

Using Trauma-Informed Practices to Improve AOD Treatment Outcomes for African American Women

By Gabriella Grant

There is no agony like bearing an untold story inside of you. – Maya Angelou

According to the California Black Women’s Health Project, 90% of California’s black women between the ages of 40-59 stated that violence had negatively affected their health (CBWHP, 2002). Over 30% of all black women had been hospitalized as a result of an assault; this was five times more than Latinas, seven times more than white women and eight times more than Asian women. Unsurprisingly, the report also found that “violence is likely to occur in situations characterized by substance use/abuse, low education levels, lack of social support and high stress.”

Researcher Ruth Davis stated that “for African American women, early sexual encounters almost always occur as sexual assaults.” She also states that black women are more likely to be raped, experience domestic violence, and be the victim of homicide perpetrated by a partner, than white women (Davis, 1997).

African American women have as high, and in some studies higher, rates of trauma as women from other racial groups in substance abuse treatment (Davis, 1997). Trauma related to poverty, social isolation and living in distressed environments exacerbates the already high rates of trauma found in the backgrounds of all women in substance abuse treatment but also disproportionately affects African American women (Ford, 2002).

Research from the SAMHSA Women with Co-occurring Disorders and Violence Study (1998-2004) found that substance abuse and mental health treatment programs can improve outcomes for clients by becoming trauma-informed (Moses, 2004). Many substance abuse and mental health treatment programs reported improvements in their efficacy and increases in the successful treatment outcomes for African American women by embracing several easy-to-implement changes that increase the odds of positive engagement and positive outcomes for this population (Clark, 2008).

It is important to note that in spite of the larger proportion of black women reporting significant violent victimization, the rates of women in substance abuse treatment facilities reporting abuse is statistically the same across races (Amaro, 2005). From a trauma-informed perspective, this means that many African American women identify ways other than using drugs and alcohol to cope with the after-effects of trauma. These choices are as important to uncover as the drug use and drug treatment patterns.

Step One: Make your program trauma-informed.

To become trauma-informed, a substance abuse treatment program must first acknowledge the extent that violence and trauma have played in the lives of the women they serve. To be trauma-informed, programs acknowledge the harm done to the women in our programs. As programs specifically working with women who have experienced trauma, we can help our clients by having staff from receptionists to building managers to board members understand the effects of trauma on

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women's lives, decision-making, coping and even brain-chemistry. From that foundation of knowledge, staff can access their own compassion and respond more beneficially and less punitively to the women.

Copious research over the past 20 years has clearly shown that violent victimization of women is commonplace and pervasive. Most trainings, articles and government-produced publications update the field regularly on these statistics. (Contact the CA ADP Resource Center for the latest figures.) It is important for staff to be aware of current statistics related to violence and victimization.

Agencies can conduct a simple agency assessment to identify their specific strengths and weaknesses in terms of being able to effectively address trauma. Questions include:

- Does your staff have a good understanding and knowledge base regarding trauma and trauma's effect on individuals?
- Does your program use the findings of trauma research in the treatment you provide, including evidence-based practices?
- Does your program ensure both mental health and substance are treated and coordinated.

[The assessment is meant to highlight areas for improvement and not to rank or score programs. The assessment comes with a checklist to assist in transforming towards trauma. The federal National Center on Trauma-Informed Care can work with local systems of care to improve outcomes. Additional information about trauma-informed care is listed below. Agency and staff assessments are available free of cost from ONTRACK Program Resources.]

A trauma-informed program takes active steps not to re-traumatize the women. One easy step is to allow the woman to choose her own priorities, goals and steps. Rather than say, "you should do this" or "you need to do this" or "you better do this," a counselor or advocate can simply ask, "given all the issues facing you, what do you want to focus on first?" Often, the woman will say, "I don't know." This is a common trap for professionals. Let's remember that this woman has a significant trauma history; she was likely beaten if she expressed her opinion. In order to help her empower herself, the professional needs to take time at this juncture. Instead of listing off steps, the counselor can say, "Would you like to know some of the things others in your situation have done?" This allows us to give suggestions that do not sound like commands.

Rules and enforcement is another large area that is rife with pitfalls for re-traumatization. As much as we can, programs should express rules in terms of women's safety (not expediency, staff preference or "that's how it's done"). For example, imagine a program has a 7pm curfew; it also tells her she is to be in by that time or she will get the boot. Such strong and punitive language could provoke anxiety and resentment in the woman, who may react negatively to being treated like a child, criminal or subservient to program staff. This is a traumatic response; professionals can work to avoid triggering traumatic responses in the first place and how to react to a traumatic response once it happens.

Instead, let's tie the rule to women's safety: we have a curfew because many of the residents are victims of domestic violence as well as users of substances, which might put them in harm's way.

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Many clients are at risk when they leave; as a result, there is a requirement to return by 7pm to ensure everyone is safe. The program staff has to alert police and the program director if someone is not accounted for, so if you (the client) are not in, many people will be worried about your safety. “Do you have any concerns about being able to come back by 7pm?” By asking if the incoming client will have difficulties with the rule, we may uncover important information (problems with authority, time management, cognition, etc.) and, most importantly, we ask for and consider her input. Co-equal relationships are less traumatizing than hierarchical relationships that mirror abusive relationships.

The focus should always be on the client’s needs, using empathetic connection and motivational interviewing techniques to engage client’s motivation. From a trauma-informed perspective, a woman’s not following program rules is no longer seen as “non-compliance,” but rather as important programmatic information to help discover the real needs of the woman. For example, if Beckie is unable to stay in her room after bedtime, she might be a victim of child sexual abuse and be afraid of being alone in the dark at night (and for good reason!). Nighttime staff should be particularly aware of night terrors, insomnia, flashbacks and other trauma-related issues as these issues are very commonplace. A trauma-informed nighttime staffer would listen to why the woman is roaming at night first, rather than enforcing rules first. She might also suggest natural and healthy sleep-inducing methods (chamomile tea, Valerian root, mediation, relaxation) that could help.

When program rules are enforced, they are connected and explained in terms of safety first. Rules should never be used to control and/or punish. Remember, we can try to control the environment, but we cannot control people; respect and safety will accomplish more than rules.

This requires a great deal of staff supervision in the beginning, as the human default is to use command-and-control techniques and to respond to ‘non-compliance’ in a punitive way (Zimbardo 1973). This is particularly important when working with African Americans, as recent research has suggested that African Americans receive disproportionately negative responses from authorities (Morris, 2005). Hiring a trauma champion to help the transformation is a recommended practice (Harris and Fallot, 2001).

Step Two: Conduct a universal trauma screening.

Trauma theory recommends a universal screening for trauma (Harris and Fallot, 2001). To conduct this screening appropriately, the screener should be trained in trauma and addiction issues and be both culturally and gender competent. This will ensure that the screener will be both compassionate and non-judgmental and increase the likelihood of honest disclosure, which will help address the women’s real needs.

The screener should be trained to show neither curiosity (“Then what happened?”), nor shock (“Oh my god!”), nor self-disclosure (“Listen to what happened to me.”). Rather, the screener asks the questions neutrally and, at the end, acknowledges the pain by saying something compassionate like, “I am sorry this has happened. You didn’t deserve to be hurt. We will try our best to help.”

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The screening is not the appropriate time to investigate or to resolve feelings around trauma, but it is recommended that there be someone available in case the questions provoke feelings. In which case, the screener can state this availability before and after the screening. Some programs have the women complete the screening on their own, but most have found that it works best when facilitated by the screener.

A shortened, sample version of a universal trauma screening is as follows:

Have you ever:

Been in or seen a bad accident	Yes	No
Been in a fire, flood, or other disaster	Yes	No
Had a life threatening illness	Yes	No
Been in a war zone	Yes	No
Been physically attacked, struck, pushed or shoved	Yes	No
Been touched in a sexual manner against your will	Yes	No
Been forced to have sex against your will	Yes	No
Witnessed violence in your family	Yes	No
Personally experienced violence in a relationship	Yes	No

Do you feel that you have ever been discriminated against or harmed because of:

	<u>In the past</u>		<u>Currently</u>	
Your culture	Yes	No	Yes	No
Your skin color	Yes	No	Yes	No
Your gender	Yes	No	Yes	No
Your religion	Yes	No	Yes	No
Your sexual orientation	Yes	No	Yes	No
A disability	Yes	No	Yes	No

(A longer version is available from ONTRACK Program Resources, Inc.)

The Women with Co-Occurring Disorders and Violence Study (1998-2004) used the Life Stressor Checklist Revised and found it effective and valid (McHugo, 2005).

Once the screening is done, the agency has a better idea of the extent of trauma in this woman's life. If she has experienced a significant amount of trauma, it is reasonable to expect that she may need more services and supports both inside and outside the program. On the other hand, women who have experienced little or no trauma may be able to make progress quickly and may complete their goals faster than more traumatized women.

Step Three: Offer gender-specific trauma-specific services.

Fortunately, there is an abundance of research that shows that gender-specific and trauma-specific treatment curricula work (Najavits, 2002, Clark 2008) to reduce both the aftereffects of trauma

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(PTSD, depression, anxiety, etc.) and subsequent coping (substance use, gambling) that may lead to addiction. In fact, the challenge may be in choosing from the many curricula available:

- **Seeking safety:** Seeking Safety is a present-focused therapy to help people attain safety from trauma/PTSD and substance abuse. The treatment is available as a book, providing both client handouts and guidance for clinicians.
- **TREM:** The Trauma Recovery and Empowerment Model (TREM) is a multi-faceted intervention with psycho-educational, cognitive behavioral, and relational elements that emphasizes survivor empowerment.
- **ATRIUM:** The Addictions and Trauma Recovery Integrated Model (ATRIUM) is a manualized trauma recovery program that provides a bio-psychosocial framework to respond to the complex treatment needs of trauma survivors.
- **TARGET-AR:** TARGET is a strengths-based approach to education and therapy for trauma survivors who are looking for a safe and practical approach to recovery. TARGET's goal is to help trauma survivors understand how trauma changes the body and brain's normal stress response into an extreme survival-based alarm response.
- **TRIAD:** The Triad Women's Group is a cognitive-behavioral integrated intervention for women with substance abuse and mental health disorders who have experienced violence.
- **Voices (for girls):** It was created to address the unique needs of adolescent girls and young women. *Voices* encourages girls to seek and celebrate their "true selves" by giving them a safe space, encouragement, structure, and support to embrace their important journey of self-discovery. The program advocates a strength-based approach that helps girls to identify and apply their power and voices as individuals and as a group.
- **Beyond Trauma: A Healing Journey for Women** is a manualized curriculum for women's treatment based on the Women's Integrated Treatment model (WIT), the integration of three theories: a theory of addiction, a theory of women's psychological development, and a theory of trauma.

All of these curricula have been used in programs that are majority or with substantial populations of African American women.

Step Four: Listen to her and let her select her own goals.

First, listening does not equal agreeing. We can all listen to what someone has to say and we can reserve our opinions and that does not mean we agree with what the person has said. Our agreement and our opinions are not the issue. The issue is the woman, her story, her reasons, her decisions, her life. We must remember that trauma affects one's worldview: the world seems unsafe all the time. Our job is to create safety and trust and the keys are listening and time.

Importantly, this is most true when someone is having a negative reaction. Responding with compassion, helping the woman ground and self-soothe, and addressing specific behaviors in a respectful manner when she is calmer and not generalizing, labeling or demeaning her will have

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positive longer-term effects. We must keep in mind that no one does anything against her own self-interest without a reason.

There are numerous courses that emphasize nonviolent communication, active listening and motivational interviewing techniques. These practices are evidence-based and show very positive response rates among clients in terms of making decisions around change and setting goals and priorities.

Step Five: Identify, concentrate on and exalt her strengths.

Most of us have a hard time identifying our own strengths and for women with trauma-related issues, it is usually even harder, as this woman may not even have the capability to acknowledge or identify her strengths. Nonetheless, this is the key to believing that the struggles of learning to cope with pain and stress without using substances (or using fewer substances or using substances more safely) are worth the effort.

While each person brings her own strengths, African American-specific strengths include strong kinship bonds, strong work orientation, adaptability of family roles, high educational achievement, and a strong religious orientation (Hill, 1972; 1997). Women's strengths include commitment to relationships, deep concern for their children and families, resiliency, responsibility, flexibility, nurturing, organizational skills and many other individual characteristics. Using Najavits' "Safe Coping Skills" to uncover a woman's strengths is a good way to help her identify her own positive coping.

Maybe she loves to dance. Dancing is a very positive form of coping, for example. Is there any opportunity to incorporate dance into the program? Are there local dance studios that offer African or hip-hop dance instruction? Not only is dancing good for the soul, it is also good for the heart. In San Diego, Shakti Rising is a trauma-informed transitional living program that incorporates dance and mediation.

Maybe she loves to cook. Cooking is another positive coping, especially if the food is hearty and healthy. Can the program allow a woman to cook for the group? Can she cook when she feels stressed? Can she teach women who do not know how to cook from scratch?

Maybe she loves kids. Are there opportunities to let this woman care for the children of other women? Can she work on a certificate as an early childhood development expert? Developing transferable job skills is one of the most successful ways for women to both leave a violent environment and to stay substance-free.

Faith is a strong component of many black women's lives. The African American church is a major community resource for black women as they move forward. Does the program offer opportunities to discuss faith? Does the program offer an opportunity to speak with a member of the clergy who has also been trained on issues regarding trauma and substance abuse? Are staff comfortable with religious conversation?

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For all women, having role models is a strengthening and calming influence. Does your program have African Americans on staff? Are there blacks in leadership positions? If your agency personnel does not equally reflect the faces of your clients, there may be room to make some changes that will benefit clients looking for people they can see themselves in. Of course, this does not have to be done in a mathematical way, but an honest assessment of staff make-up and client demographics might uncover some reasons why African American women may drop out at higher rates, if this is the case in your agency.

ONTRACK Program Resources, Inc. (ONTRACK), manages the African American TA & Training Project for the Department of Alcohol & Drug Programs. ONTRACK offers cost-free training on issues related to improving access, decreasing disparities and increasing successful treatment and recovery outcomes for African Americans.

For more information on available services visit: www.getontrack.org

Resources

Institute on Domestic Violence in the African American Community

www.dvinstitute.org

Provides information and training on issues related to African American Domestic Violence.

California Black Women's Health Project

www.cabwhp.org

Provides advocacy, research and information about issues facing African American women in California, mental health issues, and sexual trauma.

The National Center on Trauma-Informed Care

www.mentalhealth.samhsa.gov/nctic

Provides the trauma training and technical assistance to assist in the transformation of publicly-funded agencies, programs, and services to a more supportive environment that is more supportive, comprehensively integrated, and empowering for trauma survivors.

The federal government maintains two websites on minority women's health issues

<http://womenshealth.gov/minority/africanamerican/>

Offers information relating to a wide variety of African American-specific health information.

<http://www.omhrc.gov/templates/content.aspx?ID=3723>

This site gives summaries of health disparities for African American women.

California Evidence-Based Clearinghouse for Child Welfare

<http://www.cachildwelfareclearinghouse.org/>

Facilitates the utilization of evidence-based practices as a method of achieving improved outcomes of safety, permanency and well-being for children and families involved in the California public child welfare system.

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Community Connections, Washington DC

<http://www.ccdcl.org/>

Provides an array of consultation and training programs to human service agencies throughout the country, specializing in Trauma-Specific Treatment Approaches, Implementation of Trauma-Informed Systems, and the Integration of Mental Health, Addictions, and Trauma Services.

Institute for Health and Recovery, Boston MA

<http://www.healthrecovery.org/default.asp>

Provides training, technical assistance, and consultation on numerous issues, including substance use and abuse, co-occurring disorders/violence, trauma, parenting, gender-specific treatment, women and HIV/AIDS, trauma and children, child welfare, and tobacco cessation ranging from the development of community-based services to the impact and development of state policy.

The Small Business Innovation Research/Small Business Technology Transfer Program

http://ncmhd.nih.gov/our_programs/smallBusinessresearchTechnology.asp

The federal government runs a small research grant program funds small business and nonprofits to research activities designed to empower health disparity communities to achieve health equity through education, partnerships and disease prevention.

UCLA Center for Culture, Trauma, and Mental Health Disparities

Headed by Dr. Gail Wyatt, the Center looks at how depression, PTSD and other mental health issues affect ethnic minorities.

310-206-9860

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