HELPING WOMEN RECOVER
A TRAUMA INFORMED PROGRAM FOR TREATING ADDICTION

8th Annual Evidence-Based Practices Symposium
“Building Lives Beyond Trauma”

Presented by:
Carol Ackley, LADC
April 6, 2018
Sacramento, CA

Curriculum Written by:
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GENDER-RESPONSIVE TREATMENT

- Creating an environment through:
  - site selection
  - staff selection
  - program development
  - content and material
- that reflects an understanding of the realities of the lives of women and girls, and
- addresses and responds to their strengths and challenges.

GUIDING PRINCIPLES FOR GENDER-RESPONSIVE SERVICES

- Gender
- Environment
- Relationships
- Integrated Services
- Economic & Social Status
- Community
TRAUMA

TRAUMA-INFORMED SERVICES

These are services that are provided for problems other than trauma but require knowledge about violence against women and the impact of trauma thereby increasing their effectiveness.
Core Values of Trauma-informed Services

Safety (physical and emotional)

Trustworthiness

Choice

Collaboration

Empowerment

(Fallot & Harris, 2006)
A Trauma-Informed Environment

- Educate staff members about the pervasive effects of trauma on the brain and body
- Incorporates an understanding of the impact of violence and abuse on men into all offender-management and program services
- Establishes both physical and emotional safety in order to prevent re-traumatization, an increase in eating disorders, self-harm, management problems, failure to engage in program services, relapse, recidivism, and poor program outcomes
A Trauma-Informed Environment

- Eliminates unnecessary triggers and identifies triggers for individuals
- Creates an atmosphere that is respectful of people and their need for safety, respect, and acceptance
- Strives to maximize a person’s ability to make safe choices and exercise control over their life
A Trauma-Informed Environment

- Strives to be culturally competent – to understand everyone’s culture and how that affects their life experiences, their view of the world, and their behavior

- Uses “universal precautions” and assumes that everyone may be a trauma survivor
KEY ELEMENTS (STAFF AND CLIENT)

- Learn what trauma/abuse is
- Understand typical responses
- Develop coping skills
Trauma-Responsive Services

- Take into account the impact of trauma on thinking, feelings, and behaviors.
- Avoid triggering trauma reactions and/or re-traumatizing an individual.

(Harris & Fallot, 2001)
Trauma-Responsive Services

- Adjust the behavior of counsellors, other staff, and the organization to support each man’s coping capacity.
- Allow survivors to manage their trauma symptoms successfully so that they are able to access, retain, and benefit from services.

(Harris & Fallot, 2001)
GENDER-RESPONSIVE MATERIALS (TRAUMA-INFORMED)

- Women and Addiction: A Gender-Responsive Approach (DVD)
- Helping Women Recover
- Helping Men Recover
- Beyond Trauma: A Healing Journey for Women
- Women in Recovery
- A Woman’s Way through The Twelve Steps (addiction and recovery)

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GENDER-RESPONSIVE MATERIALS (TRAUMA-INFORMED) (CONT.)

• Healing Trauma: A Brief Intervention for Women
• Exploring Trauma: A Brief Intervention for Men
• A Woman’s Way through The Twelve Steps
• Voices: A Program of Self-Discovery and Empowerment for Girls
GENDER-RESPONSIVE MATERIALS (TRAUMA-INFORMED) (CONT.)

- Beyond Violence: A Prevention Program for Criminal Justice-Involved Women
- Beyond Anger and Violence: A Program for Women
- Becoming Trauma Informed: A Training Curriculum for Correctional Professionals
EVIDENCE-BASED

- Researched in
  - Residential treatment
  - Women’s prison
  - Drug court
- Listed on NREPP and CEBC
CLIENT ASSESSMENT SCORES IMPROVE AFTER COMPLETION OF HWR AND BT

LEVEL OF BURDEN

“Burden” defined as the total number of problem conditions:
• Use of alcohol and/or other drugs
• Homeless
• Co-occurring mental health problem
• Significant health disorder
• HIV/AIDS
• Cognitive impairment
• History of childhood or adult abuse

(Vivian Brown, Ph.D.)
Mental Illness
Addiction
Trauma
HIV/AIDS
Other Health Problems
Homelessness

(Vivian Brown, Ph.D.)
Women’s Integrated Treatment (WIT)

This model is holistic, integrated and based on:

• The gender-responsive definition and guiding principles
• A theoretical foundation
• Interventions/strategies that are multi-dimensional

(Covington, 2007)
HELPING WOMEN RECOVER: A PROGRAM FOR TREATING SUBSTANCE ABUSE

Theory of Addiction
- Holistic health model
- Chronic neglect of self in favor of something or someone else

Theory of Women's Psychological Development
- Relational – Cultural Model (Stone Center)

Theory of Trauma
- Three Stage Model (Herman)
- Upward Spiral – A Transformational Model (Covington)
ADDICTION: A HOLISTIC HEALTH MODEL

- Physiological
- Emotional
- Social
- Spiritual
- Environmental
- Political

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ADDICATION

Transformation

Addiction (constriction)  Recovery (expansion)

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RELATIONAL-CULTURAL THEORY

Some women use drugs:

• To maintain a relationship
• To fill in the void of what’s missing in a relationship
• To self-medicate the pain of abuse in relationships

(Covington & Surrey, 1997)
CHANGES IN UNDERSTANDING:
THE CENTRALITY OF TRAUMA

Imprisonment  Homelessness

Violence and Trauma

Addiction  Mental Health Problems
LEVELS OF VIOLENCE

Childhood
Adolescence
Adult
Street (workplace and community)
Consumer Culture and Media
War
Planet
DEFINITION OF TRAUMA

The exposure must result from one or more of the following scenarios in which the individual:

- directly experiences the traumatic event;
- witnesses the traumatic event in person;
DEFINITION OF TRAUMA

The exposure must result from one or more of the following scenarios in which the individual:

• learns that the traumatic event occurred to a close family member or close friend;
• experiences first-hand repeated or extreme exposure to aversive details of the traumatic event (not through media, pictures, television or movies unless work-related).
DEFINITION OF TRAUMA

The disturbance, regardless of its trigger, causes

• significant distress or impairment in the individual’s social interactions,

• capacity to work, or

• other important areas of functioning.

(It is not the physiological result of another medical condition, medication, drugs or alcohol.)
Definition of Trauma

The diagnostic manual used by mental health providers (DSM-IV-TR) defines trauma as, “involving direct personal experience of an event that involves actual or threatened death or serious injury, or threat to one’s physical integrity; or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate.”

Definition of Trauma (cont.)

“The person’s response to the event must involve intense fear, helplessness or horror (or in children the response must involve disorganized or agitated behavior).”

(American Psychiatric Assoc. [APA] 2000, pg 463)
DEFINITION OF TRAUMA

Trauma occurs when an external threat overwhelms a person’s internal and external positive coping resources.

(Van der Kolk, B., 1989)
GENDER AND ABUSE

Childhood:

• Girls and boys at equal risk from family members and people they know

Adolescence:

• Young men at risk from people who dislike or hate them. Boys at greater risk if they are gay, young men of color, or gang members.
• Young women at risk from lovers or partners – people to whom they are saying, “I love you.”

Adulthood:

• Men at risk from combat or being victims of crime
• Women at risk from those they love
ADVERSE CHILDHOOD EXPERIENCES (WWW.CDC.GOV/ACE)

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

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Adverse Childhood Experiences
(www.ACEStudy.org) (www.cdc.gov/ace)
ACE STUDY
(ADVERSE CHILDHOOD EXPERIENCES)

Results
ACEs still have a profound effect 50 years later, although now transformed from psychosocial experience into organic disease, social malfunction, and mental illness.

- Smoking
- Alcoholism
- Injection of illegal drugs
- Obesity

HIGHER ACE SCORE
CHRONIC HEALTH CONDITIONS

• Heart disease
• Autoimmune diseases
• Lung cancer
• Pulmonary disease
• Liver disease
• Skeletal fractures
• Sexually transmitted infections
• HIV/AIDS
ACE STUDY (CONT.)

Women 50% more likely than men to have a score of 5 or more.

(Felitti & Anda, 2010)
Adverse Childhood Experiences Underlie Alcoholism

People with an ACE score of 4 or more are over 5 times more likely to struggle with alcoholism than people with an ACE score of 0.

(Felitti & Anda, 2010)
CRITICAL AND INTERRELATED ISSUES

• Addiction
• Mental Health
• Trauma
• Physical Health
• Crime
Changing the Question

“What is wrong with you?”

to

“What has happened to you?”
HELPING WOMEN RECOVER

Community Version

Criminal Justice Version

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HELPING WOMEN RECOVER: A COMPREHENSIVE INTEGRATED APPROACH

Theory of Addiction

Holistic health model
Chronic neglect of self in favor of something or someone else

Theory of Women’s Psychological Development
Relational Model (Stone Center)

Theory of Trauma

Three Stage Model (Judith Herman, M.D.)
Upward Spiral – A Transformational Model (SSC)
KEY ISSUES FOR WOMEN IN RECOVERY

Self
Relationships
Sexuality
Spirituality
POINTS OF INTERVENTION

• Cognitive
• Behavioral
• Affective
Module A: Self
(13 ACTIVITIES)

Session 1  Defining Self
Session 2  Sense of Self
Session 3  Self-Esteem
Session 4  Sexism, Racism, and Stigma
MODULE A: SELF

Module A, Self, has three primary goals:

• To help women begin to identify who they are (not what they do) and what they feel

• To help women begin to connect with one another in relationships of respect, mutuality, and compassion

• To help women begin to learn grounding and self-soothing techniques
GROUP AGREEMENTS

• Attendance
• Confidentiality
• Safety
• Participation
• Honesty
• Respect

• Questions
• Task
• Punctuality

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FIVE SENSES

(S. Covington, Healing Trauma, 2011, 2016)
WHO AM I?

- People
- Events
- Experiences
## POWER CHART

<table>
<thead>
<tr>
<th>Powerful Group</th>
<th>Less Powerful Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>Youth</td>
</tr>
<tr>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>Whites</td>
<td>People of Color, Multiracial People, Native Americans</td>
</tr>
<tr>
<td>Rich or Upper-Middle Income</td>
<td>Poor, Working, or Middle Class</td>
</tr>
<tr>
<td>Adults</td>
<td>Elders/Seniors</td>
</tr>
<tr>
<td>Heterosexuals</td>
<td>Lesbian/Gays/Bisexuals, Genderqueer</td>
</tr>
<tr>
<td>Native English-Speakers</td>
<td>First Language Other than English</td>
</tr>
<tr>
<td>Traditionally Defined Male or Female</td>
<td>Transgender/Gender Variant/Transsexual</td>
</tr>
</tbody>
</table>
## POWER CHART

<table>
<thead>
<tr>
<th>Powerful Group</th>
<th>Less Powerful Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>US citizens</td>
<td>Refugees/Immigrants</td>
</tr>
<tr>
<td>Christians</td>
<td>Atheists, Muslims, Jews, Other Religions</td>
</tr>
<tr>
<td>Bosses</td>
<td>Workers</td>
</tr>
<tr>
<td>Teachers</td>
<td>Students</td>
</tr>
<tr>
<td>Formally Educated</td>
<td>Not Formally Educated</td>
</tr>
<tr>
<td>(en)Abled</td>
<td>Living with Physical, Emotional, Mental, or Learning Disabilities, Whether Visible or Hidden</td>
</tr>
<tr>
<td>From United States/Western Europe</td>
<td>From Nations in the “Global South”/Majority World/Rest of the World</td>
</tr>
<tr>
<td>Item</td>
<td>Not at all</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>I keep up my physical appearance (nails, hair, bathing, clean clothes)</td>
<td></td>
</tr>
<tr>
<td>I exercise regularly</td>
<td></td>
</tr>
<tr>
<td>I eat healthy meals</td>
<td></td>
</tr>
<tr>
<td>I get restful sleep</td>
<td></td>
</tr>
<tr>
<td>I go to work/school (or complete tasks)</td>
<td></td>
</tr>
<tr>
<td>I can adapt to change</td>
<td></td>
</tr>
<tr>
<td>I keep up my living space</td>
<td></td>
</tr>
</tbody>
</table>
## Recovery Scale Self Module

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Just a little</th>
<th>Pretty much</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>I take constructive criticism well</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can accept praise</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I laugh at funny things</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I acknowledge my needs and feelings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I engage in new interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can relax without drugs and alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I value myself</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Module B: Relationships
(18 ACTIVITIES)

Session 5  Family of Origin
Session 6  Mothers
Session 7  Mother Myths
Session 8  Interpersonal Violence
Session 9  Creating Healthy Relationships and Support Systems
Module B, Relationships, has three primary goals:

• To help women to understand the differences between healthy and unhealthy relationships

• To help women to understand how their relationships as children and as adults affect their addictive spirals

• To help women to continue to connect with one another in relationships of respect, mutuality, and compassion
Family Sculpture
Mothers

Letters
Each person feels a greater sense of “zest” (vitality, energy)

Each person feels more able to act and does act

Each person has a more accurate picture of her/himself and the other person(s)

Each person feels a greater sense of worth

Each person feels more connected to the other person(s) and a greater motivation for connections with other people beyond those in the specific relationship

Source: Stone Center, Wellesley College Wellesley, MA 02181
OUTCOMES OF DISCONNECTIONS
(NON-MUTUAL OR ABUSIVE RELATIONSHIPS)

- Diminished zest or vitality
- Disempowerment
- Confusion, lack of clarity
- Diminished self-worth
- Turning away from relationships

Source: Stone Center, Miller
Sample Relationship Map

Past
- ex-relationship partner
- past abusers

Present
- son
- therapist
- friend Sara
- friend Michael

Future
- good friend from this group
- relationship partner
- women's group
- NA

Quality of Relationship
- Individual
- Group

- Keep existing relationship
- Start new relationship
- End existing relationship

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Module C: Sexuality

(14 ACTIVITIES)

Session 10 Sexuality and Addiction
Session 11 Body Image
Session 12 Sexual Identity
Session 13 Sexual Abuse
Session 14 Fear of Sex while Clean and Sober
MODULE C: SEXUALITY

Module C, Sexuality, has three primary goals:

• To educate women about sexuality and, in particular, the sexual issues most often experienced by substance-abusing women

• To help to restore or develop the participants’ appreciation for their bodies

• To help the participants to support one another in healing sexually
SEXUALITY is a developmental process.

SEXUALITY is an identification, an activity, a drive, a biological process, an orientation, an outlook.

It is who and how we are in the Universe.

SEXUAL GOOD HEALTH is the somatic, emotional, social and spiritual aspects of oneself integrated into one’s identity and style of life.
SEXUAL BILL OF RIGHTS

I have the right to....
Module D: Spirituality

(10 ACTIVITIES)

Session 15  What is Spirituality?
Session 16  Prayer and Meditation
Session 17  Creating a Vision
MODULE D: SPIRITUALITY

Module D, Spirituality, has three primary goals:

• To educate the group members about what spirituality is

• To help the group members to start spiritual journeys that they will continue throughout their lives

• To bring closure to this group experience
SPIRITUALITY

One definition of spirituality is oneness, wholeness, connection to the universe; belief in something greater than yourself, trust in a higher or deeper part of yourself.

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SPIRITUAL PRACTICES

Quiet time
Prayer
Meditation
Centering activities such as singing, music
Being out in nature
Keeping a journal
SPIRITUAL PRACTICES

Attending church,
synagogue, mosque,
temple

Helping others in need

Creating personal altars.

Learning from others.

Celebrations!
Prayer and Meditation
Creating a Vision

IT IS NOW ________________, AND AS I LOOK BACK OVER THE LAST SIX MONTHS, I SEE . . .
ORID

Objective

Reflective

Interpretive

Decisive
EVIDENCE-BASED

- Researched in
  - Residential treatment
  - Women’s prison
  - Drug court
- Listed on NREPP and CEBC
CLIENT ASSESSMENT SCORES IMPROVE AFTER COMPLETION OF HWR AND BT


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PRISON STUDY (NIDA FUNDED)

- Randomized control group
- Gender-responsive vs. Therapeutic community
- Significant differences
  - Greater reduction of drug use
  - More likely to complete treatment
  - Remained longer in aftercare
  - Less recidivism (re-incarcerated) at 12 months

\[(p \leq .05)\]
DRUG STUDY (NIDA FUNDED)

- Four sites in San Diego County
- Randomized control group
- Results
  - Fewer sanctions
  - Longer in treatment
  - Reduced PTSD symptoms
  - Judge notices differences
REFERENCES


WOMAN-CENTERED TREATMENT

“What does each woman need to have by the time she leaves treatment?”
WOMAN-CENTERED TREATMENT

Each woman needs an opportunity to:

• Acknowledge that she has an addiction.
• Create a connection with other women.
• Obtain an accurate diagnosis (through assessment) and appropriate medication, when necessary, for any co-occurring disorder(s).
WOMAN-CENTERED TREATMENT (CONT.)

- Understand the impact of alcohol and other drugs on the female body.
- Understand the connection between trauma and addiction.
- Have a wide selection of clean-and-sober coping skills.
• Have a recovery plan.

• Have her basic needs addressed (for shelter, food, transportation, childcare, literacy, employment, etc.).
WHAT MAKES A DIFFERENCE?

• Creating a safe environment
• Listening to her story
• Empathy
SANCTUARY
WHAT IS SANCTUARY?

• Sacred place
• Place of refuge/protection
• Shelter
WOMEN AND GIRLS HEALING

Working on multiple levels:

- Individual
- Political
- Spiritual

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FOR MORE INFORMATION

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