

U.S. Department of Health and Human Services (DHHS)

Substance Abuse and Mental Health Service Administration's Center for Substance Abuse Treatment (CSAT)

IMPACT OF TRAUMA

SAMHSA's Center for Substance Abuse Treatment has known since the early 1990's that many women in substance abuse treatment have trauma histories that include but extend far beyond domestic violence. A high percentage of women who are addicted to substances have experienced trauma as children or adults. Alcohol and drug use can be, for some women, an effort to manage trauma-related symptoms, and helping clients to gain control over these symptoms greatly improves their chances of recovery. CSAT's approach emphasizes working with all kinship arrangements, including fathers, children, extended family members, foster care families, and others. Statistics about the impact of trauma on women in substance abuse treatment and sources for further information can be found in the first Federal Partners Report on Women and Trauma <http://nicic.gov/Library/025082>.

How a Trauma-Informed Approach Can Make a Difference

As a partner in the Women, Co-Occurring Disorders and Violence Study, CSAT learned that in order to be effective, substance abuse and mental health services need to work together to address the trauma underlying the symptoms; and in order to interrupt the intergenerational cycle of violence, services must focus on the entire family. It is of critical importance that substance abuse programs become trauma-informed. A universal precautions approach is essential, staff must be able to work with the person "where she is" and environments must clearly demonstrate safety and protection for both mothers and their children. Women can easily be re-traumatized if staff don't focus on relationship or are insensitive to women's trauma histories. For example, when women are separated from their children during an initial assessment, they may become extremely fearful for the safety of the child – especially if they see the child being led away by a male staff person.



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Major Accomplishments 2010-2013

All SAMHSA/CSAT's criminal justice grant solicitations contain language ensuring alignment with SAMHSA goals of reducing the health impact of violence and trauma by integrating trauma-informed approaches into treatment models. All grantees must assure that grant personnel and service providers are trauma-informed and that clients are screened, assessed, and treated for trauma-related disorders. Specialized clinical training on trauma and trauma-informed care is provided at regional grantee trainings. Online training modules on trauma-informed practices are under development and will be available by the end of this fiscal year.

SAMHSA/CSAT's Pregnant and Postpartum Women Program is designed to expand the availability of comprehensive residential substance abuse treatment, prevention, and recovery services for pregnant and postpartum women and their minor children, including services for non-residential family members. One primary focus is to decrease involvement in and exposure to crime, violence, neglect, and abuse for all family members. Projects funded under this program provide evidence-based trauma informed care including assessments and interventions that consider the individual's adverse life experiences within the context of their culture, history, and exposure to traumatic events. Technical assistance is provided to address clinical practices and infrastructure changes to strengthen capacity to provide trauma-informed care.

New Directions and Collaborations

CSAT's Co-Occurring and Homeless Activities Branch and CMHS's Homeless Programs Branch manage 208 targeted homeless grantees. TA on trauma-informed care and trauma-specific services is frequently requested by grantees. SAMHSA, through support from TA contracts, provides TA through individual and group training, site visits, phone consultation, research requests, webinars, and conference presentations. Recently, a Trauma-Informed Care Virtual Classroom has been developed combining webcasts with small group and individual consultations. Participants have the opportunity to learn about traumatic stress and how to infuse their practice and organizational culture with a trauma-informed perspective. The Trauma-Informed Care Virtual Classroom has been conducted three times, training 72 participants across 22 grantees.

The Treatment Improvement Protocol on Trauma-Informed Care in Behavioral Health Services will provide best practices guidance to clinicians, program administrators, and payers to improve the quality and effectiveness of service delivery. It is in final copy edit, and it is expected to be completed late summer of this year (2013).

Additional Resources

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