



TAPESTRY

Summer 2001

Weaving a fabric for change

What's Inside

Learning What Works1

Moving Forward with Purpose2

Meeting the Needs of Women with Co-Occurring Substance Abuse and Mental Health Disorders and Histories of Violence: A Summary of Phase II Women's Study Sites3-12

Developing Services for Children Whose Mothers Have Co-Occurring Disorders and Histories of Violence: A Summary of the Children's Subset Study Sites8-9

The Integration of Consumer/Survivor/Recovering Women: An Evolutionary Process . . .10-11

Resources2-11



Substance Abuse and Mental Health Services Administration

Joseph H. Austry III, M.D.
Acting Administrator

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

Learning What Works

Editorial Staff

The primary goal of the Women, Co-Occurring Disorders and Violence Study is the generation and application of knowledge on developing comprehensive, integrated service strategies and the effectiveness of these approaches for women and their children. The two-phased study began with Cooperative Agreements to 14 local sites and to a Coordinating Center. Phase I of the project was devoted to: (1) identifying promising service intervention models; (2) local and cross-site planning efforts to design innovative, integrated service models; (3) developing and implementing local and cross-site process evaluation efforts; and (4) creating a standard methodology for the cross-site outcome evaluation.

Throughout Phase I all participants (researchers, clinicians, administrators, and consumer/survivor/recovering (C/S/R) women from local study sites, Coordinating Center staff, and SAMHSA officials) worked hard to develop consensus on what constitutes good and effective care for women with substance abuse and mental health disorders and histories of violence and their children. This work centered around: program philosophy/orientation; essential services; service delivery strategies; program design; and service systems operation. Through this, the core structure for the service intervention that would be implemented and evaluated in Phase II was created. Within this broad framework, each site was encouraged to create programs responsive to the strengths, needs, and realities of their own communities.

In October 2000, nine of the 14 sites were awarded cooperative agreements to begin Phase II of the study. Four of the 9 sites were awarded separate cooperative agreements (the Children's Subset Study) to examine services for the children of these women. The goal of Phase II is to fully implement integrated service interventions at local sites and compare outcomes for women

receiving care through the new systems to those receiving traditional services. This examination is being conducted through a cross-site, multi-model intervention study with quasi-experimental (non-random) comparison groups with a common interview protocol.

This issue of *The Tapestry* serves as a tribute to the successful and thoughtful completion of Phase I and as celebration of the beginning of Phase II. In many ways, the hard work has just begun as sites must now implement their visions for service and systems redesign and rigorously assess their effectiveness. Doing is always harder than planning, but with it comes the opportunity to create lasting change for women and children.

Doing is always harder than planning, but with it comes the opportunity to create lasting change for women and children.

The majority of this issue is dedicated to highlighting the Phase II study sites. The SAMHSA Federal Project Officer's column summarizes the accomplishments and outlines SAMHSA's hopes for Phase II. The piece on C/S/R integration documents the unprecedented involvement of C/S/R women in many critical aspects of Phase I and describes some of the efforts planned for Phase II. The Resources Column identifies some of the materials that were used in Phase I, developed during Phase I and/or are critical in the implementation of Phase II.

With this issue, we expand our distribution of *The Tapestry* to include individuals and organizations outside of the initiative who are working in the areas of mental health, substance abuse, trauma, primary health care, women's and children's issues, and the C/S/R movement. We welcome these new readers and hope that *The Tapestry* is of use to them.

Let us hear from you. You can email us at Dawn.Moses@tbhf.org or send a fax or letter to Dawn Jahn Moses, The Better Homes Fund, 181 Wells Avenue, Newton Centre, MA 02459; Fax: 617-244-1758. ■

The resources featured in this issue of *The Tapestry* include: materials that helped shape the design of local and cross-site service interventions and research strategies being implemented during Phase II of the Women, Co-Occurring Disorders and Violence Study; documents that were an outgrowth or product of Phase I; and information that is being used by sites in their Phase II work.

TRAUMA

Trauma Recovery and Empowerment: A Clinician's Guide for Working with Women in Groups

M. Harris and the Community Connections Trauma Work Group
New York: The Free Press, 1998

This manual illustrates one approach to working with individuals who have been traumatized. The group-based curriculum combines elements of social skills training, psycho-educational and psychodynamic techniques, and peer support groups, known to be effective in working with survivors.

Seeking Safety: A Cognitive-Behavioral Therapy for PTSD and Substance Abuse

L. Najavits
New York, Guilford Press,
(September 2001),
(800) 365-7006

This manual describes a 25-session cognitive behavioral group therapy treatment for co-occurring post traumatic stress disorder and substance abuse. The treatment is based on five key principles: 1) Safety as priority; 2) Integrating treatment of PTSD and substance abuse; 3) A focus on the client's ideals; 4) Four key content areas: cognitive, behavioral, interpersonal and case management; and 5) Attention to therapist processes.

RESOURCES...
(continued on page 3)

Moving Forward with Purpose

Paul J. Brounstein

Director, Division of Knowledge Development and Evaluation
Center for Substance Abuse Prevention

Greetings. As we all can recall, the first phase of this effort was marked by each of us working hard, and mostly together, to develop a plan to ensure the success of the overall program effort. It was often a difficult process, but one that was worthwhile. Phase I ended, applications have been filed and funded and we are at the point where implementation can begin. I believe I speak for all involved SAMHSA folks when I express a hearty congratulations administered with a smart pat on the back to acknowledge your efforts and to commend your progress. This progress has been attributable to the sustained and committed contribution of all of you reading this brief—researchers, practitioners, clinicians, and consumers alike.

In 1998, a large net was cast to bring together the substance abuse, mental health and trauma fields. The catch reflected different views and beliefs coming from diverse experiences in life and study. The Substance Abuse and Mental Health Services Administration's (SAMSHA) views were both challenged and encouraged as we strived toward our shared goal of addressing substance abuse and mental health problems in the lives of women and their children who have experienced trauma in their lives.

Transitions occurred on multiple levels. SAMHSA made the transition from the support of categorical programs for women and their children at the agency level to the development and implementation of a well-coordinated cross-center program. While so much has already been achieved in developing and nurturing this pioneering effort, we are far from done; I personally look forward to the potential this effort still holds for women and their families, for the organizations clearing a path for comprehensive service provision in their communities and for the knowledge gain and dissemination that will bring effective prevention and treatment to communities throughout this land.

The journey from where we were when we started and where we are now has been challenging, but I believe the challenge has brought out the best in us, individually and as a group. This effort and its inherent challenges have yielded a rich opportunity for those of us involved. We learned from one another. We shared insights. We transformed full-fledged arguments into effective, well-informed decisions that enriched the project process, and will undoubtedly enrich the project outcomes. Most importantly, the result of our efforts is the development of programs, protocols, and policies that should serve the needs of our target (study) group.

Improved services as well as solid research has always been a primary goal of the project. The blending of research, innovation, and increased knowledge has been our objective. Collectively, we have strived to create integrated service models to effect positive changes in the lives of women in their various roles, including parenting

their children, building upon the strengths of families rather than focusing on deficits.

Diversity in its broadest sense has been the watchword of this project. We have endeavored to be competent in our dealings with issues concerning culture, gender, sexual preference, language, ethnicity and developmental level as we sought to design and evaluate comprehensive programming for women and their children. In fact, the coming together of the diverse groups that comprise our study team has been one of our greatest resources and assets. The team's blending of ethnic and cultural histories, life experiences, academic training, and practical experience has created a vehicle for optimal success.

I am both excited and confident about the second phase of this work upon which we are embarking. I am excited because we have a marvelous opportunity to reap a huge return in human capital on a moderate investment. We know that children are influenced by the environment in which they live, by what they see modeled before them, by what they hear, and what they experience. The trauma informed intervention with the women in our study offers the possibility of enhancing the quality of their own lives and should be expected to change the manner in which they interact with their children. For the first time they may be able to break the cycle of trauma and addiction.

Furthermore, in responding to the needs of women and their children, we are laying groundwork for child advocacy systems to work in positive collaboration with substance abuse and mental health treatment systems. In addition, findings that result from the intervention with the children, exploratory though they may be, can multiply the benefit and effects far beyond our expectations. Too often we must react to what has already transpired in the lives of those we serve. Here, by interrupting dysfunctional inter-generational cycles we can hope to prevent the negative sequelae that results from interactions among substance abuse, mental health challenges and trauma. We can, if you would, contain the contagion and reap the benefits of what does not happen...what is prevented.

SAMHSA's vision is simply this: Developing healthy responsive communities where necessary drug abuse, mental health, and trauma services can be accessed—places where women, children, and families are supported in making healthy life choices and communities where youth and adolescents are safe, connected with each other and surrounded by a web of concerned parents and other adults. If we can effectively continue to coordinate our efforts, this vision can be realized, resulting in a drug-free, healthier world for generations to come. SAMSHA is hopeful of continued progress and firmly committed to continuing to support this unique collaboration. The field is waiting, watching and trusting us to fulfill our commitments and achieve the promise of that which we have started. ■

Meeting the Needs of Women with Co-Occurring Substance Abuse and Mental Health Disorders and Histories of Violence: A Summary of Phase II Women's Study Sites

Brandy Jablonski and Dawn Jahn Moses

The Better Homes Fund

The Phase II Women, Co-Occurring Disorders and Violence Study sites are working to implement and evaluate integrated services interventions for women with substance abuse and mental health disorders and histories of violence. Each site must operate within a cross-site framework for service intervention that was created during Phase I of the project. This framework requires that all service interventions be gender-specific, culturally competent, trauma-informed, comprehensive, integrated, and consumer/survivor/recovering (C/S/R) person involved (SAMHSA, 2000). 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; and peer-run services (SAMHSA, 2000).

Within this broad framework, sites were encouraged to create programs that were responsive to the strengths and needs of their own communities. And each site has done just that. As you will see from the descriptions below, each of the Phase II Women, Co-Occurring Disorders and Violence Study sites is dynamic and unique. Each program is rooted in and shaped by its community and the women they are trying to serve. Although diverse, all of the study sites are working individually and collectively to achieve the goal of improved services for women with co-occurring disorders and histories of violence and ultimately the well-being of these women and their families.

Each of the Phase II Women, Co-Occurring Disorders and Violence Study sites is briefly described below.

Culver City, California
PROTOTYPES System Change Center
PROTOTYPES
Vivian Brown – 310-641-7795
protoceo@aol.com

PROTOTYPES, in cooperation with the University of Southern California, has developed an integrated service delivery system for women with co-occurring disorders who are victims of violence in Los Angeles County. PROTOTYPES, the lead agency, is a comprehensive drug treatment program for women and

their children providing residential, structured day and outpatient treatment. During Phase I, services were enhanced to meet the needs of rising numbers of women with co-occurring disorders being referred to the program.

The implementation of a comprehensive, integrated, trauma-informed, C/S/R-informed model is the primary focus of this intervention. To achieve this, PROTOTYPES has incorporated several unique service components into their treatment model. Its street outreach program generates more than 400 new contacts to high-risk women per month. The center of the treatment model is the PROTOTYPES Women's Center/Pomona. The Center has shown its effectiveness of treatment, and now the Center will incorporate other effective trauma-informed components. Seeking Safety, a cognitive behavioral therapy group for women with post-traumatic stress disorder (PTSD) and substance abuse disorders is the core trauma-specific treatment being used. The group seeks to educate women about the interaction between substance abuse and PTSD and aims to increase their daily life structure, coping skills, management of affects and self-care.

PROTOTYPES's clinical integration efforts center around the delivery of services that concurrently address mental health, substance abuse, trauma and HIV and the use of inter-disciplinary service delivery teams to coordinate services. At the organizational level, PROTOTYPES is working with many service providers and support systems in Service Planning Area 3 who have established linkages to share information, organize resources and participate in policy development. A multiple vulnerabilities training program is also being established and will be delivered to providers county-wide. C/S/R integration is occurring on PROTOTYPES' subcommittees where C/S/Rs are active participants. In addition, about fifty percent of the project staff are C/S/Rs. A Consumer Advisory Group also provides recommendations for the important elements of successful integrated service systems and the project's C/S/R Specialist leads groups regarding consumer involvement.

Meeting The Needs of Women... (continued on page 4)

RESOURCES

TRAUMA (CONT.)

"Seeking Safety": Outcome of a New Cognitive-Behavioral Psychotherapy for Women with Post-traumatic Stress Disorder and Substance Dependence

L. Najavits, R. Weiss, S. Shaw, & L. Muenz

Journal of Traumatic Stress, 11(3), 437-56, July 1998

This article reports the outcome results of 17 women who completed a manual-based cognitive behavioral group therapy treatment for co-occurring post-traumatic stress disorder and substance abuse. Results showed significant improvements in substance use, trauma-related symptoms, suicide risk, social adjustment, family functioning, problem solving and depression.

Addictions and Trauma Recovery: Healing the Mind Body and Spirit

D. Miller and L. Guidry

New York: W. W. Norton, (2001)

This 12-session manualized trauma recovery model for addiction and self-injury incorporates a mind, body, spirit approach and offers psycho-educational processes and expressive interventions. Each treatment component may be used collaboratively by consumers in groups, or in individual healing work with professionals. The manual also provides handouts to allow consumers to work on coping skills in between sessions.

Triad Women's Project Group Facilitator's Manual

Triad Women's Project Clinical Intervention Committee
Louis de la Parte Florida Mental Health Center, University of South Florida & Tri-County Human Services Inc., August, 2000; For a copy email: fearday@fmhi.usf.edu

This group intervention addresses the needs of women who have experienced violence and suffer substance abuse and mental health problems. It's goal is to help women achieve survival, recovery and empowerment. The manual was developed as part of the Women, Co-Occurring Disorders and Violence Study.

RESOURCES...
(continued on page 4)

RESOURCES

TRAUMA (CONT.)

Trauma and Recovery

J. Herman

New York: Basic Books, (1992)

This book offers a unique approach to recovery that encourages a move towards integration. It outlines the spectrum of human adaptation to the full range of traumatic events and proposes a new context for the psychological disorder found in survivors of prolonged abuse that doesn't blame the victim. It includes an overview of the healing process and offers a new conceptual framework for psychotherapy with trauma victims.

Using Trauma Theory to Design Service Systems

M. Harris & R.D. FalLOT (Eds.)

New Directions in Mental Health Services, 89, San Francisco: Jossey-Bass, 2001

This volume identifies the elements necessary for a system to begin to integrate an understanding about trauma into mental health and/or substance abuse programs. The fundamentals of a trauma-informed system are identified and the supports for bringing about systems change are highlighted. The issue also discusses the role of consumers as they assume responsibility for informing all aspects of the service delivery process.

SERVICE AND SYSTEMS INTEGRATION

A Multidimensional Framework for Conceptualizing Human Service Integration Initiatives

In J. M. Marquardt & E. L.

Konrad (Eds.), Evaluating Initiatives to Integrate Human Services. New Directions for Evaluation
Jossey-Bass Publications, 1996

This article defines human services integration and provides a brief history of integration initiatives. Five levels of integration are discussed and the dimensions of service integration initiatives along with their varying degrees of implementation are reviewed.

RESOURCES...
(continued on page 5)

Meeting The Needs of Women... (continued from page 3)

Stockton, California

ETR Associates, Inc.

Allies: An Integrated System of Care

Jennie Heckman – 650-858-2526

jennieheckman@cs.com

Education Training Research (ETR) Associates is implementing and evaluating a comprehensive, integrated, trauma-informed service system for women with co-occurring substance abuse and mental health disorders and trauma histories in Northern California. The program is housed within San Joaquin County Health Care Services, a safety-net provider of health care services for people with substance abuse and mental health issues.

All services are implemented by a primary treatment network, consisting of five substance abuse treatment programs designed for women. A group of core service providers serves as the project's primary governing body and includes mental health, substance abuse and trauma service agencies. Allies is offering both Seeking Safety (SS) and the Trauma Recovery and Empowerment Model (TREM) to allow consumers a choice of treatment intensity. Peer counselors will provide the SS curriculum and professional therapists will administer TREM. Providers have received intensive training from Allies in these curricula and regular clinical supervision promotes effective group leadership, reduces the incidence of vicarious traumatization and ensures program fidelity.

Clinical service integration is being achieved through trauma-specific group treatment, strengths-based case management and the use of interdisciplinary service delivery teams to facilitate joint treatment planning. Allies' systems integration plan includes cross-training of staff, and ongoing inter-agency coordinating body meetings. These activities stem from the positive collaborative relationships established among core providers and the new linkages among mental health, substance abuse and trauma service providers who now more readily share information, resources, funding and policy development. C/S/R integration is based on the notion that C/S/Rs should have ultimate decision making responsibility. C/S/R volunteers and the C/S/R Advisory Board have been pivotal in developing the research and intervention components.

Thornton, Colorado

Arapahoe House

New Directions For Families

Nancy VanDeMark – (303) 657-3700

nancyv@ahinc.org

New Directions for Families (NDF), a residential and outpatient treatment program within Arapahoe House, is implementing and evaluating an intervention integrating treatment for substance dependence, mental illness, and trauma for women and their dependent children. Arapahoe House provides services for individuals and families with alcohol, drug and other behavioral health problems and administers programs to treat individuals with co-occurring disorders throughout the metro Denver area.

The cornerstone of the NDF intervention is a residential treatment program for women and children that integrates treatment for substance dependence, trauma and mental illness. Trauma-specific services address two distinct areas: childhood victimization and domestic violence. Childhood-focused abuse services progress through three stages: (1) developing an awareness of victimization, (2) recognizing that the woman is not responsible and that she can recover, and (3) active recovery including decision-making and trusting one's own judgement. Services aimed at domestic violence victimization include safety planning, linkage with legal assistance, and individual and group counseling. The program is implementing the 24 sessions of the Trauma Recover and Empowerment Model (TREM) modified for use in a residential setting. In addition to the eight core services, NDF provides intensive parenting interventions, children's groups, family activities, health services, housing assistance, educational and vocational services, relapse prevention planning, and on-site childcare.

To address clinical integration, NDF is implementing a model that responds to the independent course of each illness and to the interaction of the three. Integration occurs in nearly all services and settings at NDF, and case management and joint service planning sessions further strengthen clinical service integration. Service system integration efforts include memoranda of understanding, cross training, and multi-agency planning related to gaps and barriers to services. Peer Services Coordinators provide support and services linkage as women make key transitions.

C/S/R integration at NDF seeks to improve the quality, accessibility and responsiveness of services for women and children through meaningful involvement of individuals with personal recovery experience throughout the program and its management. Given that goal, NDF views women as full partners in identifying their goals for treatment. Graduates of the program return as liaisons between staff and current consumers, and the Consumer Advisory Council reviews program materials and policies to ensure that

they are consumer friendly. In addition, consumers are employed in a variety of clinical and research positions within the project.

Washington, District of Columbia Community Connections

District of Columbia Trauma Collaboration Study
Roger Fallot – 202-608-4976
rfallot@communityconnectionsdc.org

The District of Columbia Trauma Collaboration Study (DCTCS) is addressing a broad range of interconnected problems related to trauma, mental health and substance abuse among women with co-occurring disorders and histories of abuse. Community Connections serves as the lead agency for this project and is collaborating with an evaluation team from New Hampshire-Dartmouth Psychiatric Research Center.

The DCTCS service model features Trauma Recovery and Empowerment Model (TREM) groups as the core clinical intervention. This fully manualized and clinically tested 33-session psychoeducational group, developed at Community Connections over the past decade, is designed to help women gain a greater understanding of the impact of trauma on their lives and develop the skills necessary for recovery. While all study participants will be in TREM groups, project staff have also developed a set of other trauma-informed interventions which women may use depending on their individual needs and wishes. These services include a self-help workbook designed to accompany TREM, a substance abuse group for trauma survivors, three parenting groups, and a group addressing spirituality and trauma recovery. A broad array of mental health and substance abuse services are provided through Community Connections and its partnering agencies. Peer-run services include a newly created peer-run drop-in center and support groups.

Integrated Trauma Services Teams (ITSTs), teams of clinicians cross-trained in mental health, substance abuse and trauma, serve as the primary mechanism for delivering an integrated, comprehensive package of services. ITST clinicians offer care coordination; provide education about trauma, mental health and substance abuse problems; and facilitate basic skill development in such core trauma recovery domains as self-protection, self-soothing, boundary maintenance, relational mutuality, and emotional modulation. At the program level, Community Connections is conducting regular ITST network meetings bringing together all the clinicians from the ITSTs. In addition, collaborating agencies participate in an ongoing series of trauma-focused educational programs. C/S/Rs, through the Empowered Survivors Council and as fully paid staff members, play an integral part in the planning, implementation and evaluation of the project. C/S/Rs currently occupy roles as coordinators, advocates, case aides, peer companions, and drop-in center staff.

Avon Park, Florida

Florida Center for Addictions and Dual Diagnosis Triad Women's Project

Arthur Cox, Sr. – (863) 314-9553
mfc@strato.net

The Triad Women's Project is evaluating the effectiveness of a multi-dimensional intervention integrating services for women with histories of violence and co-occurring disorders in rural Florida. Tri-County Human Services, a substance abuse prevention, intervention and treatment agency is working with the Louis de la Parte Florida Mental Health Institute to implement an intervention which includes clinical case management, psychoeducational groups, peer-support groups, supportive transitional housing and parenting skills.

The project has four primary intervention strategies: Triad Specialists, Triad Groups, parenting training and Wisdom of Women (WOW) peer support groups. The Triad Specialists are clinical case managers cross-trained to provide integrated services focusing on mental health, substance abuse, trauma and parenting. The Triad Group is a 16-week trauma specific group therapy model to help women maintain safety, promote skills building, maintain substance abuse recovery and prevent relapse, build on women's strengths, strengthen social supports and enhance women's capacities to cope with distress. When appropriate, participants are referred to a 10-week parenting skills class to help increase parenting skills, prevent child abuse and neglect, and help women prepare for reunification with their children. WOW was developed to provide (1) peer support for women while developing new healthy behaviors; (2) a safe place to ventilate feelings; and (3) a nurturing atmosphere.

Individual level service integration strategies will include clinical case management (Triad Specialists) and a clinical intervention that concurrently addresses all three study areas (Triad Groups). At the organizational level the project features a wide range of co-located services, cross training, a coordinating body, and an area-wide standardized assessment form. The project will combine co-location of services, inter-agency agreements, cross training, inter-entity coordinating bodies, uniform assessment and advocacy for policy changes to facilitate program level services integration. C/S/R integration will be demonstrated throughout various aspects of the project. The Consumer Advisory Board actively participates in key aspects of the project, specifically in the implementation and provision of services including the WOW groups, in program monitoring, evaluation and feedback, and in informing policy-level decisions.

Meeting The Needs of Women... (continued on page 6)

RESOURCES

SERVICE AND SYSTEMS INTEGRATION (CONT.)

Successful Systems Integration Strategies: The ACCESS Program for Persons Who are Homeless and Mentally Ill

J. Cocozza, H. Steadman, D. Dennis, M. Blasinsky, F. Randolph, M. Johnsen, and H. Goldman
Administration in Policy and Mental Health, 27(6), 395-408, 2000.

This article describes the Access to Community Care and Effective Services and Supports (ACCESS) program, a five-year demonstration program that assessed the impact of integrated systems of care on outcomes for homeless persons with mental illness. In this examination, the authors discuss which integration strategies offer the highest probability of successful implementation.

Implementing Systems Integration Strategies: Lessons from the ACCESS Program

J. Cocozza, H. Steadman, D. Dennis
Administration and Policy in Mental Health, 1998.
(Unpublished Paper: 38 pages)

This paper addresses Access to Community Care and Effective Services and Supports' (ACCESS') goal of identifying promising approaches to systems integration, and provides findings from the evaluation on the methods employed by the participating program sites in their effort to improve the integration of the various service systems relevant to the target population.

CSR INTEGRATION

Women's Leadership Training Institute: "For and By Women in Recovery from Addiction, Mental Illness, and Trauma"- Curriculum & Facilitators Guide

Boston Consortium of Services for Families in Recovery
Laverne Saunders - 508-626-8928
Luz Lopez - 617-534-9385

This 3-session, 16 hour training, run by women in recovery, promotes leadership skills development among women in recovery so they may use their own experiences and voices to advocate for services.

RESOURCES...
(continued on page 6)

RESOURCES

C/S/R INTEGRATION (CONT.)

Consumer/Survivor/ Recovering Women: A Guide for New Partners in Collaboration

L. Prescott
Women, Co-Occurring Disorders
and Violence Coordinating
Center, 2000
Delmar, NY
518-439-7415, ext. 258

This document describes individual and collective efforts to integrate C/S/R women at three levels of the Women, Co-Occurring Disorders and Violence Project: the study sites, the Coordinating Center and the federal multi-site steering committee meetings. It discusses the reasons why C/S/R integration is necessary, barriers to integration and recommended action steps for integrating C/S/Rs into all aspects of planning, operation and evaluation. The recommendations also apply to other projects involving a participatory process.

From Lab Rat to Researcher: The History, Models and Policy Implications of Consumer/Survivor Involvement in Research

J. Cambell, R. Ralph,
and R. Glover
National Association of State
Mental Health Program Directors
(NASMHPD), 1993
66 Canal Center Plaza, Suite 302
Alexandria, VA 22314
703-739-9333

Based on a presentation made at the Fourth Annual National Conference of State Mental Health Agency Research and Program Evaluation, this piece synthesizes research on and by mental health consumers/survivors and evaluates the policy implications of consumer involvement in the development and implementation of mental health research.

RESOURCES...
(continued on page 9)

Meeting the Needs of Women... (continued from page 5)

Boston, Massachusetts
Boston Public Health Commission
**Boston Consortium of Services for Families in
Recovery**
Hortensia Amaro – (617) 638-5146
hamaro@bu.edu

The Boston Public Health Commission (BPHC) is implementing a city health department-based integrated system of services that is culturally and linguistically appropriate to its target population of primarily Latina and African American women with co-occurring disorders and trauma histories. The program is housed within the Substance Abuse Prevention and Treatment Division of BPHC and is testing the effectiveness of the enhanced intervention on outcomes for women in three modalities of substance abuse treatment: outpatient counseling, methadone maintenance and residential treatment. The major collaborators in this study are the BPHC, Boston Medical Center Department of Psychiatry, Boston University School of Public Health and the New England Research Institute, who is contracted to conduct the evaluation activities.

Study participants will receive an enhanced services intervention that includes trauma-informed assessments, treatment plans, service coordination, leadership skills building groups and trauma-specific therapy. BPHC will utilize the Trauma Recovery and Empowerment Model (TREM) as their trauma-informed group approach along with additional services that include Trauma Informed Family Strengthening Groups, Family Reunification Groups and Women In Recovery Leadership Institutes. Boston's service model will also include Personal Economic Planning groups, a training developed specifically for women with co-occurring disorders.

Boston's clinical service integration strategies center around a recently developed Co-Morbidity Screen and Referral Resource Card. These tools help providers systematically screen for potential problem areas related to the client's substance abuse, mental health, trauma and other social service needs and to refer clients for emergency services, assessments or education. Information from the Co-Morbidity Screen and referral process is entered in a database that enables agencies to track clients throughout their continuum of care. In addition, the Interdisciplinary Resources Team, comprised of mental health, substance abuse and other agency staff meets regularly to discuss specific cases and to receive consultation on challenging coordination and integration cases. At the organizational level, provider cross-training on service integration, trauma, substance abuse and mental health co-morbidity is ongoing. A Steering Committee serves as the inter-agency coordinating body and discusses overall issues of service integration and an integration roundtable brings providers together to discuss strategies for integrating services and trauma-informed

care. The C/S/R Integration Roundtable comprised of community members, C/S/R staff and program graduates, spearheads C/S/R integration strategies. This group provides input and direction to the Steering Committee on C/S/R integration, clinical interventions and research activities. A C/S/R staff coordinator also oversees the coordination of integration activities and the C/S/R Leadership Training Institute supports the development of leadership skills among clients.

Cambridge, Massachusetts **Institute for Health and Recovery** **The Women Embracing Life and Living (W.E.L.L.) Project**

Norma Finkelstein – (617) 661-3991
normafinkelstein@healthrecovery.org

The Institute for Health and Recovery (IHR), through the Women Embracing Life and Living (WELL) project, in collaboration with an evaluation team from Health and Addictions Research, is delivering trauma-informed, integrated services to women with co-occurring substance abuse and mental health disorders with histories of trauma at three substance abuse and mental health sites in eastern Massachusetts. WELL is also leading a statewide intervention which brings together representatives from state agencies, consumers, advocacy organizations and service providers, in a State Leadership Council that promotes policy changes that facilitate the provision of trauma-informed integrated services throughout Massachusetts.

The WELL Project is providing trauma groups using an adaptation of the Seeking Safety model developed by Lisa Najavits, Ph.D. of McClean Hospital/Harvard Medical School. The adapted model divides the group into two phases, and changes the language in the curriculum to be more appropriate for women with a wide range of mental illnesses. In collaboration with the Peer Educators Project of Vinfen, Inc., the WELL Project has developed a model for gender-specific mutual-help groups called WELL Recovery. These groups, facilitated by C/S/R women, are used to encourage the exchange of information among participants regarding what has worked in their recovery and to offer ongoing peer support. WELL also developed the Nurturing Families Affected by Substance Abuse, Mental Illness and Trauma Parenting Curriculum to provide information and education for parents on the impact of substance abuse, trauma and mental illness on parenting and to build skills that foster healing of parent-child relationships.

Clinical level services integration centers on the work of the Integrated Care Facilitators (ICFs). ICFs have been cross-trained and work with women in a collaborative manner to develop integrated service plans. They also provide resource coordination and advocacy, working with providers to ensure that

services are integrated for each woman. If a woman is not satisfied with her services or if she is not progressing well, the ICF convenes an interagency service planning meeting to discuss the integrated service plan. WELL provides cross-training and integrated supervision to address program level integration needs. Resource Coordination Councils (RCCs), consisting of substance abuse, mental health, violence and children's providers have worked together to develop memorandums of understanding to address information-sharing, cross-referral, and interagency service planning. At the state and local levels, Leadership Councils consisting of policymakers, consumers and service providers meet to identify and address barriers to integration and trauma-informed services. C/S/R involvement is present throughout the project, most specifically in the significant number of C/S/R staff members, C/S/R membership on WELL's Steering Committee and Local Leadership Councils and through the work of a C/S/R Coordinator who assumes primary responsibility for facilitating C/S/R integration. The WELL project has also trained consumers and providers on best practices for working together to improve service delivery.

Greenfield, Massachusetts
Western Massachusetts Training Consortium, Inc.
Franklin County Women's Research Project
Rene Andersen – (413) 536-2401
andersen@javanet.com

The Franklin County Women's Research Project (FCWRP) is implementing a systems and individual level intervention for women with histories of personal violence, substance abuse and mental health issues in rural Massachusetts. FCWRP is a collaborative endeavor among the Human Resource Association of the Northeast (a program within the Western Massachusetts Training Consortium), the New England Learning Center for Women in Transition (NELCWT), Montague Catholic Ministries, Orange Family Inn/ServiceNet, Franklin Medical Center and Rutgers University.

Three women's drop-in centers serve as the focal point of the individual level intervention. These centers deliver FCWRP's four core service elements: safe space, peer resource advocacy, trauma groups and opportunities for valued roles. Peer Resource Advocates provide one-on-one mentoring, support and informal advocacy to women. ATRIUM (Addiction and Trauma Recovery Integration Model), FCWRP's trauma group, is a recovery program that provides a biopsychosocial frame, and responds to the complex treatment needs of trauma survivors. It addresses issues of safety, hope, worth, coping skills, and feelings of isolation. Providing opportunities for consumers to assume new and valued roles within the project is an

important element of the project. Women have opportunities to gain skills as paid staff or volunteers in roles such as Field Researchers, Peer Resource Advocates, and Childcare Workers. FCWRP is facilitating the creation of additional trauma-informed services through a Community Initiatives Grant effort which awards funds to local agencies or community members for small projects that enhance the lives of women survivors including complementary healing modalities such as acupuncture, massage therapy, reiki treatments and reiki practitioner training. Other grants have included a video of survivors, professionals and survivor-professionals discussing their perspectives on recovery, a 12 hour training on communication skills, and a seed grant to open a drop-in center in Turners Falls, MA.

Clinical service integration is accomplished at the three drop-in centers where supports for trauma, substance abuse and mental health are provided in tandem. Integration is also occurring through the ATRIUM groups, an integrated trauma/mental health and addiction model. Systems-level integration is achieved through the activities of the Trauma Liaison who is situated at the local community hospital, the site of all county substance abuse programs and most behavioral healthcare. The Trauma Liaison facilitates cross-agency endeavors, and the Services Integration and Policy Committee meetings, where joint planning and the development of interagency agreements occur. FCWRP views C/S/R integration as the ultimate strategy for better understanding and addressing the impact of trauma on women's lives. Many staff on the project are self-identified C/S/Rs and C/S/Rs are members of Franklin County's Coordinating Council and the Integration and Policy Committees. The project also receives continuous input from an all-C/S/R Women's Advisory Committee. A C/S/R Coordinator acts as a liaison between the local C/S/Rs and the national Steering Committee and ongoing focus groups ask C/S/Rs to identify strengths and gaps in the system.

New York, New York
Project Return Foundation, Inc.
Portal Project
Sharon Cadiz – (212) 979-8800
scadiz@projectreturn.org

Project Return Foundation, Inc. (PRF) and an evaluation team from the Hunter School of Social Work are studying women with co-occurring substance abuse and mental health disorders with histories of trauma who are high-end service users. PRF is a not-for-profit, multi service agency serving primarily African-American and Latino communities in New York City.

The Portal Project focuses on putting trauma and safety first to help women gain skills and understanding

Meeting The Needs of Women... (continued on page 12)

RESOURCES

CHILDREN AND PARENTING

Groupwork with Children of Battered Women: A Practitioner's Manual
E. Peled, & D. Davis
Thousand Oaks, CA: Sage Publications, 1995

This book outlines a group psychotherapy program for 4-12 year old children of battered women. The manual is based on the accumulated experience of the Domestic Abuse Project of Minneapolis, and on the results of a qualitative evaluation of the program. It provides a framework for healing, education, and conflict resolution.

Process and Outcome in Small Groups for Children of Battered Women

E. Peled and J. Edleson
In E. Peled, P. Jaffe, and J. Edleson (Eds.)
Ending the Cycle of Violence: Community Responses to Children of Battered Women, 77-96
Thousand Oaks, CA: Sage Publications, 1995

This article provides an overview of group processes and related outcomes of group work in the Children's Program of the Domestic Abuse Project. Components of the program include intake, group orientation, family sessions, a 10-session program for groups of children in different age groups, and a parenting group. The paper presents common outcome goals and illustrates the processes developed to achieve them.

The Nurturing Program for Families in Substance Abuse Treatment And Recovery

The Institute for Health and Recovery
349 Broadway, Cambridge, MA 02139
www.healthrecovery.org

This is a psycho-educational, group-based parenting curriculum developed specifically for families affected by substance abuse, and currently receiving treatment in residential, outpatient or community service settings.

RESOURCES...
(continued on page 10)

Developing Services for Children Whose Mothers Have Co-Occurring Disorders and Histories of Violence: A Summary of the Children's Subset Study Sites

Brandy Jablonski and Dawn Jahn Moses

The Better Homes Fund

The Children's Subset Study sites are evaluating the effectiveness of trauma-informed, culturally relevant and age-specific intervention models for children, ages 5-10, of women with ADM disorders who have histories of violence. Without the necessary services and support, these children may be affected by multi-faceted, long-term problems. 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.

The framework for the Children's Subset Study is a one-year multi-model service intervention with quasi-experimental comparison groups. Each program must offer: a common assessment, service coordination and advocacy, a safety plan, self-care strategies, and a skills-building group based on the curriculum outlined in *Groupwork with Children of Battered Women* (Peled & Davis, 1995). The nine-week skills-building group covers issues such as abuse, anger, violence, assertiveness, and protection planning. Each site is also creating opportunities for consumer/survivor/recovering (C/S/R) person involvement throughout the project.

Descriptions of the Children's Subset Study sites are listed below.

Culver City, California

PROTOTYPES Systems Change Center

PROTOTYPES

Children's Subset Study

Vivian Brown – 310-641-7795

protoceo@aol.com

PROTOTYPES and an evaluation team from the University of Southern California (USC) will evaluate the effectiveness of a trauma-informed intervention for children, ages 5-10, of women with co-occurring disorders who are victims of violence. PROTOTYPES is a nonprofit corporation dedicated to meeting the needs of women and children through prevention and treatment programs on issues such as substance abuse, HIV/AIDS, mental illness and trauma. Services are provided at 24 locations throughout Los Angeles County.

The goal for this project is to identify models of care for the field that will prevent the intergenerational perpetuation of violence, substance abuse and mental health problems, and reduce the impact of violence in the lives of children whose mothers have co-occurring disorders and histories of trauma. The intervention begins with a clinical assessment completed by a master's level clinician and a children's baseline assessment completed by the parent. Following the assessment, a Children's Team will develop a service plan for each child that may include individual therapy, family therapy, recreation, medical and/or social services. Children also participate in the

standardized cross-site skills-building group. In addition to the above trauma-informed intervention, PROTOTYPES will offer additional services for children. The women's program will also help teach mothers how to be more effective in meeting the needs of their children.

As with the women's study, a participatory process has been significant throughout the planning stages of the children's study. C/S/R input is present at Children's Subcommittee meetings and about 50 percent of PROTOTYPES staff are C/S/Rs.

Stockton, California

ETR Associates, Inc.

Allies: An Integrated System of Care

Children's Subset Study

Lisa Russell – 831-438-4060

lisar@etr.org

An evaluation team from Education and Training Research Associates (ETR) is partnering with San Joaquin County Health Care Services (HCS) to implement a trauma-informed, culturally relevant, age-specific intervention for children. The Allies Children's Subset Study is housed within HCS, a safety-net provider of health care services for people with substance abuse and mental health issues.

The goal of the Allies Children's Subset Study is to increase understanding of effective interventions for school-aged children of mothers with co-occurring disorders and trauma histories. Upon enrollment, mothers complete a baseline instrument regarding their children and a clinician conducts an assessment with the mother and child. Children and mothers are then paired with a Strengths-Based Case Manager who refers them to appropriate services which may include substance abuse, mental health, trauma, educational or health services. Specifically, these services include sheltering, family therapy, transitional schooling, crisis intervention, counseling, daycare, home visits and others. Children also participate in the 10-week cross-site skills building group intervention. Allies also promotes extensive trauma awareness among local service providers. Cross-training for all Allies providers has been ongoing throughout Phase I and will continue with quarterly trauma awareness in-service sessions for new providers during Phase II.

The Allies program is strengthened by extensive C/S/R involvement. C/S/R staff members, volunteers and a C/S/R Advisory Council have been integral to the intervention and evaluation planning for the Children's Study. C/S/R Advisory Board meetings help identify services gaps and facilitate discussions of the trauma group curricula, the case management protocol and evaluation design and practice issues. C/S/R staff provide peer support for women and assist in the

ongoing evaluation activities. Involvement is also present at Children's Mental Services, a providing agency, where consumers are immersed in service planning, policy development, advocacy and several direct services.

Thornton, Colorado

Arapahoe House

New Directions For Families

Children's Subset Study

Nancy VanDeMark – (303) 657-3700

nancyv@ahinc.org

New Directions for Families (NDF), a residential and outpatient care program for women and their dependent children, is implementing and evaluating an integrated intervention for children exposed to parental substance dependence, mental illness and trauma. The program is housed within Arapahoe House, a comprehensive alcohol and drug treatment center in the metro Denver area.

NDF provides family-oriented services aimed at reducing intergenerational problems of substance abuse, mental illness and violence. The program also assists women involved with the child welfare system to regain custody of their children and emphasizes development of parenting skills and family relationships to strengthen family cohesiveness. NDF's trauma-informed service model begins with an assessment conducted by a family therapist and involves designing an individualized services plan, assisting mothers with meeting their children's needs, transitioning to outpatient care, and addressing parenting issues.

Each family is engaged in intensive parenting interventions that involve both individual parenting sessions and sessions with parents and children. Mothers learn behavioral modification techniques that enhance self-esteem and teach children to make positive choices. The parent/child sessions cover the core domains of appropriate developmental expectations, developing empathy, alternatives to corporal punishment, and child-parent role reversal. A nine session group modified from the curriculum outlined in *Groupwork with Children of Battered Women* (Peled & Davis, 1995) has been implemented to address children's risk for exposure to violence.

NDF's participatory planning process involves integration of C/S/Rs on multiple levels. C/S/Rs participate on project committees that design and develop service and treatment plans for children. Focus groups with C/S/Rs address the adequacy of children's services within the program. A Consumer Advisory Council reviews project materials and policies to ensure consumer friendliness. The program's Consumer Liaison facilitates coordination of all consumer activities within NDF and advocates for consumer issues within the larger organization. In addition, consumer co-facilitators are used to assist professional staff in delivering the group intervention.

Cambridge, Massachusetts

Institute of Health and Recovery

Women Embracing Life and Living (W.E.L.L.)

Children's Subset Study

Norma Finkelstein – (617) 661-3991

normafinkelstein@healthrecovery.org

The Institute for Health and Recovery is assessing the effectiveness of services for children ages 5 to 10 of women who are enrolled in the WELL Project's trauma informed, integrated service model. Children's services are provided at two WELL Project study sites in eastern Massachusetts.

The overall objectives for the WELL Child Study are to: (1) have children's voices heard; (2) help children develop relationships with adults outside of their family that can nourish their innate talents; (3) develop alternative problem-solving strategies; (4) learn to disclose personal information and receive support from peers; (5) partake in activities to enhance feelings of control; and (6) learn new methods of dealing with difficult situations. WELL's trauma-informed service model begins with a comprehensive assessment administered by the Project Director. Following the assessment, 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. Children participate in the age-specific, skills-building group focused on expressing feelings, protecting one's self, having a positive experience, and strengthening self-esteem through improving communication, problem solving, and cognitive coping skills. The groups will help children to identify violent behavior and develop a safety plan for themselves.

The WELL Project's C/S/R Coordinator assumes lead responsibility for organizing all C/S/R integration efforts for the children's intervention. These include assembling a C/S/R Committee to attend each Local Leadership Council Meeting, monitoring satisfaction with C/S/R integration into the study with the C/S/R Subcommittee, reviewing all project plans and assisting C/S/Rs in developing their own children's advocacy efforts. ■

REFERENCE:

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

RESOURCES

CHILDREN & PARENTING (CONT.)

Parenting Issues for Women with Co-Occurring Mental Health and Substance Abuse Disorders Who have Histories of Trauma

Women, Co-Occurring Disorders & Violence Coordinating Center
Delmar, NY
518-439-7415 ext. 258

This fact sheet from the Women, Co-Occurring Disorders and Violence Study documents the absence of parenting skills development in current treatments for women with co-occurring disorders and histories of trauma. It offers strategies for optimizing treatment which include recognizing women's roles as parents, strengthening parenting skills, and providing comprehensive, coordinated services.

RESEARCH

Dressed-Down Research Terms: A Glossary for Non-Researchers

T. Rittenhouse, S. Culter,
J. Cambell

Missouri Institute of Public Health
314-644-7913

email to: birneyn@mimh.edu

This document identifies terms commonly used in academic, technical, and/or clinical writing about mental health research and defines them in language that is accessible to a broader audience, particularly including C/S/Rs who have not had specialized training in research.

Statistical Power for Nonequivalent Pretest-Posttest Designs: The Impact of Change-Score Versus ANCOVA Models

J.M. Oakes & H.A. Feldman
Evaluation Review, 25(11), 3-28,
2001

This article presents and compares a unified approach for estimating the power in nonequivalent controlled pretest-posttest designs. It includes practical recommendations for evaluators, mathematical details and a simple spreadsheet approach. The article is based, in part, on work done for the Women, Co-Occurring Disorders and Violence Study.

RESOURCES...

(continued on page 11)

The Integration of Consumer/Survivor/Recovering Women: An Evolutionary Process

Ruta Mazelis

Women, Co-Occurring Disorders and Violence Coordinating Center

One of the most interesting and challenging aspects of the Women, Co-Occurring Disorders and Violence Study has been the integration of consumer/survivor/recovering (C/S/R) women. The original Guidance for Applicants urged sites to appropriately include C/S/Rs in "all levels of problem definition, program planning, implementation, and evaluation" (SAMHSA, 1998). The Phase II GFA went further by stating that "the basic principle to be followed is that fostering C/S/R integration in all aspects of the project is a crucial element to its success" (SAMHSA, 2000). The process of doing so has been most interesting.

There has been a great deal of effort applied to the development of a significant C/S/R voice and presence as part of this initiative. Despite multiple barriers, C/S/R integration is a fruit beginning to ripen thanks to the collaboration among C/S/R women and the evaluators, clinicians, and administrators at the individual and cross-site levels.

The following is a brief summary of the major aspects of C/S/R integration achieved during Phase I, as well as a beginning discussion of continued integration plans for Phase II of the project.

PHASE I

The energy and passion of C/S/R women pushed passed previously accepted norms and their efforts resulted in the initiation of an effective level of representation and involvement at the cross-site and local levels. C/S/Rs served in key roles as Coordinating Center staff and consultants, including the following: Assistant Project Manager; Co-Leaders of the Technical Assistance; Evaluation; and Knowledge Development and Application Teams; and C/S/R Coordinator. In these roles, C/S/R women have been involved in all key Coordinating Center activities including: serving on site visit teams; providing technical assistance; preparing various publications; training of interviewers; developing cross-site instruments; and shaping the overall direction of the Coordinating Center's work.

C/S/Rs from the sites and the Coordinating Center participated in all Steering Committee Meetings. C/S/Rs were actively involved in the work of the subcommittees as participants as well as co-chairs. C/S/R women worked hard to obtain representation on the Steering Committee and did so by achieving an independent C/S/R vote from each site and the election of a C/S/R representative to the Executive Committee.

At the local level, sites developed C/S/R representation on their primary project planning committees, although the level of involvement varied greatly. Many sites created C/S/R advisory boards and several sites planned alumni councils. In addition, sites had C/S/Rs serving in various positions, including C/S/R coordinators, community outreach workers, case managers, counselors, support group leaders, drop-in center staff, community educators/trainers, peer advocates/mentors, project historians, research interviewers and assistants, and project directors.

Much progress was made as C/S/R women began working within their many roles and they and other participants recognized the multitude of tasks that needed to be undertaken to facilitate the process of making C/S/R integration meaningful and viable. Awareness was gained into the types of supports that C/S/Rs as well as project staff required to begin making successful efforts at inclusion and integration.

Early in Phase I C/S/Rs recognized the need for time to work together to develop the skills and strategies that would prepare them for involvement in the project's many areas. Sunday meetings, held before each Steering Committee meeting, were initiated to address this need, and provided a variety of educational and networking experiences. Two of the programs presented were "Research 101" and a Leadership Training Institute.

At the local level, the desire for technical assistance regarding C/S/R integration was identified and obtained by many of the individual sites. Assistance was provided by C/S/Rs from the Coordinating Center as well as independent C/S/R consultants. C/S/Rs from the Coordinating Center, sometimes with the aid of C/S/Rs from the individual sites, provided various panels at Steering Committee meetings as well.

Efforts to provide information about C/S/R integration resulted in the publication of a monograph, *Consumer/Survivor/Recovering Women: A Guide For Partners In Collaboration*, by the Coordinating Center. This document details many of the learnings generated from Phase I of the project and also highlights many resources on the topic.

The impact of C/S/R integration at the local and cross-site levels was a perceptible one. The relevance and quality of the cross-site instruments were greatly influenced and improved through the collaboration between C/S/Rs and evaluators. Policy development, parenting interventions, and the

RESEARCH (CONT.)

Minimizing Attrition in Longitudinal Studies of Special Populations: An Integrated Management Approach

A.S. Coen, D.C. Patrick and D.L. Shern

Evaluation and Program Planning, 19(4), 309-139, November, 1996

This article describes an integrated management approach that minimized subject attrition in a 5-year longitudinal evaluation of treatment outcomes among a sample of 785 adults with serious mental illness. High rates of re-contact were achieved by emphasizing partnership between the community, Ss, field interviewers and management. Procedures developed included an electronic database, office protocols, and rigorous staff selection and training mechanisms.

Minimizing Participant Attrition in Panel Studies Through the Use of Effective Retention and Tracking Strategies: Review and RecommendationsK.M. Ribisl, M.A. Walton, C.T. Mowbray & D.A. Luke
Evaluation and Program Planning, 19(1), 1-25, February, 1996

This article discusses 8 methods of minimizing attrition in longitudinal studies through the use of effective retention and tracking strategies. It also describes the threats to internal and external validity caused by attrition and recommends statistical approaches for assessing and/or correcting for biases due to attrition.

C/S/R Coordinator positions and advisory boards at the local sites, and Coordinating Center C/S/R efforts in evaluation and knowledge development, will remain crucial to the process. C/S/R integration efforts at some of the local sites include the development of peer run organizations and advocacy activities.

As a commitment to C/S/R integration at the local sites that did not receive funding for Phase II, smaller grants have been established to allow for continued efforts at those sites (Baltimore; Joplin, MO; Madison, WI; Miami; and Portland). The monies are to ensure the survival and further development of C/S/R integration strategies that were begun in Phase I that would be at risk as a result of noncontinuation into Phase II of the study. Each of the five Phase I sites has applied and been granted at least two years of funding.

To facilitate further consistency in communication and information gathering amongst C/S/Rs at the cross-site level, a bulletin will be produced by a Coordinating Center C/S/R on a regular basis. Areas of interest to be covered include: project highlights; announcements; training and education; key learnings; and inspirations.

C/S/R integration is a changing and evolving aspect of the Women, Co-Occurring Disorders and Violence Study, and it can only serve to provide for an enriched quality of research. While ultimate proof of the success of C/S/R integration will show itself through improved outcomes for the women and children the study is concerned with, it is clear that the process of C/S/R integration itself has benefited all concerned. ■

C/S/R activities of the Women, Co-Occurring Disorder & Violence Study are coordinated by Denise Jeremiah, Ruta Mazelis and Jackie McKinney in collaboration with C/S/R women at the local project sites.

children's research were other areas improved as a result of C/S/R integration. A great deal of knowledge was gained throughout the project as a result of the expertise brought by C/S/R women. C/S/Rs individually and collectively expanded participants' knowledge base and ensured a richer contextual framework.

A significant degree of critical knowledge has been generated as a result of C/S/R integration efforts in Phase I. Multiple challenges to effective and real integration were identified. Diverse strategies were developed to address barriers and promote a true C/S/R voice.

Sustainability of non-token C/S/R integration is a difficult process, one that requires time, resources, and commitment from all those involved. The need for persons who are not C/S/Rs to participate in implementation of C/S/R integration strategies became clear as technical assistance needs were identified. Future efforts would benefit from a C/S/R integration training package for administrators, evaluators, and clinicians.

Definition of C/S/R status by C/S/R women, previously identified by only their professional credentials has been a critical area of exploration and brings with it the need to address the impact of stigma on those who serve in multiple (C/S/R as well as professional) roles.

To support C/S/R integration, it is necessary that C/S/R women have the allegiance of other C/S/Rs as well as an institutionalized commitment from the agencies in which they work. It is critical that C/S/R-defined needs be heeded, and that C/S/R experiences and opinions be held in the light of expertise. Experiential knowledge brought to the work must be validated and fostered.

C/S/R integration can be quite difficult to strive for, yet it has exceptional value for shaping the intervention and evaluation process. There is no replacement for the C/S/R voice, even though the process may be frustrating for professionals.

PHASE II

Building on the beginnings of C/S/R integration achieved in Phase I, there are strategies currently in place, while others are being considered for development during Phase II. Established mechanisms include the continued vibrant participation of C/S/Rs as members and co-chairs of Steering Committee subcommittees and work groups, C/S/R involvement in the evaluation process, as well as inclusion in the development of knowledge products at the local and cross-site levels. Sunday meetings prior to general Steering Committee meetings will continue and work has begun on a certification program to acknowledge the learning taking place therein.

REFERENCE:

Substance Abuse and Mental Health Services Administration (SAMHSA) (1998, 2000). Cooperative Agreement To Study Women With Alcohol, Drug Abuse and Mental Health (ADM) Disorders Who Have Histories of Violence, (Nos. TI 98-004 and TI 00-003) Rockville, MD: US Department of Health and Human Services.

The Women, Co-Occurring Disorders and Violence Study is generating knowledge on the development of integrated services approaches for women with co-occurring mental health and substance abuse disorders who also have histories of physical and/or sexual abuse.

The *Tapestry* is a product of the Women, Co-Occurring Disorders and Violence Coordinating Center which is operated by Policy Research Associates, in partnership with The Better Homes Fund and the Cecil G. Sheps Center for Health Services Research. The Coordinating Center provides technical assistance to program sites, conducts cross-site process and outcome evaluations, and develops a range of application products from the study sites. This publication was developed by The Better Homes Fund.

The Women, Co-Occurring Disorders and Violence Study is funded by the Substance Abuse and Mental Health Services Administration's three centers – The Center for Substance Abuse Treatment, The Center for Substance Abuse Prevention, and The Center for Mental Health Services.

For more information on this Initiative, please contact
Policy Research Associates,
345 Delaware Avenue
Delmar, NY, 12054
518-439-7415
e-mail: wvcc.prainc.com
web: www.prainc.com/wcdvs

and to effectively cope with and remain in treatment. It is examining the effects of a system of care in which trauma, substance abuse and mental health are addressed coherently while making trauma an earlier, more central aspect of treatment. Women undergo an enhanced trauma treatment planning process whereby trauma information from a clinical assessment is integrated into their treatment plan. A Women's Treatment Specialist then coordinates aspects of women's participation in enhanced services, ensuring attention to the interplay of substance abuse, mental illness and trauma. Seeking Safety is being used and adapted to serve urban women with multiple needs in residential drug treatment.

Clinical integration is achieved primarily through the Women's Treatment Specialists and through multi-disciplinary team case conferences (MDTCC). Providers work through cases from various agency viewpoints, identifying and addressing gaps in the system, resulting in more coherent integrated services. Policy level systems change will be addressed through the project's Pacific Action Committee that convenes a group of representatives from key service and core systems. Portal is also creating a resource center for service providers containing information about

substance abuse, mental illness, trauma and parenting. The MDTCCs also promote the exchange of knowledge among providers on broader issues of service integration. C/S/R integration occurs across clinical and organizational levels. At the clinical level, C/S/Rs are trained in preparation for leadership, advocacy and peer leadership roles. A C/S/R outreach counselor also facilitates involvement and representation among women. At the program level, C/S/Rs participate in case conferences, work groups, project meetings, and policy planning initiatives. The Portal Project Executive Steering Committee helps to guide the project's development and supports the process of instituting broad and meaningful improvement in the quality of client care. ■

REFERENCE:

Substance Abuse and Mental Health Services Administration (SAMHSA) (2000). Cooperative Agreement To Study Women With Alcohol, Drug Abuse and Mental Health (ADM) Disorders Who Have Histories of Violence, (No. TI 00-003) Rockville, MD: US Department of Health and Human Services.

THE TAPESTRY
Editorial Staff

Brandy Jablonski
Dawn Jahn Moses
Ruta Mazelis
Henry J. Steadman
Tanya Stevens-Ball