

Evaluating Trauma Services for Clusters of Homeless, Substance Abusing Women

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Amethyst, Inc. is a gender-specific, substance abuse treatment and housing program for homeless women and their children. The program model emphasizes the role that violence, trauma, and poverty have in perpetuating drug and alcohol use. The program also addresses issues such as physical and sexual abuse, attachments to unhealthy relationships, unresolved grief and loss, and limited education and job skills or experience. These issues often sabotage recovery and attempts at independence. Amethyst helps women address these issues so that they can achieve life-long sobriety, empowerment and self-sufficiency.

As a component of its service planning, management and quality improvement functions, Amethyst uses an approach called Cluster-Based Planning and Outcomes Management. This system, developed by Synthesis, Inc., recognizes the systematic heterogeneity of clinical populations and uses various statistical and/or expert knowledge elicitation techniques to describe meaningful subgroups of these larger populations. Using this system, Amethyst, in the late 1990’s, identified and described five (5) Clusters of clients who share common strengths, problems, life situations and bio-psychosocial histories. The agency also identified measurable treatment goals for each cluster and over the last 6 years, has modified programming to address cluster-specific needs. The titles of the Five (5) Clusters of Women served at Amethyst are:

1. More Mature Women Who Abuse CRACK
2. Younger Adult Women Addicted To CRACK
3. Women Addicted To Prescription Drugs
4. More Mature Women Who Abuse Alcohol
5. Substance Abusers With Co-Occurring And Severe Mental Health Problems

Several years ago, in the course of reviewing the cluster-based evaluation data on client outcomes, Amethyst staff identified the need for trauma-focused services for many women. In particular they identified two of the five clusters (Cluster 2 & Cluster 5) as priority targets for these services. In October 2002, Amethyst was awarded a three- year CSAT Grant to focus on providing trauma-specific services to their clients. Under the CSAT grant, three distinct (but inter-related) services were offered:

A **Transition Counselor** provided services targeted at helping the women deal with specific changes in their lives, treatment, and/or recovery process (e.g. moving into Amethyst housing, beginning their treatment, changing

treatment level, re-uniting with their children, and/or starting school or a new job).

Trauma Counselors were expected to provide specific clinical services to help the women deal with the impact of past trauma on their recovery. The Trauma Counselors were expected to provide group therapy, EMDR, and other therapeutic interventions which focus on issues such as physical, sexual, and emotional abuse, abandonment, exposure to violence, loss, and grief.

A **Crisis Intervention Counselor** provided services targeted mostly to women who had co-existing mental health disorders (i.e. women in Cluster 5). As Amethyst stated in their CSAT proposal, *“Early in treatment, it is difficult for staff and participants to assess what behaviors can be attributed to the early stages of abstinence versus symptoms of co-existing mental health disorders”*. The Crisis Counselor was expected to help regular Amethyst counselors address the special needs of these women by providing crisis-oriented mental health assessments, group and individual counseling, and educational sessions.

Evaluation

A four-part strategy was employed to evaluate the implementation and outcomes of the trauma services.

1. In order to help monitor program operations and assess program fidelity, annual group interviews were conducted with administrative staff and members of the Trauma Services Team.
2. In order to assess the operations and effectiveness from the consumer’s perspective, face-to-face interviews were conducted with small samples of trauma service recipients in the middle and towards the end of the project.
3. In order to assess program effectiveness, cluster-based analyses of client functioning data were conducted related to four specific Trauma Outcomes:
 - Coming To An Understanding And Acceptance Of The Traumas
 - Dealing Effectively With Toxic Shame
 - Reducing Interference From Post Traumatic Stress Responses
 - Enhancing One’s Ability To Deal With Life Transitions
4. Analyses were also conducted to determine whether the amount of Trauma Services received differed by cluster.

The presenters will discuss the trauma specific service components in more detail; describe the 5 Clusters of women being served, and present some key findings from the various evaluation components. They will also highlight similarities and differences between clusters and their implications for service planning and policy.

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