

HOPE

CHAPTER 7

INTEGRATING SUBSTANCE USE SUPPORT IN MENTAL HEALTH SERVICES

AT THE INTERSECTION OF DOMESTIC VIOLENCE AND SUBSTANCE USE
A Toolkit for Hope, Healing, and Advocacy for Family Justice Centers



NATIONAL CENTER ON
**DOMESTIC VIOLENCE,
TRAUMA, AND
MENTAL HEALTH**



INTRODUCTION

The *At the Intersection of Domestic Violence and Substance Use: A Toolkit for Hope, Healing and Advocacy for Family Justice Centers*, is one of a series of resources developed to support the provision of more holistic, hope-centered, and trauma-informed substance use advocacy and services in Family Justice Centers.

PURPOSE

- 1 This toolkit serves as an accompaniment to *At the Intersection of Domestic Violence and Substance Use: Hope, Healing and Advocacy for Family Justice Centers*, [an 8-part Virtual Learning Series located on the Alliance's HOPEHub training platform](#).
- 2 The Virtual Learning Series explores the role of substance use in the lives of survivors, and offers a framework and resources for advocates and others working with and nurturing hope in FJC clients who experience substance use as part of the trauma or victimization they face from an abusive partner.
- 3 This toolkit offers a comprehensive array of resources, guidance, examples, and tips to enhance the implementation of the lessons offered through the Learning Series.

RESPONDING TO THE NEED

Many survivors of domestic and sexual violence are exposed to substance use, either through their own use, the use of a partner or ex-partner, or both. So often substance use by a survivor is directly related to trauma they have experienced as a result of victimization. Historically, Family Justice Centers have generally not included substance use services onsite, much less included substance use services with an understanding of victimization.

In 2018, the U.S. Department of Justice Office on Violence Against Women (OVW) recognized the challenges many advocates within Family Justice Centers and similar co-located service centers faced in providing services and advocacy to survivors experiencing substance use and substance use coercion. In response, OVW created the Substance Use and Family Justice Center Pilot Project with the goals of:

1. Increasing the capacity of Family Justice Centers to serve clients who experience substance use, substance use disorders, and substance use coercion.
2. Building relationships between substance use disorder treatment providers and FJC staff.
3. Increasing awareness, knowledge, and collaboration in an effort to create a more trauma-informed, hope-centered, and robust response to address the complex needs of survivors dealing with substance use-related needs.

PROJECT PARTNERS

The Substance Use and Family Justice Center Pilot Project is a collaboration between [Alliance for HOPE International](#) (Alliance) and the [National Center on Domestic Violence, Trauma, and Mental Health](#) (NCDVTMH), working in partnership with:

[Strength United Family Justice Center in Van Nuys, CA](#)

[Crystal Judson Family Justice Center in Tacoma, WA](#)

[Essex County Family Justice Center in Newark, NJ](#)

Our partners at the Crystal Judson Family Justice Center, the Essex County Family Justice Center, and the Strength United Family Justice Center have provided vital insight and ongoing guidance in all aspects of this project, including the development of this toolkit.



INTEGRATING SUBSTANCE USE SUPPORT IN MENTAL HEALTH SERVICES

CLICK TO ACCESS THE VIRTUAL LEARNING SERIES: [LESSON 8](#)

This section is for centers that already offer trauma or mental health counseling and are considering adding integrated counseling to support survivors with goals related to substance use. At the same time, this information can be helpful for centers that do not plan to offer these services, as it can provide ideas for what kinds of services may be helpful.

This section is not meant to imply that centers should add these kinds of services or become licensed as substance use disorder treatment providers; that is a decision that can only be made by individual centers in response to community needs and available resources.

Why Consider Offering Integrated Substance Use Support?

- Integrated approaches to address substance use and domestic violence uniquely benefit survivors who use substances ([Phillips et al., NCDVTMH, 2020](#))
- Integrated approaches to substance use, mental health, and trauma are more effective than siloed, sequential, or parallel approaches (Torchalla et al., 2012)
- Substance use disorder treatment resources can be difficult to access in many communities, especially for survivors who may face treatment and recovery sabotage from an abusive partner or ex-partner
- Many of the most commonly used mental health and trauma counseling approaches are also effective for supporting people with their goals related to substance use

If your center decides to offer counseling support for substance use resources, consider what confidentiality requirements, and needs this may raise, and plan for these in advance. See the section titled [Protecting Substance Use Privacy, Confidentiality, and Informed Consent](#) for more information.

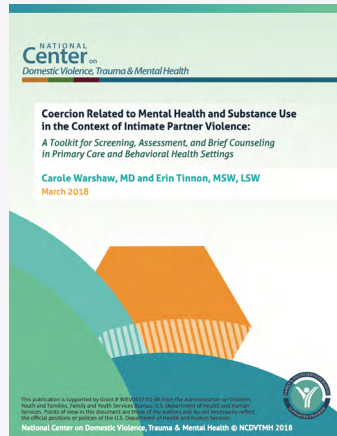
TIP SHEETS

- [Clinical Assessment](#)
- [Integrating Substance Use and Mental Health Support](#)
- [Supporting Continuing Recovery](#)

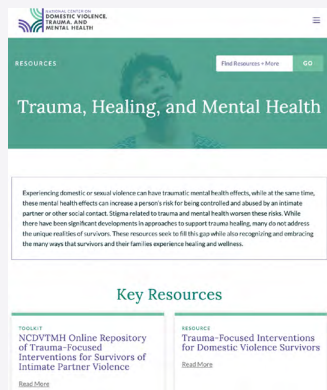


CLICK BELOW TO ACCESS THE RESOURCES

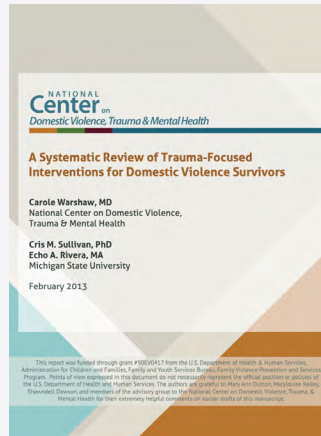
NCDVTMH'S TOOLKIT ON COERCION RELATED TO MENTAL HEALTH AND SUBSTANCE USE IN THE CONTEXT OF INTIMATE PARTNER VIOLENCE



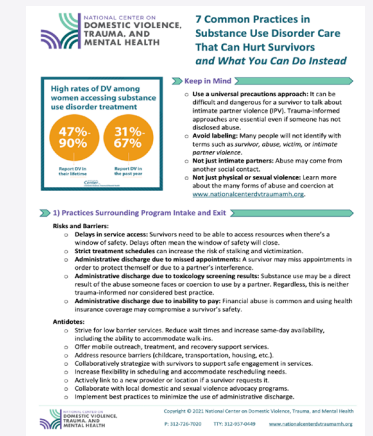
NCDVTMH'S ONLINE REPOSITORY OF TRAUMA-FOCUSED INTERVENTIONS



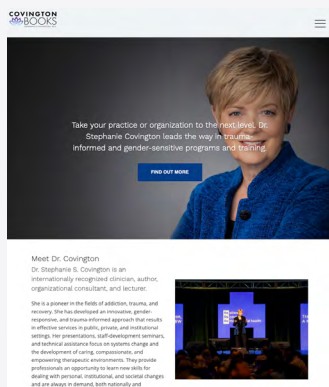
NCDVTMH'S SYSTEMATIC REVIEW OF TRAUMA-FOCUSED INTERVENTIONS FOR DV SURVIVORS



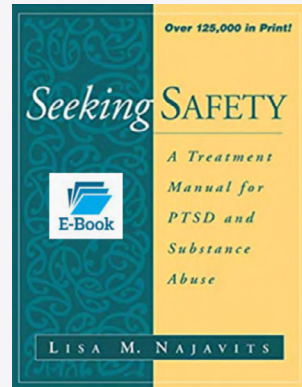
NCDVTMH'S TIP SHEET 7 COMMON PRACTICES IN SUBSTANCE USE DISORDER CARE THAT CAN HURT SURVIVORS AND WHAT YOU CAN DO INSTEAD



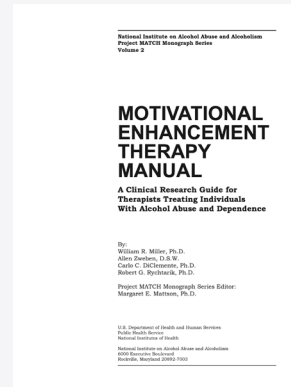
HELPING WOMEN RECOVER AND BEYOND TRAUMA



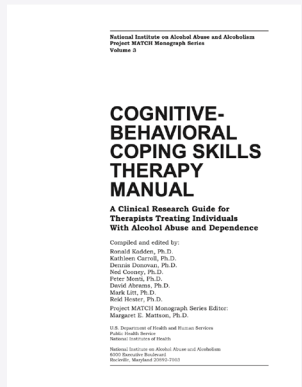
SEEKING SAFETY



MOTIVATIONAL ENHANCEMENT THERAPY (MET)



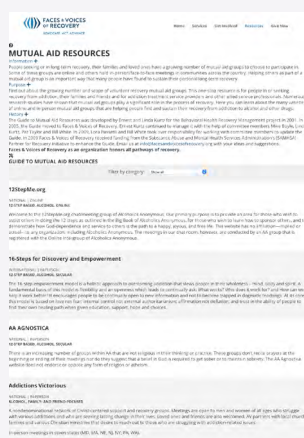
COGNITIVE BEHAVIORAL THERAPY (CBT)



SAMHSA TIP 34 ON BRIEF INTERVENTIONS AND BRIEF THERAPIES



MUTUAL AID COMMUNITY RECOVERY GROUPS



RECOVERY COMMUNITY ORGANIZATIONS



CLINICAL ASSESSMENT OF SUBSTANCE USE

Formal Diagnosis

Determine whether a formal diagnostic assessment is needed. Some questions to consider include:

- Do survivors find it necessary or useful?
- What is the potential impact on survivors?
 - Keep in mind the range of potential responses, from someone finding it very helpful and de-stigmatizing, to someone finding it to be very judgmental and stigmatizing.
- Is a formal diagnosis needed for determining eligibility or accessing funding?

Determine how you will support accessible, culturally relevant, and trauma-informed services in situations where a survivor does not find a diagnosis helpful but it is required for eligibility or funding.

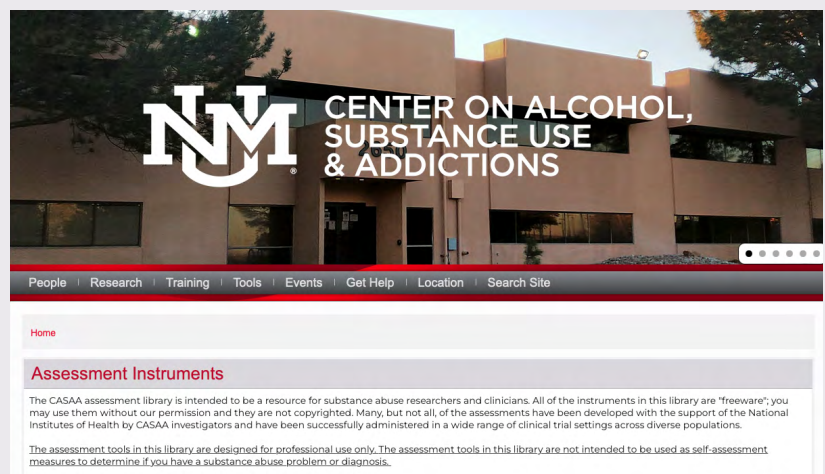
Areas to Assess

- The interplay between a survivor's substance use and their experiences of abuse, victimization, and substance use coercion
- Overall pattern of substance use
- Functional analysis and context of use
- Adverse consequences associated with use
- Recovery capital
- Stage of change

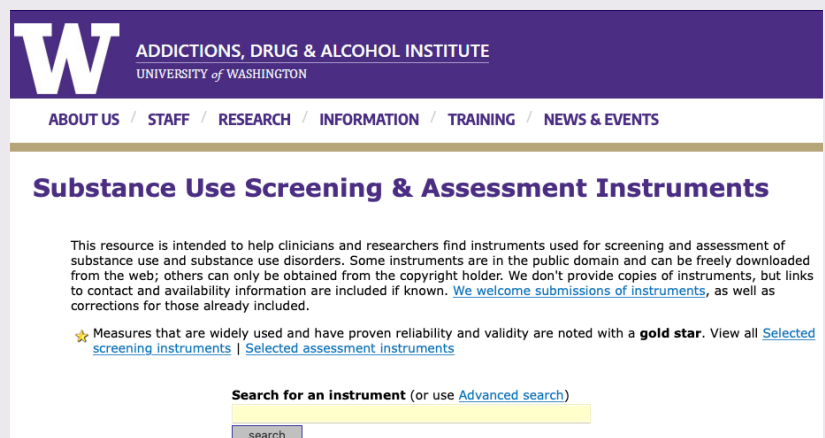
Valid and Reliable Substance Use Disorder Screening and Assessment Tools

Critically assess how useful these validated tools may be in your setting and whether they have been tested with populations who are similar to those who access your center.

- [Center on Alcohol, Substance Use, and Addictions](#) (University of New Mexico)



- [Alcohol and Drug Abuse Institute](#) (University of Washington)



INTEGRATING SUBSTANCE USE AND MENTAL HEALTH SUPPORT

Brief Therapies

- [Motivational Enhancement Therapy](#) (MET)
- [Cognitive Behavioral Therapy](#) (CBT)
- MET-CBT combination
- Solution-Focused Therapy

Additional Resource:

- [SAMHSA TIP 34 on Brief Interventions and Brief Therapies](#)



Evidence-Based Integrated Trauma and Substance Use Disorder Treatment for Survivors

These therapies can be offered as groups or individually with survivors. Survivors do not need to have a formal diagnosis and staff do not need to be licensed clinicians, although previous experience facilitating groups is helpful when delivering this in a group setting.

- [Helping Women Recover and Beyond Trauma](#)
- [Seeking Safety](#)

Additional Resources:

- NCDVTMH's [Online Repository of Trauma-Focused Interventions](#)
- NCDVTMH's [Systematic Review of Trauma-Focused Interventions for Domestic Violence Survivors](#)

Enhancing Therapy Effectiveness for Survivors of Domestic Violence

Based on NCDVTMH's [systematic review](#), these five elements can be added to existing evidence-based interventions to enhance their effectiveness for survivors:

1. Psychoeducation about the causes and consequences of IPV, and their traumatic effects
2. Awareness of mental health and substance use coercion, and sabotaging of recovery efforts
3. Attention to ongoing safety
4. Cognitive and emotional coping skill development to address trauma-related symptoms and support goals
5. A focus on survivors' strengths as well as cultural strengths on which they can draw

SUPPORTING CONTINUING RECOVERY

How Counselors and Advocates Can Support Continuing Recovery

- Start early and support ongoing recovery planning throughout the counseling process
- Help people build an individualized coping toolbox that includes an awareness of what kinds of situations can act as cues for craving experiences
- Help people anticipate the kinds of situations that present a risk to their recovery goals and support strategizing to safely prevent or navigate these situations
- Support people with creating a recovery setback response plan
- Offer aftercare planning and connection to aftercare services. Aftercare can include:
 - o Alumni community
 - o Recovery support services
 - o Peer-based support
 - o Recovery Management Check-Ups

Support desired connections with community-based supports, including:

- o [Mutual aid community recovery groups](#)
- o [Recovery Community Organizations](#)
- o Safe social supports
- o Other desired resources, including mental health and housing support
- Women's continuing recovery services - what's been found to work best for women (Coughey et al., 1998; SAMHSA TIP 51, 2015)
 - o Address barriers through active service connections, resources, flexible scheduling, ensuring accessible services, especially for those who want support with housing, as well as parenting or children's resources
 - o Offer women-only gender responsive services, where women have access to feminine-identified counselors if desired
 - o Offer peer-based support; this has been found to be especially important for women who had more complex concerns or who did not feel emotionally connected with counseling staff
 - o For women who are also parents or caregivers, help coordinate their services with children's services





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