

EVALUATING TRAUMA SERVICES FOR CLUSTERS OF HOMELESS, SUBSTANCE ABUSING WOMEN

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What is Amethyst?

- Amethyst is a substance abuse treatment and housing program for homeless women and their children.
- Long-term treatment
- Gender specific treatment
- Relational Cultural Model

Amethyst & Cluster-Based Planning

- 5 Clusters of Women
- Services organized by Cluster

What Is A Cluster?

A Cluster Is A Subgroup Of A Larger Clinical Population That Shares Common Strengths, Problems, Treatment Histories, Social And Environmental Contexts, And/Or Life Situations.

What Is A Cluster?

- Clusters represent more holistic, bio-psychosocial historical pictures of patterns of behavior and life situations.
- Clusters also incorporate social policy and the effectiveness of treatments as they influence a person's overall life.
- Research and experience suggest that members of different clusters often are working toward different service goals.
- Even when members of different clusters are working toward the same long-term recovery goals, they are likely to face different challenges along the way and require different types and intensities of services, supports, or treatment approaches.

Clusters Of Women Served By Amethyst

Cluster 1
• **More Mature Women
Who Abuse Crack**

Cluster 2
**Younger Adult Women
Addicted to CRACK**

Cluster 3
**Women Addicted to
Prescription Drugs**

Cluster 4
**More Mature Women
Who Abuse
Alcohol**

Cluster 5
**Substance Abusers with
Co-Occurring and
Severe Mental Health
Problems**

How Were Clusters And Treatment Goals Developed ?

Step 1: Identifying Clusters – “Painting Prose Pictures”

- *An in-house expert workgroup comprised of administrative and clinical staff*
- *A group knowledge elicitation process was used to collect information about individuals who represent typical types of clients. Descriptive information is collected about common characteristics, problems, strengths, and life situations of subgroups of clients being served.*
- *For each cluster, the descriptive information from the knowledge elicitation process was summarized in a prose draft cluster description. The workgroup then reviewed, revised and enhanced each draft, and agreed upon the Final Cluster Descriptions.*

How Have Clusters and Treatment Goals Been Developed?

Step 2: Determining Core Service Goals or Treatment Outcomes For Each Cluster

- *The Final Cluster Descriptions were then used as stimuli in a group process in which workgroup members identified what they would like to have happen in the lives of the members of each specific cluster.*
- *Workgroup members described what it would look like when a person was “doing well” on a particular outcome and when they were “doing poorly” on that goal.*
- *Consultants used this information to develop scales specifically tailored for each cluster and behaviorally anchored by the information provided by the workgroup about each outcome.*

Cluster 2

YOUNGER ADULT WOMEN ADDICTED TO CRACK COCAINE

The young adult women who make up this cluster have been addicted to cocaine for several years. They started using other drugs as teenagers however the availability of Crack quickly led them to try that drug. This early abuse of Crack has seriously affected their social and emotional development. For example, most members of this cluster live for the excitement of the moment, use a variety of drugs, act impulsively without thinking about consequences, and look for immediate gratification. They have great problems with authority, and often appear disrespectful and resentful of having limits placed on them.

Members of this cluster seem to have no concept of addiction and generally deny that they have a drug problem. They typically feel they are indestructible, that nothing can hurt them, and that life without drugs would be boring. It is only when some unusual event occurs that they seek out or are forced into treatment. In some cases they have committed serious crimes such as assault or robbery. In other cases, they may have been raped and sought counseling, or they may have struck and injured their child and are at risk of losing custody. It is only then that they begin to sense what has been done to them and/or what they have done to others.

The women in this cluster generally have a distorted sense of personal power and poor decision-making skills. They have difficulty defining and establishing personal and sexual boundaries. As a result, many have several children with different fathers, who generally provide no emotional or financial support. Members of this cluster can be easily exploited, but see themselves as being the one manipulating others. They have a materialistic view of the world, and their sense of self has been externally defined. They often see life and relationships centering on drugs and getting material things. Some even see themselves as being in control while they were being "sexually used" because it got them their drugs. In so doing, they have isolated themselves from their actions and their own emotional pain.

Most members of this cluster have grown up in families where addiction and either overt or covert physical or sexual abuse was common. Many were given their first drugs by their parents or other relatives. They have lacked any positive role models, and even families that looked "stable," often were just better at hiding the addictive behavior.

Most of the women in this cluster have limited work skills and training. While a few have held low paying jobs, most receive on-going support from the Welfare system or other public agencies. They are generally not motivated to take responsibility for their own lives, and seem to be on a "constant search for an easier and softer way," to get the things they want. They feel entitled to a higher standard of living without being willing to put forth the effort needed to accomplish this. They have great difficulty connecting their choices to consequences in their lives.

For many members of this cluster, their youth, ingenuity, and materialism can also provide a basis from which to begin their recovery. They have "hustled" for drugs in the past, and their desire to have "things" can be used as motivation for educational and vocational activities. They have a sense of responsibility toward their children, which can also lead them to want to make meaningful changes in their lives.

Cluster 5

Substance Abusers with More Severe Mental Health Problems

The women in this cluster are substance abusers who also have rather challenging mental health problems. While they frequently deny their psychiatric problems, many have already been diagnosed by mental health professionals and are receiving assistance from multiple human service systems. Some suffer from eating disorders and a number have been sexually and/or physically abused. Even though cluster members have "abused" many different substances over the years, many of their drug and alcohol problems have gone undiagnosed.

The women in this cluster find it difficult to differentiate thinking from feeling. They are often unable to control their feelings and in some cases, almost "become the feeling." Cluster members make almost constant demands on agency staff. They seem to move from one crisis to another without learning from past experiences. These situations can include explosive outbursts, suicidal thoughts, and/or self-mutilation, and if actions are not taken, they can become dangerous or life threatening. Their constant demands for assistance tend to "burn people out" requiring them to find others to meet their needs.

Many of the women in this cluster have a history of mental health treatment. Many have become dependent upon mental health and other social services, and have set very low expectations for themselves. Some have been prescribed psychotropic medications and take them regularly, while others do not adhere to medication regimens or frequently change medications. In some cases, their need for psychotropic medications puts them in "conflict" with the abstinence required by some substance abuse treatment programs.

Some women in this cluster deny their psychiatric problems, while others almost seem to "embrace" them. Several subgroups therefore can be seen.

Members of one subgroup acknowledge their mental health problems and use them to get what they need or want from the "system." They have accepted low expectations for themselves and use their psychiatric problems as a defense against having to try new things or make changes in their lives. It is difficult for members of this subgroup to gain insight into how they "use" their psychiatric symptoms to their advantage.

Members of another subgroup seem to have learned a sense of helplessness. They have great difficulty functioning on a day-to-day basis. They have gained little insight into their psychiatric problems, and they get themselves into the same problem situations over and over. When others confront them, they are unable to connect their past behavior and consequences to present events.

A third subgroup has been overwhelmed by their psychiatric symptoms but has begun to gain some insight into these problems. Even though they have great difficulty responding to traditional mental health treatments, they want to "hang on" to every step they take in their recovery.

The women in this cluster receive little appropriate support from their families, many of whom are very dysfunctional. Some families have rejected them altogether. Others maintain close contact but fail to respect the physical and emotional boundaries of cluster members. While appearing supportive, the actions of these family members may actually undermine the efforts of cluster members. At the same time, many of the women in this cluster continue to be enmeshed with their families even though brief meetings with family members can result in considerable discomfort.

Background On The CSAT Grant

- Trauma – What is trauma and how has it impacted the women in treatment at Amethyst?
- Cluster-based information
- Cluster 2 and Cluster 5

Trauma Focused Services

- Transition Counselor
- Trauma Counselor
- Crisis Counselor
- EMDR

Data Collection

- Cluster based Outcomes
- Trauma outcomes
- Service data
- Interviews
- GPRA

What are the Trauma Outcomes?

- **Understanding and Acceptance of Trauma**
- **Toxic Shame**
- **Interference from Post Traumatic Stress Response**
- **Ability to Deal with Transitions**

DESIRED OUTCOMES OF TRAUMA SERVICES

1. Coming To An Understanding And Acceptance Of The Trauma

The women will come to understand and accept the trauma they have experienced. They will be able to talk about the events and experience the anger they feel. They will recognize how the traumatic events have affected many areas of their lives. They will be able to grieve the losses the traumatic events caused. They will experience a sense of personal power and a strong "sense of self." They can allow themselves to make mistakes without feeling exposed. They will be able to establish personal boundaries and can respect those of others. They will have empathy and a sense of compassion for others who have been victimized. They will not need to use alcohol or other substances to self-medicate to avoid their feelings.

2. Dealing Effectively With Toxic Shame

The women will be able to deal effectively with the shame they have felt about traumatic events in their lives. They will have learned to trust themselves and believe they are as worthwhile as others. They will no longer feel that they are inferior or that their perceived deficits will be exposed to others. They will accept that their feelings of shame will never entirely go away but will be able to manage them. They will recognize the events that trigger their feelings of shame and will have developed coping mechanisms. For example they will have learned "self-soothing" techniques. They will also recognize that there are times they need to turn to others for support. They will be able to recognize the difference between shame and guilt. They will understand that they can make and learn from their mistakes without losing their value as a person.

DESIRED OUTCOMES OF TRAUMA SERVICES

3. Reducing The Interference From Post Traumatic Stress Responses

The women will have worked through the negative physical and emotional responses that are related to the traumatic events that occurred previously in their lives. They will not allow these responses to interfere with their recovery process. They will have learned to adjust their sense of reality from a skewed reality distorted by their past traumas. They will understand that present situations are different than past traumatic (even life-threatening) events and will respond to new situations appropriately. They will no longer operate in a survival mode or respond by fighting, fleeing, or freezing. They will be less hyper-vigilant and will feel more secure lessening the desire to scan their environment for signs of danger. They will be able to respond appropriately when they feel challenged or confronted by others, rather than becoming numb, “paralyzed”, argumentative, and/or unreceptive to any intervention. They will be able to recognize where these responses really come from and thus have more control over them.

4. Dealing With Transitions

The women will be able to deal well with transitions in their lives and in their recovery process. They will recognize that change is a part of life and recovery, and will not over-react when confronted with transitions. They will not focus only on the change and will be able to go about their regular daily activities while dealing with issues such as moving, entering a new treatment level, starting a new job, beginning school, or being re-united with their children. While they will experience stress from these changes and may also recognize their need for support, they will need only a moderate amount of help from others to deal with the transitions. They will be able to generalize what they have learned about handling change to other areas of their lives and other settings. For example, as they have less contact with treatment providers, they will be able to use the skills they have learned to handle their transitions and will have found others who can support them.

What were we trying to find out about the women receiving Trauma Services?

- **Did The Women Improve Over Time On the Trauma-Focused Outcomes?**
- **Were There Differences Between Clusters On The Ratings?**
- **Did The Amount Of Trauma Service Received Have An Impact On The Trauma Outcomes?**
- **Do Different Patterns Of Improvement Exist For Different Clusters?**

Criteria to be included in the analysis:

- The woman had to have multiple Trauma Outcome ratings occurring at least 90 days apart.
- The women had to have received at least one trauma service.

How many women were included in the analysis?

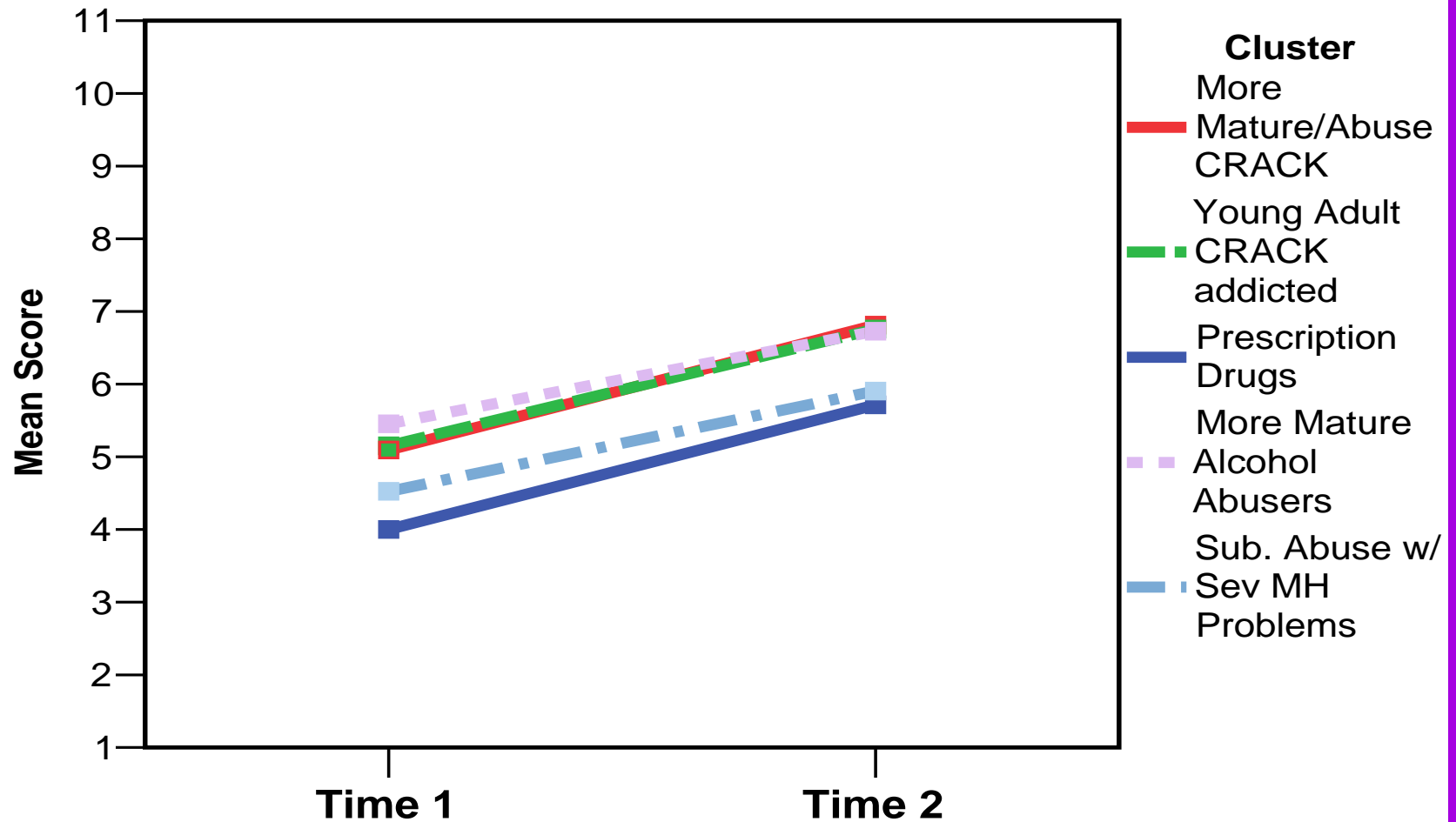
Cluster

	Frequency	Percent	Cumulative Percent
Valid More Mature/Abuse CRACK	32	25.4	25.4
Young Adult CRACK addicted	34	27.0	52.4
Prescription Drugs	7	5.6	57.9
More Mature Alcohol Abusers	11	8.7	66.7
Sub. Abuse w/ Sev MH Problems	42	33.3	100.0
Total	126	100.0	

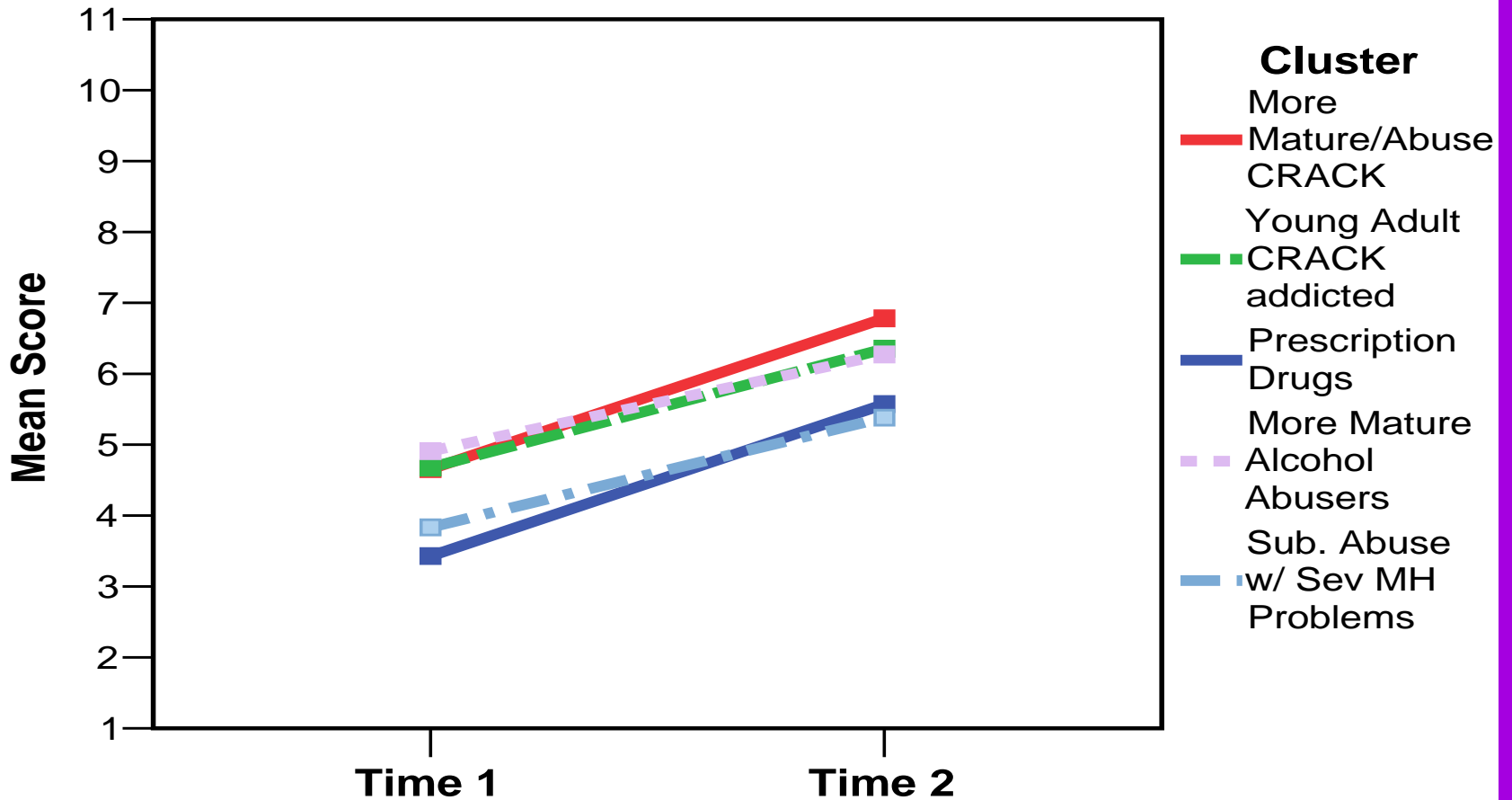
Did the women improve between their first and most recent rating?

	Cluster 1		Cluster 2		Cluster 3		Cluster 4		Cluster 5	
	Mean	N	Mean	N	Mean	N	Mean	N	Mean	N
Understand/Accept Trauma – Time 1	5.09	32	5.15	33	4.00	7	5.45	11	4.52	42
Understand/Accept Trauma - Time 2	6.81		6.76		5.71		6.73		5.90	
Toxic Shame – Time 1	4.66	32	4.68	34	3.43	7	4.91	11	3.83	42
Toxic Shame – Time 2	6.78		6.35		5.57		6.27		5.38	
Interference from Post Traumatic Stress Response – Time 1	5.50	32	5.71	34	4.29	7	5.55	11	5.19	42
Interference from Post Traumatic Stress Response – Time 2	6.78		6.44		4.86		6.64		5.74	
Deal with Transitions – Time 1	5.16	32	5.44	34	4.71	7	6.00	11	4.45	42
Deal with Transitions – Time 2	7.47		6.85		5.29		7.09		5.81	20

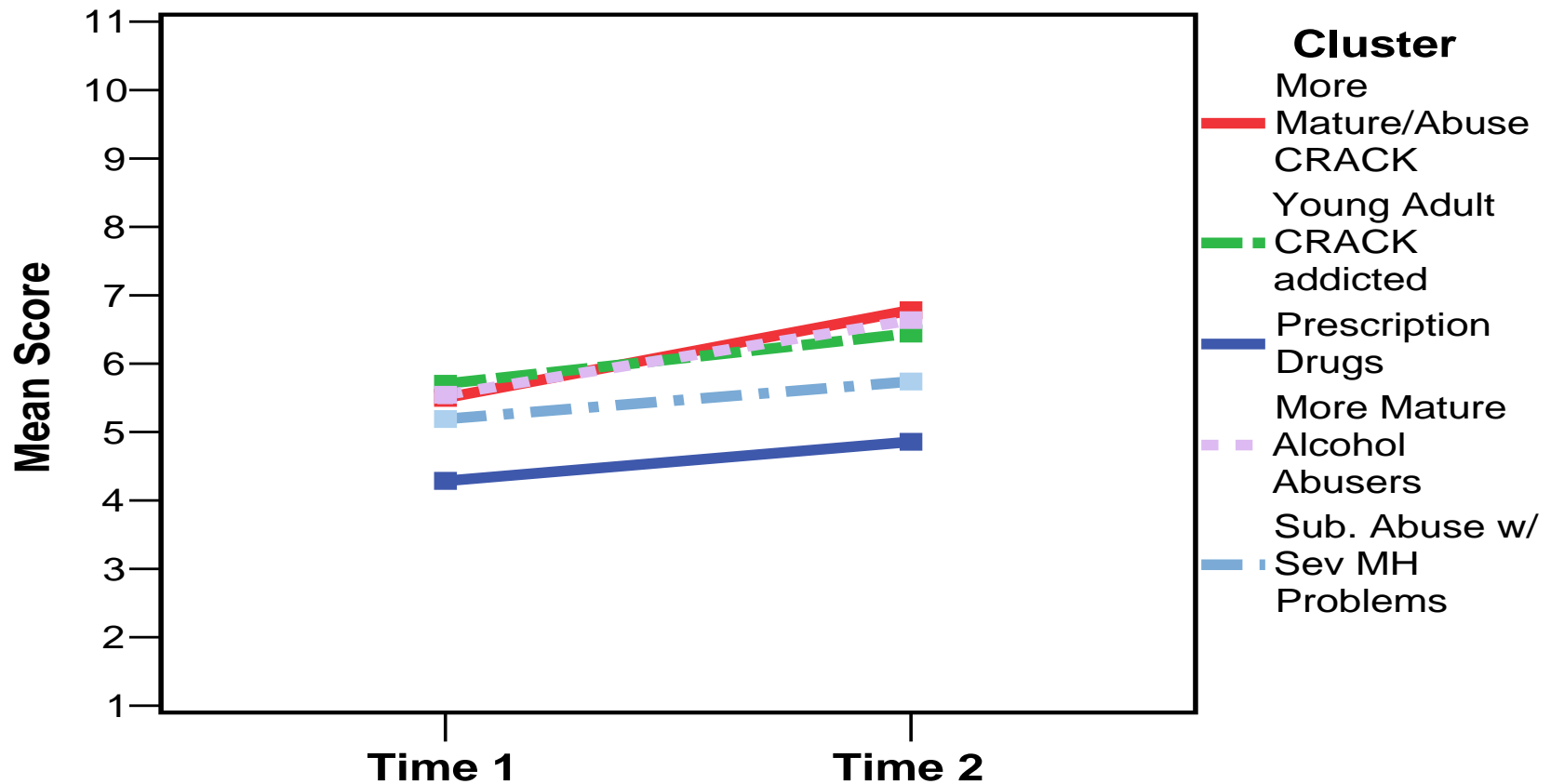
Understanding and Acceptance of Trauma



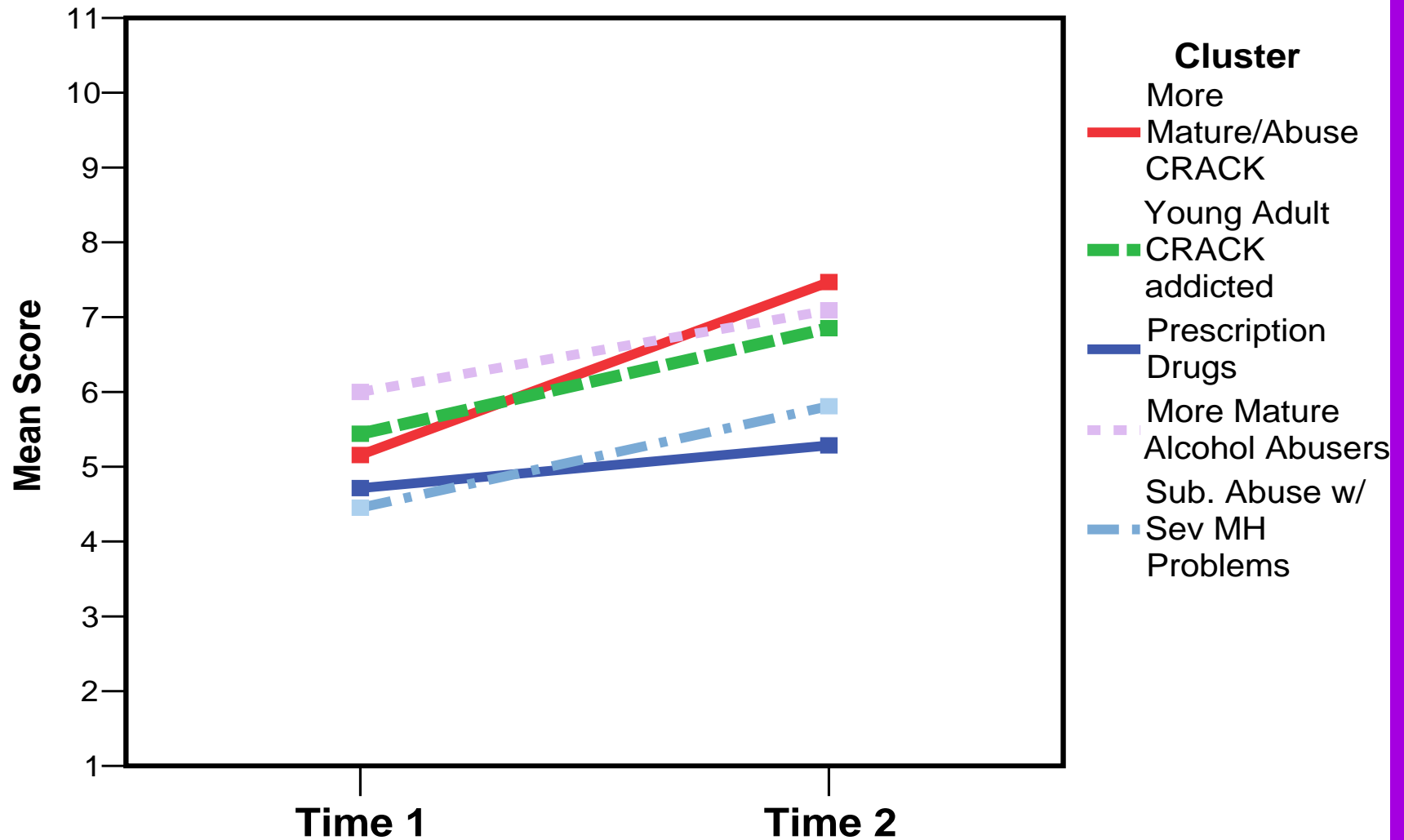
Dealing with Toxic Shame



Interference from Post Traumatic Stress Response



Ability to Deal with Transitions



How much Trauma Service did Women Receive?

	Cluster											
	More Mature/Abuse		Young Adult CRACK		Prescription Drugs		More Mature Alcohol		Sub. Abuse w/ Sev MH		Total	
	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N
Transition Counselor Units	29.76	31	28.56	33	36.86	7	26.43	11	38.00	42	32.34	124
Trauma Counselor Units*	112.73	32	91.32	34	114.80	7	84.48	11	160.77	42	120.62	126
Crisis Counselor Units	39.42	30	39.71	33	43.95	7	30.54	11	57.48	42	45.13	123
Total Trauma Units*	178.52	32	157.59	34	195.61	7	141.46	11	256.26	42	196.50	126

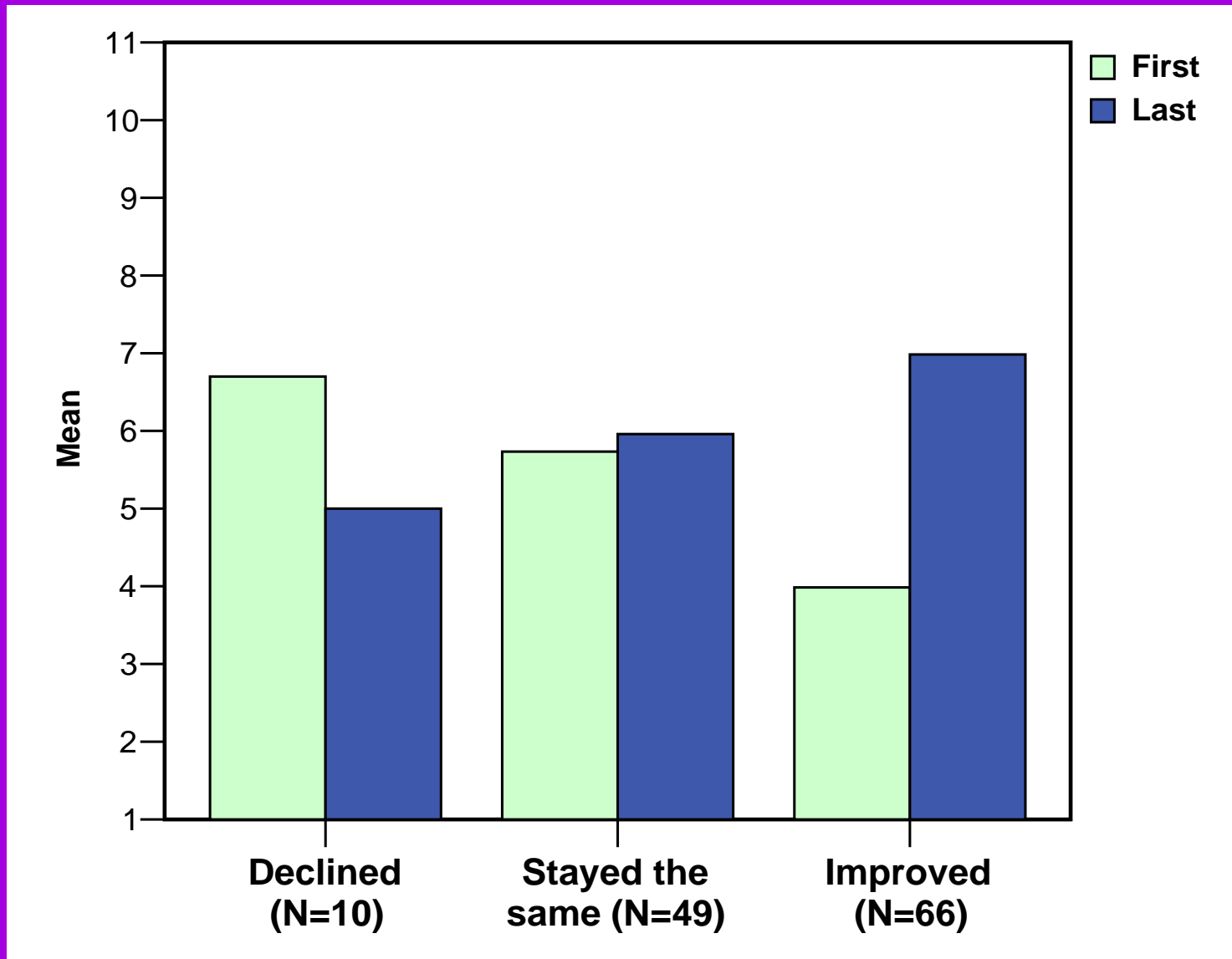
- Cluster differences in the total amount of trauma service received
- Differences between clusters in the amount of service received from the trauma counselor

Of those women who improved, how much did they improve?

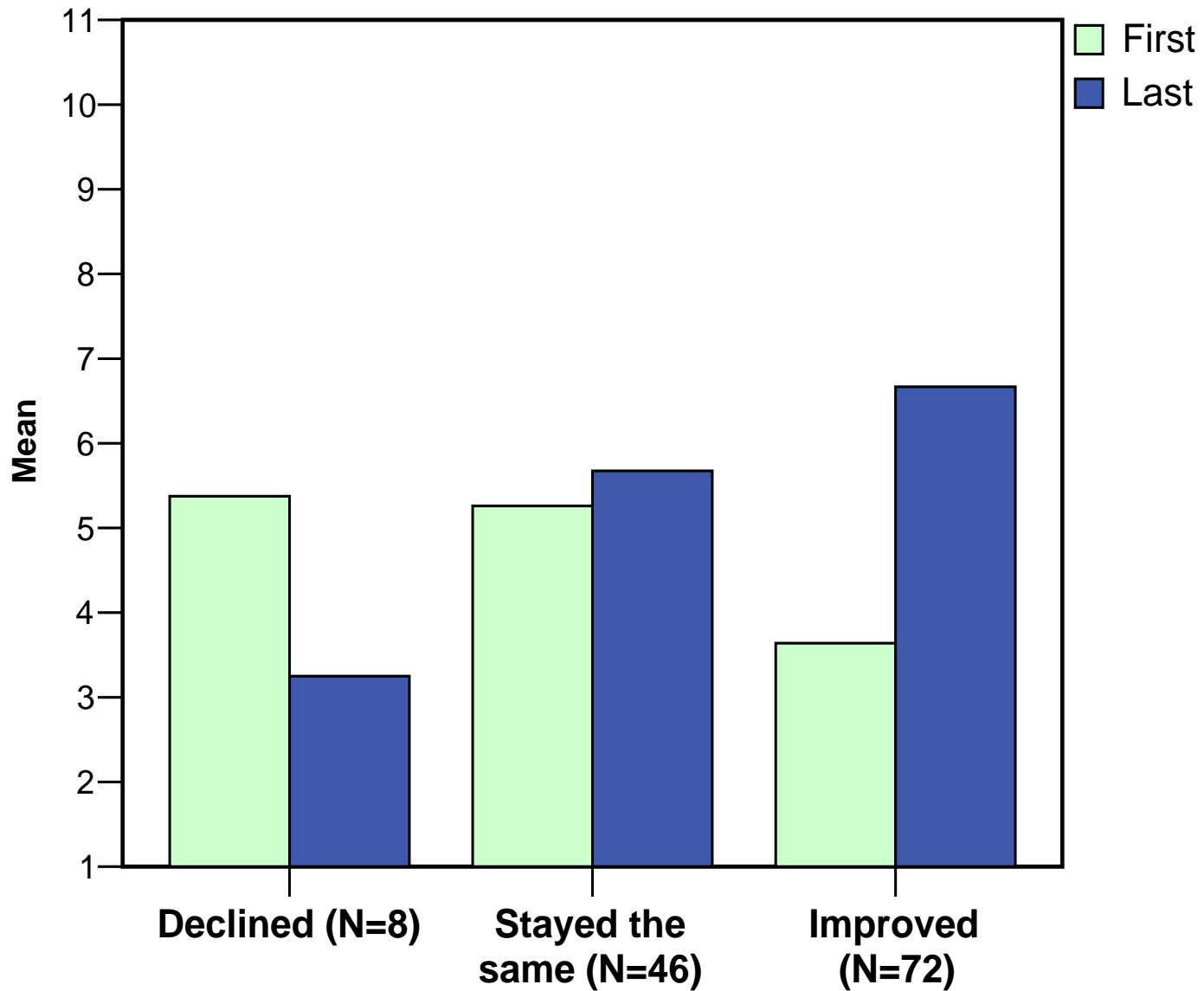
In order to look at the extent of improvement for those women who made improvement on each of the trauma outcomes, we created three categories: Improved, Stayed the Same, and Declined. To create these categories, the 11-point scale for each of the trauma outcomes was broken into four categories as follows:

- ≤ 3 (less than or equal to 3),
- > 3 and ≤ 5
- > 5 and ≤ 7
- > 7 (greater than 7).

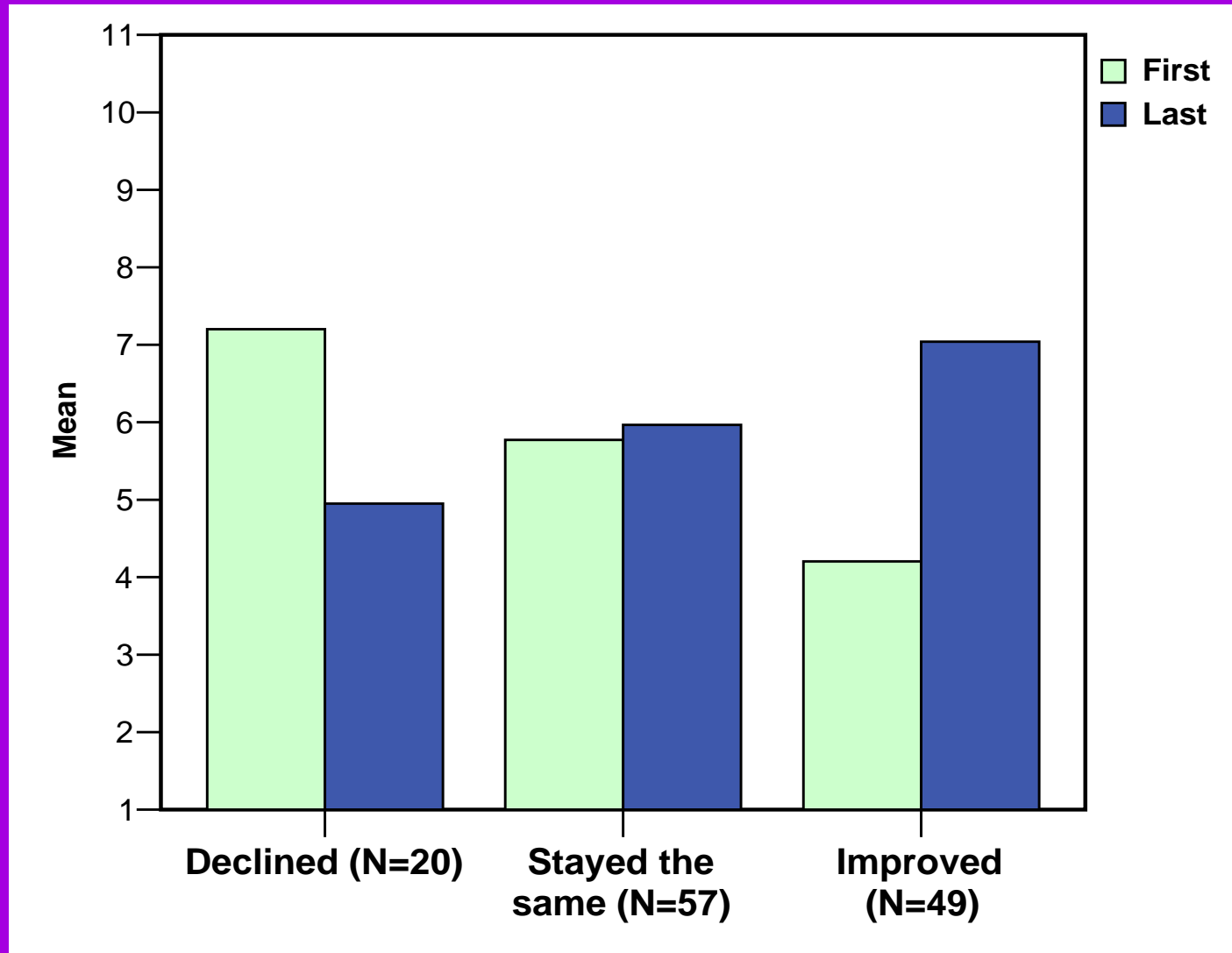
Understand and Accept Trauma



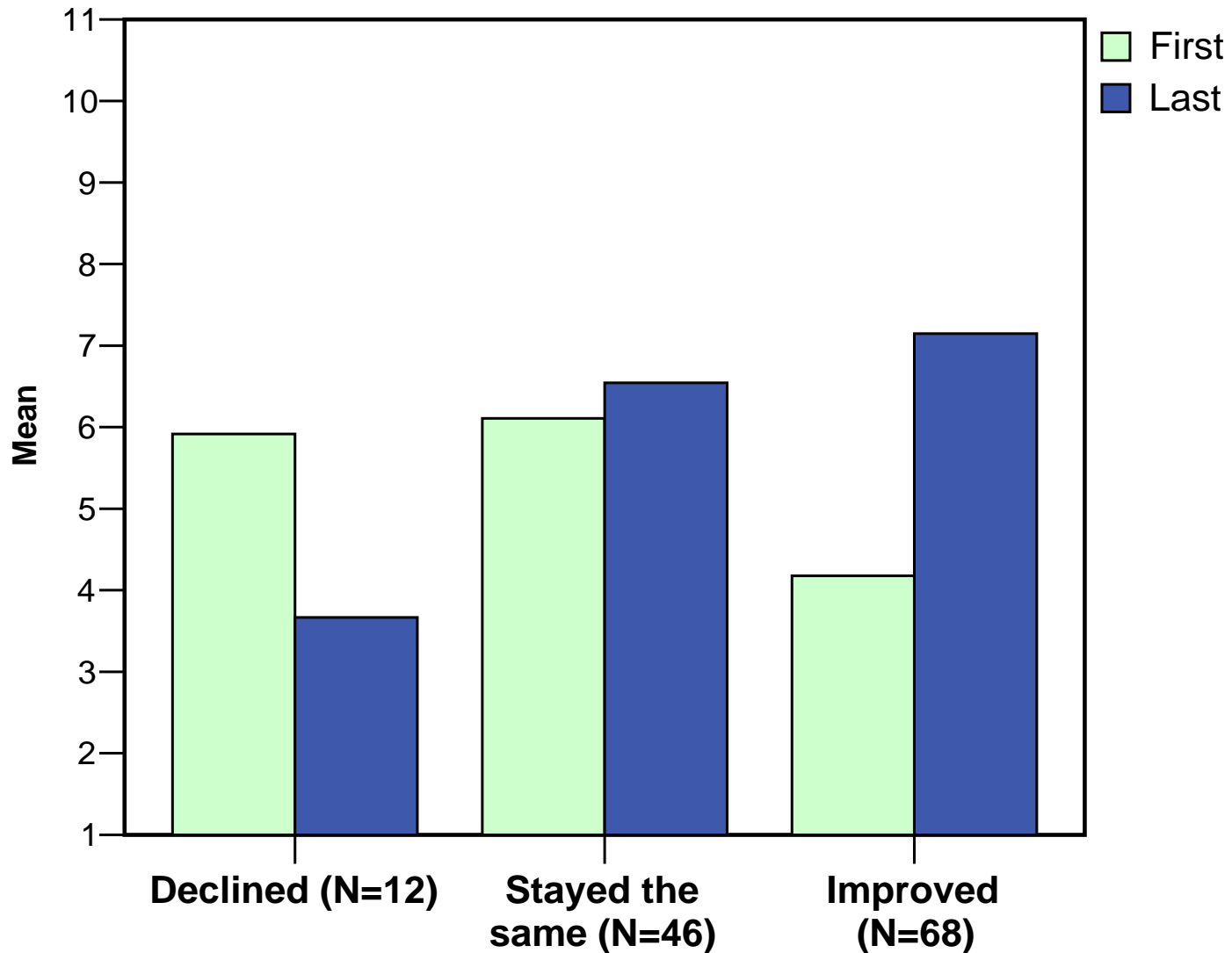
Toxic Shame



Interference from Post Traumatic Stress Response



Deal with Transitions



Results of Interviews

GOALS OF INTERVIEW

- **Assess program effectiveness**
- **Determine consumer satisfaction**

DEVELOP INTERVIEW INSTRUMENT

- Gain information on each counselor: Transition Counselor, Trauma Counselor, Crisis Counselor.
- Assess relationships with counselors.
- Gain information on all of the trauma services.
- Obtain in-depth responses.
- Questions are understandable.

INTERVIEW INSTRUMENT

- Introductory Questions
- Questions organized by Counselor:
 - **Transition Counselor**
 - Interactions and services
 - Relationship questions
 - **Trauma Counselor**
 - **Crisis Counselor**
- General Questions

TRAUMA COUNSELOR

Tell me about the first time you saw the trauma counselor for trauma counseling.

Prompts: What was the situation?

In general, what kind of things did you talk about or do?

Role-playing?

Have you seen her since then? How has she helped you?

Prompts: Do you see her regularly?

In general, what kind of things did you talk about or do?

Would you feel comfortable going to see her if you felt you needed to?

Which of these things helped the most? (EMDR, group counseling, etc)

Prompts: Why do you feel that was the most helpful?

In what ways did it help you?

Now we would like to ask you a few questions relating to your relationship with your trauma counselor. Please use the 1 – 5 scale to answer the following questions. Please answer the questions about the trauma counselor you see the most:

On a scale from 1 to 5, with 5 being the highest level of trust and 1 the lowest level;

How much do you feel you can trust the trauma counselor?

Prompt: What about your interaction with her caused you to feel this way?

What has she done to encourage or discourage your trust?

On a scale from 1 to 5, with 5 being the highest level of and 1 being not at all;

To what extent do you feel that the transition counselor respects your feelings?

Prompt: How has she respected/not respected your feelings.

GENERAL QUESTIONS

There are just a few more questions we would like to ask. These questions focus on how you think the trauma services could be improved. These include the services provided by the Trauma Counselors, Transition Counselor and the Crisis Counselor.

Which one of the trauma services do you think it would be helpful to have more of?

Prompt: Why do you think it would be especially helpful to have more of this service?

If you were responsible for making changes to the trauma programming for next year what would you change?

Prompt: Would you add something? Why would that be important? Would you make something more available or less available?

How have the trauma services affected your overall treatment at Amethyst?

Prompt: Do you feel your treatment/recovery would be different without these services? How?

What have you learned about the relationship between bad things you have experienced in your life and your addiction?

Prompts: Do you feel there is a relationship?

Does dealing with these traumatic events have an impact on your ability and desire to stay sober?

PILOT INTERVIEWS

- 2 pilot interviews with women currently in the program.
 - **Comments regarding relevance and appropriateness, wording and/or placement of questions, anything else.**
- Made minor changes to create Final interview.

SELECTION PROCESS

- Women had to have minimum of 15 contacts for trauma services.
- Split by cluster to insure representation from each cluster.
- Women were randomly selected to be interviewed.
- Each woman had to be an active client.

INTERVIEWS

- 2004: Interviews conducted in a 3-week span (Aug. 2-26, 2004).
- 2005: Interviews conducted in a 5-week span (Jun. 2-Jul. 7, 2005).
- 10 women were interviewed each year.
- Interviews lasted from 1 to 2 ½ hours.
- Compensated with lunch voucher.

ANALYZE RESPONSES

- Developed Coding scheme.
- Coded responses on coding sheet.
- Inter-rater agreement rated.
 - **2004: above 90%**
 - **2005: 88%**

“Repeated trauma experiences cause an individual to question even the most basic and fundamental assumptions about the world; trauma becomes the glasses through which these women see the world.” *(Harris and Falon, 2001)*

WHAT DO THE WOMEN
HAVE TO SAY?

- **Learned there is a relationship between their inner child and their emotional development.**

Part of not feeling worthy as a child helped me stay in my addiction longer.

It's amazing. It does work. It helped me to see that the little girl in me, there was some things I missed out on that I carried over into my adult life.

- **Lessened toxic shame.**

Made me feel that I'm human and it's ok. I'm not the worst person in the world.

It has affected me just to be who I am and to be able to start to love myself fully and be able to accept who I am...

I love me today. I can say that today and mean it.

- **Learned there is a relationship between the trauma in their life and their addiction.**

I know [now] I used to escape reality. I used [drugs] to stop the pain of the feelings about what happened to me.

They (trauma and addiction) go hand in hand. If it wasn't for my traumatic experiences I would not have used.

■ **Avoided Relapse.**

I probably would have relapsed by now trying to get rid of those feelings that they've helped me cope with and work through.

■ Learned skills.

It has given me tools to survive out in the real world.

When I feel myself getting overwhelmed with my feelings and [getting ready to] act impulsively, I'm able to sit down and be still and write about it before I take any action.

[skills learned] deep breathing, reversing your feelings...timing yourself to feel your feelings...wise mind and emotional mind, how to ask yourself questions.

- **Stayed in treatment.**

The only time I ever really want to leave treatment is when I have to face some of these things and I think just by having the EMDR that week is a way of being able to lessen the intensity of these feelings so I'm less apt to run.

- **Program has improved since addition of trauma services.**

When I was here the last time...it wasn't as deep. It just seems like the program is a lot better today than the last time I was here.

- **Better than other programs.**

I've been all over the country to try to get sober. And not a one is there a place like Amethyst. I'm sharing stuff here that I have never talked about. Never! Stuff that I thought I would take to my grave I have mentioned in here. Inner child stuff, no one else has ever touched that.

- **Affected overall treatment.**

1000%! It has really helped to deal with my emotions...incest, rapes...a lot of the abuse I suffered through all the years. I believe if this program didn't have this trauma [focus] I wouldn't be talking to you guys and doing this interview. I think I'd be out there.

This is the stuff here that I've needed to heal and work on to keep me sober.

EMDR

(Eye Movement Desensitization and Reprocessing)

- *I can't even imagine being here without doing [this] work. It would be pointless being here without that work.*
- *The EMDR has played a big part in me being here.*

- **Gets to root of trigger/emotion/issue.**

It gets stuff out of me that way that I never would have known about or talked about.

- **Felt sessions were effective.**

It was like walking through clouds; it would make the clouds go away and I could see.

I was scared of it at first but now I love it. It really works. When she finished with me that day, my mind was clear. My mind had never in my life been that relaxed.

- **Easier to talk about issues.**

It's helpful to talk to her about really intense events because I know through EMDR it's not going to be unmanageable when I leave.

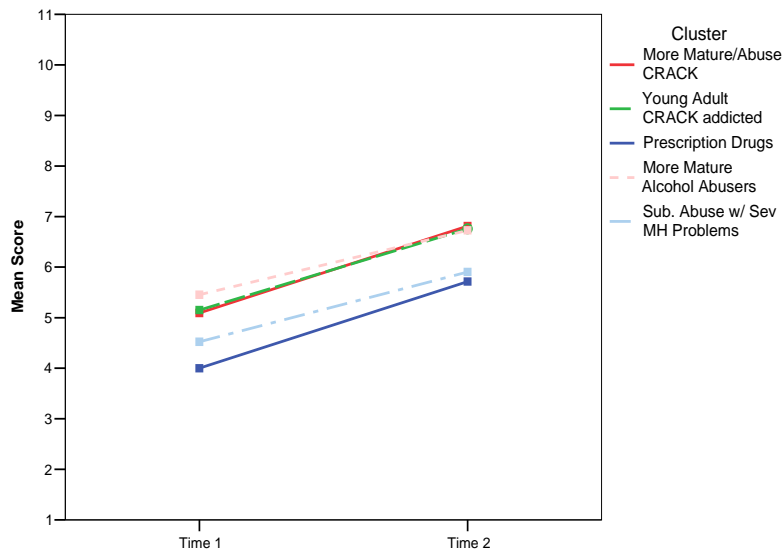
- **Felt relief after a session.**

I walk in there hurt and feeling all [horrible]. Some of the time I come out feeling a lot lighter. All that crying was like a cleanser for me. Get some of that out of ya. It's like getting that big knot out of your stomach.

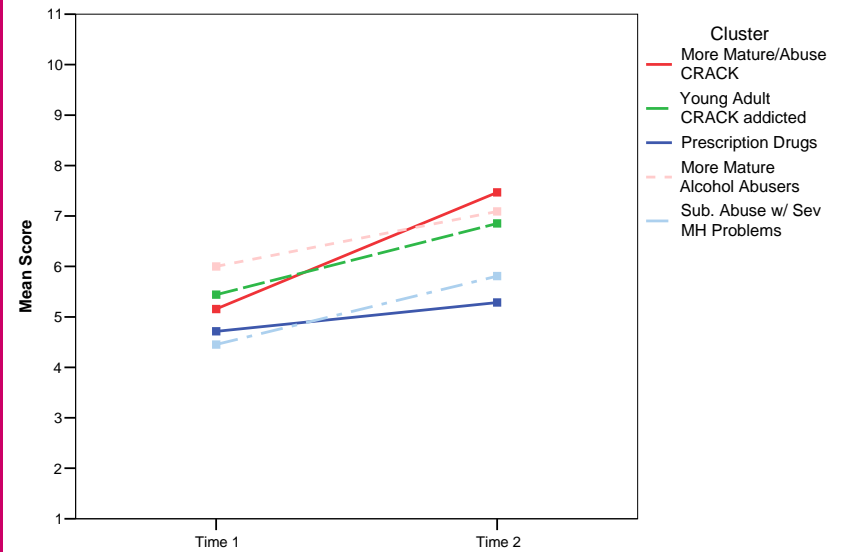
Before [a session] I am extremely emotional and stressed out, but when I leave out of there, I'm smiling.

VALIDATION of the QUANTITATIVE DATA

Understand and Accept Trauma



Ability to Deal with Transitions



Traumatic events ruled my entire life.

I allowed it to rule my entire life.

I used drugs and alcohol to numb it
away.

Until now.

-Amethyst client