Integrated Treatment of Substance Use Disorders and Trauma Experiences: The Women of Worth (WOW) Program

Melissa A. Lemke, MA,1,3 Lisa Berger, PhD1,3
1Center for Urban Population Health, Milwaukee, WI; 2UW Madison Training in Urban Medicine and Public Health (TRIUMPH) Program, Madison, WI; 3UW Milwaukee Helen Bader School of Social Welfare, Milwaukee, WI

Background
Women who seek treatment for substance use disorder (SUD) are more likely than US women as a whole to have posttraumatic stress disorder (PTSD). Seminal research indicates that up to 59% of women with SUD may be dually diagnosed with PTSD. Treatment for SUD has historically been siloed in separate systems from mental health treatment. Thus, many clinicians are not prepared to treat dually diagnosed women. This fact has implications for clients with PTSD as they tend to have poorer SUD treatment outcomes than their peers.1 Given the propensity for trauma histories in women, treating PTSD may be indicated for SUD to be managed effectively.

In 2009, leaders in Southeast Wisconsin identified a dearth of trauma-informed, family-centered services to treat SUD in women. The Racine Interfaith Coalition (RIC) received a pilot grant to begin to develop needed services in the region. Through the grant, leaders built a diverse coalition of community partners, who decided to replicate the Milwaukee-based Meta House model. The model addresses SUD informed by an understanding of the impact of trauma on substance use in women and families.

The model has long range implications as it seeks to empower women to address the intergenerational cycle of substance use beginning in their own lives and subsequently improving the birth outcomes and health of their children. Similar programs have also been demonstrated to have downstream impacts on the broader community including increased employment, reduced criminal activity, improved health outcomes, and reduced domestic violence and child abuse/neglect.

The WOW program includes a gender-responsive, trauma-informed, family-centered Intensive Outpatient Program (IOP), as well as supportive services including parenting, nurturing, art therapy, occupational therapy, mindfulness, women’s health, and yoga programming. Women also participate in individual counseling and case management.

Objective
This study sought to examine the implementation, service quality, and client effectiveness outcomes of the Women of Worth program, an integrated SUD and PTSD treatment program. This study focuses on client effectiveness outcomes.

Methods
The study was a single-group design, and measures were administered at six time points, with the largest series of instruments administered at baseline, 12 weeks (treatment midpoint), and 24 weeks (expected treatment completion). Adult women with SUD in need of IOP services were eligible for enrollment. Priority was given to pregnant/parenting women and women who were at risk of homelessness/homeless. The primary outcome measures included substance use in the preceding 30 days as measured by the addiction severity index (ASI), psychological trauma symptoms in the past 30 days as measured by the PTSD Checklist – Civilian Version for DSM-IV (PCL-C), and problems experienced as a result of substance use as measured by the Short Inventory of Problems (SIP-2). Demographic measures were also collected. Descriptive statistics were used to analyze data, and the Friedman Test, a nonparametric statistic similar to repeated measures ANOVA, was used to measure client outcomes.

Results
Most women in the study (N=86) were white (70.4%), unemployed (84.6%), had minor children (61.7%), and were an average of 39 years old (SD=10.5). At baseline, 67.9% of women screened positive for post-traumatic stress disorder and alcohol, cocaine, and opiates were the predominant types of substances used.

The median substance use at treatment completion (24 weeks) was 0 days in the last 30 days (Interquartile Range (IQR)=0). The median reported substance-related problems score was 0 (scale range 0-15) (IQR=0), and the median psychological trauma symptom severity score was 28 (scale range 17-85) (IQR=10).

After 24 weeks of treatment, reductions in days of substance use over time (x2 = 10.67, p < .01), psychological trauma symptom severity (x2 = 6.65, p < .05), and substance-related problems (x2 = 6.4, p < .05), were all statistically significant.

Conclusions
The WOW program outcomes were both clinically and statistically significant. At treatment completion, the median reported psychological trauma symptom severity score was below the recommended clinical value of 38.1 As predicted, substance use subsequently decreased with women reporting median values of 0 for substance use and substance-related problems in the prior 30 days.

As next steps, the study is adding measures related to both children’s outcomes and parenting due to the family-centered nature of the programming. Additionally, while trauma symptom severity scores at the conclusion of the study were low, the range of scores was somewhat large (IQR of 30). Future recommendations include providing additional resources/training to continue to address the psychological trauma symptoms that underlie SUD.

References

Acknowledgements
We are grateful for the generous support of the Wisconsin Partnership Program (WPP) and the All Saints Foundation. We would also like to thank Therese Fellner, PhD, Claudia VanKongingsveld, MA, Stacey Yonkoski, MSW, Francine Feinberg, PhD, and David Galbis-Reig, MD for their leadership. We also thank Drs. Dimitri Topuzes and Michael Bronstino for acting as consultants for this study.