (2005). Trauma-informed or trauma-denied: Principles and implementation of trauma-

informed services for women. *Journal of Community Psychology*, 33(4), 461–477. These researchers from the Women, Co-occurring Disorders and Violence Study review the findings from nine different sites and five years of data. In this landmark article, they discuss the need for and benefits of trauma-informed services and offer up 10 principles for implementation in service delivery.

[Link to Wiley Abstract.](#)

5. Finkelstein, N., VandeMark, N., Fallot, R., Brown, V., Cadiz, S., & Heckman, J. (2004). *Enhancing substance abuse recovery through integrated trauma treatment*. Sarasota, FL: National Trauma Consortium for the Center for Substance Abuse Treatment. The authors explore provider concerns of trauma-informed services and describe an emphasis on stabilization, safety and understanding the links between trauma, substance use and mental health issues, not on retelling experiences of trauma and violence. They describe four models of first-stage trauma treatment.

[Link to NTCCSAT document.](#)

6. Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal*, 3, 80-100

This article explores the evidence base for trauma informed care within homelessness service settings. The authors clarify the definition of trauma-informed care, discuss key aspects of it, review case examples of programs implementing TIC, and discuss implications for practice, programming, policy, and research.

[Link to Article >>](#)

7. Madsen, L. H., Blitz, L. V., McCorkle, D., & Panzer, P. G. (2003). Sanctuary in a domestic violence shelter: A team approach to healing. *Psychiatric Quarterly*, 74(2), 155-171.

This article describes the application of the Sanctuary model for survivors of violence and trauma in a domestic violence shelter. The authors describe why the model was chosen, the process of implementing it, and the effects of both clients and staff. Some of the trauma-informed practices include emotional safety, collaboration between staff and service users, and cultural competency.

[Link to Article.](#)

8. Markoff, L. S., Reed, B. G., Fallot, R. D., Elliott, D. E., & Bjelajac, P. (2005). Implementing trauma-informed alcohol and other drug and mental health services for women: Lessons learned in a multisite demonstration project. *The American Journal of Orthopsychiatry*, 75(4 (Print)), 525-539. Examining findings and data from nine sites as part of the Women, Co-Occurring Disorders, and Violence Study, this article makes recommendations for implementing trauma-informed services and provides consensus-based guidelines for best practices.

[Link to Wiley Abstract.](#)

9. Markoff, L. S., Finkelstein, N., Kammerer, N., Kreiner, P., & Prost, C. A. (2005). Relational systems change: Implementing a model of change in integrating services for women with substance abuse and mental health disorders and histories of trauma. *Journal of Behavioral Health Services & Research*, 32(2), 227-240.

A "relational systems change " model is described - developed by the Institute for Health and Recovery, and implemented in Massachusetts from 1998-2002 to facilitate systems change to support the delivery of integrated and trauma-informed services for women with co-occurring substance use and mental health problems and histories of violence and empirical evidence of resulting systems changes. IHR used relational strategies to facilitate systems change within and across 3 systems levels from local to state. They show that a highly collaborative, inclusive, and facilitated change process can effect services integration within agencies, strengthen integration within a regional network of agencies, and foster state support for services integration.

[Link to Article >>](#)

10. Van Wyk, L., & Bradley, N. (2007). A braided recovery: Integrating trauma programming at a women's substance use treatment centre. In N. Poole & L. Greaves (Eds.), *Highs and lows: Canadian perspectives on women and substance use*. Toronto, ON: Centre for Addiction and Mental Health.
This book chapter summarizes details the work of Jean Tweed Centre in Toronto as they implemented trauma-informed practices and trauma-specific programming.

[Link to Highs & Lows.](#)

11. Wesley-Esquimaux, C. C., & Snowball, A. (2010). Viewing violence, mental illness and addiction through a wise practices lens. *International Journal of Mental Health & Addiction*, 8(2), 390-407. Wesley-Esquimaux and Snowball present the "wise practices" model of healing, which is based on sacred Aboriginal values, and argue that it should sit alongside "best practices" model. Recovering and using traditional healing traditions will return strength and self-efficacy to Aboriginal people. [Link to Article.](#)

Web Links

Web Resources

- Canadian Collaborative Mental Health Initiative: [“Establishing collaborative initiatives between mental health and primary care services for individuals with substance use disorders”](#) – a toolkit for providers and planners. Provides information on key issues and implementation of collaborative models and includes appendices with tools and resources.
- [Connections Knowledge Exchange](#) is a Canadian research and knowledge exchange group with the goal of improving services to women with substance use issues and their children.
- Community Connections is a treatment and training agency in the U.S. focusing on trauma-informed and trauma-specific approaches for working with those seeking substance use and mental health services. See [“Creating Cultures of Trauma Informed Care”](#) and these resources by Roger Fallot and Maxine Harris of [Community Connections](#).
 - [Creating Cultures of Trauma-Informed Care \(CCTIC\): A Self-Assessment and Planning Protocol](#)
 - [Trauma-Informed Program Self-Assessment Scale](#)
 - [Creating Cultures of Trauma-Informed Care: Services Implementation Plan](#)
- [Consumer/Survivor/Recovering Women: A Guide for Partnerships in Collaboration](#) – This report is a product of the Women Co-occurring Disorders and Violence study. Trauma-informed approaches promote collaboration between service users and the systems and policies that affect their care. Program and service providers will find a framework for promoting collaboration and dialogue between women with lived experience and provider systems.
- The [Jean Tweed Centre](#) offers support and programs to women dealing with substance use and gambling issues and related concerns in Ontario. All their programs use a trauma-informed approach and they also offer trauma-specific programming. They have developed two programs for mothers and their children. Part of what they consider trauma informed work is addressing how losing custody of children can be traumatic or retraumatizing – and as a result they work closely with Toronto Children’s Aid Society. A link to the Practice Guidelines developed between substance abuse treatment agencies and Children’s Aid Societies is provided [here](#).
- The [National Center on Family Homelessness](#) offers a number of articles and toolkits toward helping organizations become trauma-informed. Below are links to some of them.
 - *A Long Journey Home: A Guide for Creating Trauma-Informed Services for Mothers and Children Experiencing Homelessness*
<http://www.familyhomelessness.org/media/89.pdf>

- *Trauma-informed Organizational Toolkit for Homeless Services.*
<http://www.familyhomelessness.org/media/90.pdf>
- *What About You? A workbook for those who work with others.*
<http://www.familyhomelessness.org/media/94.pdf>
- *Organizational Self-Care Assessment*
<http://www.familyhomelessness.org/media/95.pdf>
- The [National Survey of Substance Abuse Treatment Services](#) report of September 2010, provides statistics regarding the extent to which substance use treatment centers in the U.S. are assessing clients for trauma and trauma-related mental health concerns as recommended in the US.
- [Seeking Safety](#) website offers information on the Seeking Safety curricula by Lisa Najavits, PhD, along with articles, resources and links to assessment tools.
- The Source – entitled [“Trauma-informed Services for Families Affected by Substance Use and/or HIV”](#) this volume features three articles by noted trauma-informed researchers, Stephanie Covington, Laurie Markoff and Norma Finkelstein, and Sandra L. Bloom. The National Abandoned Infants Assistance Resource Center published this publication from 1993-2010 on issues related to substance use, HIV and child welfare.
- [Stephanie Covington](#), PhD, LCSW, offers gender-responsive, trauma-informed training for those who work with women and girls in a variety of settings. Her training modules include *Helping Women Recover*, *Beyond Trauma*, *Voices*, and *A Woman’s Way through The Twelve Steps*.
- The [Ontario Woman Abuse Screening Project](#) provides in-depth information on woman abuse, trauma and their relationship to mental health and substance use. There are a number of screening tools and a screening video. Also included are information on stabilization and safety planning.
- [Building Bridges](#) is a cross-sectoral initiative to support women experiencing violence, mental health and addictions issues. It is led by the **Woman Abuse Response Program** at BC Women’s Hospital and Health Centre Vancouver, BC.
- **BC Centre of Excellence for Women’s Health** webcasts:
 - *Linking Trauma, Mental Health and Addictions* presented by Vivian V. Brown, PhD, August 4, 2010
 - *Linking Addictions and Child Welfare Practices*

presented by Laurie Drabble, PhD, August 4, 2010

<http://www.bccewh.bc.ca/news-events/default.htm> (Scroll down to find webcast and related slide presentations)

- *What do we mean by trauma-informed?*
presented on November 18, 2010 by Dr. Vivian Brown, Margaret Bryans, Stephanie Capyk, Lynda Dechief, Arlene Haché, Dr. Robin Mason, and Nancy Poole
<http://www.coalescing-vc.org/virtualLearning/section1/webcasts-files.htm>
- *Thinking about Collaboration: Child Welfare and Substance Use Services*
presented on February 10, 2010, by Tammy MacKenzie, Carolyn Ussher and Diane Smylie
<http://www.coalescing-vc.org/virtualLearning/section2/webcasts-files.htm>
- [Trauma-informed Services: The Evolution of a Concept.](#) A PowerPoint presentation by Maxine Harris, Ph.D., of the Women, Co-occurring Disorders and Violence study regarding the components of trauma-informed services.
- There are a number of PowerPoint presentations regarding trauma and co-occurring disorders on this **University of California at Los Angeles (UCLA)** site
<http://www.uclaisap.org/slides/presentations-psattc-cod1.html> . Below are specific links relating to Services.
 - [Practical Applications: Management of PTSD and Substance Abuse: Recovery is Possible](#)
(Adobe PDF file)
Nancy Tamburo-Trevino and Paula Bjelajac
February 2008
 - [Designing PEI Models Through the Trauma Lens](#)
John Sheehe, LCSW (LA County DMH), Vivian B. Brown, Ph.D. (PROTOTYPES), Lisa Russell, Ph.D. (ETR Associates)
February 2008
 - [Trauma-Informed Services: A Protocol for Change](#)
Roger D. Fallout, Ph.D.
Community Connections
February 2008
 - ["It Takes Working Together" - A Study of LA County Collaborations and Partnerships in COD Treatment](#)
Peter Mendel, Ph.D. (RAND), Susan Stockdale, Ph.D. (UCLA), Jim Gilmore, MBA (BHS Inc.)
The Health Care for Communities Partnership Initiative
February 2008
 - [Supportive Housing as a Foundation for Recovery: Homelessness, Co-Occurring Disorders, and Housing](#)
Laura Gillis, RN, MS
Homelessness Resource Center
February 2008

Webcasts

[“Thinking about Collaboration: Child Welfare and Substance Use Services”](#) session held on February 10, 2010. Tammy MacKenzie, Carolyn Ussher and Diane Smylie provide an overview of 4 Toronto based, collaborative initiatives.

1. Designing and piloting of an on-line provincial training on substance use for child welfare staff.
2. Locating a substance use consultant within child welfare to build capacity through on-site training and consultation with child welfare staff.
3. Developing best practice guidelines on substance use for intake staff at child welfare.
4. Weaving collaboration between sectors, into a substance use program for pregnant and parenting women and their children.

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