

Shifting the Paradigm: Creating Psychological Safety for Women Accessing Community Addiction Services in Dublin

A Research Summary

Jennifer McAsey and Nicki Annunziata

Acknowledgements

This research summary seeks to recognise the importance of gender specific and responsive services that provide safety for women to heal and recover. To the ladies who participated in this study, thank you for your time and for sharing your thoughts, opinions, and wisdom; without you, this would not have been possible. And to all the women out there who deserve a safe service, this is for you.

Lastly, thank you to Donnycarney Youth Project, Brook Recovery Hub and Dublin City Council for supporting this project.

To cite: McAsey, J. , & Annunziata, N. (2026) Shifting the Paradigm; Creating Psychological Safety for Women Accessing Community Addiction Services in Dublin: A Research Summary

Contents

Introduction	5
Themes from the Literature	6
Conceptualising Psychological Safety	6
Psychological Safety in Addiction Services for Women	6
Theoretical Models for Supporting Recovery for Women	6
Gender Responsive Addiction Treatment in Ireland	7
Themes from the Practitioner Interviews	8
1: Holding Space for the Whole Woman: Navigating Gendered, Relational and Recovery Needs	8
Complex Needs of Women	9
Recovery Pathways for Women	9
Gender Specific Services	9
2: Organisational Conditions that Enable or Constrain Women's Psychological Safety	10
Culture and Professionalism	10
Supervision and Minding Staff	10
Training	10
3: Healing with Connection: The Power of Trauma Informed, Human and Peer Led Support	11
Trauma Informed and Human Approaches	11
The Role of Peer Workers	11
4: Beyond the Model: Rethinking Safety, Gender and Support in Addiction Services	12
Barriers to Implementing Psychological Safety	12
Male Oriented Services	12
Stigma and Judgement	12
Recommendations and Next Steps	13
Service Development – Training, Access & Childcare	13
Workforce Support – Supervision & Culture	13
Policy Implications – Funding & Recognition	14
Concluding Thoughts	14
References	15

Introduction

Addiction treatment in Ireland has evolved significantly over recent decades, moving from predominantly medical abstinence based approaches towards community based and harm reduction models (Butler, 2002; Butler, 2007; Morton & O'Reilly, 2019).

While these developments have improved access to treatment, and while there has been much research of late into responding to women specific needs in services (Ivers et al, 2021; Morton et al, 2020; Morton et al, 2023) gaps remain in how addiction services implement and respond to the specific need for women to feel safe.

Women continue to engage with addiction treatment services at lower rates than men (Lynch et al., 2023). Women account for only three in ten treatment cases (Tierney et al, 2025) and face multiple intersecting barriers to accessing support, including trauma, adverse childhood experiences, gendered stigma, childcare responsibilities, fear of Tusla involvement, poverty, homelessness and experiences of violence (Covington, 2008; Ivers et al., 2021; Morton et al., 2020; Lynch et al., 2023).

Women with complex needs often encounter fragmented systems of care that fail to adequately address the interconnected nature of their needs. Substance use is frequently understood as a coping response to trauma, while withdrawal and abstinence can intensify trauma related symptoms (Hien et al., 2021).

Despite evidence and recent research supporting integrated, trauma informed interventions for women with co-occurring trauma and substance use difficulties (Najavits, 2007; SAMHSA, 2021; Morton et al, 2020; Ivers et al, 2021), such approaches remain inconsistently implemented across community addiction services in Ireland.

This research summary explores how policy, practice, and organisational supports focused on psychological safety can enhance women's engagement in treatment and recovery, while outlining the key factors that enable practitioners to create safe, trusting, and supportive environments in Irish community drug services. The summary is based on a research project that combined a scoping literature review and semi-structured interviews conducted with six female addiction practitioners working in community addiction services in Dublin.

Thematic analysis identified several key issues, including the importance of relational trust, trauma informed and gender responsive practice, the impact of stigma surrounding addiction and motherhood, organisational barriers, and the emotional practice involved in supporting women safely and compassionately.

Themes from the Literature

There were five themes from the literature; Conceptualising Psychological Safety, Psychological Safety in Addiction Services for Women, Theoretical Models for supporting Recovery for Women and Gender Responsive Addiction Treatment in Ireland.

CONCEPTUALISING PSYCHOLOGICAL SAFETY

Psychological safety refers to feeling safe to speak openly, engage in services, and take interpersonal risks without fear of judgement or harm (Edmondson, 1999). In community addiction services, it provides the foundation for trust, engagement, and recovery, particularly for women with experiences of trauma and stigma. It is shaped not only by policies and procedures but also by service culture, relationships, communication, and staff attitudes (Seager, 2006; Vogt et al., 2024).

PSYCHOLOGICAL SAFETY IN ADDICTION SERVICES FOR WOMEN

Trauma informed approaches recognise the importance of restoring a sense of control, safety, and choice through empowerment and collaboration. By actively involving women in decisions about their treatment and offering genuine choices, services can foster a sense of agency and autonomy, both of which are vital for healing (Elliott et al., 2005; Ivers et al.,

2021; Morton et al., 2020). Addiction treatment, especially for women with trauma backgrounds, involves having close, emotional connections, and interpersonal relationships that are both transparent and compassionate (Ivers et al., 2021; Morton & O'Reilly, 2019). Staff who feel psychologically safe, have a supportive team, and who utilise reflective practice are more likely to model emotionally safe behaviours and provide consistent care, all of which are important for women who have experienced trauma. Safety is a primary component of treatment, and it is crucial for client engagement and recovery (Najavits et al., 2020).

THEORETICAL MODELS FOR SUPPORTING RECOVERY FOR WOMEN

Recovery models supporting women specifically recognise that many women accessing community addiction services have experienced trauma, violence, stigma, and social disadvantage. Across Trauma informed, gender responsive models of addiction treatment, psychological safety is viewed as a prerequisite for engagement, trust, healing and recovery. Trauma Informed Care (TIC) provides the overarching framework, emphasising safety, trust, collaboration, choice, empowerment, and the prevention of retraumatisation (SAMHSA, 2014).

The Sanctuary Model extends these principles to the organisational level, highlighting the

importance of creating service cultures and ethos that promote emotional and physical safety, open communication, shared decision making, and reflective practice (Bloom, 2013; Bloom & Farragher, 2011). Similarly, Seeking Safety places safety at the centre of treatment for women experiencing both trauma and substance use difficulties. Through psychoeducation, coping skills, peer support, and empowerment, the model promotes trust, emotional regulation, and integrated treatment of trauma and addiction (Najavits, 2007; Najavits, 2007; Najavits, 2002 & Najavits et al., 2020).

The review of literature found limited research exploring psychological safety for women in community addiction treatment. Together, these frameworks demonstrate that psychological safety is not simply a treatment outcome but a fundamental condition for effective, gender specific responses to care, for women. Existing evidence highlights safety as central to effective trauma informed addiction care with positive addiction treatment outcomes (Agarwal and Draheim, 2024; Najavits et al., 2006; Najavits et al. 2012; Najavits & Hien, 2013). Embedding psychological safety within community addiction services will strengthen engagement, improve retention, and support long-term recovery for women.

GENDER-RESPONSIVE ADDICTION TREATMENT IN IRELAND

International, European, and Irish research consistently highlights the need for gender specific addiction services to address and respond to women's complex needs (Morton et al., 2020; Ivers et al., 2021; Dermody et al., 2018; EUDA, 2022; Galán-Sanantonio & Botija, 2024). Women accessing treatment often experience high levels of ACEs, trauma, social isolation, and intimate partner violence (Morton et al, 2015), which can impact trust, engagement, and psychological safety in services (Lambert & Gill-Emerson, 2017; Felitti et al., 1998; Covington, 2008).

Stigma, fear of judgement, childcare barriers, and concerns about losing custody of children further prevent women from seeking support (Harnett, 2024; Ivers et al., 2021; Morton et al, 2020; Morton et al, 2023). Trauma informed, and gender responsive services that offer peer support, and relational approaches can improve safety, trust, engagement, and recovery outcomes for women experiencing addiction and trauma (Morton et al., 2020; EUDA, 2022; Patitz et al., 2015; Dermody et al., 2018).

Themes from the Practitioner Interviews

Four Themes and their subthemes emerged from the practitioner interviews which provide a framework for embedding trust and safety in community addiction services.

THEME 1: Holding Space for the Whole Woman: Navigating Gendered, Relational and Recovery Needs	THEME 2: Organisational Conditions that Enable or Constrain Women Feeling Safe	THEME 3: Healing with Connection: The Power of Trauma informed Practice and Peer Support	THEME 4: Beyond the Model: Rethinking Safety, Gender and Support in Addiction Services
Complex Needs of Women Recovery pathways for women Gender specific services	Culture and Professionalism Supervision and minding staff Training	Trauma Informed Practice Peer workers Role A Human Approach	Barriers to implementing psychological safety Male Orientated services Stigma and Judgement as a woman and/or mother in services

Table1: Themes and Subthemes from practitioner interviews

1: HOLDING SPACE FOR THE WHOLE WOMAN: NAVIGATING GENDERED, RELATIONAL AND RECOVERY NEEDS

Responding to women as whole individuals rather than defining them by their substance use was highlighted as essential. Practitioners described how women accessing community addiction services often present with complex and interconnected needs that require flexible, trauma informed, and gender responsive approaches. Psychological safety was viewed as essential for building trust, supporting engagement, and enabling recovery.

COMPLEX NEEDS OF WOMEN

Practitioners highlighted how trauma, domestic and gender-based violence, coercive control, adverse childhood experiences (ACEs), mental health difficulties, homelessness, stigma, and motherhood create significant barriers to treatment engagement. Existing service models were often viewed as insufficiently equipped to address these intersecting needs. Practitioners emphasised that women require psychologically safe environments where their experiences are understood, validated, and addressed alongside substance use.

RECOVERY PATHWAYS FOR WOMEN

Significant structural barriers to recovery were identified, including limited childcare provision, homelessness, inflexible treatment options, and fears surrounding involvement of Tulsa. Concerns about being perceived as “not a good enough mother” or losing custody of children frequently discouraged women from seeking support. Practitioners noted that “very few services allow women to enter treatment with their children”. This barrier often forces women to choose between motherhood and recovery, restricting engagement with services.

One practitioner stated

“The best part of working with women is creating a safe space that women could actually talk about their addiction, because women don’t show up in services until they’re at crisis point...”

GENDER SPECIFIC SERVICES

Practitioners strongly endorsed the value of women specific groups, spaces and services to foster psychological safety. These spaces were seen as promoting trust, openness, connection and peer support. In contrast, mixed gender settings could inhibit disclosure and increase the risk of retraumatisation. Giving women spaces with other women to connect can support healing. Practitioners consistently argued that greater investment in women specific services is necessary to strengthen engagement, safety, and recovery outcomes within community addiction services.

“Women find it harder to trust you or to let you in ... when they do, you can build really good relationships ...”

2: ORGANISATIONAL CONDITIONS THAT ENABLE OR CONSTRAIN WOMEN’S PSYCHOLOGICAL SAFETY

Organisational structures, culture, and workforce supports can influence women’s experiences of psychological safety in community addiction services. Practitioners emphasised that safety extends beyond the physical environment and is shaped by leadership, values, supervision, training, and team relationships. Organisations

that promote reflection, collaboration, and shared values were viewed as better equipped to support both staff wellbeing and women's engagement in recovery.

CULTURE AND PROFESSIONALISM

Organisational culture was identified as a critical factor in creating psychologically safe environments for women. Practitioners highlighted the importance of ethical leadership, clear values, professional boundaries, and reflective practice in fostering trust, respect, and empowerment. A culture that encourages staff to challenge and support one another constructively was seen as strengthening service quality and client care. Conversely, poor team dynamics, power imbalances, and a lack of reflection were viewed as barriers to safe engagement. Practitioners stressed that psychological safety must be embedded within organisational ethos rather than treated as an individual responsibility.

SUPERVISION AND MINDING STAFF

Clinical supervision and reflective practice were consistently identified as essential for maintaining staff wellbeing and delivering safe, effective care. Practitioners described supervision as vital for processing the emotional demands of complex work, preventing burnout, and improving client outcomes; "Staff are human beings as well...". However, access to supervision was often inconsistent, with gaps between line management and clinical supervision and limitations linked to funding and resources. Practitioners emphasised that supporting staff is fundamental to supporting women accessing services.

TRAINING

Specialist training was crucial. Practitioners highlighted the need for ongoing education in trauma informed care, gender responsive practice, coercive control, domestic violence, and complex trauma. Without adequate training, staff may struggle to respond effectively to women's needs, increasing the risk of burnout and retraumatisation. Training, supervision, and organisational support were seen as interconnected components of safe and effective service provision.

As one practitioner described:

"If you're not trained and you don't have the backup support either, at line management level, with your colleagues or most definitely through clinical supervision, you're going to run into burnout very, very quickly".

3: HEALING WITH CONNECTION: THE POWER OF TRAUMA INFORMED, HUMAN AND PEER LED SUPPORT

TRAUMA INFORMED AND HUMAN APPROACHES

Practitioners emphasised the importance of meeting women where they are, validating their experiences, and avoiding retraumatisation. Creating calm, respectful, and emotionally safe environments was seen as essential for building trust, supporting coregulation, and fostering recovery. Practitioners stressed that women respond not only to individual interactions but also to the overall atmosphere and culture of a service.

THE ROLE OF PEER WORKERS

Peer workers were identified as a vital component of psychologically safe, women centred services. Practitioners highlighted how women with lived experience can build trust, reduce power imbalances, challenge stigma, and offer hope through relatable recovery journeys. Peer involvement was also viewed as strengthening service design by ensuring women's voices shape programmes and supports. Practitioners strongly advocated for greater investment in paid peer support roles, recognising their unique contribution to engagement, empowerment, and recovery within community addiction services.

One practitioner noted the significance of the roles:

“We know some of our women kind of, really look at her (peer support worker) as a role model and...kind of take guidance from her...”

4: BEYOND THE MODEL: RETHINKING SAFETY, GENDER AND SUPPORT IN ADDICTION SERVICES

BARRIERS TO IMPLEMENTING PSYCHOLOGICAL SAFETY

Practitioners identified several barriers to creating psychologically safe services, including inadequate resources, limited training and supervision, weak leadership, and fear of Tusla involvement and existing services locations. Fear of child protection intervention was frequently described as preventing women from disclosing substance use or seeking support. Practitioners emphasised the need for non judgemental, transparent, and supportive approaches when addressing safeguarding concerns.

“I see psychological safety is really ... it's really being able to talk to someone without the fear, without the fear of judgment, without the fear of reprisal, without the fear of consequences...”

MALE ORIENTED SERVICES

Practitioners highlighted that many addiction services continue to operate within male oriented models that can limit women's participation and disclosure. Mixed gender settings were often viewed as unsuitable for women with experiences of trauma, violence, or coercive relationships. Practitioners advocated for gender responsive services that prioritise safety, trust, and relational approaches to care. Services are also set up without considering childcare, solo parenting and the impact on women's ability to access services.

STIGMA AND JUDGEMENT

Stigma, particularly in relation to motherhood and substance use, was identified as a major barrier to engagement. Practitioners noted that women are often judged more harshly than men, creating fear, shame, and reluctance to access support.

“There's a bigger judgment on women in addiction than there has ever been on men...”

Challenging stigma within services and wider systems was seen as essential to improving psychological safety, engagement, and recovery outcomes for women.

Recommendations and Next Steps

Overall, the findings reinforce the need to reimagine addiction services through a women centred lens. Investment in psychological safety, trauma informed practice, staff support, peer involvement, and gender responsive service design has the potential to improve engagement, enhance recovery outcomes, and create more equitable addiction services for women in Ireland.

SERVICE DEVELOPMENT – TRAINING, ACCESS & CHILDCARE

- Community addiction services should provide ongoing training in trauma informed care, gender responsive practice, coercive control, domestic violence, and understanding gender differences with substance use.
- Training should incorporate both theoretical and practical elements and be supported through Service Level Agreements and dedicated funding to ensure consistent implementation across services.
- Services should also increase access to gender specific supports, including women only groups and dedicated spaces that promote safety, dignity, trust, and empowerment.
- The meaningful involvement of women with lived experience in service design and delivery should be prioritised to ensure services remain responsive to women's needs (Najavtis et al, 2012;). Women with lived experience should be involved in service design and delivery ensuring paid peer support work roles.

- Practical barriers such as childcare and parenting responsibilities have been raised consistently in research and require greater attention. Enhanced childcare provision and family inclusive treatment options would support women's engagement with services and reduce barriers to recovery and increase motivation to stay in treatment (Ivers et al., 2021; Morton et al, 2020; Morton et al, 2023).

WORKFORCE SUPPORT – SUPERVISION & CULTURE

- The research indicates that staff wellbeing is closely linked to the delivery of psychologically safe services.
- Regular clinical supervision, reflective practice, and ongoing professional development should be embedded within the organisation's culture, addiction worker roles and supported with dedicated funding. These measures can reduce burnout, compassion fatigue, and vicarious trauma while strengthening staff capacity to provide safe, relational care (Bloom, 2013; Seager, 2006).
- Organisations should also embed psychological safety within policies, procedures, and organisational values.

POLICY IMPLICATIONS – FUNDING & RECOGNITION

- The research highlights the importance of greater policy recognition of women's specific needs within addiction treatment services, including at societal, policy, community, and organisational levels. Funding should be prioritised from national and government bodies for gender specific services, training, supervision, peer worker posts and childcare. Recognition needs to be given to the critical importance of these elements for improving service delivery for both staff and service users.



Concluding Thoughts

The research critically contests existing service designs, predominantly developed by men for men, which inadequately address women's distinct needs.

The perspectives of the female addiction practitioners in this study advocated for an overhaul of how services understand and implement gender responses, and the importance of safety for women. They stressed the value of supporting the whole woman, recognising that women are so much more than their addiction.

The research underscores the urgent need for community based addiction services to move beyond tokenistic gender sensitivity and to embed psychological safety as a lived, relational, and systemic practice.

Some organisations and staff may need to undergo a paradigm shift to adopt a gender responsive, trauma informed care and human approach, ensuring that psychological safety is considered in service provision for women. In conclusion, if addiction services are to be genuinely effective and inclusive for women, they must act on ensuring psychological safety is present and women are seen, heard and understood.

This study amplifies the voices of female addiction practitioners who have extensive experience working with women in services, offering practical insights into how services can initiate their transformation. Safety is where Recovery Begins.

References

Agarwal, I., & Draheim, A. A. (2024). Seeking Safety for women in incarceration: A systematic review. *Archives of Women's Mental Health*, 27(3), 317–327. <https://doi.org/10.1007/s00737-023-01411-3>

Baker, C. N., Brown, S. M., Overstreet, S., Wilcox, P. D., & Collaborative, N. O. T.-I. S. L. (2021). Validation of the Attitudes Related to Trauma Informed Care Scale (ARTIC). *Psychological Trauma: Theory, Research, Practice, and Policy*, 13(5), 505–513. <https://doi.org/10.1037/tra0000989>

Barry, A. R., Hoffman, E., Martinez Charleston, E., DeMario, M., Stewart, J., Mohiuddin, M., Mihelicova, M., & Brown, M. (2024). Trauma informed interactions within a trauma informed homeless service provider: Staff and client perspectives. *Journal of Community Psychology*, 52(2), 415–415–434. SocINDEX with Full Text. <https://doi.org/10.1002/jcop.23102>

Bloom, S. L. (2013). *Creating Sanctuary* (0 ed.). Routledge. <https://doi.org/10.4324/9780203569146>

Bloom, S. L., & Farragher, B. J. (2011). *Destroying sanctuary: The crisis in human service delivery systems*. Oxford University Press. <https://doi.org/10.1093/acprof:oso/9780195374803.001.0001>

Covington, S. S. (2008). Women and Addiction: A Trauma Informed Approach. *Journal of Psychoactive Drugs*, 40(sup5), 377–385. <https://doi.org/10.1080/02791072.2008.10400665>

Dermody, A., Gardner, C., Davis, S., Dermody, J., & Fein, M. (2018). Resilience in the Face of Trauma: Implications for Service Delivery. *Irish Probation Journal*, 15 (October).

Edmondson, A. (1999). Psychological Safety and Learning Behavior in Work Teams. *Administrative Science Quarterly*, 44(2), 350–383. <https://doi.org/10.2307/2666999>

Elliott, D. E., Bjelajac, P., Fallot, R. D., Markoff, L. S., & Reed, B. G. (2005). Trauma informed or trauma denied: Principles and implementation of trauma informed services for women. *Journal of Community Psychology*, 33(4), 461–477. <https://doi.org/10.1002/jcop.20063>

EUDA (2022) (International Women's Day: Exploring Gender Sensitive Approaches to Drug Related Issues | www.euda.europa.eu, n.d.)

Fallot, R. D., & Harris, M. (2001). A trauma informed approach to screening and assessment. *New Directions for Mental Health Services*, 2001(89), 23–31. <https://doi.org/10.1002/yd.23320018904>

Fallot, R. D., McHugo, G. J., Harris, M., & Xie, H. (2011). The Trauma Recovery and Empowerment Model: A Quasi-Experimental Effectiveness Study. *Journal of Dual*

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)

Galán-Sanantonio, A., & Botija, M. (2024). Barriers and Opportunities in Accessing Social Care for Women Experiencing Homelessness: A Systematic Integrative Review. *Health & Social Care in the Community*, 2024(1), 3010747. <https://doi.org/10.1155/2024/3010747>

Ivers, J. H., Giuliani, F., & Paul, Gillian, G. (2021). Supporting Women to Access Appropriate Treatment (SWAAT) Study. <https://www.researchgate.net/profile/Jo-Hanna>

Kirst, M., Aery, A., Matheson, F. I., & Stergiopoulos, V. (2017). Provider and Consumer Perceptions of Trauma Informed Practices and Services for Substance Use and Mental Health Problems. *International Journal of Mental Health and Addiction*, 15(3), 514–528. <https://doi.org/10.1007/s11469-016-9693-z>

MATE, D. G. M., DANIEL. (2023). MYTH OF NORMAL: Trauma, illness & healing in a toxic culture. VERMILION.

Lambert, S., & Gill-Emerson, G. (2017). ACEs at CORK SIMON: Exploring the connection between early trauma and later negative life events among Cork Simon service users. *Cork Simon Community: Moving Towards Trauma Informed Care, A Model of Research and Practice*.

Morton, S., Hohman, M., & Middleton, A. (2015). Implementing a Harm Reduction Approach to Substance Use in an Intimate Partner Violence Agency: Practice Issues in an Irish Setting. *Partner Abuse*, 6(3), 337–350. <https://doi.org/10.1891/1946-6560.6.3.337>

Morton, S., & O'Reilly, L. (2019). Challenges, relationship and outcomes in low-threshold drug services. *Drugs and Alcohol Today*, 19(2), 113–122. <https://doi.org/10.1108/DAT-05-2018-0028>

Morton, S., MacDonald, S., & Christophers, L. (2020). Responding to Women with Complex Needs Who Use Substances: A briefing paper. University College Dublin. <http://hdl.handle.net/10197/11712>

Morton, S., Gallagher, B., & McLoughlin, E., (2023). 'You can't fix this in six months': The intersectionality of women's substance use in the Irish context [Technical report]. Irish research council.

Najavits, L. M. (2002). *Seeking safety: A treatment manual for PTSD and substance abuse*. Guilford.

Najavits, L. M. (2007). *Seeking Safety: An evidence based model for substance abuse and trauma/PTSD*. In *Therapist's guide to evidence based relapse prevention: Practical resources for the mental health professional* (In Witkiewitz, K. A. & Marlatt (Eds.), p. (pp. 141-167)). Elsevier Press.

Najavits, L. M., Clark, H. W., DiClemente, C. C., Potenza, M. N., Shaffer, H. J., Sorensen, J. L., Tull, M. T., Zweben, A., & Zweben, J. E. (2020). PTSD/Substance Use Disorder Comorbidity: Treatment Options and Public Health Needs. *Current Treatment Options in Psychiatry*, 7(4), 544–558. <https://doi.org/10.1007/s40501-020-00234-8>

Najavits, L. M., Gallop, R. J., & Weiss, R. D. (2006). Seeking Safety Therapy for Adolescent Girls with PTSD and Substance Use Disorder: A Randomized Controlled Trial. *The Journal of Behavioral Health Services & Research*, 33(4), 453–463. <https://doi.org/10.1007/s11414-006-9034-2>

Najavits, L. M., & Hien, D. (2013). Helping Vulnerable Populations: A Comprehensive Review of the Treatment Outcome Literature on Substance Use Disorder and PTSD. *Journal of Clinical Psychology*, 69(5), 433–479. <https://doi.org/10.1002/jclp.21980>

Najavits, L., Welsh, T., Miller, N., Hamilton, N., Doherty, J., Vargo, M., & Schmitz, M. (2012). P-85 – A public health innovation: Results from the first peer led study of seeking safety for trauma and substance abuse. *European Psychiatry*, 27, 1. [https://doi.org/10.1016/S0924-9338\(12\)74252-9](https://doi.org/10.1016/S0924-9338(12)74252-9)

Nembhard, I. M., & Edmondson, A. C. (2006). Making it safe: The effects of leader inclusiveness and professional status on psychological safety and improvement efforts in health care teams. *Journal of Organizational Behavior*, 27(7), 941–966. <https://doi.org/10.1002/job.413>

Oral, R., Jennissen, C., Wojciak, A. S., Segal, R., Wibbenmeyer, L., Nielsen, A., Conrad, A., Zarei, K.,

- Coohey, C., & Peek Asa, C. (2020). Nationwide efforts for trauma informed care implementation and workforce development in healthcare and related fields: A systematic review. *The Turkish Journal of Pediatrics*, 62(6), 906–920. <https://doi.org/10.24953/turkjpel.2020.06.002>
- Patitz, B. J., Anderson, M. L., & Najavits, L. M. (2015). An outcome study of Seeking Safety with rural community-based women. *Journal of Rural Mental Health*, 39(1), 54–58. <https://doi.org/10.1037/rmh0000015>
- Porges, S. W., & Dana, D. (Eds.). (2018). *Clinical applications of the polyvagal theory: The emergence of polyvagal-informed therapies* (First edition). W.W. Norton & Company.
- SAMHSA's Concept of Trauma and Guidance for a Trauma Informed Approach. (2014). SAMHSA's Trauma and Justice Strategic Initiative, U.S. Department Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Policy, Planning and Innovation. <https://store.samhsa.gov/sites/default/files/sma14-4884.pdf>
- Seager, M. (2006). THE CONCEPT OF 'PSYCHOLOGICAL SAFETY' – A PSYCHOANALYTICALLY INFORMED CONTRIBUTION TOWARDS 'SAFE, SOUND & SUPPORTIVE' MENTAL HEALTH SERVICES. *Psychoanalytic Psychotherapy*, 20(4), 266–280. <https://doi.org/10.1080/02668730601020291>
- Tierney, P., Lynch, T., O'Sullivan, M., & Carew, A. M. (2025) HRB Bulletin National Drug Treatment Reporting System 2025 Drug Treatment Demand. HRB Bulletin National Drug Treatment Report System 2025 Drug Treatment Demand
- Vogt, K. S., Baker, J., Kendal, S., Griffin, B. L., Mizen, E., Sharp, H., & Johnson, J. (2024). 'Safer, Not Safe': Service Users' Experiences of Psychological Safety in Inpatient Mental Health Wards in the United Kingdom. *International Journal of Mental Health Nursing*, 33(6), 2227–2238. <https://doi.org/10.1111/inm.13381>
- Najavits, L. M. (2007). Seeking Safety: An evidence-based model for substance abuse and trauma/PTSD. In *Therapist's guide to evidence based relapse prevention: Practical resources for the mental health professional* (In Witkiewitz, K. A. & Marlatt (Eds.), p. (pp. 141–167)). Elsevier Press.
- Najavits, L. M., Clark, H. W., DiClemente, C. C., Potenza, M. N., Shaffer, H. J., Sorensen, J. L., Tull, M. T., Zweben, A., & Zweben, J. E. (2020). PTSD/Substance Use Disorder Comorbidity: Treatment Options and Public Health Needs. *Current Treatment Options in Psychiatry*, 7(4), 544–558. <https://doi.org/10.1007/s40501-020-00234-8>
- Najavits, L. M., Gallop, R. J., & Weiss, R. D. (2006). Seeking Safety Therapy for Adolescent Girls with PTSD and Substance Use Disorder: A Randomized Controlled Trial. *The Journal of Behavioral Health Services & Research*, 33(4), 453–463. <https://doi.org/10.1007/s11414-006-9034-2>
- Najavits, L. M., & Hien, D. (2013). Helping Vulnerable Populations: A Comprehensive Review of the Treatment Outcome Literature on Substance Use Disorder and PTSD. *Journal of Clinical Psychology*, 69(5), 433–479. <https://doi.org/10.1002/jclp.21980>
- Najavits, L., Welsh, T., Miller, N., Hamilton, N., Doherty, J., Vargo, M., & Schmitz, M. (2012). P-85 – A public health innovation: Results from the first peer led study of seeking safety for trauma and substance abuse. *European Psychiatry*, 27, 1. [https://doi.org/10.1016/S0924-9338\(12\)74252-9](https://doi.org/10.1016/S0924-9338(12)74252-9)
- Nembhard, I. M., & Edmondson, A. C. (2006). Making it safe: The effects of leader inclusiveness and professional status on psychological safety and improvement efforts in health care teams. *Journal of Organizational Behavior*, 27(7), 941–966. <https://doi.org/10.1002/job.413>
- Oral, R., Jennissen, C., Wojciak, A. S., Segal, R., Wibbenmeyer, L., Nielsen, A., Conrad, A., Zarei, K., Coohey, C., & Peek-Asa, C. (2020). Nationwide efforts for trauma informed care implementation and workforce development in healthcare and related fields: A systematic

review. *The Turkish Journal of Pediatrics*, 62(6), 906–920. <https://doi.org/10.24953/turkjpmed.2020.06.002>

Patitz, B. J., Anderson, M. L., & Najavits, L. M. (2015). An outcome study of Seeking Safety with rural community based women. *Journal of Rural Mental Health*, 39(1), 54–58. <https://doi.org/10.1037/rmh0000015>

Porges, S. W., & Dana, D. (Eds.). (2018). *Clinical applications of the polyvagal theory: The emergence of polyvagal informed therapies* (First edition). W.W. Norton & Company.

SAMHSA's Concept of Trauma and Guidance for a Trauma Informed Approach. (2014). SAMHSA's Trauma and Justice Strategic Initiative, U.S. Department Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Policy, Planning and Innovation. <https://store.samhsa.gov/sites/default/files/sma14-4884.pdf>

Seager, M. (2006). THE CONCEPT OF 'PSYCHOLOGICAL SAFETY' – A PSYCHOANALYTICALLY INFORMED CONTRIBUTION TOWARDS 'SAFE, SOUND & SUPPORTIVE' MENTAL HEALTH SERVICES. *Psychoanalytic Psychotherapy*, 20(4), 266–280. <https://doi.org/10.1080/02668730601020291>

Tierney, P., Lynch, T., O'Sullivan, M., & Carew, A. M. (2025) HRB Bulletin National Drug Treatment Reporting System 2025 Drug Treatment Demand. HRB Bulletin National Drug Treatment Report System 2025 Drug Treatment Demand

Vogt, K. S., Baker, J., Kendal, S., Griffin, B. L., Mizen, E., Sharp, H., & Johnson, J. (2024). 'Safer, Not Safe': Service Users' Experiences of Psychological Safety in Inpatient Mental Health Wards in the United Kingdom. *International Journal of Mental Health Nursing*, 33(6), 2227–2238. <https://doi.org/10.1111/inm.13381>



Comhairle Cathrach
Bhaile Átha Cliath
Dublin City Council



Donnycarney Youth Project CLG



Brook
Recovery
Hub

Governed by the
Donnycarney Youth project