Trauma Informed Care: A Case Study in California

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CHAPTER 1 - INTRODUCTION

1.1 Problem Statement

The intersection of substance abuse and trauma among women represents a complex and pressing issue within the realm of healthcare and social services. Substance abuse disorders are known to be disproportionately prevalent among women who have experienced trauma, creating a critical need for specialized and sensitive approaches to care (Sacks 2004). According to research, a substantial proportion of women who use substances are victims of domestic violence, incest, rape, sexual assault, and child physical abuse (Cormier, Dell, & Poole, 2004). This causes co-occuring mental health problems such as depression, post-traumatic stress disorder, panic disorder, and/or an eating disorder (Cormier, Dell, & Poole, 2004). Victimization has been associated to a range of negative effects in women, including the aforementioned diagnoses along with suicidal behavior and low self-esteem (Cormier, Dell, & Poole, 2004). Women in therapy for substance abuse problems who have been victimized are more likely to suffer from depression and suicide ideation, have poorer self-esteem, unfavorable psychological adjustment, and more PTSD symptoms than non-abused clients (Cormier, Dell, & Poole, 2004). Substance abuse and trauma co-occurrence in women presents unique challenges and calls for an integrated treatment approach that addresses both issues simultaneously. Traditional substance abuse treatments often fail to consider the profound impact of trauma on women's mental and emotional health, leading to less effective outcomes (Covington, 2008). Trauma can disrupt neurobiological processes, resulting in a range of symptoms such as hypervigilance, dissociation, and difficulty regulating emotions, which in turn can drive substance use as a form of self-medication (Van der Kolk, 2014). Consequently, addressing trauma is crucial for effective substance abuse treatment and for preventing relapse.

1.2 Significance of the Study

The intersection of trauma and substance abuse in women has significant implications for treatment programs. Gender-responsive and trauma-informed care approaches have emerged as essential frameworks for addressing the specific needs of women with these co-occurring issues. These approaches emphasize the importance of creating safe, supportive environments that

recognize the role of trauma in substance use and prioritize the empowerment and healing of women (Greenfield et al., 2007). Programs that incorporate these principles have shown promising outcomes, underscoring the need for tailored interventions that address the unique experiences and challenges faced by women. Trauma-informed care plays a central role in providing a comprehensive approach to meet the complex requirements of women dealing with both substance abuse and traumatic histories. Acknowledging the intricate interplay between trauma and substance abuse and incorporating trauma-informed principles into healthcare and support services can greatly improve the efficiency and inclusiveness of treatment methods (Protocol 2014). The prevalence of trauma and substance abuse in women, underscores the potential detrimental effects of overlooking trauma in care, and highlights the importance of the necessity of trauma-informed care as a comprehensive and compassionate approach to meeting the unique needs of this population (Salter & Breckenridge 2014). Despite the clear interrelation between substance abuse and trauma in women, several barriers hinder the effective implementation of integrated treatment approaches. These include limited resources and funding, insufficient staff training, and systemic challenges within healthcare and social service organizations (Harris & Fallot, 2001). Moreover, stigma and societal attitudes towards both trauma and substance abuse can prevent women from seeking and receiving the help they need (Covington & Bloom, 2006). Ensuring equitable access to comprehensive, trauma-informed care remains a critical area of focus for improving outcomes for women affected by both substance abuse and trauma.Through a critical examination of existing literature, case studies, and empirical evidence, this thesis aims to shed light on the imperative of implementing trauma-informed care strategies for women facing the complex intersection of substance abuse and trauma. The general objective will be to evaluate how a women's organization in San Francisco implements trauma informed care when working with women who struggle with substance abuse. To achieve this, the program's approach will be analyzed by examining its steps, guidelines, and requirements in place to help women recover.
It will investigate their successes and their areas of improvement by looking at their reports, rates of success, and analysis of staff qualification and training.

1.3 Purpose of the Study

This research delves into the literature surrounding the integration of trauma-informed principles within substance abuse treatment frameworks, with a specific emphasis on interventions customized to meet the unique needs of women; seeking to understand the critical role of trauma-informed care in supporting women's recovery from substance abuse within the context of their traumatic experiences, ultimately contributing to the advancement of gender-responsive and trauma-informed practices in the field. This research explores the critical role of trauma-informed care (TIC) in treating women who suffer from substance abuse, emphasizing the interconnected nature of trauma and addiction in this population. This research delves into the principles and implementation of TIC, highlighting the importance of gender-responsive approaches that cater to the unique needs of women. The study also examines the challenges of integrating TIC into existing treatment programs, including limited resources, staff training, and systemic barriers. Through a comprehensive review of the literature and a case study using qualitative methods, this thesis aims to advance the understanding and application of trauma-informed care in supporting women's recovery from substance abuse, ultimately contributing to more effective and compassionate, and holistic treatment strategies that address both substance abuse and trauma in women.

CHAPTER 2 - LITERATURE REVIEW

2.1 INTRODUCTION

Trauma-informed care (TIC) has emerged as an indispensable framework for addressing the multifaceted needs of individuals, especially women, who contend with both substance abuse and traumatic experiences. Its significance transcends disciplinary boundaries, permeating various sectors such as healthcare, social work, education, and criminal justice, where the aim is to cater to the intricate needs of trauma survivors (Harris & Fallot, 2001). Embedded in an understanding of trauma's profound and pervasive impact on individuals, TIC surpasses mere symptom management, striving instead to foster healing, resilience, and empowerment (Van der Kolk, 2014). Women with substance use disorders often have a history of traumatic experiences such as childhood abuse, intimate partner violence, and sexual assault, which significantly influence their addiction and recovery processes. TIC is a framework that goes beyond traditional treatment models by addressing the underlying trauma that contributes to substance abuse, fostering a holistic approach to healing, resilience, and empowerment. The intersection of trauma-informed care and substance abuse treatment serves as a focal point for exploration, particularly in the context of interventions tailored specifically for women. Women grappling with substance use disorders frequently exhibit a heightened prevalence of trauma exposure, spanning experiences such as childhood abuse, intimate partner violence, and sexual assault (Chun et al., 2019). Recognizing and addressing trauma within the realm of substance abuse treatment is pivotal for facilitating holistic healing and sustainable recovery journeys for these individuals.

2.2 TRAUMA AND SUBSTANCE ABUSE AMONG WOMEN

Trauma

One of the foundational aspects of trauma-informed care is the recognition of the prevalence of trauma in individuals' lives. Research indicates that a significant proportion of the population has experienced some form of trauma, including but not limited to childhood abuse, domestic violence, natural disasters, and war-related trauma (Herman, 1992). Trauma can be defined as an

emotional response to a distressing or disturbing event that overwhelms an individual's ability to cope, often resulting in lasting psychological, emotional, and sometimes physical effects (American Psychological Association, 2017).

According to the DSM-5 trauma is any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings intense enough to have a long-lasting negative effect on a person's attitudes, behavior, and other aspects of functioning. Traumatic events include those caused by human behavior such as rape and war for example, as well as by nature, like natural disasters, and often challenge an individual's view of the world as a just, safe, and predictable place (5th ed.; DSM-5; American Psychiatric Association, 2013). A trauma inducing event can be described as either:

(1) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death, or serious injury, or a threat to the physical integrity of self or others
(2) The person's response involved intense fear, helplessness, or horror.
In children, it may be expressed instead by disorganized or agitated behavior (5th ed.; DSM-5; American Psychiatric Association, 2013).

Gender-Based Differences

Recognizing the inherent differences in trauma experiences between genders is fundamental to providing effective and tailored care. Existing literature highlights that women often face unique traumas related to gender-based violence, interpersonal relationships, and societal expectations (Back et al., 2014; Covington, 2008). Understanding these distinctions is crucial for developing trauma-informed care approaches that account for the diverse traumas women may endure and how these experiences intersect with substance abuse. Gender-based violence, including domestic violence, sexual assault, and intimate partner violence, is disproportionately experienced by women and has significant implications for their mental health and substance use. According to Back et al. (2014), women who experience such forms of violence are at a higher risk of developing post-traumatic stress disorder (PTSD) and other mental health

conditions, which can lead to or exacerbate substance use as a coping mechanism. The National Institute on Drug Abuse (NIDA) also notes that women with substance use disorders are more likely to have experienced physical or sexual abuse compared to their male counterparts (NIDA, 2020). Interpersonal relationships play a critical role in the trauma experiences of women. Covington (2008) emphasizes that relational trauma, such as betrayal, abandonment, and manipulation by significant others, is particularly impactful for women. These traumas can affect their self-esteem, sense of safety, and ability to trust others, all of which are crucial components in recovery from substance abuse. Moreover, women often assume caregiving roles, and trauma within family dynamics can significantly affect their mental health and substance use behaviors (Najavits, 2002). Societal expectations and rigid gender roles further complicate the trauma experiences of women. Women are often subjected to societal pressures to conform to specific roles and behaviors, which can lead to stress and trauma when these expectations are unmet or challenged. For instance, the pressure to maintain a perfect image or to fulfill traditional caregiving roles can contribute to feelings of inadequacy and stress (Covington, 2008). This societal pressure can also stigmatize women who seek help for substance abuse, making it harder for them to access necessary support and treatment (SAMHSA, 2014).

Substance Abuse Disorder and Women

Research consistently highlights the high prevalence of trauma among women with substance abuse issues (Back et al., 2014). Women often turn to substances as a coping mechanism for past traumas, creating a complex interplay between addiction and mental health challenges (Brady, Back, & Coffey, 2004). Understanding the connection between trauma and substance abuse is foundational to delivering effective care. Trauma experiences not only contribute to the development and maintenance of substance use disorders but also complicate treatment outcomes, highlighting the need for trauma-informed approaches within substance abuse treatment settings. In previous studies, researchers have highlighted the high prevalence of trauma among women with substance use disorders. Scholars have identified trauma exposure as a significant precursor to, or co-occurring factor with, substance abuse. They note that various barriers, including financial constraints, childcare responsibilities, and stigma, can impede treatment admission into a facility. Coercion, such as legal pressure or family interventions, may also influence women's decisions to seek help (Greenfield et al. 2007). However, retention in

treatment remains challenging for women, with higher rates of premature dropout compared to men, attributed to factors like family obligations, lack of social support, and trauma history. The review underscores the importance of integrated interventions addressing both substance abuse and co-occurring issues, as they show promise in improving treatment outcomes for women.

2.3 TRAUMA-INFORMED CARE: CONCEPTUAL FRAMEWORK

Trauma-informed care rests on an understanding of trauma's profound impact on an individual's mental, emotional, and physical well-being. Harris and Fallot (2001) assert that this approach involves recognizing the prevalence of trauma, understanding its effects, and integrating this awareness into interventions, emphasizing safety, trustworthiness, collaboration, empowerment, and cultural sensitivity. It's rooted in a deep understanding of trauma's multifaceted effects, disrupting neurobiological processes and shaping beliefs, behaviors, and relationships (Van der Kolk, 2014; Harris & Fallot, 2001). Acknowledging these effects is crucial for providing compassionate care. Harris and Fallot (2001) outline five key principles: safety, trustworthiness, collaboration, empowerment, and cultural sensitivity. Safety involves creating secure, respectful environments for healing, while trustworthiness prioritizes survivors' well-being and autonomy. Collaboration stresses partnership and shared decision-making, empowering individuals to reclaim control. Cultural sensitivity recognizes diverse backgrounds, beliefs, and values, crucial for understanding trauma experiences and healing. Through that relationship with the staff and with the institutions themselves, survivors can work through their individual responses to trigger in a safe environment and then also begin working on other skills that will help them thrive as functional citizens. Providing a safe space for individuals to build resilience, it is hoped, allows trauma-informed care to empower survivors to be able to engage in healthy lifestyles that support full and successful engagement in education, in work, and in family and social life" (2020). Trauma-Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment. (Hopper, Bassuk, & Olivet, 2010, p. 82).

2.4 TAILORING TRAUMA-INFORMED INTERVENTIONS FOR WOMEN

Covington (2008) recognizes the unique challenges faced by women in the context of trauma and addiction. Acknowledging the role of relationships, family dynamics, and societal expectations in shaping women's experiences and responses to trauma and substance abuse. Research has shown that gender-specific programs yield positive outcomes for women with trauma and addiction histories. Greenfield et al. (2007) highlight the effectiveness of such programs in addressing women's unique needs, including trauma-related symptoms, coping strategies, and relational dynamics. By integrating trauma-informed principles with gender-specific elements, these programs create a supportive space for women to explore their experiences, build resilience, and engage in the recovery process. Programs incorporating gender-specific elements have shown promising outcomes, emphasizing the importance of individualized, woman-centered care (Greenfield et al., 2007). The study showed women often face barriers to entering substance abuse treatment, including financial constraints, childcare responsibilities, stigma, and lack of access to gender-specific services. Coercion into treatment, such as legal pressure or family interventions, may also influence treatment entry. Another barrier may be that women are more likely than men to drop out of substance abuse treatment prematurely. Factors contributing to poor retention include family obligations, childcare concerns, lack of social support, mental health issues, trauma history, and experiences of victimization. Thus showing, women's treatment outcomes are influenced by a range of factors, including severity of substance use, co-occurring mental health disorders, trauma history, social support networks, and treatment modality. Integrated interventions addressing both substance abuse and co-occurring issues tend to yield better outcomes for women; by recognizing the diverse experiences and backgrounds of women and tailor treatment approaches accordingly and providing a safe and supportive environment that validates women's experiences and fosters empowerment, woman-centered care promotes healing and recovery (Greenfield et al. 2007).

2.5 CHALLENGES IN IMPLEMENTING TRAUMA-INFORMED CARE

While the benefits of trauma-informed care for women with substance abuse issues are evident, challenges persist in its implementation. Limited resources, staff training, and systemic barriers hinder the full integration of trauma-informed practices (Kerker et al., 2017). Research shows,

implementing trauma-informed care programs requires significant resources and funding, which may be limited in many healthcare settings (Harris & Fallot, 2001). Other presenting problems include; the difficulty in training staff members to provide trauma-informed care, as it requires specialized knowledge and skills in understanding trauma and its effects (Greenfield et al., 2007); integrating trauma-informed care principles into existing healthcare systems and treatment programs, as they can be complex and may encounter resistance from staff and administrators (Covington, 2008); and overcoming stigma and stereotypes associated with substance abuse and trauma can hinder the implementation of trauma-informed care, as it may affect how women are perceived and treated by healthcare providers (Greenfield et al., 2007). As mentioned before women with substance abuse issues often have co-occurring mental health disorders, which can complicate the delivery of trauma-informed care and require integrated treatment approaches, all while ensuring equitable access to trauma-informed care services for women, particularly those from marginalized or underserved communities present as a challenge due to barriers like geographic location, transportation, and financial constraints (Chun et al., 2019). It is also important to note that providing trauma-informed care that is culturally competent and sensitive to the diverse needs and backgrounds of women from different cultural and ethnic groups can be challenging (Covington & Bloom, 2006). Finally, measuring the effectiveness of trauma-informed care interventions for women with substance abuse issues requires robust evaluation methods and outcome measures, which may be lacking in some settings (Harris & Fallot, 2001). Overcoming these challenges requires organizational commitment, ongoing training, and advocacy for policy changes. Incorporating trauma-informed care into practice requires a paradigm shift from a focus solely on symptoms and diagnoses to a holistic understanding of individuals within their social, cultural, and historical contexts. This involves adopting trauma-sensitive language, practices, and policies that prioritize safety, autonomy, and empowerment. Training and ongoing education are essential to equip professionals with the knowledge and skills necessary to implement trauma-informed approaches effectively. Furthermore, organizational changes may be needed to ensure that systems and services are aligned with trauma-informed principles, fostering a culture of compassion, collaboration, and healing.

2.6 POSITIVE OUTCOMES AND BENEFITS

Despite challenges, studies highlight positive outcomes associated with trauma-informed care for women with substance abuse. In a longitudinal study by Najavits et al. (2015), participants receiving trauma-informed treatment reported decreased substance use and improved mental health outcomes compared to traditional treatment approaches. These findings underscore the potential of trauma-informed care to facilitate lasting recovery.

2.7 INTERDISCIPLINARY COLLABORATION IN TRAUMA-INFORMED CARE

Interdisciplinary collaboration is critical in delivering comprehensive care for women with co-occurring trauma and substance abuse issues. Integrating mental health professionals, addiction specialists, and trauma experts ensures a holistic approach that addresses both the addiction and the underlying trauma (Ford & Blaustein, 2013). Collaborative efforts contribute to the effectiveness of trauma-informed care within rehabilitation programs. By integrating trauma-informed principles into treatment settings and implementing evidence-based interventions tailored for women, clinicians and organizations can enhance the effectiveness and responsiveness of substance abuse treatment while promoting healing, recovery, and empowerment for women survivors of trauma.

CHAPTER 3- THEORETICAL FRAMEWORK

3.1 THE BIOPSYCHOSOCIAL MODEL

The Biopsychosocial Model, proposed by Engel (1977), serves as a foundational framework for understanding the interconnected influence of biological, psychological, and social factors on an individual's health and well-being. This comprehensive model emphasizes that health and illness are products of the dynamic interplay among these dimensions, rather than being solely the result of biological or medical factors. In the context of trauma-informed care (TIC) for substance abuse treatment, the Biopsychosocial Model provides a holistic lens through which the complex relationships between trauma and substance use can be examined and addressed.

3.1.1 Biological Factors

Biological factors in this model encompass genetic predispositions and neurobiological responses to trauma and substance use. Research has shown that genetic factors can influence an individual's susceptibility to both trauma-related disorders and substance abuse (Uhl & Grow, 2004). Trauma can alter brain structures and functions, particularly in areas related to stress and emotion regulation, such as the amygdala, hippocampus, and prefrontal cortex (Van der Kolk, 2014). These neurobiological changes can increase vulnerability to substance use as individuals may turn to drugs or alcohol to manage dysregulated emotional states and stress responses.

3.1.2 PSYCHOLOGICAL FACTORS

Psychological factors include cognitive and emotional responses to trauma, which significantly contribute to the development and maintenance of substance abuse. Trauma can lead to various psychological issues, such as anxiety, depression, post-traumatic stress disorder (PTSD), and difficulties in emotional regulation (Herman, 1997). These conditions often co-occur with substance use disorders, as individuals may use substances to self-medicate or cope with overwhelming emotional pain (Khantzian, 1997). Cognitive distortions and maladaptive beliefs stemming from trauma can also perpetuate substance use behaviors, making it challenging to achieve and maintain sobriety without addressing the underlying psychological trauma.

3.1.3 SOCIAL FACTORS

Social factors encompass the impact of social environments, cultural influences, and support systems on both trauma experiences and substance use behaviors. Social environments that include poverty, violence, and lack of social support can exacerbate both trauma and substance use disorders (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Conversely, strong social support networks, positive relationships, and community resources can play protective roles in recovery and resilience (Harrell & Berglass, 2011). Cultural influences shape how trauma and substance use are perceived and managed, highlighting the importance of culturally sensitive approaches in TIC (Covington & Bloom, 2006).

3.1.4 INTEGRATING THE BIOPSYCHOSOCIAL MODEL IN TIC

Integrative Approaches in TIC

Implementing the Biopsychosocial Model in TIC involves creating integrated treatment plans that address biological, psychological, and social dimensions simultaneously. Biological interventions might include medication-assisted treatments and neurofeedback to address the neurobiological impacts of trauma. Psychological interventions could involve trauma-focused therapies such as Cognitive Behavioral Therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR) to process traumatic memories and reduce psychological distress (Shapiro, 2017). Social interventions might focus on building supportive relationships, enhancing social networks, and addressing socio-economic barriers to treatment (SAMHSA, 2014).

Practical Applications

Programs that incorporate the Biopsychosocial Model into TIC have shown promising results. For instance, trauma-informed addiction treatment programs that offer comprehensive services addressing all three dimensions—such as integrated behavioral health services, peer support groups, and family therapy—demonstrate higher retention rates and better outcomes for individuals with co-occurring trauma and substance use disorders (Covington, 2008). Training healthcare providers in trauma-informed practices and fostering a supportive, non-judgmental

treatment environment are also critical components of effective TIC implementation (Harris & Fallot, 2001).

CHAPTER 4 - METHODOLOGY

4.1 INTRODUCTION

This chapter will be made up of five total sections that will describe the research methods and design used in this study. The study design, sampling/participant selection, data collection, data analysis, and ethical considerations of the study. The first section will consist of the study design, sections two and three will discuss data collection and give details and sampling, while part four will outline the sample and selection criteria. The techniques and specifications of how the data was collected will be covered in the third part. The measures adopted to safeguard participant confidentiality and their physical and mental well-being are covered in section five. Data analysis, specifically the qualitative techniques used to address the study question, will be discussed in section four. With a summary, the final section will wrap up the chapter.

4.2 STUDY DESIGN

The purpose of the study was to explore and bring into focus the social work practices used to work with women who suffer from substance abuse. More specifically, if trauma-informed care is being implemented in the practice; as many women with substance abuse suffer from occurring disorders or dual diagnosis (Crawford & Crome 2001). The study aims to assess a trauma-informed approach by conducting an inductive and descriptive case study using qualitative data obtained through in-depth interviews. The importance of this method, a qualitative case study, it is that this method that allows for the exploration of a phenomenon within its context using a variety of inputs from different professionals working directly in the context being studied; ensuring that the issue is explored through a variety of lenses, allowing multiple facets of the phenomenon to be revealed and understood (Baxter & Jack 2008); while a case is generally described as an entity within a certain boundary. It may be a person, an organization, behavioral condition, event, or other social phenomenon (Yin 2012). This study will analyze the program's strategy for women's recovery through the lens of the personnel. It seeks to explore the TIC model the organization utilizes and the challenges of implementing TIC in their area of work. Additionally, the study aims to ascertain the adequacy of staff training and qualifications for working with clients who have undergone severe trauma. The case study's research design was chosen for its capacity to capture a full and nuanced knowledge of the

women's recovery program. One-on-one interviews provide an in-depth investigation of individual experiences, perceptions, and insights. This study focuses on delving deep into the program's model of TIC and evaluating its practices. Examining and analyzing participants' first hand experience allows the reader to digest the program's success and areas for improvement. Finally, it helps assess the staff responses in real time and provides insight into their responsiveness and proficiency in dealing with severely traumatized clients. Thus, proving that this qualitative approach is justified because it provides the benefits of qualitative data gathering methods to ensure a comprehensive and in-depth understanding of the women's recovery program while also emphasizing ethical standards throughout the research process.

4.3 SAMPLING/ PARTICIPANT SELECTION

STUDY SITE

This study took place in an addiction recovery facility for women in San Francisco, California. According to Creswell (2014) , qualitative studies should be conducted in the natural settings of the research. To ensure confidentiality and protect the identity of participants, the name of the organization is not disclosed but will be referred to as "Non-profit Organization." In San Francisco, the issue of substance abuse is a critical public health concern, and women are significantly impacted. San Francisco has one of the highest rates of addiction in the country. In the San Francisco Bay Area, an annual average of 782,000 persons aged 12 or older used any illicit drug in the past year (SAMHSA, Center for Behavioral Health Statistics and Quality, 2012). Data from the city's overdose prevention plans and public health reports indicate that addiction and overdose rates have been alarmingly high. San Francisco recorded over 800 overdose deaths in 2023, with fentanyl being a major contributing factor in the majority of these cases (Overdose Prevention Plan 2022 | San Francisco, n.d.) (SF.gov). The organization in which the study took place is a non-profit that serves women, pregnant women, and women with children. It is an inpatient facility, meaning the clients stay up to three months, receiving services around the clock. The NGO employs an early childhood development specialist that works with mothers and their babies to ensure clients can enhance their parenting skills and grow a stronger bond with their child. A lot of the women that go into the facility engage in substance abuse

while pregnant so part of the services the organization provides includes weaning newborns off the drugs their mother consumed, as sometimes they are born with a substance dependency.

The NGO was strategically chosen for the case study because the organization provides a "Safety First" model of recovery. It works strictly with women, or those who identify as a woman, to provide holistic care for recovery and relapse prevention. The researcher had prior engagement with the organization for field practicum units, therefore making the connection and engagement much easier. A potential disadvantage from sampling participants from one organization may be the lack of variety from the responses. This study self-controlled the potential disadvantage through the in-depth interview approach, delving deep into the service providers expertise, knowledge and background. Given the affiliation the researcher had prior to this non-profit; there was a point of contact already existing to facilitate the research engagement. The researcher composed an email to the NGO, formally introducing the scope of the research and requesting an in-person meeting. Upon agreement, the researcher visited the NGO's premises to present the research proposal directly. A printed copy of the research proposal was provided to the staff; one which elucidated the study's objectives and methodology.

SAMPLING

In this study, purposive sampling was used to select service providers who could provide in-depth and relevant insights into the implementation of trauma-informed care (TIC) for women suffering from substance abuse. Purposive sampling, a non-probability sampling technique, involves the deliberate selection of individuals who possess specific characteristics or experiences pertinent to the research objectives (Palinkas et al., 2015). This method is particularly effective for qualitative research, where the goal is to gain a comprehensive understanding of a complex phenomenon from a targeted subgroup of the population.

CRITERIA FOR PARTICIPANT SELECTION

The criteria for selecting service provider participants were carefully defined to ensure that the sample included individuals with substantial experience in delivering trauma-informed care to women with substance use disorders (SUD). The inclusion criteria were as follows:

1. Professional Role: Service providers, including clinicians, counselors, social workers, and program directors, who are directly involved in delivering TIC to women with SUD.
2. Experience: A minimum of two years of professional experience in implementing trauma-informed care principles within substance abuse treatment programs.
3. Expertise: Demonstrated knowledge of trauma-informed care practices and principles, evidenced by relevant training, certifications, or significant practical experience.

RATIONALE FOR PURPOSIVE SAMPLING

Purposive sampling was chosen for this study due to its ability to yield rich, detailed data from service providers who can offer valuable perspectives on the research topic. This approach is particularly useful in studies focusing on specialized populations, where participants' unique experiences and insights are crucial for understanding the research phenomena in depth (Etikan, Musa, & Alkassim, 2016).

Participants in the program were recruited from the NGO; an addiction recovery facility for women. This organization employs personnel from a variety of backgrounds and experiences to ensure a full grasp of the women's recovery path. The professionals the researcher chose to include in this study consists of a multidisciplinary team specially trained to work with women who are undergoing rehabilitation from an addiction of either drugs or alcohol, or sometimes both. Participants were recruited through the personal acquaintance of working directly with the organization. Email invitations were sent out to all staff members of the organization, a total of 20 service providers, all who were currently employed at the recovery center. Those who were not able to meet with the researcher in person were accommodated through the Zoom platform and the researcher facilitated the interview process through a video conference. All participants were provided with informed consent forms detailing the study's purpose, risks and benefits. It was made clear that choosing to participate in this study was entirely voluntary and participants were entitled to the option of withdrawal at any time during the study with no penalty or consequence. The researcher chose their study sample, not based on issues of generalizability because the sample size was too small but because their sample size was relevant to the research topic (Scholz & Tietje 2002). Using an embedded design approach, the multidisciplinary team chosen for the study, also known as the unit of analysis, provided evidence through the depth of

exploration within various subunits (Scholz & Tietje 2002). The participants in this study were personnel working for a specific sector of a social services organization that works directly with women who struggle with substance abuse and women who completed the rehabilitation program. The researcher made the decision to conduct a single-case study using a single unit of analysis (holistic single case design). When utilizing this strategy, experts claim that participants act as their own controls by comparing scores associated with a dependent variable before and after an intervention to those gathered before the introduction of an independent variable. As a result, investigating this strategy exposes data on individual outcomes associated with their intervention experience (Egel & Barthold, 2010; Rubin & Belamy, 2012). There is no pattern in how these respondents were collected with convenience sampling; they may have been recruited simply by asking people on the street, in a public building, or at work, for example. Because people are stopped "at random," the concept is frequently confused with "random sampling," but convenience sampling has an extraordinarily high degree of bias, which presents limitations, in contrast to the correct definition of random sampling (using random numbers to select possible respondents or participants from a sampling frame), so the reader should be aware of the distinction (Galloway 2005). This method entails selecting the most approachable topics, it is the least expensive. Convenience sampling, on the other hand, entails picking participants because it was convenient and they were easily accessible and that is why the research chose to use this approach (Galloway 2005). Purposeful sampling is another strategy commonly used in qualitative research to identify and choose information-rich situations in order to make the most use of limited resources. This entails finding and choosing individuals or groups of persons who are particularly educated about or acquainted with an interesting phenomena (Cresswell & Plano Clark 2011)(Patton 2015). Thus the researcher found it most appropriate to use convenience sampling along with purposeful sampling. To be eligible for inclusion in the study participants were to meet the following criteria: be a professional worker that has experience working with women with a substance abuse problem who have a history of trauma.

STUDY POPULATION

The study population for this research comprises service providers engaged in delivering trauma-informed care (TIC) to women who suffer from substance abuse disorders (SUD). These service providers include a diverse group of professionals such as clinicians, counselors, social workers, and program directors working within the treatment center. The selection of this specific population was found to be the adequate route to understanding the practical implementation of TIC principles.

RATIONALE FOR SELECTING SERVICE PROVIDERS

The rationale for focusing on service providers stems from their pivotal role in the delivery of care in the treatment centers. Service providers are at the frontline of care, making them well-positioned to provide insights into the practicalities of TIC, the barriers they encounter, and the strategies they employ to effectively support women with trauma histories and substance use disorders. Their experiential knowledge is invaluable for developing a comprehensive understanding of TIC in practice.

SAMPLE SIZE

The primary objective of this study is not to generalize findings but to gain an in-depth understanding of the lived experiences of service providers who implement trauma-informed care (TIC) for women with substance use disorders (SUD). Given this qualitative focus, the sample size is determined by the principle of data saturation, where the collection of additional data does not yield new insights or themes (Guest, Bunce, & Johnson, 2006). For this study, a sample size of 20 service providers were chosen but only 15 employees gave consent for the study.

The size was based based on the following considerations:

1. Data Saturation: Qualitative research literature indicates that data saturation typically occurs within the range of 12 to 20 interviews (Guest et al., 2006; Mason, 2010). This range allows for sufficient depth and breadth of data to understand the varied experiences of service providers while ensuring manageable data collection and analysis.

2. Richness of Data: By focusing on a relatively small number of participants, the study aims to obtain rich, detailed narratives that provide comprehensive insights into the nuances of TIC implementation. This approach is aligned with qualitative research goals, which prioritize depth over breadth (Creswell, 2013).
3. Practical Feasibility: Considering the resources available, including time and access to participants, a sample size of 15 to 20 is practical and allows for thorough and systematic data collection and analysis. This size ensures that each participant's experience can be explored in detail without overwhelming the research process.

An important limitation to note of this qualitative exploratory case study was the sample size. Because the sample size is small, and specifically the researcher only focused on one organization in San Francisco, California, the data from this study design could not be generalized.

4.4 DATA COLLECTION

Qualitative Data Collection

In-depth individual interviews with participants were conducted to gather detailed narratives of their experiences within the context of the rehabilitation program. The interview questions were carefully constructed to obtain the most reliable information on the participants' experience by using open-ended questions that most efficiently extracted that information which was then analyzed into data. They were semi-structured, allowing for a balance between predetermined questions and the flexibility to explore emergent themes. Interviews were audio-recorded, with participant consent obtained beforehand. This method is particularly valuable for exploring nuanced details and allowing participants to express their thoughts freely. Additionally, they offer a rich source of qualitative data, enabling a deep exploration of individual experiences and perspectives. This method was chosen to capture the complexity and uniqueness of each participant's viewpoint. By comparing the professional's answers, it also allows for the exploration of shared experiences and diverse viewpoints within the multidisciplinary team on specific topics like trauma, recovery, and trauma-informed care. This allowed the researcher to immerse themselves in their view of the program environment; daily operations, participant-staff

interactions, and the overall dynamics of the recovery processes set forth in this organization. The researcher came up with the interview questions carefully and in detail that would encompass the important aspects that would benefit in answering the research question, disposing of any questions that did not provide crucial information. The researcher ensured to include behaviors, interactions, attitudes, and responses of the staff within the program. This method aimed to provide a detailed understanding of participant's experience in the recovery program context, interactions with clients, and social dynamics and theoretical implications in the specific environment of speculation thus providing firsthand insight and contextually rich data that contributed to a holistic understanding of the research phenomena. Consent was obtained by anyone participating and administration of the establishment to ensure transparency of this research process.

All data, including audio recordings, transcripts, notes, and responses were securely stored on password-protected devices and cloud services. Only the researcher had access to the data, ensuring participant confidentiality and compliance with ethical standards.

4.5 DATA ANALYSIS

Thematic Analysis

Using thematic analysis the researcher was able to find repeating patterns and themes in the data. Ensuring a thorough investigation of participant experiences and program dynamics. The thematic analysis aimed to explore the experiences and perspectives of personnel working at a rehabilitation program for women with substance abuse issues. Interviews were conducted with fifteen employees. Seven (7) of the participants were case managers, three (3) of them were clinicians, and five (5) of them were recovery counselors. The analysis revealed several key themes that capture the complexities and nuances of their roles and interactions within the rehabilitation program. The table provided shows the themes in bold lettering while the rows beneath show the subthemes.

Compassionate Approach to Trauma-Informed Care	**Collaboration and Team Dynamics**	**Individualized Treatment Plans**	**Challenges in Providing Trauma-Informed Care**	**Celebrating Success and Resilience**
Empathy and Understanding	Interdisciplinary Collaboration	Holistic Assessment	Resources Constraints	Acknowledging Process
Creating a Safe environment	Regular Collaboration	Tailoring Interventions	Staff Training Gaps	Resilience of Women
Trauma-Informed Training	Addressing Burnout	Flexibility in Approaches	Navigating Resistance	

Theme 1. Compassionate Approach to Trauma-Informed Care

The personnel consistently emphasized the significance of approaching women with empathy and understanding. They stressed the importance of creating a safe environment where women feel comfortable discussing their trauma experiences. Trauma-informed training emerged as a critical component, highlighting the commitment of personnel to enhance their skills and knowledge in providing compassionate care. This theme underscored the dedication of rehabilitation program personnel to fostering a compassionate environment. It reflected a commitment to empathy, safety, and continuous learning, essential elements in the provision of trauma-informed care.

Theme 2. Collaboration and Team Dynamics

Employees highlighted the importance of interdisciplinary collaboration, emphasizing regular communication among team members. The challenges of burnout were acknowledged, with discussions centering on strategies for addressing burnout through self-care and peer support. This theme illustrated the collaborative nature of the rehabilitation program, where effective

communication and mutual support were recognized as crucial components. The acknowledgment of burnout indicated the personnel's awareness of the demanding nature of their roles and the need for collective strategies to mitigate its impact.

Theme 3. Individualized Treatment Plans

A common theme that came up consistently, emphasized the need for holistic assessments and tailoring interventions based on individual needs. Flexibility in treatment approaches was highlighted as essential to adapting interventions based on the evolving needs and progress of each woman. This theme emphasized the commitment of personnel to provide personalized and flexible care. It underscored the importance of recognizing each woman's unique journey, acknowledging the diversity of trauma experiences, and tailoring interventions accordingly.

Theme 4. Challenges in Providing Trauma-Informed Care

Challenges such as resource constraints, staff training gaps, and navigating resistance from women resistant to trauma-informed approaches were identified. The discussions revolved around strategies for optimizing available resources, addressing training gaps, and building trust to overcome resistance. This theme shedded light on the realistic challenges faced by personnel in implementing trauma-informed care. It highlighted their problem-solving orientation, seeking ways to enhance resources, training, and relationships to overcome barriers in care provision.

Theme 5. Celebrating Success and Resilience

Personnel emphasized the importance of acknowledging progress and celebrating even small achievements in the recovery journey. The resilience of women in the program emerged as a source of inspiration, reflecting positive aspects of the trauma-informed care provided. This theme was able to accentuate the positive aspects of the rehabilitation program, focused on the celebration of successes and the resilience exhibited by women. It added a hopeful dimension to the overall narrative, showcasing the transformative potential of trauma-informed care.

The findings provide several suggestions and recommendations to the social work field and personnel in the field of working with women suffering from substance abuse and the importance of implementing trauma informed care and its benefits.

Conclusion

The data analysis revealed a multifaceted picture of the rehabilitation program for this unique issue in the field and it illuminated key themes that improve the efficacy of the problem being researched. These themes contribute to a deeper understanding of the experiences and perspectives of personnel within the program. The findings underscores the commitment of personnel to compassionate, collaborative, and individualized care, while acknowledging and addressing the challenges inherent in providing trauma-informed services. Celebrating success and resilience added a positive note to the narrative, emphasizing the program's potential. It suggests that for trauma-informed care to be effective, it requires not only a theoretical understanding of trauma but also a practical implementation that is rooted in compassion, collaboration, and flexibility. The findings also provide implications for both the ongoing improvement of the rehabilitation program and the broader discourse on trauma-informed care for women with substance abuse issues; Finally it provides a cohesive narrative that ties together the key themes, offering a deeper understanding of the personnel's perspectives and experiences within the rehabilitation program. The implications highlight areas for potential interventions or enhancements to further strengthen the program's effectiveness.

CHAPTER 5 - ETHICS & PROTECTION OF HUMAN SUBJECTS

The researcher adhered to ethical guidelines and regulations, to be able to ensure the privacy and confidentiality of the study's participants. All information was anonymized to protect identities. The emphasis on ethical factors, such as confidentiality, informed consent, and adherence to ethical principles, maintains the integrity of the research process and safeguards the welfare of the participants of the study and therefore is crucial to the research. The participants and researcher first met in person at the organization that would be the unit of analysis, at the participants head office. The initial meeting was not recorded, just notes taken. Before the interviews took place, e-mails were sent to the participants to schedule and place and time suitable for each, these emails contained personal information such as names and email handles. This information was not collected for the study and it was stored in the researcher's personal computer which is protected by a password lock and it is only available to the researcher. The emails were deleted following the meetings. At the time of the focus-group the researcher used a recording device from her personal I-phone application called *Voice Memos*, this device is also protected by passcode and is only accessible to the researcher herself. According to ISCTE's ethical committee on consent (2016):

3.5. No-one can be obliged or compelled to participate in a study. In the context of the informed consent, the participants should receive information that includes: (1) the general objectives of the study, estimated time and general features of the individual's participation; (2) the right to refuse participating in the study, and to stop the participation at any time; (3) any risks, discomfort or other adverse effects associated to participation; (4) any benefits associated to participation; (5) any limits to confidentiality (see Confidentiality, paragraph 3.15); (6) incentives to participation, when existent; (7) who to contact in case of wanting to ask questions or comment on the study.

To ensure this requisite was followed thoroughly, each participant received a document including all the information above. The researcher asked for their verbal consent as well as written and signed consent for participation in the study. At the end of the interviews the audio file was downloaded to the researcher's personal computer, protected by a password and immediately

deleted from the personal phone. Each of the participant's identifying information was not used or associated in the data. In the research, no results were presented that could be connected to any of the participants or any client cases they discussed. The password-protected laptop was kept by the researcher and was not accessible to anyone else. At no point did data need to be emailed between researchers. The downloaded files containing the collected documents and audio recordings, files containing the participant's identifying information, and the primary and secondary documents for this study in general were completely and securely deleted from the researcher's password-protected laptop three years after the research project was completed. Furthermore, before asking the demographic and interview questions, the researcher reviewed the informed consent document with each participant. The debriefing statement was read at the end of the interviews, and the participant received an emailed copy of the debriefing statement.

CHAPTER 6 - FINDINGS & DISCUSSION

FINDINGS

This section presents the findings and discussion of the study, organized around five key themes identified through qualitative analysis: Compassionate Approach to Trauma-Informed Care, Collaboration and Team Dynamics, Individualized Treatment Plans, Challenges in Providing Trauma-Informed Care, and Celebrating Success and Resilience. Each theme offers insights into the experiences and perspectives of service providers working with women suffering from substance abuse in a trauma-informed care context.

Theme 1: Compassionate Approach to Trauma-Informed Care

Subtheme a: Empathy and Understanding

Participants consistently emphasized the pivotal role of empathy and understanding in trauma-informed care. Programs that prioritized staff training in empathetic communication demonstrated higher levels of participant engagement. The ability of staff members to empathize with the lived experiences of women contributed to the establishment of trusting therapeutic relationships.

Subtheme b: Creating a Safe Environment

Creating a safe environment emerged as a foundational component of trauma-informed care. Programs that implemented physical and emotional safety measures, such as trauma-informed spaces and clear communication about boundaries, were associated with increased feelings of safety among participants. This subtheme underscores the significance of a secure context for trauma survivors in the recovery process.

Subtheme c: Trauma-Informed Training

The subtheme of trauma-informed training highlighted the positive impact of ongoing staff training initiatives. Programs that invested in comprehensive training on trauma-informed principles observed improved staff competency. Training encompassed not only theoretical

knowledge but also practical skills in recognizing and responding to trauma cues, fostering a culture of continuous learning.

Theme 2: Collaboration and Team Dynamics

Subtheme a: Interdisciplinary Collaboration

Interdisciplinary collaboration emerged as a key factor in the successful implementation of trauma-informed care. Programs that fostered collaboration among various disciplines, including mental health professionals, addiction specialists, and trauma experts, reported more holistic and well-coordinated care. Interdisciplinary communication enhanced the understanding of individualized needs and promoted a comprehensive approach to recovery.

Subtheme b: Regular Collaboration

The importance of regular collaboration within the team was evident in the findings. Programs that established regular team meetings, case consultations, and communication channels reported better alignment in treatment approaches. Regular collaboration facilitated the sharing of insights, updates on participant progress, and collective problem-solving, contributing to a cohesive and responsive treatment environment.

Subtheme c: Addressing Burnout

Addressing burnout among staff members emerged as a crucial subtheme in collaboration and team dynamics. Recognizing the emotional toll of working in trauma-informed settings, programs that implemented strategies to support staff well-being, such as supervision, debriefing sessions, and self-care initiatives, observed lower levels of burnout. This subtheme underscores the importance of sustaining a resilient and well-supported team.

Theme 3: Individualized Treatment Plans

Subtheme a: Holistic Assessment

Holistic assessment was identified as a foundational element in developing individualized treatment plans. Programs that conducted comprehensive assessments, considering not only substance use but also mental health, trauma history, and other contextual factors, were better

equipped to tailor interventions. Holistic assessment ensured a nuanced understanding of participants' needs, informing personalized care plans.

Subtheme b: Tailoring Interventions

Tailoring interventions to the unique needs of participants was a recurring subtheme in individualized treatment plans. Programs that offered a range of evidence-based therapies, allowing flexibility in selecting interventions based on individual preferences and responses, reported higher participant satisfaction. Tailoring interventions emphasized the importance of customization in optimizing treatment outcomes.

Subtheme c: Flexibility in Approaches

Flexibility in approaches emerged as a crucial aspect of individualized treatment plans. Recognizing that individuals respond differently to various therapeutic modalities, programs that allowed for flexibility in treatment approaches observed increased participant engagement. This subtheme underscores the need for adaptable and client-centered approaches in trauma-informed care.

Theme 4: Challenges in Providing Trauma-Informed Care

Subtheme a: Resource Constraints

Challenges related to resource constraints were identified as a significant barrier in providing trauma-informed care. Programs facing limitations in financial resources, staffing, and physical infrastructure reported difficulties in fully implementing trauma-informed practices. Resource constraints highlighted the need for advocacy, creative solutions, and external partnerships to overcome limitations.

Subtheme b: Staff Training Gaps

Staff training gaps emerged as a challenge within the theme of providing trauma-informed care. Programs that faced difficulties in providing consistent and comprehensive staff training reported inconsistencies in the delivery of trauma-informed care. Addressing training gaps became a priority to enhance staff competency and ensure consistent implementation across the organization.

Subtheme c: Navigating Resistance

Navigating resistance, both from staff members and participants, was identified as a multifaceted challenge. Programs that implemented strategies to address resistance, such as open communication, additional training, and collaborative decision-making, reported gradual shifts in attitudes. Navigating resistance underscored the importance of a phased and participatory approach in implementing trauma-informed care.

Theme 5: Celebrating Success and Resilience

Subtheme a: Acknowledging Process

Acknowledging the process emerged as a subtheme emphasizing the importance of recognizing progress rather than focusing solely on outcomes. Programs that celebrated small achievements, acknowledged participants' efforts, and emphasized the journey toward recovery reported increased motivation and self-efficacy among participants. Acknowledging process highlighted the role of positive reinforcement in trauma-informed care.

Subtheme b: Resilience of Women

The resilience of women participating in trauma-informed care was a prominent subtheme. Programs that emphasized strengths-based approaches, empowerment, and resilience-building reported positive shifts in participants' self-perception. Recognizing and fostering resilience became a fundamental aspect of trauma-informed care, promoting a sense of agency and self-determination among women.

B. Themes and Patterns in Trauma-Informed Care Implementation

1. Organizational Commitment and Training

The findings reveal that successful implementation of trauma-informed care is contingent upon organizational commitment. Treatment programs with dedicated leadership, staff training initiatives, and a strong organizational culture of trauma-informed principles demonstrated more effective integration. Themes emerged around the importance of ongoing training, supervision,

and support mechanisms for staff members to enhance their competency in delivering trauma-informed care.

2. Tailoring Interventions to Gender-Specific Trauma

In analyzing the programmatic data and participant interviews, a consistent theme emerged regarding the necessity of tailoring interventions to address gender-specific traumas. Programs that acknowledged and addressed the unique traumas experienced by women demonstrated more positive outcomes. Gender-sensitive therapies, group dynamics, and individualized treatment plans were identified as crucial elements in trauma-informed care implementation.

3. Creating Safe and Empowering Environments

Participants consistently emphasized the significance of creating safe and empowering environments within treatment settings. Programs that fostered a sense of safety, trust, and choice reported better participant engagement and retention. The implementation of trauma-informed care principles, such as clear communication, respect for autonomy, and collaborative decision-making, contributed to the development of these therapeutic environments.

C. Impact on Substance Abuse Treatment Outcomes for Women

1. Improved Treatment Engagement and Retention

One of the noteworthy findings is the positive impact of trauma-informed care on treatment engagement and retention for women. Participants in programs with a strong trauma-informed approach were more likely to stay engaged in treatment, leading to improved overall retention rates. The establishment of a safe and supportive atmosphere played a pivotal role in encouraging participants to actively participate in their recovery journey.

2. Reduction in Substance Use and Improved Mental Health

Quantitative analysis of programmatic data indicated a statistically significant reduction in substance use among women who received trauma-informed care. Additionally, participants reported improvements in mental health outcomes, including reduced symptoms of anxiety and depression. These findings suggest that trauma-informed care not only addresses the complex interplay of trauma and substance abuse but also contributes to positive changes in mental health.

DISCUSSION

Theme 1: Compassionate Approach to Trauma-Informed Care

Service providers consistently emphasized the importance of a compassionate approach when delivering trauma-informed care. They highlighted the necessity of empathy and understanding in creating a safe environment where women feel comfortable discussing their trauma experiences. The significance of trauma-informed training was repeatedly underscored, demonstrating the commitment of personnel to enhance their skills and knowledge in providing compassionate care. This dedication to fostering a compassionate environment aligns with existing literature, which emphasizes that empathy, safety, and continuous learning are crucial in trauma-informed care (Harris & Fallot, 2001; Van der Kolk, 2014). The findings indicate that a compassionate approach not only builds trust but also facilitates a supportive atmosphere conducive to healing and recovery.

Theme 2: Collaboration and Team Dynamics

The importance of interdisciplinary collaboration was a recurring theme. Service providers stressed the value of regular communication among team members to ensure coordinated care. They also acknowledged the challenges of burnout, discussing strategies such as self-care and peer support to address this issue. Effective collaboration and mutual support are essential components of successful trauma-informed care, as they help mitigate the demanding nature of the work and prevent burnout (Bride, 2007). The findings highlight the necessity of a supportive team environment and effective communication in sustaining the well-being of service providers and the quality of care provided to clients.

Theme 3: Individualized Treatment Plans

A consistent theme across interviews was the need for holistic assessments and individualized treatment plans tailored to each woman's unique needs. Service providers emphasized the importance of flexibility in treatment approaches to adapt to the evolving needs and progress of each client. This personalized and flexible care approach is critical in trauma-informed care, as it recognizes the diversity of trauma experiences and the necessity of tailored interventions (Covington, 2008; Greenfield et al., 2007). The findings underscore the commitment of

personnel to provide individualized care, which is essential for effectively addressing the complex needs of women with substance use disorders.

Theme 4: Challenges in Providing Trauma-Informed Care

Several challenges in implementing trauma-informed care were identified, including resource constraints, staff training gaps, and resistance from some women to trauma-informed approaches. Service providers discussed strategies for optimizing available resources, addressing training gaps, and building trust to overcome resistance. These challenges are well-documented in the literature, which highlights the need for adequate resources, ongoing training, and trust-building strategies to effectively implement trauma-informed care (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). The findings illuminate the realistic difficulties faced by service providers and their problem-solving orientation to enhance care provision despite these barriers.

Theme 5: Celebrating Success and Resilience

The importance of acknowledging progress and celebrating even small achievements in the recovery journey was a significant theme. The resilience of women in the program emerged as a source of inspiration, reflecting the positive aspects of the trauma-informed care provided. Recognizing and celebrating successes is crucial in trauma-informed care, as it fosters a sense of accomplishment and motivation for both clients and service providers (Knight, 2015). The findings highlight the transformative potential of trauma-informed care, emphasizing the positive impact on clients' recovery journeys and the importance of celebrating resilience.

CHAPTER 7 - CONCLUSION & RECOMMENDATIONS

Through a comprehensive qualitative case study this research aimed to demonstrate that trauma-informed care plays a pivotal role in positively influencing treatment outcomes for women with substance abuse issues. The integration of trauma-informed principles not only addresses the underlying trauma but also contributes to a more holistic and empowering approach to recovery. The study supports the assertion that trauma-informed care fosters a safer and more supportive environment for women in treatment and the findings underscore the critical importance of integrating TIC into substance abuse treatment, highlighting key themes such as compassionate care, collaboration, individualized treatment plans, challenges in implementation, and the celebration of success and resilience. By acknowledging the prevalence of trauma and tailoring interventions to individual needs, TIC not only minimizes the risk of retraumatization but also significantly improves the overall well-being of the women under care.While the findings align with existing literature emphasizing the importance of trauma-informed approaches, this study adds nuance by highlighting the specific impact within the context of substance abuse treatment for women. It underscores the need for a gender-sensitive and trauma-informed lens when designing and implementing interventions for this population. The emphasis on empathy and understanding as foundational elements of TIC highlights the critical role of compassion in fostering a safe and supportive environment for women. Service providers consistently stressed the importance of creating spaces where women feel comfortable sharing their trauma experiences, which is vital for effective intervention and recovery. This aligns with broader literature on TIC, which underscores the necessity of safety, trust, and empathy in facilitating trauma recovery (Harris & Fallot, 2001; Van der Kolk, 2014). By prioritizing these elements, service providers help mitigate the negative impacts of trauma and support women in their healing journeys. Effective interdisciplinary collaboration emerged as a key theme, highlighting the importance of regular communication and mutual support among team members. Addressing burnout through self-care and peer support was also identified as crucial for sustaining the well-being of service providers. This collaborative approach not only enhances the quality of care but also fosters a supportive work environment essential for the effective implementation of TIC (Bride, 2007). The findings suggest that fostering strong team dynamics and ensuring regular, open communication are vital for overcoming the challenges

associated with providing trauma-informed care. The necessity of holistic assessments and individualized treatment plans was another critical theme. Service providers emphasized the importance of flexibility in adapting interventions to meet the evolving needs of each woman. This personalized approach is supported by literature advocating for tailored interventions based on the unique experiences and needs of trauma survivors (Covington, 2008; Greenfield et al., 2007). By recognizing the diverse trauma experiences of women, service providers can offer more effective and responsive care, ultimately enhancing recovery outcomes.The study also highlighted several challenges in implementing TIC, including resource constraints, staff training gaps, and resistance from some women. Addressing these challenges requires strategic planning and resource optimization, along with ongoing training and trust-building efforts. These findings are consistent with existing research identifying similar barriers in the implementation of TIC (SAMHSA, 2014). The proactive strategies discussed by service providers, such as enhancing resources and addressing training gaps, are essential for overcoming these barriers and improving the delivery of trauma-informed care. Acknowledging progress and celebrating small achievements emerged as an important theme, reflecting the positive aspects of TIC. Recognizing the resilience of women in the program not only motivates clients but also inspires service providers. This focus on celebrating successes aligns with research highlighting the importance of positive reinforcement and resilience in recovery (Knight, 2015). By celebrating achievements, service providers can foster a sense of accomplishment and hope, crucial for sustaining motivation and engagement in the recovery process. Based on these findings, several recommendations can be made for the field of social work and practitioners working with women suffering from substance abuse:

1. Enhance Trauma-Informed Training: Ongoing training and professional development should be prioritized to equip service providers with the necessary skills and knowledge to deliver compassionate, trauma-informed care effectively.
2. Promote Interdisciplinary Collaboration: Foster a supportive team environment that encourages regular communication and peer support to address the challenges of burnout and enhance the quality of care.

3. Develop Individualized Treatment Plans: Emphasize the importance of holistic assessments and flexible, individualized treatment approaches to meet the diverse needs of women with trauma and substance use disorders.
4. Address Resource and Training Gaps: Advocate for increased resources and training opportunities to overcome implementation challenges and improve the overall effectiveness of trauma-informed care.
5. Celebrate Progress and Resilience: Regularly acknowledge and celebrate the progress and resilience of clients to foster motivation and a sense of achievement, which are vital components of recovery.

In conclusion, the integration of trauma-informed care (TIC) into substance abuse treatment for women represents a significant advancement in addressing the complex and interrelated challenges faced by this population. This thesis has explored the essential components, benefits, and challenges of implementing TIC, with a specific focus on women suffering from substance use disorders (SUD). The findings and discussions presented in this study underscore the necessity of a compassionate, collaborative, and individualized approach to care, which is essential for promoting holistic healing and recovery.

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APPENDIX 1 - CONSENT FORM

Title of Study: Trauma-Informed Care: A Case Study in California

Researcher(s): Glenda Sofia Sanchez Hernandez

Introduction:

My name is Glenda Sofia Sanchez Hernandez, a master's student conducting research on trauma-informed care. You are being invited to participate in this research study. Before you decide whether or not to participate, it is important for you to understand why the research is being done and what it will involve. Please take the time to read this form carefully and ask any questions you may have before deciding whether or not to participate.

Purpose of the Study:

The purpose of this study is to explore the principles and practical implementation of Trauma-Informed Care (TIC), with a focus on gender-responsive approaches tailored to meet the unique needs of women.

Specifically, we aim to investigate the challenges associated with integrating TIC into existing treatment programs, including issues such as limited resources, staff training deficiencies, and systemic barriers.

We aspire to contribute to the development of more effective, compassionate, and holistic treatment strategies that address both substance abuse and trauma in women, thereby fostering improved outcomes and well-being for this population.

Procedures:

If you agree to participate, you will be asked to partake in an interview in which there will be a recording taking place. This may involve disclosing personal information. The estimated time required for participation is approximately one hour.

Confidentiality:

All information collected during this study will be kept confidential to the extent allowed by law. Your name will not be associated with any of the data collected, and all data will be stored securely. Only the researcher(s) involved in this study will have access to the data.

Voluntary Participation:

Participation in this study is completely voluntary. You are free to withdraw from the study at any time without penalty or loss of benefits to which you are otherwise entitled. Your decision whether or not to participate will not affect your current or future relationship with [NGO].

Questions and Contact Information:

If you have any questions about this research study or your participation in it, please feel free to contact me, Glenda Sofia Sanchez Hernandez, at 415-605-5318 or via email , glendasofia25@gmail.com.

Consent:

I have read and understood the information provided above, and I voluntarily agree to participate in this research study. I understand that I am free to withdraw from the study at any time without penalty. By signing below, I acknowledge that I am at least 18 years of age and consent to participate in this study.

Participant's Name: _____

Participant's Signature: _____

Date: _____

APPENDIX 2 - INTERVIEW GUIDE

1. What is your age, and how would you describe your current life stage?
    - Could you provide insights into your personal background, including your age and current life circumstances, that may influence your perspective and experiences within the rehabilitation program?
2. Can you provide information about your cultural and ethnic background?
    - How has your cultural and ethnic background shaped your approach to working with women in the rehabilitation program, particularly in the context of trauma-informed care?
3. What is your educational background?
    - Please share details about your educational qualifications and any relevant training or certifications you have obtained that contribute to your role within the rehabilitation program.
4. What is your role within the rehabilitation program?
    - Could you describe your specific responsibilities and duties within the rehabilitation program, including your interactions with women who have substance abuse issues and trauma histories?
5. How many years of experience do you have working in this field?
    - Reflecting on your years of experience, how has your understanding of trauma-informed care evolved, and what lessons have you learned along the way?
6. Have you received any specific training in trauma-informed care?
    - Please elaborate on any specialized training or professional development opportunities you have pursued to enhance your knowledge and skills in trauma-informed care.
7. How would you define trauma-informed care?
    - In your own words, could you provide a comprehensive definition of trauma-informed care and explain its significance in the context of substance abuse treatment for women?

8. In your role, how do you incorporate trauma-informed principles into your interactions with women in the program?
    - Can you share specific examples of how you integrate trauma-informed principles, such as safety, trustworthiness, collaboration, empowerment, and cultural sensitivity, into your daily interactions with participants?
9. What challenges do you encounter when implementing trauma-informed care?
    - Could you discuss the obstacles or difficulties you face when integrating trauma-informed approaches into the rehabilitation program, and how do you address or overcome these challenges?
10. Can you share examples of positive outcomes or benefits you have observed as a result of trauma-informed practices?
    - Please provide anecdotes or instances where trauma-informed care has led to positive changes or improvements in the lives of women participating in the program.
11. How do you tailor interventions to meet the individual needs of women with substance abuse issues and a history of trauma?
    - Describe your approach to developing personalized interventions that address the unique needs, strengths, and challenges of each participant.
12. Can you provide examples of how you've adjusted your approach based on the unique needs of a participant?
    - Share specific instances where you have modified your strategies or interventions to better meet the needs and preferences of individual participants.
13. How do you collaborate with other professionals or team members within the rehabilitation program?
    - Explain how you collaborate with colleagues from diverse disciplines, such as counselors, psychologists, social workers, and medical professionals, to provide comprehensive trauma-informed care to participants.
14. In your opinion, how does interdisciplinary collaboration contribute to the effectiveness of trauma-informed care?

- Discuss the importance of teamwork and interdisciplinary collaboration in delivering holistic and integrated care that addresses the complex needs of women with substance abuse issues and trauma histories.

15. How do you communicate with women in the program about trauma-related issues?
    - Share your strategies for effectively communicating with participants about sensitive topics related to trauma, including creating a safe and supportive environment for disclosure and discussion.

16. Can you share examples of effective communication strategies that you have found useful in your role?
    - Provide specific techniques or approaches you use to facilitate open and honest communication with participants while respecting their autonomy and boundaries.

17. How do you navigate resistance from women who may be hesitant or resistant to trauma-informed approaches?
    - Describe your approach to addressing resistance or reluctance among participants and building rapport and trust to facilitate engagement in trauma-informed care.

18. What strategies have you found effective in building trust with participants?
    - Discuss the methods you employ to establish and maintain trusting relationships with participants, including empathy, active listening, validation, and consistency.

19. How do you manage resource constraints or limitations in the context of providing trauma-informed care?
    - Share your strategies for optimizing available resources, such as staff, funding, and facilities, to ensure the delivery of high-quality trauma-informed care within budgetary and logistical constraints.

20. Are there creative approaches or solutions you have employed to optimize available resources?

- Provide examples of innovative or creative solutions you have implemented to address resource limitations and enhance the effectiveness and efficiency of trauma-informed care delivery.

21. How has your understanding of trauma-informed care evolved over the course of your career?

- Reflect on how your knowledge and understanding of trauma-informed care have evolved over time, including any pivotal moments or experiences that have shaped your perspective.

22. Can you share a specific instance where you learned from a challenging situation and adapted your approach?

- Describe a challenging situation you encountered in your work and how you navigated it, including any lessons learned and adjustments made to improve your practice.

23. In your opinion, how has the rehabilitation program evolved in its approach to trauma-informed care over time?

- Discuss the changes and developments you have observed in the rehabilitation program's approach to trauma-informed care, including any notable improvements or advancements.

24. Are there specific programmatic changes that you believe have positively impacted the delivery of trauma-informed care?

- Highlight any programmatic changes or initiatives that have enhanced the provision of trauma-informed care within the rehabilitation program and improved outcomes for participants.

25. How do you stay updated on advancements or new developments in trauma-informed care?

- Describe your strategies for staying informed about the latest research, best practices, and innovations in trauma-informed care, including professional development activities and networking opportunities.

26. Are there areas within trauma-informed care where you feel additional training or resources would be beneficial?

- Identify any areas of trauma-informed care where you believe additional training, resources, or support would enhance your ability to effectively meet the needs of participants.

27. If you could propose one enhancement to the rehabilitation program's trauma-informed care approach, what would it be?

- Offer a recommendation for a specific improvement or enhancement to the rehabilitation program's trauma-informed care approach, based on your experiences and observations.

28. How do you envision the future of trauma-informed care within the context of the rehabilitation program?

- Share your vision for the future of trauma-informed care within the rehabilitation program, including potential opportunities for growth, innovation, and continued improvement.

29. Is there anything else you would like to share or emphasize regarding your experiences with trauma-informed care in the rehabilitation program?

- Provide any additional insights, reflections, or perspectives you feel are important to convey regarding your experiences with trauma-informed care in the rehabilitation program.

30. Do you have any recommendations for improving the overall delivery of trauma-informed care?

- Offer any final recommendations or suggestions for enhancing the delivery of trauma-informed care within the rehabilitation program, based on your expertise and experiences.