

# The N-SSATS Report

September 30, 2010

## Mental Health Screenings and Trauma-Related Counseling in Substance Abuse Treatment Facilities

### In Brief

- In 2009, more than half (62 percent) of all substance abuse treatment facilities provided brief mental health screenings that could be used to identify clients in need of trauma services; less than half (42 percent) provided full diagnostic mental health assessments
- Facilities that primarily focused on a mix of mental health and substance abuse treatment services were more likely than facilities with other primary focuses to report using trauma counseling “always or often” (30 vs. 16 to 26 percent)
- Facilities that were operated by tribal governments (55 percent) were more likely than facilities that were operated by the Federal Government (37 percent), private for-profit organizations (36 percent), private non-profit organizations (35 percent), or State or local, county, or community governments (32 percent each) to offer domestic violence services

Research shows that the experience of traumatic events and the possible sequelae of posttraumatic stress disorder (PTSD) often co-occur with a substance abuse disorder<sup>1</sup> and are present among many substance abuse treatment clients.<sup>2</sup> Common types of trauma include being exposed to a natural disaster or violence in combat or noncombat situations and experiencing physical assault or domestic violence. Because of the relationship between substance use and trauma-related mental health problems, it is recommended that substance abuse treatment facilities offer mental health screenings and assessments to determine whether or not a client is suffering from a trauma-related illness<sup>3</sup> and/or has been involved in domestic violence.<sup>4</sup>

This report explores the extent to which mental health screenings, mental health assessments, trauma-related counseling, and domestic violence services are provided in substance abuse treatment facilities. The provision of these services in treatment facilities is captured by the 2009 National Survey of Substance Abuse Treatment Services (N-SSATS).

### Mental Health Screenings and Assessments

Mental health screenings and assessments can be used in treatment facilities to identify clients who have been exposed to one or more traumatic events and who have problematic symptoms associated with such exposure. The Center for Substance Abuse Treatment (CSAT) guidelines for

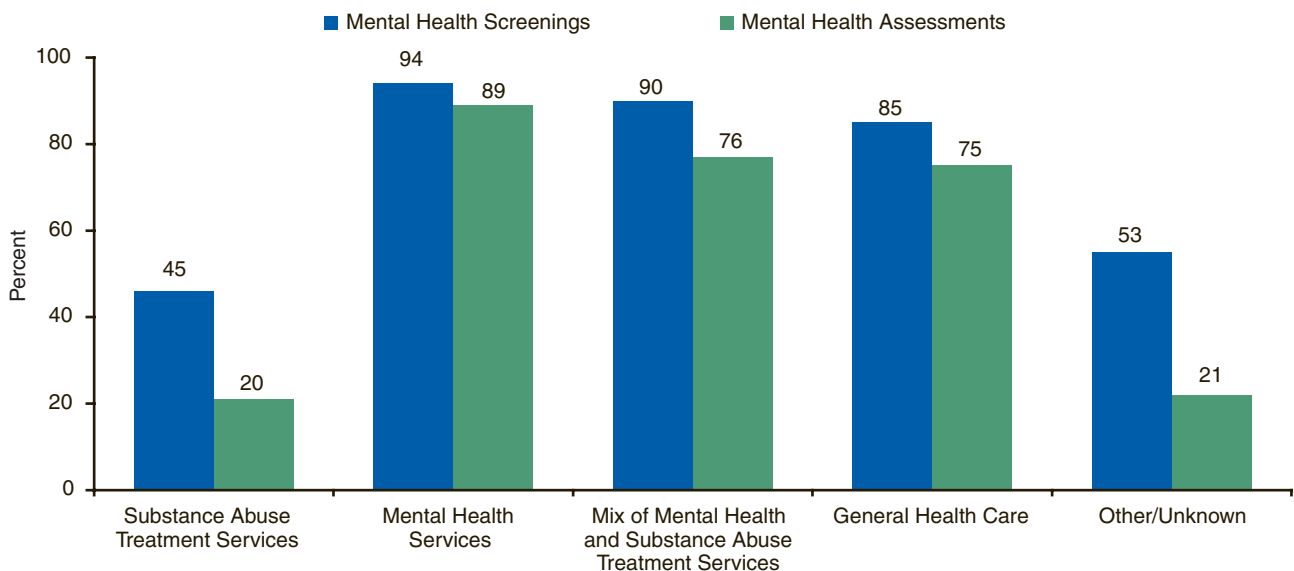
best practice with substance abuse treatment clients differentiate between mental health screenings and mental health assessments. Screenings assist in identifying substance abuse clients that show signs of mental health problems by asking questions that elicit a yes or no response; assessments define the nature of the mental health problem and gather more detailed information that may be used to develop treatment plans for clients with co-occurring mental health and substance abuse problems.<sup>5</sup>

More than half (62 percent) of the 13,513 treatment facilities that responded to N-SSATS provided brief mental health screenings for clients, but less than half (42 percent) provided full diagnostic mental health assessments. Facilities with a primary focus on mental health services, a mix of mental health and substance abuse treatment services, or general

health care were more likely than facilities that primarily focused only on substance abuse treatment services to provide mental health screenings or mental health assessments (Figure 1).

Treatment facilities that were operated by the Federal Government (68 percent) were more likely than facilities operated by State governments (52 percent); local, county, or community governments (50 percent); private non-profit organizations (43 percent); tribal governments (40 percent); or private for-profit organizations (36 percent) to provide mental health assessments (Figure 2). Additionally, facilities that were operated by the Federal government (79 percent) were more likely than those operated by other types of governments or organizations to provide mental health screenings.

**Figure 1. Facilities Providing Mental Health Screenings or Assessments, by Primary Focus of Treatment Facility: 2009**



Source: 2009 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

## Trauma-Related Counseling

N-SSATS provides information on the frequency of use of trauma-related counseling in treatment facilities. Approximately 21 percent of facilities reported the use of trauma-related counseling “always or often.” Facilities that primarily focused on a mix of mental health and substance abuse treatment services were more likely than facilities with other primary focuses to report using trauma counseling “always or often” (Figure 3). Facilities operated by the Federal or State governments (27 and 28 percent, respectively) were more likely than facilities operated by tribal governments (24 percent); private non-profit organizations (23 percent); local, county, or community governments (18 percent); or private for-profit organizations (18 percent) to report using trauma-related counseling “always or often” (Figure 4).

## Domestic Violence Services

It is recommended that substance abuse treatment providers screen all clients in substance abuse treatment for exposure to domestic violence in order to identify batterers and survivors. After substance abuse treatment providers identify those clients who have been involved in domestic violence, the provider may then determine what services the clients may need.<sup>4</sup> Domestic violence services may include, for example, specialized counseling, medical services, or legal services.

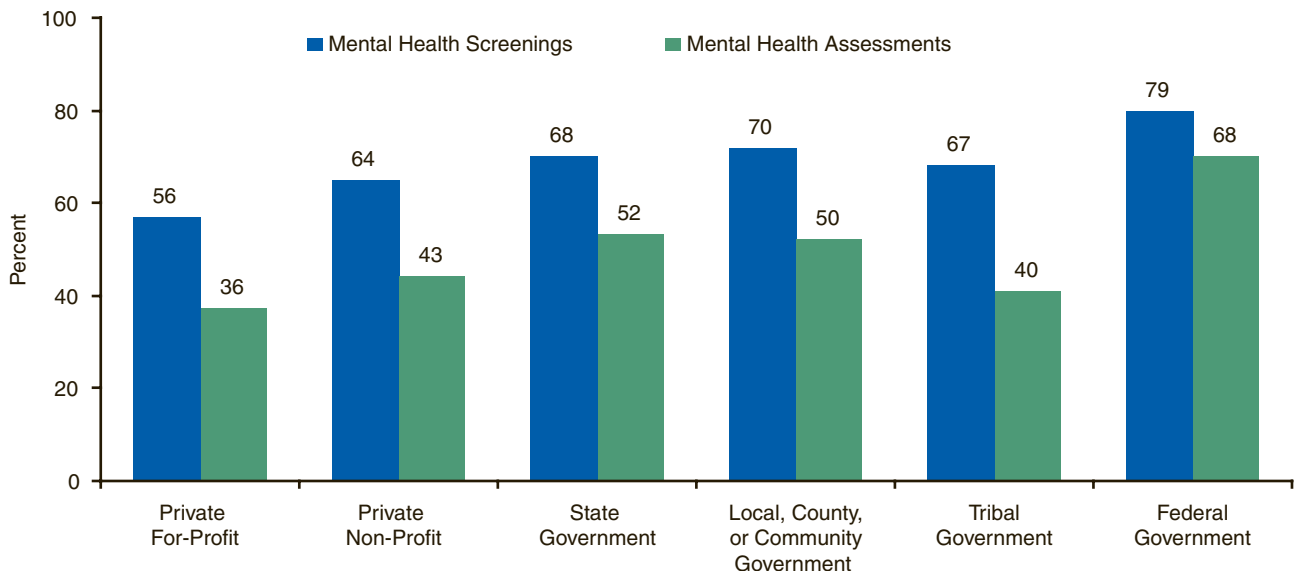
N-SSATS provides information regarding whether or not treatment facilities offer domestic violence services. In 2009, less than half (35 percent) of treatment facilities offered domestic violence services. Facilities that primarily focused on a mix of mental health and substance abuse treatment

services (46 percent) or general health care (44 percent) were more likely than those that focused on mental health services (37 percent) or substance abuse treatment services (30 percent) to offer domestic violence services (Figure 5). Facilities that were operated by tribal governments (55 percent) were more likely than facilities that were operated by the Federal Government (37 percent), private for-profit organizations (36 percent), private non-profit organizations (35 percent), State governments (32 percent), or local, county, or community governments (32 percent) to offer domestic violence services (Figure 6).

## Discussion

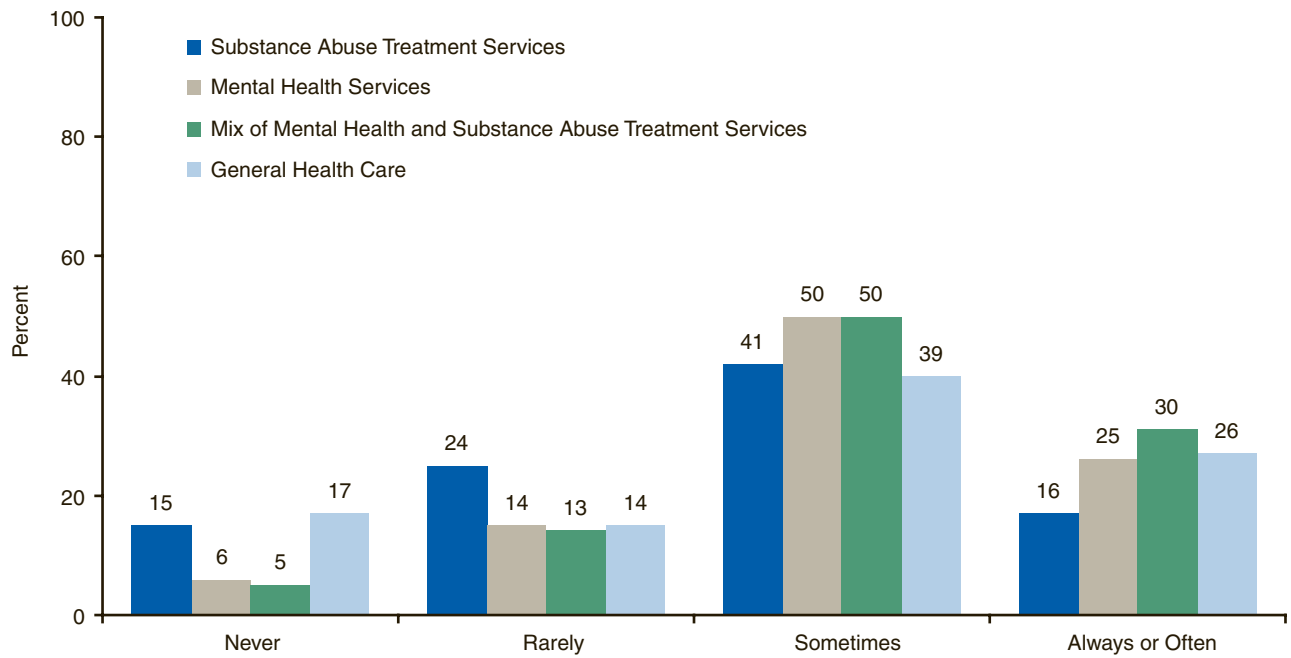
Mental health problems, specifically those related to trauma and/or domestic violence, often co-occur with substance abuse. Mental health screenings

**Figure 2. Facilities Providing Mental Health Screenings or Assessments, by Facility Operation: 2009**



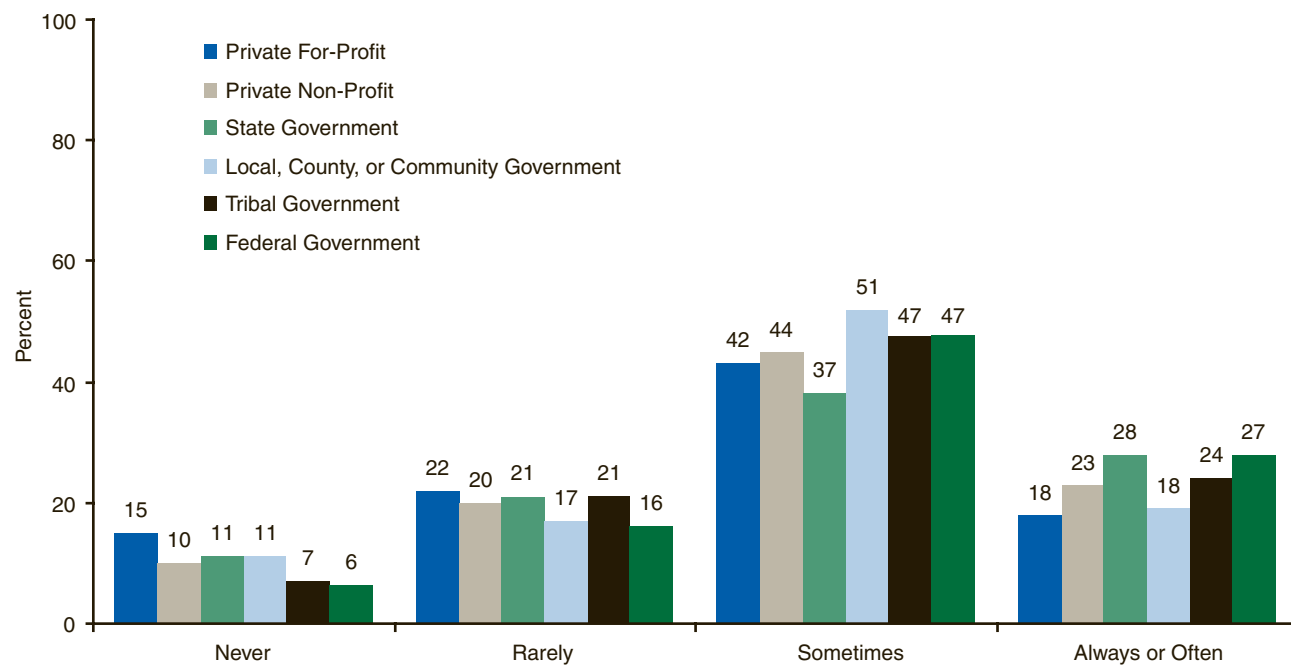
Source: 2009 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

**Figure 3. Frequency of Use of Trauma-Related Counseling, by Primary Focus of Treatment Facility: 2009**



Note: Percentages do not sum to 100 percent because the responses for "not familiar with this approach" are excluded.  
 Source: 2009 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

**Figure 4. Frequency of Use of Trauma-Related Counseling, by Facility Operation: 2009**



Note: Percentages do not sum to 100 percent because the responses for "not familiar with this approach" are excluded.  
 Source: 2009 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).



and assessments may be used by substance abuse treatment facilities to identify clients who are suffering from mental health problems related to trauma. By first identifying these clients, treatment providers may then develop a comprehensive treatment plan and assist clients with gaining access to trauma-related services. Treatment plans for clients with these co-occurring problems should address their substance abuse and incorporate evidenced-based interventions that aim to reduce the biological, psychological, and behavioral symptoms associated with trauma.<sup>6</sup>

The data in this report provide a snapshot of the extent to which the treatment system is identifying and providing certain services to clients suffering from co-occurring substance abuse and trauma-related mental health problems. This information may be used to increase public health awareness about substance abuse and trauma-related mental health problems, and inform behavioral health care reform initiatives that increase the treatment system's capacity to provide needed trauma-related services to substance abuse clients.

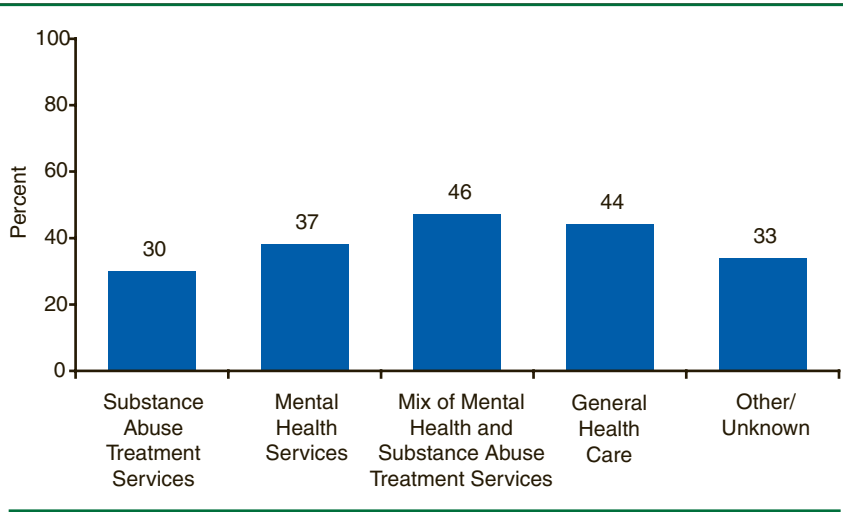
**End Notes**

<sup>1</sup> Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry*, 52, 1048-1060.

<sup>2</sup> Nanjavits, L. M. (2002). Clinicians' views on treating posttraumatic stress disorder and substance use disorder. *Journal of Substance Abuse Treatment*, 22, 79-85.

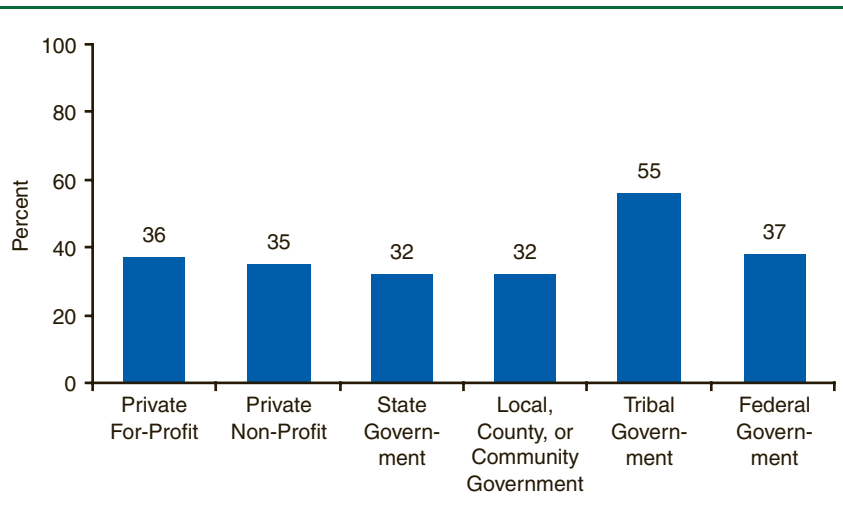
<sup>3</sup> Center for Substance Abuse Treatment. (1995). Anxiety disorders. In *Assessment and treatment of patients with coexisting mental illness and alcohol and other drug abuse (Treatment Improvement Protocol [TIP] Series 9, DHHS Publication No. SMA 95-3061)*. Rockville, MD: Substance Abuse and Mental Health Services. (Original work published 1994) Retrieved from <http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=hssamhsatip&part=A30236>

**Figure 5. Facilities Providing Domestic Violence Services, by Primary Focus of Treatment Facility: 2009**



Source: 2009 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

**Figure 6. Facilities Providing Domestic Violence Services, by Facility Operation: 2009**



Source: 2009 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

<sup>4</sup> Fazzino, P. A., Holton, J. K., & Reed, B. G. (Consensus Panel Co-Chairs); Center for Substance Abuse Treatment. (1997). Substance abuse treatment and domestic violence (Treatment Improvement Protocol [TIP] Series 25, DHHS Publication No. SMA 97-3163). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=hssamhsatip&part=A46712>

<sup>5</sup> Sacks, S., & Ries, R. K. (Consensus Panel Co-Chairs); Center for Substance Abuse Treatment. (2005). Substance abuse treatment for persons with co-occurring disorders (Treatment Improvement Protocol [TIP] Series 42, DHHS Publication No. SMA 05-3922). Rockville, MD:

Substance Abuse and Mental Health Services Administration. Retrieved from <http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=hssamhsatip&part=A74073>

<sup>6</sup> Shalev, A., Bonne, O., & Eth, S. (1996). Treatment of post traumatic stress disorder: A review. *Psychosomatic Medicine*, 58, 165-182.

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## Findings from SAMHSA's 2009 National Survey of Substance Abuse Treatment Services (N-SSATS)

### Mental Health Screenings and Trauma-Related Counseling in Substance Abuse Treatment Facilities

- In 2009, more than half (62 percent) of all substance abuse treatment facilities provided brief mental health screenings that could be used to identify clients in need of trauma services; less than half (42 percent) provided full diagnostic mental health assessments
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The National Survey of Substance Abuse Treatment Services (N-SSATS) is an annual survey of all substance abuse treatment facilities in the United States, both public and private, that are known to the Substance Abuse and Mental Health Services Administration (SAMHSA). N-SSATS is one component of the Drug and Alcohol Services Information System (DASIS), an integrated data system maintained by the Office of Applied Studies (OAS), SAMHSA.

N-SSATS collects three types of information from facilities: characteristics of individual facilities such as services offered and types of treatment provided, primary focus of the facility, and payment options; client count information such as counts of clients served by service type and number of beds designated for treatment; and general information such as licensure, certification, or accreditation and facility website availability. In 2009, N-SSATS collected information from 13,513 facilities from all 50 States, the District of Columbia, Puerto Rico, the Federated States of Micronesia, Guam, Palau, and the Virgin Islands. **Information and data for this report are based on data reported to N-SSATS for the survey reference date March 31, 2009.**

*The N-SSATS Report* is prepared by the Office of Applied Studies, SAMHSA; Synectics for Management Decisions, Inc., Arlington, Virginia; and by RTI International in Research Triangle Park, North Carolina (RTI International is the trade name of Research Triangle Institute). Information on the most recent N-SSATS is available in the following publication: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2010). *National Survey of Substance Abuse Treatment Services (N-SSATS): 2009. Data on Substance Abuse Treatment Facilities* (DASIS Series: S-54, HHS Publication No. (SMA) 10-4579). Rockville MD: Author.

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