ENHANCING SUBSTANCE USE RECOVERY THROUGH GROUP TREATMENT IN TRAUMA

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SESSION OBJECTIVES

1. Recognize and demonstrate understanding of the connection between trauma and addiction.

2. Gain understanding of two CBT group approaches used to work with men and/or women who have experienced trauma.

3. Recognize the value of having men and women begin to familiarize themselves with how trauma of their present and/or past is impacting their lives.
WHAT IS TRAUMA?

SAMHSA’s definition of Trauma:

*Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being.*

Substance Abuse and Mental Health Services Administration. SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014
WHAT IS TRAUMA?

- Trauma produces neurochemical responses in the brain’s nervous system.

- It can become long lasting

- This neurochemical reaction will create a “flight, fight, or freeze” reaction

- It is NOT the traumatic event itself that produces the long lasting effect. Rather,
  - HOW the individual experiences it
  - How the brain processes it, and
  - Each individual’s unique characteristics determine the after effects.

ASSESSMENT OF TARGET PROBLEM

• 5 in 10 women will experience at least one traumatic event
• 1 in 3 women will experience a sexual assault
• Women are more than twice as likely to develop PTSD than men

ASSESSMENT OF TARGET PROBLEM

• Research from 1994 through 1997 indicates
  • 55% to 99% of women with co-occurring mental health and substance use disorders also have histories of trauma (Morrissey et al., 2005)

• Toussaint, VanDeMark, Bornemann, and Graeber (2007)
  • 11-60% of those entering SUD treatment have a current PTSD diagnosis,
  • 25-55% report symptoms indicating the likelihood of a PTSD diagnosis
  • 60-89% report a severely violent traumatic event in their lifetime.

• Of the few women whose abuse histories are known, only 10% to 20% receive treatment. (Stenius & Veysey, 2005)
ASSESSMENT OF TARGET PROBLEM

Individuals who have experienced trauma often present with

• depression
• anger and rebelliousness
• paranoia
• chronic physical ailments
• substance abuse
• anxiety
• relationship problems

These presenting symptoms often become misdiagnosed, failing to treat the underlying trauma.
BREAKING THE CHAINS OF TRAUMA

BREAKING THE CHAINS OF TRAUMA

Women's Version

by

Dr. Gregory L. Little
Dr. Kenneth D. Robinson
Katherine D. Burnette

Dr. Gregory L. Little, Dr. Kenneth D. Robinson, Katherine D. Burnette
VIDEO TESTIMONY
BREAKING THE CHAINS

- *Moral Reconation Therapy* is on the National Registry of Evidence based Programs and Practices (NREPP)

- Breaking the Chains has been developed out of the Moral Reconation Therapy Model

- It has been derived from incorporating the key issues from SAMHSA‘s Trauma Informed Treatment Protocol
The goal of the BTC trauma approach is to emphasize that recovery is the process of regaining control.
WHO BENEFITS FROM BREAKING THE CHAINS?

- This curriculum assists individuals with
  - mental health disorders
  - substance use disorders
  - those struggling with their daily lives due to trauma experiences.

- This group work can be used in
  - criminal justice systems
  - residential settings
  - outpatient programs
  - hospitals
BREAKING THE CHAINS OF TRAUMA PROGRAM

A curriculum birthed out of Moral Reconation Therapy
Designed to be used for different types of Trauma in life
● Sexual Issues
● Work
● Spirituality
● Family
● Education
● Criminal involvement
● Every other area of life that can be affected

Trauma can come from a single event, a series of events, or a chronic condition.
NUTS AND BOLTS OF BREAKING THE CHAINS

- Eight (8) group sessions or meetings
- Participants come with prepared materials each session
- Exercises are presented in “group” or shared with the “counselor”
- Each session comes with a Daily Journal for recording positive experiences of the day
- Clients complete up to one session in any group meeting.
BREAKING THE CHAINS

GROUP STRUCTURE

- Counting the observation week, the minimum length of participation will be 9 weeks.
- Clients need to be encouraged, (or required), to complete within 12 sessions total.
- Small groups (3-6 members) may be 1 hour.
- Large groups (10+ members) may be increased to 1.5 - 2 hours.
- BTC can be scheduled 1-2 days per week.
BREAKING THE CHAINS
GUIDELINES

• The maximum group size would be no more than 10 participants
• Gender specific groups
• BTC is sensitive to cultural-based trauma.
• Gender-specific facilitation is recommended.
DISCLAIMER

● BTC is not designed to treat all trauma symptoms such as brain injury, violence, or other mental health issues including substance use.

● If those factors are co-occurring, additional programming, assistance, and/or resources may be needed.
GROUP GROUND RULES

Standard suggestions for some of the rules are
- Be on time
- No threatening Others
- Come prepared for class
- What is said in group, stays in group
- Show respect for other
- Use of language (no profanity)

“Clients should be told to not write anything in their workbook or journal that they do not want others to know”
WHAT IS THE BENEFIT OF UTILIZING A BTC GROUP?

- Open Ended groups
- New clients can enter their first group as the “new” client to experience the nature of the group.
- Applies to all forms of trauma
- Gentle approach
- Spanish workbooks available for male and female groups.
HOW ARE WE DOING?

- 1st BTC Group started November 2016
- Largest group size to date: 7
- Total number of participants: 32
  - 18 successfully completed; 6 current clients
- Client success stories
  - 2 are now Coleman employees
  - employment, drivers license, child custody, sobriety, CPS compliance/closure, healthy relationships, independent living, education
VIDEO TESTIMONY
HOW DOES ONE BECOME A FACILITATOR OF BTC?

Professionals must:

- Complete 4-day Moral Reconciliation Therapy (MRT) training prior to implementing and operating the BTC program

OR

- Complete the special 2-day training for the BTC program.

On-going trainings for MRT or BTC can be found by going to: www.ccimrt.com, scroll down the services tab, and access the training options.
TRAUMA RECOVERY AND EMPOWERMENT MODEL (TREM)
VIDEO TESTIMONY
TREM

- Developed by Community Connections over the course of 5 years in the 1990s,
  - 27 clinicians & 500 participants led by Dr. Maxine Harris
  - First introduced at Coleman in September 2014
- Psychoeducation, cognitive restructuring, training in use of coping skills
- Focus:
  - Empowering clients
  - Educating about trauma & effects on mind/body
  - Building skills to cope with long-term effects of trauma
FOUR BASIC CORE ASSUMPTIONS

● Some dysfunctional behaviors/symptoms originated as coping responses to trauma.
● Those who experienced repeated childhood trauma were unable to develop certain skills important for coping as an adult.
● Trauma can sever core connections to family, one’s community, and even oneself.
● Individuals can feel powerless and many times cannot advocate for themselves if they have had repeated abuse.
THE DIFFERENCE WITH M-TREM

- While women benefit from an emphasis on empowerment, men benefit from a shared focus on emotions and relationships.
- Session topics include: anger, fear, hope, shame, friendship, trust, loss, sex, and intimacy.
BASIC ELEMENTS OF TREM

- Basic education about physical/sexual abuse & link to current behaviors
- Understanding current symptoms as attempts to cope with unbearable trauma
- Understanding the problem-solving attempts hidden within certain repetitive behaviors
- Education on basic skills in self-regulation, boundary maintenance, and communication
- Basic education about sexuality, correcting misperceptions and misconceptions
BASIC ELEMENTS OF TREM

- Experience a healing community in a group format, providing recovery services
- Reconnect and discover lost memories, feelings, and perceptions
- Allowing women in a group setting to experience a sense of competence and resolution facing demons from the past.
- An opportunity for women to trust their perceptions about reality and receive validation for corrected perceptions.
TREM THEORY OF CHANGE

TREM relies heavily on the cognitive-behavioral approach

- Cognitive restructuring
  - address negative schemas that are common among trauma survivors

- Cognitive reframing techniques
  - challenge shame, guilt, and other negative thoughts about self, as well as a view of the world as dangerous, untrustworthy, and controlling

- Skills training
  - address areas such as self-soothing, assertiveness, and emotional modulation

- Psychoeducation
  - defining abuse and its impact, the connection to psychological and emotional symptoms, and relations between trauma and substance use or other addictive behaviors

- Peer support

- Contained exposure
TREM IS DIVIDED INTO 3 SECTIONS

- Part I - Empowerment
- Part II - Trauma Recovery
- Part III - Advanced Trauma Recovery Issues
TREM GROUP STRUCTURE

- 33 sessions for women/24 sessions for men
- Closed group
  - No new participants after session 4
- 3-6 women per group
- 75-minute sessions, each with specific topic focus
- Can meet once or twice weekly
- Each session includes:
  - Series of 3-6 questions with sample responses
  - Past participant story
  - Experiential exercises
TEDDY

FAITH
THANKS
love
Imagine
choices
Mom
HAPPY
PEACE
Feeling

discover

SOMEONE'S OPINION DOESN'T HAVE TO BECOME YOUR REALITY!!

Megan
THE BENEFITS OF TREM

- A practical, step-by-step guide to help carry out a recovery intervention
- It’s a hands-on guide of doing recovery work with women or men
- Can meet with as few as 2-3 members
- It has been derived from incorporating the key issues of SAMHSA’s Trauma Informed Treatment Protocol
- Listed on the National Registry of Evidence-based Programs and Practices (NREPP)
Women, Co-occurring Disorders, and Violence Study

- Decrease in utilization of intensive services such as inpatient hospitalization and emergency room visits.
- Both group members and case managers reported decreased mental health symptoms.
- More than 90% of the women participating in the study reported TREM “was helpful, they felt supported by other group members, and they felt “more control” in their lives”

2011 quasi-experimental study

- Identified the effectiveness of the program in comparison to traditional services.
- Outcomes showed TREM participants had a greater reduction in
  - alcohol and drug abuse severity
  - anxiety symptoms
  - current stressful events
- Increases in perceived personal safety

Colorado Substance Abuse Treatment Center 2007 study

- When compared to standard treatment services, TREM participants exhibited
  - fewer PTSD symptoms
  - less dissociative behavior
  - better coping skills
  - reduction in mental health symptoms
  - increased social functioning
  - less severe alcohol abuse

HOW ARE WE DOING?

- First women’s TREM group started in September 2014
- Completed 10 female groups
- 65 total referrals started the group
  - 43 of those that started, completed the group
- Male group started September 2014; terminated due to lack of referrals
TRAUMA SYMPTOM CHECKLIST-40 (TSC-40)

Did participants demonstrate a decrease in their overall trauma symptoms?

- dissociation
- anxiety
- depression
- sleep disturbance
- sexual problems
19% decrease in overall symptoms after 1 month
48% decrease in overall symptoms after 2 months
10-45% decrease in 4 of 6 sub-scores after 1 month
20-74% decrease in 5 of 6 sub-scores after 2 months
TRAUMA RECOVERY EMPOWERMENT PROFILE (TREP)

DID WOMEN PARTICIPATING IN THE TREM PROGRAM INCREASE TRAUMA RECOVERY SKILLS?

• problem solving
• reliable parenting
• relational mutuality
• emotional modulation
• accurate labeling of self/others
• decision making and judgment
• sense of agency and initiative taking
• self-awareness
• self-protection
• self-soothing
• possessing a sense of purpose
RESULTS

49% overall improvement in trauma recovery skills after 11 weeks
MAY 2019 STATISTICS

• 7 participants successfully completed

• Participants demonstrated a 25%-50% improvement in trauma recovery skills.

• Participants demonstrated a 15-78% reduction in trauma symptoms
  
  • 4 of 6 participants had more than a 50% reduction in trauma symptoms
CLIENT SUCCESS STORIES

• Employment
• Drivers license
• Child custody
• Sobriety
• CPS compliance/closure
• Improved relationships
• Leaving abusive relationships
• Independent living
• Education
• Changes in treatment services – physical/mental health
• Accessing resources
VIDEO TESTIMONY
TRAUMA RECOVERY AND EMPOWERMENT MODEL

Modifications/Supplements for Special Populations

● Women with Serious Mental Illness
● Incarcerated Women
● Women who are Parents
● Women who Abuse
ADDITIONAL CURRICULUMS
HOW DOES ONE BECOME A FACILITATOR OF TREM?

Attend a 4 Day training
Contact Ms. Lori Beyer, Trainer of TREM
Community Connections
801 Pennsylvania Avenue SE
Suite 201
Washington, DC 20003
(202) 608-4286
lbeyer@ccdc1.org
COMMUNITY COLLABORATION

- Specialty Courts
- Children's Services
- Department of Job & Family Services
- Child Support (FACT/MACT/PACT programs)
- Behavioral Health
- Crime Victim Services
- Self-referrals
QUESTIONS?
Thank you for your time and attention!

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FOR MORE INFORMATION ON STARTING YOUR OWN TREM OR BTC GROUP:

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