Helping Women Recover:
A Program for Treating Addiction

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KSAODS
JULY 19, 2016
LOUISVILLE, KY

Helping Women Recover

Evolving Treatment Approaches

Gender-Responsive Treatment

Guiding Principles for Gender-Responsive Services

Guiding Principles

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Guiding Principles (cont.)

- **Relationships**: Develop policies, practices, and programs that are relational and promote healthy connections to children, family, significant others, and the community.

- **Services**: Address substance abuse, trauma, and mental health issues through comprehensive, integrated, and culturally relevant services.

Guiding Principles (cont.)

- **Socioeconomic status**: Provide women with opportunities to improve their socioeconomic conditions.

- **Community**: Establish a system of comprehensive and collaborative community services.

(Bloom, Owen, Covington 2003)

Women’s Issues: An International Perspective

- **Shame and Stigma**
- **Physical and Sexual Abuse**
- **Relationship Issues**
  - fear of losing children
  - fear of losing a partner
  - needing partner’s permission to obtain treatment

Women’s Issues: An International Perspective

- **Treatment Issues**
  - lack of services for women
  - not understanding treatment
  - long waiting lists
  - lack of childcare services

- **Systemic Issues**
  - lack of financial resources
  - lack of clean/sober housing
  - poorly coordinated services

Environmental Therapy

**Deeper Psychic Change**

- Trust in others
- Courage to do new things
- To like yourself as a woman
Environmental Therapy (cont.)

Cognitive Interventions
Managing
• Conflicts
• Relationships
• Relapse prevention
• Working together
• Social planning

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 multidimensional
(Covington, 2007)

Theoretical Foundation
The theories related to gender and substance abuse (and any other relevant treatment services) that create the framework of thought for program development. This is the knowledge base that creates the foundation upon which the program is developed.

Treatment Strategies
The approaches used in the program that create the therapeutic process. These are the ways in which theory is operationalized (how theory is applied).

Helping Women Recover: A Program for Treating Addiction
• 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)

Helping Men Recover: A Program for Treating Addiction (Covington, Griffin & Dauer)
• Theory of Addiction
  • Holistic health model
  • Chronic neglect of self in favor of something or someone else

• Theory of Men's Psychological Development
  • Relational–Cultural Theory (Stone Center)
  • Kivel, Poliack, etc.

• Theory of Trauma
  • Three Stage Model (Herman)
  • Upward Spiral – A Transformational Model (Covington)
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Voices: A Program of Self-discovery and Empowerment for Girls
- Theory of Girls’ Psychological Development
  - Relational–Cultural Model (Stone Center, Gilligan, Brown)
- Theory of Attachment
  - Ainsworth, Bowlby, Harlow, Stern
- Theory of Trauma
  - Three Stage Model (Herman)
  - Transformational Spiral (Covington)
- Theory of Resilience
  - Biscoe, Wolin & Wolin
- Theory of Addiction
  - Holistic Health Model

Gender-responsive Materials (trauma-informed)
- Women and Addiction: A Gender-Responsive Approach
- Helping Women Recover
- Helping Men Recover
- Beyond Trauma: A Healing Journey for Women
- Healing Trauma: Strategies for Abused Women

Gender-responsive Materials (trauma-informed)
- Women in Recovery
- A Woman’s Way through the Twelve Steps
- Voices: A Program of Self-Discovery and Empowerment for Girls
- Becoming Trauma Informed: A Training Curriculum for Correctional Professionals

Gender-responsive Materials (trauma-informed)
- Beyond Violence: A Prevention Program for Criminal Justice-Involved Women (available November 2013)
- Beyond Anger and Violence: A Program for Women (available June 2014)

Self-Help Books
- Leaving the Enchanted Forest: The Path from Relationship Addiction to Intimacy (relationships)
- A Woman’s Way through The Twelve Steps (addiction and recovery, also available as an app)

Process of Addiction

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Addiction: A Holistic Health Model

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

Addiction: A pediatric-acquired disease

- Start drinking before age 14: 47% alcohol dependent
- Start drinking after age 21: 9% alcohol dependent

(\textit{n}=43,000)

(Source: Archives of Pediatrics & Adolescent Medicine, July 2006)

Tobacco Statistics

- Cigarettes kill more Americans each year than alcohol, cocaine, heroin, fires, car crashes, homicide, suicide and AIDS combined.
- The tobacco industry has to get 3000 children to start smoking every day simply to replace those smokers who die or quit. (2000 smokers quit every day and 1000 smokers die).

Tobacco Statistics

- Ninety percent of all smokers start before they are 18 and 60% start before high school.
- Only 3% of daily smokers in high school think they will still be smoking at all in 5 years. But more than 60% are still daily smokers 9 years later.
Smoking – Genetic Risks

Those with higher genetic risk who start to smoke:

- Smoke daily as teens
- Become heavy smokers more quickly
- Smoke heavily for longer period
- Have a harder time quitting

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Teens – Genetic Risks

Teens with a high genetic risk who tried smoking:

- 24% more likely to smoke daily by age 15
- 43% more likely to smoke a pack a day by age 18
- 22% more likely to fail in their attempts to quit smoking as adults

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Women in Recovery: Understanding Addiction

Alcohol and other Drug Education

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Women’s Psychological Development

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Relational-Cultural Theory

- Connection and development
- Disconnection
- Sociocultural disconnection
- Privilege and domination

The Adverse Childhood Experiences (ACE) Study

- Collaboration between
  - Centers for Disease Control and Prevention (CDC)
  - Kaiser Permanente HMO in California
- Largest study ever
- 17,000 adult members participated

ACE Study (Adverse Childhood Experiences)

Before age 18:
- Recurrent and severe emotional abuse
- Recurrent and severe physical abuse
- Contact sexual abuse
- Physical neglect
- Emotional neglect

ACE Study (cont.)

Population Studied:
- 80% white
- 74% college (36% some)
- 18% high school grads

Growing up in a household with:
- An alcoholic or drug-user
- A member being imprisoned
- A mentally ill, chronically depressed, or institutionalized member
- The mother being treated violently
- Both biological parents not being present

(KS AODS
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### 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 (continued)
Women 50% more likely than men to have a score of 5 or more.

(Feletti & Anda, 2010)

### ACE Study (cont.)
One-third of the group had a score of 0.

### ACE Study (continued)
"I see that you have… Tell me how that has affected you later in your life."

(Feletti & Anda, 2010)

### Adverse Childhood Experiences
Five-State Study 2010

- Collaboration between CDC and state health departments of AR, LA, NM, TN and WA.
- 26,229 adults were surveyed
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ACE Scores and Impact
underlying factors for:
• Chronic depression
• Suicide attempts
• Serious and persistent mental health challenges
• Addictions
• Victimization of rape and domestic violence

Source: Ann Jennings, Ph.D.

Women in Prison
Largest Effect-Mental Health
• 980% increase in odds if exposed to 7 CTE’s
(Messica & Greiti, 2005)

Evidence-Based
• Researched in
  • Residential treatment
  • Women’s prison
  • Drug court
• Listed on NREPP

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  • Residential treatment
  • Women’s prison
  • Drug court
• Listed on NREPP

Client Assessment Scores Improve after Completion of HWR and BT

Mean Score Changes

Keaton, Curey, and Burke (2006) SANDAG

Drug Court Study
(NIDA Funded)
• Four sites in San Diego County
• Randomized control group
• Results
  • Fewer sanctions
  • Longer in treatment
  • Reduced PTSD symptoms
  • Judge notices differences

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Source: Josephine M. Hawke, PhD, September 2012

Healing Trauma Study
Pre and Post Treatment Changes in Symptoms of Depression and Post-Traumatic Stress

Source: Josephine M. Hawke, PhD, September 2012

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Trauma
Key Elements for Staff & Clients

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

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Trauma and Mothering

Children
- Can become a trigger

Mother
- Can be overly protective
- May have unrealistic expectations
- May struggle with nurture

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Definition of Recovery

The definition of recovery has shifted from a focus on what is deleted from one’s life (alcohol and other drugs, arrests for criminal acts, hospitalizations) to what is added to one’s life (the achievement of health and happiness).

(Niller & Kurtz, 2009)

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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)

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Key Issues for Women in Recovery

- Self
- Relationships
- Sexuality
- Spirituality


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Self Psychology
Kohut (1984)
- Mirroring
- Idealizing
- Twinning

Points of Intervention
- Cognitive
- Behavioral
- Affective

Helping Women Recover
Module A: Self

Session 1: Defining Self
Session 2: Sense of Self
Session 3: Self-Esteem
Session 4: Sexism, Racism, and Stigma
(13 activities)

Group Agreements
- Attendance
- Confidentiality
- Safety
- Participation
- Honesty
- Respect
- Questions
- Task
- Punctuality

Five Senses Activity
5 things you can see
4 things you can touch
3 things you can hear
2 things you can smell
1 thing you can taste

Who Am I?
- People
- Events
- Experiences

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Role Reversal

Power Chart

<table>
<thead>
<tr>
<th>Powerful Group</th>
<th>Less Powerful Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>men</td>
<td>women</td>
</tr>
<tr>
<td>adults</td>
<td>young people</td>
</tr>
<tr>
<td>boss</td>
<td>workers</td>
</tr>
<tr>
<td>teachers</td>
<td>students</td>
</tr>
<tr>
<td>whites</td>
<td>people of color</td>
</tr>
<tr>
<td>rich</td>
<td>poor</td>
</tr>
<tr>
<td>Christians</td>
<td>Jews, Moslems, Buddhists</td>
</tr>
<tr>
<td>able-bodied</td>
<td>physically challenged</td>
</tr>
<tr>
<td>heterosexual</td>
<td>gay, lesbian, bisexual</td>
</tr>
<tr>
<td>formally educated</td>
<td>non-formally educated</td>
</tr>
</tbody>
</table>

Recovery Scale

<table>
<thead>
<tr>
<th>Self Module</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 keep up my physical appearance (nails, hair, bathing, clean clothes)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I exercise regularly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I eat healthy meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I get restful sleep</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I go to work/school (or complete house)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can adapt to change</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I keep up my living space</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Helping Women Recover
Relationship Module
Module B: Relationships

Session 5 Family of Origin
Session 6 Mothers
Session 7 Mother Myths
Session 8 Interpersonal Violence
Session 9 Creating Healthy Relationships and Support Systems

(18 activities)

Family Trees
1950 & 1990

Trauma and Mothering

Children
• Can become a trigger

Mother
• Can be overly protective
• May have unrealistic expectations
• May struggle with nurture

Family Sculpture

Characteristics of person
Characteristics of relationship
My role, My feelings
Rewards of relationship
Price of relationship
Involvement with chemicals or other addictive behaviors
Response to addictive behaviors

Relationship History Chart
Relationship Module

<table>
<thead>
<tr>
<th>Characteristics of person</th>
<th>Mother</th>
<th>Father</th>
<th>3)</th>
<th>4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Characteristics of relationship</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My role, My feelings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rewards of relationship</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Price of relationship</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Involvement with chemicals or other addictive behaviors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Response to addictive behaviors</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
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Abuse Continuum

Domestic Violence

Domestic Violence Questions
1. Have you been hit or threatened in the last year?
2. Have your children been hit or threatened in the last year?
3. Have you ever been kicked?
4. Have you ever sustained bodily injury – bruises, cuts, broken bones, etc.?
5. Do you know what a restraining order is?
6. Do you want more information?

Domestic Violence (cont.)

Responses
1. I am afraid for your safety.
2. I am afraid for the safety of your children.
3. It will only get worse.
4. I am here for you when you are ready.
5. You deserve better than this.

Domestic Violence (cont.)

Client returning home (Case Managers/Continuing Care)
1. Do you feel apprehensive about returning to your relationship?
2. Is the apprehension related to a fear of being physically hurt?

We need to develop a safety plan (and find some additional resources):
- AA sponsor
- Community network
- Hot line
- Shelter

Self - Soothing

<table>
<thead>
<tr>
<th></th>
<th>Alone</th>
<th>With Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daytime</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Night Time</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Growth Fostering Relationships

- 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
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, Miles

Helping Women Recover
Sexuality Module

Module C: Sexuality

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
(14 activities)

Sexuality

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

Sexuality

It begins

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Body Image

Sexual-Chemical Lifeline

Sexual Identity

Kinsey Scale
(0)Heterosexual  Homosexual (10)

• What's erotic to you?
• Whom do you fantasize about?
• Where do your strongest emotional attachments lie?
• What is your sexual experience, and with whom?

STATISTICS ON SEXUAL IDENTITY REPORTED BY ALCOHOLIC WOMEN

• BEFORE DRINKING BECAME A PROBLEM:
  • HETEROSEXUAL 74%
  • BISEXUAL 20%
  • LESBIAN 6%

• DURING ACTIVE ALCOHOLISM:
  • HETEROSEXUAL 57%
  • BISEXUAL 37%
  • LESBIAN 6%

• IN SOBRIETY:
  • HETEROSEXUAL 68%
  • BISEXUAL 17%
  • LESBIAN 17%
Helping Women Recover
Spirituality Module

Module D: Spirituality

Session 15 What is Spirituality?
Session 16 Prayer and Meditation
Session 17 Creating a Vision
(10 activities)

Spirituality

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

RELIGION AND SPIRITUALITY

Tenets of Women’s Spirituality

- Recognizing the interrelatedness of all life
- Honoring the dignity of the female
- Appreciating the human body as the container of the spirit

Tenets of Women’s Spirituality (cont.)

- Discovering the power of creating ritual
- Perceiving work for ecological and social justice as a spiritual responsibility
- Cultivating sensitivity to diverse multicultural experiences

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A SPIRITUAL EXPERIENCE

The Spiritual Steps

• 2. Came to believe that a power greater than myself could restore me to sanity
• 3. Made a decision to turn our will and our lives over to the care of God as we understood him
• 11. Sought through prayer and meditation to improve our conscious contact of God
• 12. Having had a spiritual awakening as a result of these Steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs

Spiritual Practices

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

PRAYER AND MEDITATION

THE PROMISES OF RECOVERY

• IF WE ARE PAINSTAKING ABOUT THIS PHASE OF OUR DEVELOPMENT, WE WILL BE AMAZED BEFORE WE ARE HALF WAY THROUGH. WE ARE GOING TO KNOW A NEW FREEDOM AND A NEW HAPPINESS. WE WILL NOT REGREAT THE PAST NOR WISH TO SHUT THE DOOR ON IT. WE WILL COMPREHEND THE WORD SERENITY AND WE WILL KNOW PEACE. NO MATTER HOW FAR DOWN THE SCALE WE HAVE GONE, WE WILL SEE HOW OUR EXPERIENCE CAN BENEFIT OTHERS. THAT FEELING OF USELESSNESS AND SELF-DESPAIR WILL DISAPPEAR. WE WILL INTUITIVELY KNOW WHO TO HANDLE SITUATIONS WHICH USED TO BAFLE US. WE WILL SUDDENLY REALIZE THAT GOD IS DOING FOR US WHAT WE COULD NOT DO FOR OURSELVES.

• ARE THESE EXTRAVAGANT PROMISES? WE THINK NOT. THEY ARE BEING FULFILLED AMONG US SOMETIMES QUICKLY, SOMETIMES SLOWLY. THEY WILL ALWAYS MATERIALIZE IF WE WORK FOR THEM.
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CREATING A VISION

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

What is Sanctuary?

Sacred place
Place of refuge/protection
Shelter

ORID

• Objective
• Reflective
• Interpretive
• Decisive

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.

Woman-centered Treatment (cont.)

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Sanctuary

What is Sanctuary?

- Sacred place
- Place of refuge/protection
- Shelter
- Oasis

What Makes a Difference?

- Creating a safe environment
- Listening to her/his story
- Empathy

"Man Prayer" - words by Eve Ensler, film by Tony Stroebel

When Eve met His Holiness Gyalwang Karmapa at TED India, she was immediately inspired by his commitment to this movement to write a prayer – the Man Prayer.

http://onebillionrising.org/pages/video-downloads#manprayer

may I be a man

CLOSING RITUAL
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