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Systematic Review: Considerations for Women with Co-occurring Substance Use Disorder and PTSD

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Systematic Review: Considerations for Women with
Co-occurring Substance Use Disorder and PTSD

By

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MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
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in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation

Abstract

Statistics demonstrate the prevalence of co-occurring substance use disorder and PTSD among women, and the need for integrated mental health treatment. The researcher of this systematic literature review sought out to explore the following research question: “In what ways do helping professionals intervene with women with co-occurring substance use disorder and PTSD?” A systematic review was conducted using the following databases, SocINDEX, Social Work Abstracts, PsychINFO, and SAMSHA and searched variations of the terms, “Social Work,” “Helping Professionals,” “Women,” “Co-occurring Substance Use Disorder,” “PTSD,” and “Treatment.” All articles were peer-reviewed and involved some aspect of women with co-occurring substance use disorder and PTSD or trauma and either considerations for working with this population or how helping professionals intervened. In total, 10 articles passed the inclusion and exclusion criteria for this review. The following were four main themes that emerged within this research: 1) considerations for practice, 2) integrated services, 3) trauma-informed practice, and 4) promoting well-informed and educated professionals. Future research should include quantitative experimental research designs with this population, focusing on the types of treatment that are effective and factors that improve treatment. Professionals working with this population should increase their level of knowledge on the important factors that impact and are specific to women.

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Systematic Review: Considerations for Women with Co-occurring Substance Use Disorder and PTSD

In 2014, an estimated 43.6 million Americans experienced a mental health disorder in some form. In the same year, 20.2 million had a substance use disorder. Not surprisingly then, 7.9 million people had a substance use disorder as well as another mental health disorder, what is better known as a co-occurring substance use disorder (Substance Abuse and Mental Health Services Administration [SAMSHA], 2014). According to NAMI the National Association of Mental Illness, dual diagnosis is when a person has both a mental illness and a substance use problem occurring at the same time (NAMI, 2017). Within a six-year period, the percentage of those seeking help for addiction who were also diagnosed with a co-occurring mental health disorder increased from 12% to 16% (Dual Diagnosis, 2017) The number of women who were admitted into a dual diagnosis treatment program increased from 28% to 44% between 1995 and 2001 (Dual Diagnosis, 2017). According to some researchers, a common factor contributing to substance use among women was having a history of trauma or abuse (Staff, 2015). In fact, 85% of women who were in treatment for substance abuse reported a history of emotional, physical, and/or sexual abuse (Staff, 2015). This article also found that post-traumatic stress disorder [PTSD] is common among those with substance use disorders. They found that 27% of women with a history of trauma reported experiencing challenges around alcohol and other drugs, what is considered substance use disorders (Staff, 2015). These statistics demonstrate the prevalence of women with co-occurring substance use disorder and PTSD, as well as the need for integrated mental health treatment.

Unfortunately, although clinicians often recognize the common dual nature of these conditions, co-occurring treatment is quite rare. Of those with co-occurring disorders, 34%

receive services solely for mental health, 2% receive addiction services and only 12% get services for both their mental health and addiction problems (Dual Diagnosis, 2017).

Furthermore, many people go without treatment for co-occurring disorders. In addition, not only do providers rarely utilize treatment that addresses both problems, clients themselves, often only ask for treatment of one or the other: the generalized mental health issue or the addiction (Dual Diagnosis, 2017).

There are several reasons why co-occurring disorders left untreated or undertreated can negatively impact society and the people suffering with these disorders. According to SAMHSA, the outcomes for people with co-occurring disorders who are left untreated can lead to homelessness, increased hospital visits due to medical illnesses, suicide, or overdose (SAMHSA, 2017). However, co-occurring disorders that are treated with integrated services can lead to lower costs and higher quality of life for people suffering with a co-occurring disorder (SAMSHA, 2017).

Economic and Family Impact

Economic well-being and/or functioning in the workplace can be impacted by co-occurring disorders if left untreated. Failure to address this issue can lead to decreased job performance, employee absences, disability and workplace accidents, in which are all costly to employers (Addressing Co-Occurring Mental and Substance Use Disorders, 2017). Families can also be impacted in several ways: poor parenting, unattended children, lack of support, caretaking, and increased child protection roles. The number of children removed from the home due to parental use of drugs and/or alcohol reached up to 60% (Parental Substance Use and the Child Welfare System, 2017). Children, as a result of parental substance misuse, are at a much higher risk of adverse outcomes. These outcomes can include, but are not limited to, a delay in

social, emotional, and cognitive development, mental illness, substance abuse, and other physical health disorders (Parental Substance Use and the Child Welfare System, 2017). It is clear there is a harmful effect of co-occurring disorders on more than just the person experiencing the disorder.

This study will focus specifically on women with co-occurring substance use disorder and post-traumatic stress disorder (PTSD) and effective treatments. Important definitions for this study include integrated services, which are defined as treatment that includes coordinated, trauma-informed counseling, substance use and mental health counseling, and other services (Gilbert, Morrissey, & Domino, 2011). Gilbert and colleagues suggest these services can be beneficial for people who are struggling with a mental health and substance use disorder at the same time (2011). A substance use disorder is the most up-to-date term according to SAMSHA, whereas substance abuse disorder and substance dependence are no longer used by the Diagnostic Statistical Manual of Mental Disorders (DSM-5) (SAMSHA, 2017). SAMSHA defines substance use disorder as reoccurring and significantly impairing to areas such as health, work, family, finances, and so on, due to use of a substance (2017). SAMSHA also defines PTSD as a mental health disorder that can develop through a traumatic experience, involving the body's fight or flight response to danger (2017). There are several ways a person could experience trauma, whether it be directly experiencing the traumatic event, witnessing it in person, having a close family member pass away, or any other event that is highly stressful on a person (SAMSA, 2017).

Emerging Questions in the Research

Post-Traumatic Stress Disorder: Major Contributor to Dual diagnosis

Many studies have examined PTSD among men and women, and some have considered the differences between the genders. The literature tends to specifically examine women with PTSD, as a result of sexual and/or physical abuse. Sullivan and Holt found that women who were exposed to violence by their intimate partner were more likely to have higher levels of PTSD (2008). On the other hand, authors looked at women in prostitution and their stories of past traumatic sexual abuse, before their involvement with prostitution (Wichelt & Shdaimah, 2011). This study found that the rates for stressful events in the lives of females involved in prostitution are higher than the general population (Wichelt & Shdaimah, 2011). The research does not seem to specify a difference in severity of PTSD based on if the accuser was an intimate partner or a stranger, nor does it touch on childhood trauma that may have impacted the women in this study. Neither study examined discussed what the long-term effects are on women with PTSD who have been victims of revictimization.

Co-Occurring Disorders in Women: Substance Use Disorder and PTSD

Often, people who have PTSD or other mental health disorders will find ways to cope with their disorder in some way that will minimize their symptoms. The occurrence of co-occurring substance use disorder and mental illness is commonly researched today. For example, researchers Sullivan and Holt studied the arousal symptoms among drug users and non-drug users with PTSD. They found that the difference between the drug users was that they had higher arousal rates, therefore were self-medicating their symptoms of PTSD, whereas the non-drug users had no level of arousal or the drug use exacerbated their symptoms (2008). Similarly, another study also examined self-medication. They found that numbing symptoms (not being

able to remember events, lack of interest, troubles sleeping) were significantly related to the use of illicit drugs, whereas alcohol was used more frequently to relieve PTSD symptoms (arousal, re-experiencing, and avoidance) (Ullman, Najdowski, & Filipas, 2009). In addition, a study that looked at college students with a trauma history, found a positive relationship between alcohol related consequences, PTSD symptoms, and emotional dysregulations. The study suggested that those with PTSD symptoms and emotional dysregulation may be more likely to use alcohol as a coping mechanism (Tripp, McDevitt-Murphy, Avery & Bracken, 2015). The research suggests there is a correlation between co-occurring substance use disorders and post-traumatic stress disorder (Ullman, Najdowski & Filipas, 2009).

Re-victimization

A common theme throughout research on co-occurring disorders is the discussion of re-victimization. Researchers examined re-victimization and interpersonal resource loss and its predictor of PTSD among women in treatment for substance use disorders (Schumm, Hobfoll & Keogh, 2004). They found that traumatic experiences spurred a recycle of violence in the form of rape, therefore resulting in a more severe impact on the already existing PTSD from the first traumatic event (Schumm, Hobfoll & Keogh, 2004). A similar study examined addiction in pregnant women and the prevalence of mental illness, substance use and trauma (Linden, Tochalla & Krausz, 2013). Linden and Colleagues also found there may be a higher chance of re-victimization among women who have trauma and substance use disorder (2013). A related study looked more closely into the predictors of re-victimization in adult sexual assault survivors (Ullman, Najdowski & Filipas, 2009). Ullman and colleagues found that a person who has once been a victim is then at a higher risk of being a victim again, especially if they do not develop healthy coping styles and seek the resources they need to recover (2009).

Treatment Engagement and Effective Treatment

Research suggests that women who have PTSD may use drugs and alcohol as a coping mechanism. Research also suggests that women with co-occurring substance use disorder and PTSD who have been victims of sexual and/or physical abuse are at a higher risk for revictimization if proper treatment is not implemented. There are several factors that may impact whether a person is able or willing to enter treatment and whether treatment will be successful.

Chou and colleagues examined women in treatment with a heroin addiction and PTSD and the factors that impacted their success and engagement in treatment (2014). Women who had children in their custody at the time of treatment were more engaged; whereas, stressors such as employment, and education were detrimental to the level of treatment engagement (Chou, Beeler-Stinn, Diamond, & Cooper-Sadlo, 2014). Previous treatment episodes were also found to positively impact current treatment engagement (Chou, Beeler-Stinn, Diamond, & Cooper-Sadlo, 2014).

Similarly, Myers and colleagues looked at treatment engagement among female survivors of intimate partner violence in treatment for alcohol use and PTSD (2015). This study also found a correlation between women with children and their level of engagement in treatment. However, women who could bring their child/children into treatment with them were found to be more successful. They also found that older women who had fewer dependents were more likely to engage in treatment (Myers, Browne, & Norman, 2015). Another finding from this study was that women who engaged in treatment had higher rates of PTSD and alcohol use symptoms than dropouts (Myers, Browne, & Norman, 2015). Both studies emphasized children being a positive influence on treatment and that older women with more experience with treatment tended to be more engaged.

On the contrary, Resko and Mendoza found no significant difference between treatment and early attrition (2012). Barriers such as, a lack of transportation and having children were not the primary factors for early female dropouts from treatment (Resko & Mendoza, 2012). They also did not detect any differences between the women with trauma-related illnesses and early dropout (Resko & Mendoza, 2012). This study suggested it may be because the women have different perceptions on what their primary issues are. For example, the women who were unsuccessful in treatment may have perceived their problems to be trauma related rather than an issue of addiction, therefore making treatment less of a priority (Resko & Mendoza, 2012).

Gilbert, Morrissey and Domino (2011) looked at women who were on psychotropic medications in trauma informed integrated treatment. They found that the women who were on high levels of psychotropic medications and medical care were less likely to respond to integrated services. They suggested that the severity of mental illness and medical disability may be enough to impede on the effectiveness of integrated services (Gilbert, Morrissey, & Domino, 2011). With the complexity of mental illness, it will make more sense for this systematic review to look solely at PTSD.

A Role for Social Workers in Working with Women with Co-occurring Disorders

According to researchers, not only does dual diagnosis significantly decrease quality of life for women, trauma and PTSD are also contributing factors to a lower quality of life (Brown, Jun, Oh Min, & Tracy, 2013). Quality of life is a concept that social workers are responsible for examining when working with clients. The reason social workers are particularly well-equipped to work with this client population is in part due to the NASW Code of Ethics, which social workers are bound to follow. This code includes such principles and aims as, dignity and worth of a person, social justice, and service, among others, which is a unique and dignified approach

to working with clients (NASW, 2017.) When working with a client as a social worker, quality of life is important and high priority. As previous research suggests and the statistics demonstrate, quality of life is at stake for women with co-occurring disorders. Furthermore, the mission of social work includes the directive to help promote the well-being of populations that are marginalized, which women, specifically women who have been traumatized and facing untreated substance use disorders, certainly are.

In addition to ethical reasons, social workers play an important role when it comes to working with clients who have co-occurring disorders, as integrated services are found to be highly effective in treating these disorders (Fisher, McCleary, Dimock, & Rohovit, 2014). It has been identified that clients with co-occurring disorders receive more effective treatment when working with both an alcohol and drug counselor and a social worker (Fisher et al., 2014). A study found that not only do the clients benefit from integrated services, but the clinicians reported more positive attitudes towards the implementation of those services and there were lower turnover rates among staff and higher morale (Mckee, Harris, & Cormier, 2013). With the high rise in co-occurring disorders and the lack of proper treatment, it is important to further study how helping professionals play a role in treatment for women with co-occurring substance use disorder and PTSD.

Current Systematic Reviews

Since co-occurring disorders are highly common, there are several systematic reviews that have been conducted on this general topic. One systematic review looked at the efficacy and tolerability of antidepressants in the treatment of adolescents and young adults with depression and substance use disorders. The study found that depression medications were helpful in treating the depression symptoms, but not necessarily the addiction (Zhou, et al., 2015). Another

systematic review studied the implementation of integrated services for adults with co-occurring substance use disorders and other psychiatric illnesses. They concluded that the integration process would be beneficial, but would also be timely and costly (Torrey, Tepper, & Greenwold, 2011). Finally, Torrey and colleagues also suggest that during the integration process, it would be expected to have high staff turnover and it would be essential to have at least one person committed and motivated to the change that would take charge (Torrey, Tepper, & Greenwold, 2011). However, there is not literature focused on women with co-occurring substance use disorder and PTSD in a systematic literature review.

Research Question

In summary, related studies show that while the connection between PTSD and substance abuse among women is substantiated, what the best treatments are for this co-occurring disorder is at question. In fact, there does not appear to be a careful review of what treatments are in use, and especially in what ways helping professionals intervene in these treatments. This systematic literature review will attempt to fill the gaps in current research literature regarding women with co-occurring substance use disorder and PTSD, and how helping professionals intervene. There seems to be a lack of research synthesizing the ways helping professionals intervene, as well as, what the gender specific treatment considerations are when working with women with co-occurring disorders. The research question for this study is: In the literature, in what ways do helping professionals intervene in treatment with women with co-occurring substance use disorder and PTSD?

Methods

Research Purpose

The research question for this systematic review is: “In what ways do helping professionals intervene in treatment with women with co-occurring substance use disorder and PTSD?”

The researcher’s definition of co-occurring disorders is any substance use disorder acting in parallel to a mental illness, meaning these two disorders are happening at the same time. For this research study, the focus will be on any substance use disorder, however the mental illness focused on in this study will solely be PTSD.

The researcher’s definition of substance use disorder for this study’s purpose will be a recognition of a dependence to any substance that results in perceived negative outcomes. Substance use disorder for this study can be self-identified or diagnosed.

The researcher’s definition of helping professional, is anyone in a position that involves case management, mental health and/or substance use counseling that advocates and promotes self-determination in anyone seeking services.

Types of Studies

The studies that were included into this systematic review were both qualitative or quantitative empirical or non-empirical studies. The selection criteria for this systematic literature review consisted of only studies that included women with co-occurring substance use disorder and PTSD or trauma. Articles that were focused primarily on substance use disorder, but included discussion about PTSD or trauma for women were accepted. Articles that were focused primarily on PTSD or trauma, but included discussion about substance use disorder were also included. All articles had to include discussion about a type of treatment or consideration for

women with co-occurring substance use disorder and PTSD or considerations for clinicians when working with this population. This systematic review only included studies written in English and conducted in the United States, as substance use disorders and treatment is looked at incredibly differently in other countries.

Review Protocol

The researcher considered peer-reviewed, SAMSHA grey literature full-text articles for this review. Databases searched included SocINDEX, Social Work Abstracts, PsychINFO, and SAMSHA. Searches were conducted in October and November of 2017. The following inclusion and exclusion criteria were used to systematically address the research question of this current study.

Inclusion criteria. A total of nine searches were conducted in the Social Work Abstracts database using the following terms: “Social Workers,” or “Social Work,” or “Social Workers Engagement,” and “Trauma,” or “PTSD,” and “Treatment,” and “Co-occurring Substance Use Disorder,” or “Addiction,” or “Addiction Issues,” and “Women.” These terms were used in several combinations of each other to yield different results. The total number of studies yielded from Social Work Abstracts was 102 full text, peer-reviewed articles.

A total of six searches were conducted in the SocINDEX database using the following terms: “Social Workers,” or “Social Work,” or “Social Workers Engagement,” and “Trauma,” or “PTSD,” and “Treatment,” or “Interventions,” and “Co-occurring Substance Use Disorder,” or “Addiction,” or “Addiction Issues,” and “Women.” These terms were used in several combinations of each other to yield different results. The total number of studies yielded from SocINDEX was 144 full text, peer-reviewed articles.

A total of two searches were conducted in the PsychINFO database using the following terms: “Women,” and “Co-occurring Substance Use Disorder,” and “PTSD,” and “Social work,” and “Treatment.” The first search in the PsychINFO database included the term, “Social Work,” and the second search excluded that term to yield more results. The total number of studies yielded from this database was 11 full text, peer-reviewed articles.

A total of one search was conducted in the SAMSHA database using the following question: “How do social workers engage in treatment with women with co-occurring substance use disorder and PTSD?” The total number of results yielded from this search was 121.

Exclusion Criteria. A total number of 368 articles were excluded from this study based on the exclusion criteria. The researcher reviewed the title, abstract, and if necessary, read the entire study to determine whether the article met the exclusion criteria. Studies were excluded if their examined population involved veterans with PTSD or trauma. Studies were excluded if they discussed both men and women with co-occurring substance use disorder and PTSD, but did not clearly separate the results of the men and women. Articles that discussed mental illness, but did not specifically talk separately about PTSD or trauma were excluded. Articles that did not discuss effective treatments or considerations for practice were excluded. Studies that were conducted outside of the United States were excluded. After a review of the exclusion criteria, a total number of 10 studies met the inclusion criteria for this systematic literature review. A detailed list of these 10 articles can be found in Table 1.

Research Synthesis

The 10 articles that met the inclusion and exclusion criteria for this systematic literature review consisted of a variety of different methods, sample sizes and discussions. There were six quantitative studies and four summaries of research with recommendations found for this review.

Sample sizes ranged from having no sample in the study to over 2,000 women in one study. The designs used within these studies included one cross-sectional survey, two randomized, controlled repeated measures, three interview designs, and four summarizations of current literature with recommendations. The age and race also varied greatly among the participants in these studies. Many of the studies were predominantly Caucasian females, rather than participants of other ethnicities. All participants included in these studies were over the age of 18 years. Some studies focused more on what clinicians can do to more effectively treat women with co-occurring disorders as well as what gender focused considerations to look for, while others focused primarily on a specific treatment. Although some studies focused more on substance use or PTSD, all studies included some valuable information regarding the dual nature of these two disorders specifically in women.

Table 1

Included Articles

Author/Year	Title	Sample	Method	Treatment Suggestions	Gender Specific Considerations
Hien, et al. (2009)	Multisite randomized trial of behavioral interventions for women with co-occurring PTSD and substance use disorders	Women enrolled in seven community-based substance abuse treatment programs, who have met the DSM IV criteria for PTSD	Quantitative Randomized, controlled repeated measures	Trauma-Informed Therapy	N/A
Chou, Beeler-Stinn, Diamond, & Cooper-Sadlo (2014)	Heroin and Post-Traumatic Stress Disorder in a Women's Treatment Facility: An Exploratory Study	109 females, with a mean age of 29 years old	Quantitative Interviews	N/A	Understanding gender differences and familial background of the women entering treatment
Nelson-Zlupko, Kauffman & Dore (1995)	Gender differences in drug addiction and treatment: implications for social work intervention with substance-abusing women	No Sample	Summary of literature	Strengths based, woman focused treatment	Looking at all aspects of the women's life that impact them such as, trauma, family, physical and mental health
Newmann & Sallmann (2004)	Women, trauma histories, and co-occurring disorders: Assessing the scope of the problem	2140 Women	Quantitative Interviews	Integrated treatment focusing on mental health and substance use	Understanding the high rates of physical and sexual abuse among women with co-occurring disorders
Resko & Mendoza (2012)	Early attrition from treatment among women with cooccurring substance use disorders and PTSD	340 Women	Quantitative Experimental & control groups/ randomized repeated measures	N/A	Children and family life, prior treatment history, women's perceptions of their problem
SAMSHA (2011)	Addressing the Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Service Professionals	No Sample	Summary of literature & recommendations	Collaboration of interdisciplinary professions	Address family centered needs, trauma, health and health care

SAMSHA (2014)	Quick Guide for Clinicians Based on TIP 51 Substance Abuse Treatment: Addressing the Specific Needs of Women	No Sample	Summary of literature & recommendations	Collaboration of interdisciplinary professionals	Address physical and/or sexual trauma, barriers to treatment for women, health, gender expectations
SAMSHA (2015)	Substance Abuse Treatment: Addressing the Specific Needs of Women A Treatment Improvement Protocol TIP 51	No Sample	Summary of literature & recommendations	Appropriately adjusting the attitudes, skills and knowledge of the professionals working with the women	Gender identity, cultural aspects, sexual orientation, and clinician training on psychological growth
Tracy & Johnson (2007)	Personal Social Networks of Women with Co-Occurring Substance Use and Mental Disorders	136 Women	Quantitative Cross-sectional survey	N/A	Assess the quality of the reported support systems by women and understanding their personal network
Fallot, McHugo, Harris & Xie (2011)	The Trauma Recovery and Empowerment Model: A Quasi-Experimental Effectiveness Study	251 Women	Quantitative Quazi experimental design/ standardized interviews	Trauma Recovery and Empowerment Model	N/A

Considerations for Practice

Considerations for practice was one of the most prominent themes throughout the literature involving factors to consider that impact the lives of women with co-occurring substance use disorder and PTSD. These considerations included, family, gender expectations, women’s health, social networks, and barriers to treatment.

Women’s connection to family and family history. Family is a broadly defined term within the literature including children, spouses, families of origin and family histories of substance use and mental health disorders. One study found that women reported higher rates of family conflict as well as a need for treatment for family issues (Chou, Beeler-Stinn, Diamond & Cooper-Sadlo, 2014). This same study also found that women who had families involved in high-risk activity such as substance use, trauma exposure, and mental health problems were more

likely to develop habits around the same high-risk activities (Chou, et al., 2014). A study by SAMSHA suggests that there may be intergenerational stressors that have been passed down in the family that affect women negatively (2011). Family histories of trauma such as physical and sexual abuse as well as mental illness and substance use can also impact women, resulting in an important consideration for practice (SAMSHA, 2011).

Impact of gender expectations on treatment goals. Gender expectations as found in the literature have been known to either have potentially positive or negative effects on women's treatment engagement and retention. Resko and Mendoza found that the women in their study who had custody of their children, which meant caring for them at the time, had significantly higher rates of attrition (2012). This could be a result of not having anyone else to care for the children while in treatment or taking on the motherly role and feeling obligated to be present for their children. SAMSHA references other gender roles that impact women such as housekeeping, cooking, emotional caretaking, caring for children, caring for aging parents, and other home management duties which could then negatively impact a woman's ability to either access treatment services or impact the woman's perceived need to seek treatment (2011). Another important piece of research that points to the impact of gender roles on treatment expectations is that women who have substance use problems usually have a history of a surplus of responsibilities in their families or origin (Nelson-Zlupko, Kauffman & Dore, 1995).

Impact of trauma. Understanding how gender roles, stereotypes and discrimination has impacted women and potentially their self-esteem in seeking treatment is important in being able to effectively intervene as a helping professional (SAMSHA, 2011). Females are at a higher risk of being victimized such as exposure to violence, sexual and/or physical abuse and those traumatic experiences can impact parenting, relationships, work and self-care (SAMSHA, 2011).

Trauma can negatively impact the quality of the relationships women have. Gender roles and the impact of trauma can significantly impact a women's experience and therefore should be considered during the treatment process (SAMSHA, 2015).

Social networks. Social support is a large factor that contributes to women's treatment engagement and retention. Nelson-Zlupko et al., report that women tend to isolate themselves more than men, especially when actively using substances (1995). The same women report having very few social networks from which they can receive support (Nelson-Zlupko et al., 1995). Women tend to be the primary caregivers for children and other people in the family, which limits their free time to cultivate other relationships, resulting in fewer people to support them while seeking treatment (Nelson-Zlupko et al., 1995). Social workers or other providers can intervene by advocating, empowering and being an active support system for women seeking treatment with co-occurring substance use disorder and PTSD (Nelson-Zlupko et al., 1995).

The quality of social supports in the lives of women seeking treatment can make a difference on their ability to improve (Tracy & Johnson, 2007). Women with dual diagnoses report having low emotional support from people they lived with and from other relatives (Tracy & Johnson, 2007). It is important for social workers and other helping professionals to further examine the quality of the relationships among women seeking treatment as well as the benefits and potential risks for maintaining those current relationships, as not all social supports are good for the sobriety of women (Tracy & Johnson, 2007).

Women's health. Women's biology was another sub theme that came up in the literature as something to consider when working with women. Women's physical experience to drugs and alcohol is different and more detrimental to their physical health (Nelson-Zlupko, et al., 1995). Women who use substances are at a higher risk for infertility, premature pregnancies,

miscarriages and vaginal infections (Nelson-Zlupko, et al.,1995). On the other aspect of health, considering side effects to medications treating mental illness or substance use can be important (SAMSHA, 2011). Being aware of things such as the menstrual cycle, puberty, menopause, screening for eating disorders and being aware of physical conditions that may exacerbate mental health and substance use disorders is essential to pay attention to (SAMSHA, 2011). Women's health can be complex, yet highly important to consider when intervening with women who have co-occurring disorders (SAMSHA, 2011).

Barriers to treatment. There can be several barriers a woman faces upon treatment entry. First and foremost, women who use substances tend to carry deeper feelings of guilt, shame, depression and anxiety than men which can impact their motivation to seek treatment (Nelson-Zlupko, 1995). Difficulties such as lack of transportation, social support, child care, and financial stability can all act as barriers and threaten sustainability of treatment over time (Resko & Mendoza, 2012). Another study found that a lack of education and employment can act as barriers to treatment for women by limiting women's knowledge regarding treatment and limiting the financial ability to access treatment (Chou et al., 2014). Further guilt and shame can develop for women who are experiencing these barriers and do not feel they have the proper support or resources to help them through treatment therefore negatively impacting their ability to get the help they need. (Chou et al., 2014).

Integrated Services

The theme of integrated services as a way to treat co-occurring substance use disorder and PTSD among women was common throughout the literature. Integrated services involve a collaboration of professionals and services to provide assistance to more than one presenting client issue. In this study's case, it could involve collaboration of substance abuse and mental

health counselors in order to treat dual diagnosis more effectively. One study considered the prevalence of trauma among women with co-occurring disorders and found that one in three women in their sample size was likely to have mental health and/or substance use problems (Newmann & Sallmann, 2004). They also found that women with trauma histories were highly more likely to seek both mental health and substance use services, suggesting that the more complex the treatment needs due to past traumas, the more need for a utilization of multiple services (Newmann & Sallmann, 2004). Falot, McHugo, Harris, and Xie found that using the integrated Trauma Recovery and Empowerment Model for women decreased the severity of substance use (2011). Although this study found no significant reduction in PTSD symptoms, anxiety and perceived safety was improved among the women (Falot, et al., 2011). Substance Abuse and Mental Health Services Administration (SAMSHA) suggests that with the complexity and varying needs that women and girls experience such as women's health, family orientation, trauma histories, barriers to treatment and gender expectations, a collaboration of service providers is essentially a requirement to address co-occurring disorders simultaneously among women (2011).

Trauma-Informed Practice

Newmann and Sallmann emphasize the severity of physical and sexual abuse among women (2004). Women who have histories of abuse are at higher risk of developing mental health and substance use problems (Newmann & Sallmann, 2004). Trauma focused group therapy and attention control groups were found to significantly reduce PTSD symptoms in which results became apparent quickly after the treatment and were sustained over a period of at least 12 months (Hein, et al., 2009). Hein et al., found that the trauma-focused approach to treating women with substance use disorder and PTSD had the most significant impact on

decreasing symptoms compared to seeking safety and attention control groups (2009). Although Fallo et al., as previously mentioned, did not see a decrease in PTSD symptoms, a decrease in substance use was discovered through this trauma informed and integrated model (2011).

The themes of integrated services and trauma-informed practice were found to be intertwined among the identified literature. Many times, if a study talked about the efficacy of integrated service, trauma-informed practice was included in that and vice versa.

Promoting Well-Informed and Educated Providers

With the continually growing research and interventions that are focused on treating women with co-occurring disorders, discussion around the strong need for informed and educated providers became a clear theme throughout the literature.

Understanding factors that might bring women into treatment. An article by SAMSHA suggested ways for providers to be more effective in their interdisciplinary work with women with co-occurring substance use disorder and trauma. The article breaks effective collaboration into two categories, knowledge and skills (2011). SAMSHA suggests that understanding the wide range of agencies and systems women are engaged in is essential to address various needs (2011). It is important to understand the various obstacles women may face with low income or financial resources such as lack of social support, proper physical health, family needs and the potential involvement with the criminal justice system (SAMSHA, 2011).

Understanding the services that might help these women and their systems. Being knowledgeable as a provider in local specialized services that may best fit the client's needs as well as being aware of current laws and regulations are also important aspects of effective collaboration (SAMSHA, 2011). SAMSHA also addresses skills that providers should develop in

order to effectively treat women with co-occurring disorders such as educating other providers on the special needs of women, assisting women in navigating systems such as child welfare, courts, etc., and communicating with other professionals who are specialized in trauma and working with women (2011).

Supervision for providers is promoted within the research by SAMSHA to enhance the quality of service to clients as well as to benefit the provider (2015). By utilizing clinical and administrative supervision it allows for staff to feel supported, stay on track with documentation and other logistical duties, as well as increase the staff members' knowledge and comfort using therapeutic approaches with clients (SAMSHA, 2015). Attitude is another important factor considered by SAMSHA in increasing the effectiveness of the work done with women with co-occurring disorders (2015). Attitude can be improved by the use of supervision and increase the quality of service provided to clients as well as improve the providers overall view of their work (SAMSHA, 2015).

The review also indicated that expressing empathy, respect and compassion towards the client can improve the retention among women seeking services for co-occurring disorders (SAMSHA, 2014). There are other factors that contribute to increased retention among women such as continuing services in the same location versus meeting at various locations, providing individual and specialized services according to the needs of the women, a strong therapeutic relationship between the provider and the client, and making it possible for women to bring children with them when attending treatments (SAMSHA, 2014). By continually building a professional relationship while assessing for barriers and other factors that may be impacting the women seeking treatment, it can bring important problems to light and improve the women's treatment experience and progress (SAMSHA, 2014).

SAMSHA emphasized the significant amount of positive results for the service system, research and for the women involved in the programs when there is active involvement among the consumer and providers (2015). These results consist of reduced stigma, addressed diversity, increased education and awareness, increased client engagement and retention, increased research relevance, promotion of recovery and well-being and cultivation of self-efficacy (SAMSHA, 2015). Creating a healthy environment, paying important attention to staffing procedures, utilizing supervision and having a strong focus on training are all factors that can contribute to a successful service system for both providers and most importantly, clients (SAMSHA, 2015).

Discussion

Through this synthesis, we can begin to move forward in the way in which helping professionals intervene with women with co-occurring substance use disorder and PTSD. Although this systematic review yielded a low number of studies, it provided a plethora of information regarding the important considerations to focus on when working with this population. The original research question for this study was related to how social workers engage in treatment with women with co-occurring substance use disorder and PTSD, but after many searches, it was evident that limited research addresses specifically how social workers engage with this population. Regardless, important conclusions were discovered as to what interventions are being researched regarding this population and what is missing.

There were four themes that emerged from the research which included integrated services, trauma-informed practice, promoting well-informed and educated professionals, and important considerations for practice. Integrated services was a common theme mentioned in the research suggesting that collaboration among providers specialized in different areas as well as

treatments that had more than one focus were common and highly utilized as it appears to be effective. Many clients present with more than one problem that negatively impacts their life. As each client has a unique biopsychosocial background, having a single planned intervention may be too narrow of a response and could even be detrimental to the client. By implementing integrated services, multiple issues may be addressed, rather than just trying to focus on drug addiction or PTSD alone. Integrated services come highly recommended and are worth considering when working with women with co-occurring substance use disorder and PTSD.

The second theme that emerged from the research was trauma-informed practice. PTSD and trauma is common among with co-occurring disorders (SAMSHA, 2015). There is also a higher risk for women with substance use to become a victim of physical and/or sexual abuse or revictimized (Ullman, et al., 2009). It is important to pay close attention to the way trauma and PTSD impact women with co-occurring disorders. Incorporating trauma informed therapy and practice in the interventions used for this population can make an impact on the outcome of these interventions. A lot of women could potentially be immersed in substance use to numb the trauma they have experienced. Women who use substances are at a higher risk of being victimized and women who have been traumatized are at a higher risk for substance use, so to focus a large portion of treatment on trauma and PTSD is supported for a healthy and positive outcome.

The third theme found in the research was promoting well-informed and educated professionals. The research found that through supervision, education, knowledge and skills, professionals are able to work more effectively with women with co-occurring disorders. As mentioned in the previous themes, without understanding the wide range of factors that impact the women as a professional, there can be misconceptions and potentially adverse effects on the

treatment outcome. Without having competent and compassionate professionals taught to work specifically with women and the biopsychosocial factors that are associated with women, the treatment outcome may not be as effective. Not only is the intervention itself important, but the professionals behind the interventions is just as important.

The fourth theme was the largest most prominently mentioned theme among the research which was considerations for practice. Women's health, family, gender expectations, social networks and barriers to treatment were all the most frequently mentioned considerations for practice. Women experience substance use disorders and PTSD differently than men and the difference in experience needs to be explored and considered when implementing interventions. Those factors mentioned for consideration are specific to women and the way they engage in treatment. The research suggests that addressing the specific needs of women is essential in effective treatment.

As many of the themes found in this study are related, they spoke in uniquely identifiable ways that were important to cover separately. By breaking down how helping professionals intervene with women with co-occurring substance use disorder and PTSD, integrated services, trauma-informed practice, promoting educated professionals and placing emphasis on considerations specific to women, it allows for the social work helping audience to see more clearly what interventions and considerations work best for this population.

Limitations

This systematic review was limited by the number of studies that could be included due to the lack of available related research. Although substance use disorder and PTSD are widely researched and discussed topics, how social workers specifically engage with this population was hardly present at all. How helping professionals intervene with this population was a topic that

yielded more relevant research, however there was still a low number of studies found that addressed this research topic. Also, not all of the studies had the same primary focus. Some studies focused more on how to work with women with co-occurring substance use disorder and some studies focused on specific treatments. Due to the lack of research, this study was limited by what was available to be synthesized regarding how helping professionals intervene with this population.

Another limitation to this study was the variety of sample sizes, and methods used within the research studies. This provides a complicated picture of how the studies fit together given that many of the studies had different approaches and participants involved in the studies. There were not enough articles found that considered the perspectives of women in their own words. There were also a limited number of experimental studies that demonstrated effectiveness. Essentially, the methods used within the research studies found for this review were a limitation of the study.

Implications for Future Practice

The articles yielded for this systematic review suggest a few implications for practice. The first implication would be to integrate trauma informed practice into treatment for women with co-occurring substance use disorder and PTSD. Symptoms of either PTSD or substance use decreased among the participants in the couple studies that focused on trauma informed therapy. With the high rates of trauma and PTSD among women struggling with substance use, it is necessary to address this issue in order to see better rates of improvement of symptoms. The women in the studies found for this review had higher rates of improvement when trauma informed therapy was utilized. With revictimization being a common factor that negatively

impacts women with substance use and PTSD, there needs to be more of a trauma informed approach for future helping professionals.

The second implication found within this study was the need for integrated services. There seems to be a wide variety of needs specific to women that need to be addressed. Women's health, impact of family and children, stigma specific to women, as well as others are issues that can impact women and their ability to improve in treatment. With a large range of factors that impact women and treatment, it is important for helping professionals to be aware of the issues women face and how to work with them appropriately. Being able to provide more individualized integrated treatment can address multiple issues impacting women struggling rather than using more time, money and resources focusing on one issue at a time. The research suggests integrated services that focus on both the mental health, trauma and substance use is highly effective. Although incorporating integrated services into treatment facilities can be costly, there is research to suggest it works well and can be sustained especially if the staff leading it are on board and motivated. Helping professionals should consider incorporating integrated services into their treatment programs to better address the various needs to be presented in women with co-occurring substance use disorder and PTSD.

The third implication is to create a best practice understanding for helping professionals of the factors to consider that impact women with co-occurring disorders. This suggests that there will be a better system of education for professionals who work with this population. There are several factors that impact women that are important to consider for future practice which include, family, children, gender expectations, women's health, social networks, histories of trauma and barriers to treatment. Each of these factors impact women differently and are important to consider when treating them. Some factors are more prevalent than others for

women, but they can impact a woman's ability to enter treatment, stay in treatment, and the level of improvement that happens within treatment. Helping professionals need to consider and address these factors, which ties into implementing integrated services and trauma-informed therapy in treatment. Therefore, integrated services, trauma-informed practice, and providing education on the important considerations to address with women are essential and can increase women's success in treatment for co-occurring disorders.

Implications for Future Research

In reviewing the research found and incorporated into this systematic review, there were several implications for future research. The first implication being the type of research method that should be considered for future research studies. There were limited quantitative experimental research designs assessing effectiveness of treatment with women with co-occurring substance use disorder and PTSD and the types of treatments that are effective. Future research should include quantitative research methods with larger numbers of participants in their studies to increase internal validity. This would increase the reliability of the results to make stronger recommendations for practice.

The second implication for future research is to increase the number of studies that focus specifically on women with co-occurring substance use disorder and PTSD and how helping professionals engage in the treatment process. The original research question of this study was related to how social workers engage in treatment with women with co-occurring substance use disorder and PTSD. The research question had to be changed to how helping professionals intervene because of the lack of social work specific research. Future research could benefit from exploring the ways in which different professionals engage and intervene with this population. Much of the current research is related to PTSD and substance use in veterans, rather than

women. There are several articles related solely to substance use or PTSD, but limited research pertaining to the dual nature of the two. Also, there were a significant amount of studies that explored substance use and PTSD among both men and women, but future research would benefit from focusing on either men or women separately.

The third implication for future research would be to focus on issues that impact women with co-occurring substance use disorder and PTSD. Additionally, research needs to focus on what types of treatments that are effective to guide professionals in this field of practice. Research should explore factors specific to women such as family issues, gender expectations, barriers to treatment, stereotypes and stigmas and how they impact women. Research could also address factors such as the types of trauma, occurrence of revictimization, and how that plays a role on women in treatment with co-occurring substance use disorder and PTSD. In general, much more research is needed related to how social workers and/or helping professionals engage or intervene with women with co-occurring substance use disorder and PTSD as the obvious need of effective work with women with dual diagnosis becomes ever more apparent.

Conclusion

This systematic literature review yielded important implications for future research and practice for women with co-occurring disorders, specifically substance use and PTSD. Future research should increase the number of quantitative experimental research studies done on this population including the types of treatment that are effective for this population and the factors that impact treatment for this population. Future professionals working with this population should increase their level of knowledge on the important factors that impact and are specific to women. Professionals should also consider focusing on treatments that address both the mental health and the substance use issues that impact women. The implementation of integrated

services and/or trauma informed therapy in treatment facilities should be carefully considered.

Helping professionals should continue to increase their level of education and skills that are specific to helping women with co-occurring substance use disorder and PTSD succeed in treatment.

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