



The Women, Co-Occurring Disorders and Violence Study and Children's Subset Study

SAMHSA

*Substance Abuse and Mental
Health Services Administration*

Center for Substance Abuse Treatment
Center for Mental Health Services
Center for Substance Abuse Prevention

PROGRAM SUMMARY

GOAL:

To generate knowledge on the effectiveness of comprehensive, integrated service models for women with co-occurring disorders and histories of trauma.

To generate knowledge on the effectiveness of a trauma-informed service intervention model for children of women with co-occurring disorders and histories of trauma.

TARGET POPULATION:

Women (18 years and older) with co-occurring substance abuse and mental health disorders who have experienced physical and/or sexual abuse.

Children (age 5 to 10 years old) of women enrolled in the *Women, Co-Occurring Disorders and Violence Study*.

NUMBER OF SITES:

Phase I – Fourteen women's study sites
Phase II – Nine women's study sites, four children's study sites and one coordinating center

LENGTH OF PROGRAM:

Five years (October 1998-September 2003)

FUNDING:

Women's Study
CSAT \$4,010,000
CMHS \$2,500,000
CSAP \$1,500,000
Children's Subset Study
CSAT \$1,000,000

The Women, Co-Occurring Disorders and Violence Study is the first federal effort to address the significant lack of appropriate services for women with co-occurring substance abuse and mental health disorders who have experienced trauma and their children. The study is generating empirical knowledge on the development of comprehensive, integrated services approaches and the effectiveness of these approaches for women and their children. This innovative initiative is being sponsored by the Substance Abuse and Mental Health Services Administration's (SAMHSA) three centers – The Center for Substance Abuse Treatment, The Center for Substance Abuse Prevention, and The Center for Mental Health Services.

BACKGROUND

Millions of women in America suffer from co-occurring substance abuse and mental health disorders. Violence and abuse are common in the lives of these women with 50-70% of women hospitalized for psychiatric reasons, 40-60% of women receiving outpatient psychiatric services and 55-99% of women with substance abuse problems reporting being physically and/or sexually abused at some point in their lives.

Women with this constellation of experiences are likely to have more severe difficulties and use services more often than women with any one of these problems alone. Despite this reality, most service delivery systems do not adequately address the needs of these women. Mental health, substance abuse and trauma issues are addressed by separate service systems with different treatment philosophies, eligibility criteria, and operating procedures, that work in isolation and are not well coordinated.

Children may also be affected by parental co-occurring substance abuse and mental health disorders and experiences of trauma and the multi-faceted long-term problems that may result. Many of these children, however do not receive the services and support they need to help them with these problems. Failure to respond to the needs of these children increases their risk of developing a range of problems as they grow older including anger, depression, sense of abandonment and co-occurring substance abuse and mental health disorders .

Recognizing the failure to address the complex needs of women with co-occurring substance abuse and mental health disorders and their children, SAMHSA

launched the *Women, Co-Occurring Disorders and Violence Study* in 1998 and *The Children's Subset Study* in 2000.

The two-phased project began with cooperative agreements to 14 study sites and one to support the operation of the Women, Co-Occurring Disorders and Violence Coordinating Center. The first, two-year phase was devoted to: developing a cross-site framework for service intervention; devising local strategies for implementation of this framework; supporting cross-site and local process evaluation efforts; and creating a standard methodology for the cross-site outcome evaluation. The subsequent, three-year phase of the study is dedicated to fully implementing integrated service interventions at local sites and comparing outcomes for women and children receiving care through the new service strategies to those receiving services as usual. Nine sites were awarded cooperative agreements to complete the second phase of this effort and four of these sites were awarded separate cooperative agreements to carry out the *Children's Subset Study*.

WOMEN'S STUDY

Women, Co-Occurring Disorders and Violence Study sites are operating within a cross-site framework for service intervention that was developed during Phase I of the project. This framework requires that all service interventions be gender-specific, culturally competent, trauma-informed and trauma-specific, comprehensive, integrated, and consumer/survivor/recovering (C/S/R) women involved. In addition, each site must provide a core set of services that includes:

- outreach and engagement
- screening and assessment
- treatment activities
- parenting skills
- resource coordination and advocacy
- trauma-specific services
- crisis intervention
- peer-run services

Each program has developed strategies for integrating services at two levels: 1) clinical/individual and 2) program/systems. At the clinical level, integration efforts are focusing on the content of service delivery and the ways in which mental health, substance abuse, and trauma interventions are combined to enhance client outcomes. Program/systems

STUDY SITE	TREATMENT SETTING	KEY SERVICE COMPONENTS
<p>PROTOTYPES Culver City, CA</p> <p><i>Principal Investigator:</i> Vivian Brown 310-641-7795 protoceo@aol.com</p>	<p>A large multi-services agency providing residential, outpatient, and day treatment services for substance abuse, mental health, HIV/AIDS, and domestic violence to women and children in Los Angeles County.</p>	<p>The project is implementing an adapted version of Seeking Safety, a cognitive-behavioral group therapy for women with post-traumatic stress disorder and substance abuse issues. In addition to this, an array of other treatment activities and services are provided, including: on-site medical, mental health, substance abuse, and educational groups, as well as educational, vocational, and employment services. A comprehensive parenting skills program, sensitive to the issues of substance abusing parents and 1:1 parenting support are offered.</p>
<p>Allies: An Integrated System of Care Stockton, CA</p> <p><i>Principal Investigator:</i> Jennie Heckman 650-858-2526 jennieheckman@cs.com</p>	<p>A small county safety-net provider of health care services for people with substance abuse and mental health services in northern California that is utilizing a Primary Treatment Network (PTN) of five substance abuse treatment programs.</p>	<p>Seeking Safety (SS) and Trauma Recovery and Empowerment Model (TREM) psycho-educational groups are offered. SS groups provide the 'hub' of strengths-based case management with Allie Case Managers (CMs) serving as group leaders and PTN drug counselors serving as co-leaders. Allie CMs meet individually with women needing additional assistance and women not participating in SS. Allie CMs work with PTN drug counselors to assist in service integration for individual women. Allie offers an integrated parenting skills curriculum, developed for this study.</p>
<p>New Directions for Families Thornton, CO</p> <p><i>Principal Investigator:</i> Nancy VanDeMark 303-657-3700 nancyv@ahinc.org</p>	<p>A comprehensive residential and outpatient substance abuse treatment program that serves women and children including services for women with co-occurring disorders and trauma in the Denver metropolitan area.</p>	<p>The program provides up to four months of intensive residential treatment including trauma-specific services plus a domestic violence group, parenting skills, treatment for co-occurring disorders, and employment preparation, placement and retention services. Residential treatment is followed by four-month outpatient continuing care.</p>
<p>District of Columbia Trauma Collaboration Study Washington, DC</p> <p><i>Principal Investigator:</i> Roger Fallot 202-608-4796 rfallot@communityconnectionsdc.org</p>	<p>Two multi-service centers (including Community Connections, the lead agency) that offer mental health, trauma and substance abuse services for women with co-occurring disorders and histories of abuse in Washington, D.C.</p>	<p>Integrated Trauma Service Teams (ITSTs) emphasize the development of key skills in trauma recovery and empowerment. Trauma Recovery and Empowerment Model (TREM) groups and the accompanying self-help workbook are the core trauma interventions. Additional groups address substance abuse and trauma, parenting, domestic violence, and spiritual resources for recovery. Peer-run programs include activities at a Women's Support and Empowerment drop-in center.</p>
<p>Triad Women's Project Avon Park, FL</p> <p><i>Principal Team Leader:</i> Arthur Cox, Sr. with <i>Principal Investigator:</i> Margo Fleischer-Bond 863-314-9553 mfc@strato.net</p>	<p>A substance abuse prevention, intervention and treatment agency and local mental health provider are partnering to offer services in rural Florida.</p>	<p>Triad has developed a 16 session trauma-specific group intervention that addresses the interaction of substance abuse, mental health and violence and also emphasizes cultural differences. A ten-week parenting curriculum focuses on empathy, communication and emotional regulation. The project's peer-run group provides on-going community-based support for women once they have completed the Triad trauma group.</p>
<p>Boston Consortium of Services for Families in Recovery Boston, MA</p> <p><i>Principal Investigator:</i> Hortensia Amaro 617-638-5146 hamaro@bu.edu</p>	<p>A city health department based integrated system of services housed within 3 substance abuse treatment modalities: outpatient counseling, methadone maintenance and residential treatment serving primarily Latina and African American women in metropolitan Boston.</p>	<p>Women enrolled in substance abuse treatment programs will receive an enhanced intervention that includes TREM groups, trauma-informed Family Strengthening Groups and Family Reunification Groups, Consumer Survivor and Recovery Leadership Trainings and Economic Planning Groups developed specifically for women with co-occurring disorders.</p>
<p>Women Embracing Life and Living (WELL) Cambridge, MA</p> <p><i>Principal Investigator:</i> Norma Finkelstein 617-661-3991 normafinkelstein@healthrecovery.org</p>	<p>Three dually licensed mental health and substance abuse providers serving women with co-occurring disorders in eastern Massachusetts.</p>	<p>WELL offers an adapted version of Seeking Safety, in conjunction with C/S/R facilitated mutual help groups, and the Nurturing Families program, a parenting intervention designed to increase the capacity of parents to heal the parent-child relationship from the impact of substance abuse, mental illness and trauma. Women receive resource and care advocacy and coordination from integrated care facilitators and all sites receive integrated supervision from a clinical expert and cross trainer.</p>
<p>Franklin County Women's Research Project Greenfield, MA</p> <p><i>Principal Investigator:</i> Rene Andersen 413-536-2401 andersen@javanet.com</p>	<p>A collaboration between mental health and domestic violence service providers serving women with co-occurring disorders in rural Massachusetts.</p>	<p>Three women's drop-in centers serve as the focal point of the intervention and offer peer resource advocates, trauma recovery groups using the Addiction and Trauma Recovery Integration Model, (ATRIUM) and opportunities for consumer involvement.</p>
<p>Portal Project New York, NY</p> <p><i>Principal Investigator:</i> Sharon Cadiz 212-979-8800 scadiz@projectreturn.org</p>	<p>A large multi-service agency providing residential and outpatient mental health and substance abuse services to primarily African-American and Latina women in New York City.</p>	<p>Women receive an enhanced trauma treatment program coordinated by a Women's Treatment Specialist which includes a clinical assessment, Seeking Safety groups, and two sets of peer support groups focusing on parenting and safety skills.</p>

SITES AT A GLANCE

INTEGRATION STRATEGIES

<p>group ion, / of</p>	<p>Clinical Integration: Mental health, substance abuse, and trauma services delivered concurrently utilizing interdisciplinary resource teams. Services/Systems Integration: Cross training of staff, and intra- and inter-agency coordinating bodies. C/S/R Integration: Fifty percent of staff at every level of the agency are C/S/Rs. There is further representation on committees and with a project Consumer Advisory Group.</p>
<p>ional llies ers. parti- ndi- dy.</p>	<p>Clinical Integration: Trauma-specific group treatment, treatment planning and case management that incorporates a strengths-based philosophy, and integrated parenting groups. Services/Systems Integration: Staff cross-training and ongoing inter-agency coordinating body meetings. C/S/R Integration: Allies C/S/R staff members lead SS groups, provide case management, and work with C/S/Rs and other providers to provide integrated services. A C/S/R Advisory Council provides input into the intervention and evaluation and assists in volunteer activities that support the study.</p>
<p>a g</p>	<p>Clinical Integration: Case management, joint service planning sessions and integrated service delivery teams. Services/Systems Integration: Staff cross training, memoranda of understanding between agencies and drop-in centers that provide various services. C/S/R Integration: C/S/Rs as active partners in their treatment plans, a C/S/R Advisory Council and material support including child care and stipends for participation.</p>
<p>and for</p>	<p>Clinical Integration: ITSTs, made up of cross-trained clinicians provide an integrated approach to intensive case management and focus on the strengthening of each survivor's trauma recovery skills. Services/Systems Integration: Trauma-informed cross-training for staff and consumers. Participating agencies include a trauma-sensitive inpatient psychiatric unit. C/S/R Integration: C/S/Rs as fully paid staff members in a variety of roles: coordinators, advocates, case aides, peer companions, drop-in center staff. Empowered Survivors Council assists in planning, implementation and evaluation</p>
<p>r- nces.</p>	<p>Clinical Integration: Triad Specialists provide case management services including case conferencing and coordinated referral. Services/Systems Integration: Co-located services, trauma training and an area-wide standardized assessment form. C/S/R Integration: A Consumer Advisory Board assists in the implementation and provision of services, program monitoring, evaluation and informing policy-level decisions, C/S/R participation on project boards and in leadership trainings, and a project Consumer Coordinator.</p>
<p>tion c</p>	<p>Clinical Integration: A Co-Morbidity Screen and Resource Card allows providers to screen for co-occurring disorders and make referrals and regular Interdisciplinary Resource Team meetings. A Trauma/Mental Health Service Coordinator acts as a liaison between the substance abuse treatment programs and the Boston Medical Center Department of Psychiatry. Services/Systems Integration: Cross-training and regular Steering Committee and Integration Roundtable meetings discussing service system integration. C/S/R Integration: A C/S/R Integration Roundtable provides direction to the whole project, a C/S/R Coordinator oversees integration, and a C/S/R Leadership Training Institute promotes leadership skills development in recovering women.</p>
<p>ual ease use, from and</p>	<p>Clinical Integration: Cross-trained Integrated Care Facilitators develop service plans and provide resource coordination and advocacy. Services/Systems Integration: Local Leadership Councils, including service providers and C/S/R women, receive cross-training and work to improve service integration. Resource Coordination Councils of various providers develop MOUs and procedures for cross-referral, information-sharing, and interagency service planning. A State Leadership Council of state agencies, service providers and consumer organizations develops recommendations for policy and pilot projects. C/S/R Integration: Active participation on project Steering Committee and State and Local Leadership Councils. C/S/R Coordinator facilitates integration and convenes subcommittees developing C/S/R advocacy activities. Leadership training is also provided.</p>
<p>ent -led</p>	<p>Clinical Integration: Drop-in centers provide coordinated trauma, substance abuse and mental health support, ATRIUM groups, coordinated referral and peer resource advocacy. Services/Systems Integration: Advocacy, cross-training, co-located services, Integration and Policy Project Committees and a Service System Integration Coordinator. C/S/R Integration: C/S/R staff members, membership on the project's Coordinating Council and committees, a CSR Women's Advisory Committee, a C/S/R Coordinator and ongoing focus groups with C/S/Rs.</p>
<p>ent -led</p>	<p>Clinical Integration: Women's Treatment Specialists, a Program Services Coordinator, Outreach Coordinator and Peer Advocates coordinate services and multi-disciplinary team case conferences which are regular meetings of clinicians, consumers, administrators and other stakeholders from both within and outside the project in which a particular women's situation is discussed. Services/Systems Integration: The Policy Action Committee, a group of representatives from key service systems discuss specific systems integration issues and a resource center provides information about substance abuse, mental illness, trauma and parenting to consumers and a network of providers and systems. C/S/R Integration: Leadership training for C/S/Rs, a C/S/R outreach counselor and active C/S/R participation in case conferences, work groups, project meetings, and policy planning initiatives.</p>

integration efforts are focusing on linkages between core agencies and the full array of other agencies that need to be involved for the intervention to be comprehensive. Finally, all sites are required to involve C/S/R women in all aspects of planning, management, service delivery and research.

Within this framework, sites have created programs that are responsive to the strengths and needs of their own communities. Summary descriptions of each study site are shown in the *“Women’s Study Sites at a Glance.”*

CHILDREN’S STUDY

The *Children’s Subset Study* sites are evaluating the effectiveness of a trauma-informed, culturally relevant and age-specific intervention model for children, ages 5-10, of women with ADM disorders who have histories of violence. The study seeks to identify models of care that will prevent or reduce the intergenerational perpetuation of violence, substance abuse and mental health issues by reducing risk factors, increasing resiliency and improving emotional and behavioral health.

Each program must offer a common clinical assessment; case management including services coordination and advocacy; and a skills-building group intervention adapted from the curriculum outlined in *Groupwork with Children of Battered Women* by Peled and Davis¹. The 12-session skills-building group covers issues such as abuse, anger, violence, assertiveness, protection planning and self-care strategies. Each site is also creating opportunities for C/S/R involvement throughout the project.

Summaries of the children’s study sites are shown in *“Children’s Study Sites at a Glance.”*

EVALUATION ACTIVITIES

The Women and Children’s Study sites are participating in cross-site process and outcome evaluations. The process evaluation is designed to document the process involved in implementing this type of project and will assess the nature and scope of service delivery within the two study conditions: experimental and usual care. The outcome evaluation will utilize data collected from both study conditions using a common interview protocol administered at baseline,

three, six, nine and twelve months. These instruments are designed to assess both intermediate and long-term treatment outcomes across a variety of domains (e.g., services, psychiatric status, substance abuse status, trauma symptoms and personal safety). The project is also conducting a Cost Finding Study to document the costs involved in developing and operating integrated service programs for women with substance abuse, mental illness and trauma. A Cost Effectiveness Study will also be conducted to explore the effectiveness of these enhanced service programs versus usual services relative to their perspective costs. An Inter-Organizational Network Study is documenting the degree of inter-organizational networks and is assessing the degree of systems integration occurring and the relationship between levels of integration and outcomes for women at the integrated and usual care settings.

COORDINATING CENTER

The Coordinating Center for the *Women, Co-Occurring Disorders and Violence Study* and the *Children’s Subset Study* is operated by Policy Research Associates, Inc. The center is responsible for the cross-site process and outcome evaluations, including the development and distribution of instruments, the provision of instrument training, as well as data monitoring, collection and analysis. The center also provides technical assistance to the study sites and develops and disseminates knowledge products. These products include fact sheets featuring innovations from the sites and longer documents highlighting various project learnings. It also handles all logistical responsibilities including the coordination of meetings and the overall management and operation of the study. The Coordinating Center is a consortium of organizations, including The Better Homes Fund; the Cecil G. Sheps Center for Health Services Research at the University of North Carolina, Chapel Hill; Consumer/Survivor/Recovering women; and national experts in substance abuse, mental health, parenting, trauma, and children’s behavioral health.

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¹Peled, E. and Davis, D. (1995). *Groupwork with Children of Battered Women. A Practitioner’s Guide*: Thousand Oaks: Sage Publications, Inc.

CHILDREN'S STUDY SITES AT A GLANCE

STUDY SITE	TREATMENT SETTING	KEY SERVICE COMPONENTS	INTEGRATION STRATEGIES
<p>PROTOTYPES Culver City, CA</p> <p><i>Principal Investigator:</i> Vivian Brown 310-641-7795 protoceo@aol.com</p>	<p>A large multi-services agency providing residential, outpatient, and day treatment services for substance abuse, mental health, HIV/AIDS, and domestic violence to women and children in Los Angeles County.</p>	<p>Services include a cross-site skills-building group in addition to other ongoing prevention and socialization groups, mental health, Head Start and Early Start, tutoring, and after-school activities. Children undergo a developmental assessment upon entering the program. Because many of the women are reunited with their children during the initial stages of treatment, the program is facilitating family reunification through advocacy efforts with child services and courts and providing overall support to families.</p>	<p>Case management is provided by the Child Specialist.</p>
<p>Allies: An Integrated System of Care Stockton, CA</p> <p><i>Principal Investigator:</i> Lisa Russell 650-858-2526 lisar@etr.org</p>	<p>A county safety-net provider of health care services for women and children in northern California.</p>	<p>Upon enrollment, mothers complete a clinical assessment with their child, which is used to guide the development of a service coordination plan. Children are referred to services by their mother's case manager as needed. Children's services are coordinated with their mother's service plan and may include shelter, family therapy, crisis intervention, educational services, counseling, daycare, psychiatric evaluation, primary health care services and other services. Children also participate in the 10-week cross-site skills building group intervention.</p>	<p>A children's mental health clinician conducts the clinical assessments and develops a recommended service plan which is shared with the mother's case manager. The children's clinician and the mothers' case managers collaborate with women and with each other in planning and coordinating services for mothers and children.</p>
<p>New Directions for Families Thornton, CO</p> <p><i>Principal Investigator:</i> Nancy VanDeMark 303-657-3700 nancyv@ahinc.org</p>	<p>A comprehensive residential and outpatient substance abuse treatment program that serves women and children in the Denver metropolitan area.</p>	<p>Family reunification is a major focus of the program. Reunification plans are individualized for each family and staff work closely with child welfare services to facilitate the process. The intervention also includes parenting skills development for mothers, family therapy aimed at reunification, on-site childcare center, the cross-site, trauma-specific skills-building group, play therapy, individual counseling, resource coordination, including linkages to developmental assessments, WIC and other child services and assistance with school-related matters.</p>	<p>Case management is provided by a Family Therapist who refers children to appropriate services.</p> <p>Peer facilitators assist in delivery of trauma specific skills-building groups.</p>
<p>Women Embracing Life and Living (WELL) Child Study Cambridge, MA</p> <p><i>Principal Investigator:</i> Norma Finkelstein 617-661-3991 normafinkelstein@healthrecovery.org</p>	<p>Two dually licensed mental health and substance abuse providers serving women with co-occurring disorders and their children in eastern Massachusetts.</p>	<p>The service model begins with a comprehensive assessment. Children are then linked to a range of services that include clinical services, day and after-school care, recreational activities, family service planning, crisis intervention and medication management. Children also participate in the age-specific skills-building group which helps children to develop a safety plan for themselves.</p>	<p>Children are paired with a Child Clinician/Advocate who serves as a "resiliency mentor" and care coordinator with responsibility for service planning, advocacy and referral.</p>

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