

## 13.2 Abused women gain from holistic counselling

**Findings** Women with substance use and mental health problems and traumatised by sexual or physical abuse benefit most from counselling which addresses all these issues.

In nine areas the US government-sponsored Women, Co-occurring Disorders, and Violence project compared usual services to a comprehensive service tailored for these women. Project services embraced outreach, assessment, addiction treatment and specialist inputs such as parenting skills, psychological trauma care, and crisis intervention.

Mental health, substance use, and the legacy of abuse were to be addressed simultaneously and in coordination. Empowerment as a therapeutic principle and awareness of the needs and sensitivities of women traumatised by abuse were to underpin all the work.

2006 of the 2729 women in the study completed a six-month follow-up interview. Those in project services had made greater gains in the remission of their drug, trauma and mental health symptoms, but the differences were slight and there was no extra improvement in drinking problems. [Report 1](#) showed this was partly because project agencies varied in the extent to which they did differ in the intended ways from their comparison services. When the focus was sharpened to how the projects had *actually* affected the treatment experiences of the women, consistent and substantial relationships with outcomes emerged, and these extended to alcohol as well as drug problems.

Accounts given by the women three months after study intake indicated that, compared to comparison sites, five project services had provided integrated counselling which, as intended, was significantly more likely to have addressed all three major problem areas. Their clients too had improved more in all these areas. For example, around half using drugs at the start of the study were no longer doing so but just a third at comparison services [chart](#). The remaining four project services were no more likely to have addressed these issues than their comparison services; on most measures, their clients did *worse* than in treatment as usual. [Report 2](#) broadly confirmed these findings using different statistical methods, and established that the most important thing in improving outcomes for a woman was whether the service *as a whole* was characterised by integrated counselling rather than whether she in particular had experienced this.

**In context** The featured study is unique in testing integrated treatment tailored for its triple diagnosis subjects. Giving confidence in the findings is the large sample, its derivation from differing sites across the USA, and convergent conclusions from two sophisticated statistical analyses. A major weakness is that many of the women had been in treatment for some time before they enrolled in the study and had potentially already benefited from the new services. However, this would have tended to obscure their benefits, as would the fact that comparison sites learnt from what was happening at the project's services. The finding of a clear and consistent positive relationship

between integrated counselling provision and better outcomes accords with US studies of typical addiction treatment caseloads. For women in particular, unresolved present or past physical or sexual abuse have been found to undermine treatment success.

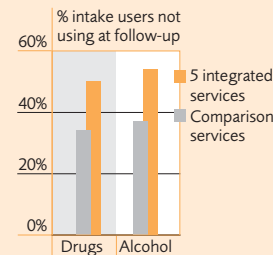
Evidence from other studies of integrated treatment of mental health and substance misuse problems is equivocal. One found that combining care targeted at physical or sexual abuse and substance dependence did not generally improve on cognitive-behavioural addiction treatment. However, the evidence base is compromised by methodological flaws, confined mainly to the addition of substance misuse components to mental health treatment, and confused by differences over what counts as 'integrated'. Even simultaneous provision within the same agency is not truly integrated if substance misuse and mental health components run in parallel rather than being adapted to the joint nature of the patient's condition. This degree of integration has rarely been specified and tested.

**Practice implications** The combination of needs addressed in this US study is also very common in Britain. It suggests these are best responded to by agencies whose staff holistically counsel women with prolonged histories of abuse and substance and mental health problems. In turn this implies a client-centred organisational ethos rather than one focused on treating a particular condition such as addiction. Achieving integration by coordinating the agencies which specialise in each of the issues presented by these clients is difficult and can take years to produce benefits. Substantial benefits may be gained from the more modest approach of leaving service structures as they are, but ensuring that counsellors (whether in mental health or drug and alcohol agencies) understand and feel able to address these issues. Nevertheless, getting to this point took several years in the featured study and some agencies were clearly more successful than others. Given the paucity of research and equivocal findings on integrated therapies, initiatives along these lines should be carefully monitored to test whether they improve on usual counselling.

**Featured studies** 1 Cocozza J.J. *et al.* "Outcomes for women with co-occurring disorders and trauma: program-level effects." *Journal of Substance Abuse Treatment*: 2005, 28(2), p. 109–119 [DS](#) 2 Morrissey J.P. *et al.* "Outcomes for women with co-occurring disorders and trauma: program and person-level effects." *Journal of Substance Abuse Treatment*: 2005, 28(2), p. 121–133 [DS](#)

**Additional reading** 1 Department of Health. *Dual diagnosis good practice guide*. 2002. Copies: [www.dh.gov.uk](http://www.dh.gov.uk) 2 Scottish Advisory Committee on Drug Misuse [et al]. *Mind the gaps. Meeting the needs of people with co-occurring substance misuse and mental health problems*. Scottish Executive, 2003. Copies: [www.scotland.gov.uk](http://www.scotland.gov.uk).

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