Helping Women Recover: A Trauma-Informed Approach

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Kentucky School for Alcohol and Other Drugs Studies
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Evolving Treatment Approaches

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

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.

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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

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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).

Trauma-informed Materials

- Women and Addiction: A Gender-Responsive Approach
  Hazelden Clinical Innovator’s Series
- Helping Women Recover
- Helping Men Recover
- Beyond Trauma: A Healing Journey for Women
- Healing Trauma: Strategies for Abused Women

Women in Recovery: Understanding Addiction

Alcohol and other Drug Education

Trauma-informed Materials

- Women in Recovery: Understanding Addiction (workbook)
- A Woman’s Way through The Twelve Steps: book, workbook, and group curriculum
- Voices: A Program of Self-Discovery and Empowerment for Girls
- Beyond Violence: A Prevention Program for Women

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Helping Women Recover

- Community Version
- Criminal Justice Version

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

Helping Men Recover

Beyond Trauma: A Healing Journey for Women

- 11 Sessions
- Facilitator’s Guide, Workbook and DVDs
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**Beyond Trauma: A Healing Journey for Women**

Trauma Theory

Sandra Bloom, M.D.
Judith Herman, M.D.
Peter Levine, Ph.D.

Integrates cognitive-behavioral, expressive arts, guided imagery, and relational therapy.

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**Beyond Anger and Violence: A Program for Women**

Facilitator Guide
Participant Workbook

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**Beyond Violence: A Prevention Program for Criminal Justice-Involved Women**

Facilitator Guide
Participant Workbook

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**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)

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**Evidence-Based**

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

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Client Assessment Scores Improve after Completion of HWR and BT

![Graph showing client assessment scores improving after completion of HWR and BT]

Keaton, Curtis, and Burke (2006) SANDAG

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 ≤ .05)

Drug Court Study (NIDA Funded)

- Four sites in San Diego County
- Randomized control group
- Preliminary results
  - Less substance use
  - Fewer sanctions
  - Longer in treatment
  - Judge notices differences

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
(n=43,000)
(Source: Archives of Pediatrics & Adolescent Medicine, July 2006)

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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.

Upward Spiral

Addiction (constriction)
Recovery (expansion)
Transformation

Relational-Cultural Theory

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

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)

Addiction as a Relationship

Love → Love-Hate

Two Kinds of Suffering

- Natural
- Created
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Statistics

The following statistics illustrate how pervasive interpersonal violence is in the lives of women and girls.

• A woman is battered every 15-18 seconds (United Nations Commission on the Status of Women, 2000).
• Approximately 1.5 million women are raped or physically assaulted by an intimate partner each year in the US. Women under 24 years of age suffer the highest rates of rape (NOW, 2010).
• There is one sexual assault every about every two minutes. (FBI CIUS, 2008).

Statistics

• 1 in 6 women will be sexually assaulted in her lifetime, with college age women 4 times more likely to be sexually assaulted (RAINN, 2007).
• More than half of rapes occur before age 18 and 22% occur before age 12 (CDC, 2009b).
• 1 in 5 girls and 1 in 10 boys are sexually victimized before adulthood (Nat’l Center for Missing and Exploited Children, 2008).
• In homes where DV occurs, children are seriously abused or neglected at a rate that is 1,500% higher than the national average for the general population (Children’s Defense Fund Ohio, 2009).

Statistics

• Children from violent homes have a higher tendency to commit suicide, abuse drugs and/or alcohol, and commit violence against their own partners and children (Whitfield, Anda, Dube, and Felitti, 2003).
• More than 30 million children in the U.S. live in low-income families, and 14 million children live in poverty (Wight, Chau, and Aratani, 2010).
• Children born into poverty risk exposure to violence that is so high they are guaranteed to be affected by trauma (Women’s Law Project, 2002).

Statistics

• While both male and female children are at risk for abuse, females continue to be at risk for interpersonal violence in their adolescence and adult lives (Covington & Surrey).
• At least 50% of child abuse and neglect cases are associated with parental drug or alcohol abuse (ECMEF, 2008).
• One or more parents were responsible for 70% of child fatalities caused by abuse or neglect (HHS, 2008a).
• In 2005, 1,181 women were murdered by their intimate partner -- more than 3 women murdered per day (FVPF, 2009b).
• Every year there are 2 million injuries from domestic violence (CDCP, 2008).

Statistics

• If a victim of domestic violence, a woman is 80% more likely to have a stroke, 70% more likely to drink heavily or to have a heart attack, 60% more likely to have asthma (FVPF, 2009d).
• While relationship violence happens to women of every race and ethnic background, African-American women are physically assaulted at a rate that is 35% higher than Caucasian women, and about 2-1/2 times the rate of women of other races. (National Coalition Against Domestic Violence, 2000).

Statistics

• 1/3 of women in state prison and 1/4 in jails said they had been raped (BJS, 1999).
• Women in prison reported childhood abuse at a rate almost twice that of men; abuse of women as adults was eight times higher than the rate for men (Messina et. al., 2001).
• Between 23-37% of female offenders reported that they had been physical or sexually abused before the age of 18 (BJS, 1999).

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Moral Challenges

- 19th century - slavery
- 20th century - totalitarianism
- 21st century - brutality against women and girls

(NY Times 9/23/09)

Trauma

Gender Differences

Trauma-informed Services

1. Take the trauma into account.
2. Avoid triggering trauma reactions and/or traumatizing the individual.
3. Adjust the behavior of counselors, other staff and the organization to support the individual's coping capacity.
4. Allow survivors to manage their trauma symptoms successfully so that they are able to access, retain and benefit from the services.

(Harris & Falot)

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
(Adverse Childhood Experiences)

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

(N=17,000)

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

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ACE Study (Cont.)

Women 50% more likely than men to have 5 or more
(Higher scores more common in women)

(Felitti & Anda, 2010)

ACE Study (continued)

Men 16% Sexual Abuse
Men 30% Physical Abuse
Women 27% Sexual Abuse

(Felitti and Anda, 2010)

ACE Study (continued)

If a male child has six or more “yes” answers, his risk of becoming an IV drug user increases by 4,600% compared to a boy with a score of zero.

(Felitti & Anda, 2010)

ACE Study (continued)

Population studied:
- 75% white
- 39% college (36% some)
- 18% high school grads

(Felitti & Anda, 2010)

ACE Study (continued)

6 or more “yes” answers
= 2 decades shorter life expectancy than person with 0 “yes” answers

(Felitti & Anda, 2010)

Childhood Traumatic Events
Largest Effect—Mental Health

- Psychotropic medication
- Mental health treatment
- Attempted suicide
- Traumatic stress

(Messina & Gralla, 2005)

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**Childhood Traumatic Events**
**Largest Effect-Mental Health**

- 980% increase in odds if exposure to 7 CTE's

(Messina & Grella, 2005)

**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).

(Miller & Kurtz, 2005)

**Prevalence of Trauma and PTSD in Substance Use/Abuse**

- 60% to 90% of a treatment-seeking sample of substance abusers also have a history of victimization
- More than 80% of women seeking treatment for a substance use disorder reported experiencing physical/sexual abuse during their lifetime

**Prevalence of Trauma and PTSD in Substance Use/Abuse**

- Between 44% and 56% of women seeking treatment for a substance use disorder had a lifetime history of PTSD
- 10.3% of the men and 26.2% of the women with a lifetime diagnosis of alcohol dependence also had a history of PTSD

**Histories of Trauma / Violence among Clients Treated for Methamphetamine**

Persons in treatment for methamphetamine report high rates of trauma

- 85% women
- 69% men

**Histories of Trauma / Violence among Clients Treated for Methamphetamine**

Most common source of trauma/violence:
- For women, was a partner (80%)
- For men, was a stranger (43%)

History of sexual abuse:
- 67% women
- 16% men

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Prevalence of Trauma and PTSD in Severe Mental Illness

- 98% reported exposure to at least one traumatic event, lifetime
- 43% of sample received a current diagnosis of PTSD; only 2% had PTSD diagnosis in their charts
- Severely mentally ill patients who were exposed to traumatic events tended to have been multiply traumatized, with exposure to an average of 3.5 different types of trauma.

A Repetitive Cycle of Risk

Incarceration → Homelessness

Violence and Trauma

Substance Abuse → Mental Health Problems

Level of Burden

“Burden” is 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

Critical and Interrelated Issues

- Substance Abuse
- Mental Health
- Trauma
- Physical Health
- Crime

Areas of Separation

- Training
- Treatment
- Categorical Funding

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Key Elements  
(Staff and Clients)

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

Key Issues for Women in Recovery

• Self
• Relationships
• Sexuality
• Spirituality


Module A: Self

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

(13 activities)

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>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>
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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

(10 activities)

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, Wellesley College, Wellesley, MA 02181

Recovery Scale Relationship Module

<table>
<thead>
<tr>
<th>I share my needs and wants with others</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 socialize with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I stay connected to friends and loved ones</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I nurture my children and/or loved ones</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am straightforward with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can tell the difference between supportive and non-supportive relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: S. Covington, PhD 2014
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**Recovery Scale Relationship 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 have developed a support system</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I offer support to others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I participate in conversations with my family members, friends, and/or co-workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I listen to and respect others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have clean and sober friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I can be trusted</td>
<td></td>
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</tbody>
</table>

**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

© Covington, 1995

**Body Image**

**Sexual-Chemical Lifeline**
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Module D: Spirituality

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

(10 activities)

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

Sexual Bill of Rights

My Sexual Bill of Rights

I have the right to:

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**ORID**
- OBJECTIVE
- REFLECTIVE
- INTERPRETIVE
- DECISIVE

**What Makes a Difference?**
- Creating a safe environment
- Listening to her story
- Empathy

**Woman-centered Treatment**
"What does each woman need to have by the time she leaves 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.)
- Have a recovery plan
- Have her basic needs addressed (for shelter, food, transportation, childcare, literacy, employment, etc.).
Therapeutic Approaches

- Relational-Cultural
- Group therapy
- Cognitive-behavioral
- Experiential
- Therapeutic community
- Mutual Help

Sanctuary

What is Sanctuary?

Sacred place
Place of refuge/protection
Shelter

Women and Girls Healing

Working on multiple levels:
- Individual
- Political
- Spiritual

Oprah Winfrey Network: Breaking Down the Bars

- To view full episodes online, visit: http://eztvstream.com/category/breaking-down-the-bars/

For More Information

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