Helping Women Recover:
A Program for Treating Addiction

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Definition: Gender-Responsiveness

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 that addresses and responds to their strengths and challenges.

(Covington and Bloom)

Guiding Principles for Gender-Responsive Services

- Gender

- Environment

- Relationships

- Women's Services

- Economic & Social Status

- Community

Guiding Principles

- **Gender:** Acknowledge that gender makes a difference.

- **Environment:** Create an environment based on safety, respect, and dignity.

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)

Who Are The Women?

- Pathways to crime:
  - Survival of abuse and poverty
  - Addiction

- Most are poor, undereducated, unskilled, single mothers, and disproportionately women of color.

- Between 1995 and 1996, female drug arrests increased by 95%, (male 55%).

- Nationwide, the number of women incarcerated for drug offenses rose by 888% from 1986 to 1996.

Gender Differences

- Employment histories

- Substance abuse problems

- Criminal involvement

- Psychological functioning

- Sexual and physical abuse histories

(Source: A Profile of Women in Prison-based Therapeutic Communities,
N. Messina, W. Burton & M. Prendergast)

Who are the Girls?

- Families struggling with poverty, domestic violence and substance abuse.

- Low rates of serious and violent crime.

- Higher risk for status offenses – promiscuity, truancy, running away.

- Run away to survive abuse.

- High incidence physical and sexual abuse.

- High incidence of substance abuse.

THE ATMOSPHERE OF THE INSTITUTION
THE SPIRIT OF THE "GOOD FAMILY"
ENVIRONMENTAL THERAPY

Caring Boundaries

Tolerance

MEETING THE WOMAN WITH POSITIVE EXPECTATIONS

The Past

DEEPER PSYCHIC CHANGE

• Trust in others and in yourself
• Courage to do new things
• To like yourself as a woman

Here & Now

COGNITIVE INTERVENTIONS

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

RESPECT

The Future

New Tools

Lotta Länne, Sweden, 2006

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 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–Cultural Theory (Stone Center)

Theory of Trauma
- Three Stage Model (Herman)
- Upward Spiral – A Transformational Model (Covington)

Voices: A Program of Self-discovery and Empowerment for Girls

Theory of Girls' Psychological Development
- Relational Cultural-Theory (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

Beyond Trauma: *A Healing Journey for Women*

Trauma Theory

Sandra Bloom

Mary Harvey

Judith Herman

Peter Levine

et al.

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

Beyond Trauma Themes

- Safety
- Empowerment
- Connection (Aloneness)
- Normal reactions (Shame)
- Mind-body connection
- Substance abuse
- Woman-centered
- Uses a variety of treatment strategies: psychoeducational, cognitive, relational, expressive

Addiction:
A Holistic Health Model

- Physiological

- Emotional

- Social

- Spiritual

- Environmental

- Political

Upward Spiral

Transformation
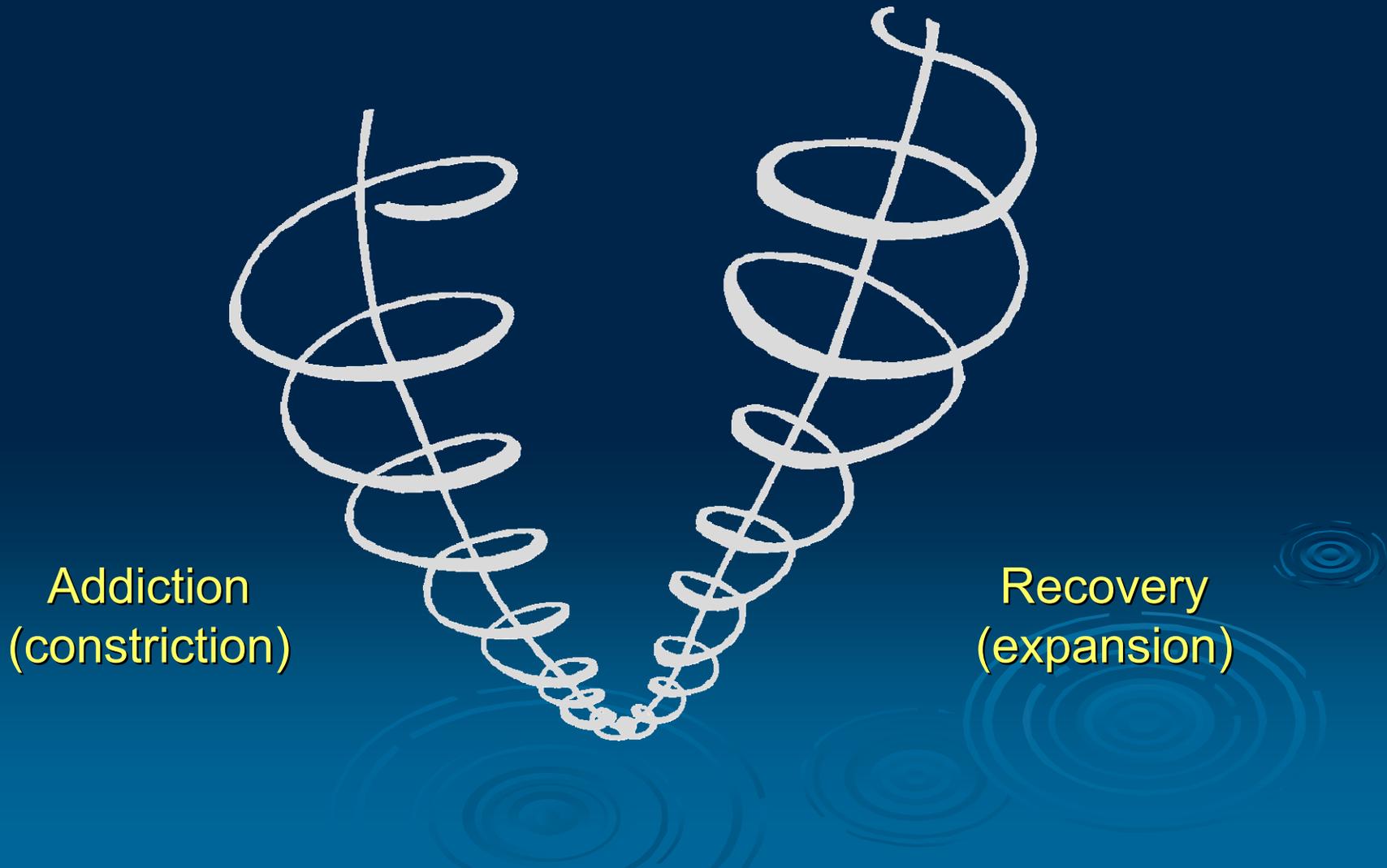
Addiction
(constriction)

Recovery
(expansion)

Relational 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)

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.

Trauma-informed Services

Trauma-informed services:

- Take the trauma into account.

- Avoid triggering trauma reactions and/or traumatizing the individual.

- Adjust the behavior of counselors, other staff and the organization to support the individual's coping capacity.

- Allow survivors to manage their trauma symptoms successfully so that they are able to access, retain and benefit from the services.

(Harris & Fallot)

Ten Principles of Trauma-Informed Services

Principle 1.

Trauma-Informed Services Recognize the Impact of Violence and Victimization on Development and Coping Strategies

Ten Principles of Trauma-Informed Services (cont.)

Principle 2.

Trauma-Informed Services Identify Recovery from Trauma as a Primary Goal

Ten Principles of Trauma-Informed Services (cont.)

Principle 3.

Trauma-Informed Services Employ an Empowerment Model

Ten Principles of Trauma-Informed Services (cont.)

Principle 4.

Trauma-Informed Services Strive to Maximize a Woman's Choices and Control Over Her Recovery

Ten Principles of Trauma-Informed Services (cont.)

Principle 5.

Trauma-Informed Services Are Based in a Relational Collaboration

Ten Principles of Trauma-Informed Services (cont.)

Principle 6.

Trauma-Informed Services Create an Atmosphere That Is Respectful of Survivor's Need for Safety, Respect, and Acceptance

Ten Principles of Trauma-Informed Services (cont.)

Principle 7.

Trauma-Informed Services Emphasize Women's Strengths, Highlighting Adaptation Over Symptoms and Resilience Over Pathology

Ten Principles of Trauma-Informed Services (cont.)

Principle 8.

The Goal of Trauma-Informed Services Is to Minimize the Possibilities of Retraumatization

Ten Principles of Trauma-Informed Services (cont.)

Principle 9.

Trauma-Informed Services Strive to Be Culturally Competent and to Understand Each Woman in the Context of Her Life Experiences and Cultural Background

Ten Principles of Trauma-Informed Services (cont.)

Principle 10.

Trauma-Informed Agencies Solicit Consumer Input and Invoice Consumers in Designing and Evaluating Services

Elliot, D.E.; Bjelajac, P.; Fallot, R.D.; Markoff, L.S.; Reed, B.G. *Trauma-Informed or Trauma-Denied: Principles and Implementation of Trauma-Informed Services for Women.* Journal of Community Psychology, July, 2005., 33(4): 461-477.

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 other 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."

"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)."

Types of Abuse

Sexual abuse

Physical abuse

Emotional abuse

Domestic violence

Witnessing abuse/violence

Self-inflicted violence

Types of Abuse (cont.)

Stigmatization

Women in criminal justice system

Women of color

Women in poverty

Lesbian, transgendered, bisexual

Women with mental illness

Sexual Assault Graph

Female proportion of all sexual assault victims
Percent of sexual assault victims

Sexual Assault Graph

Age distribution of sexual assault victims, by gender

Rate per 1,000 victims
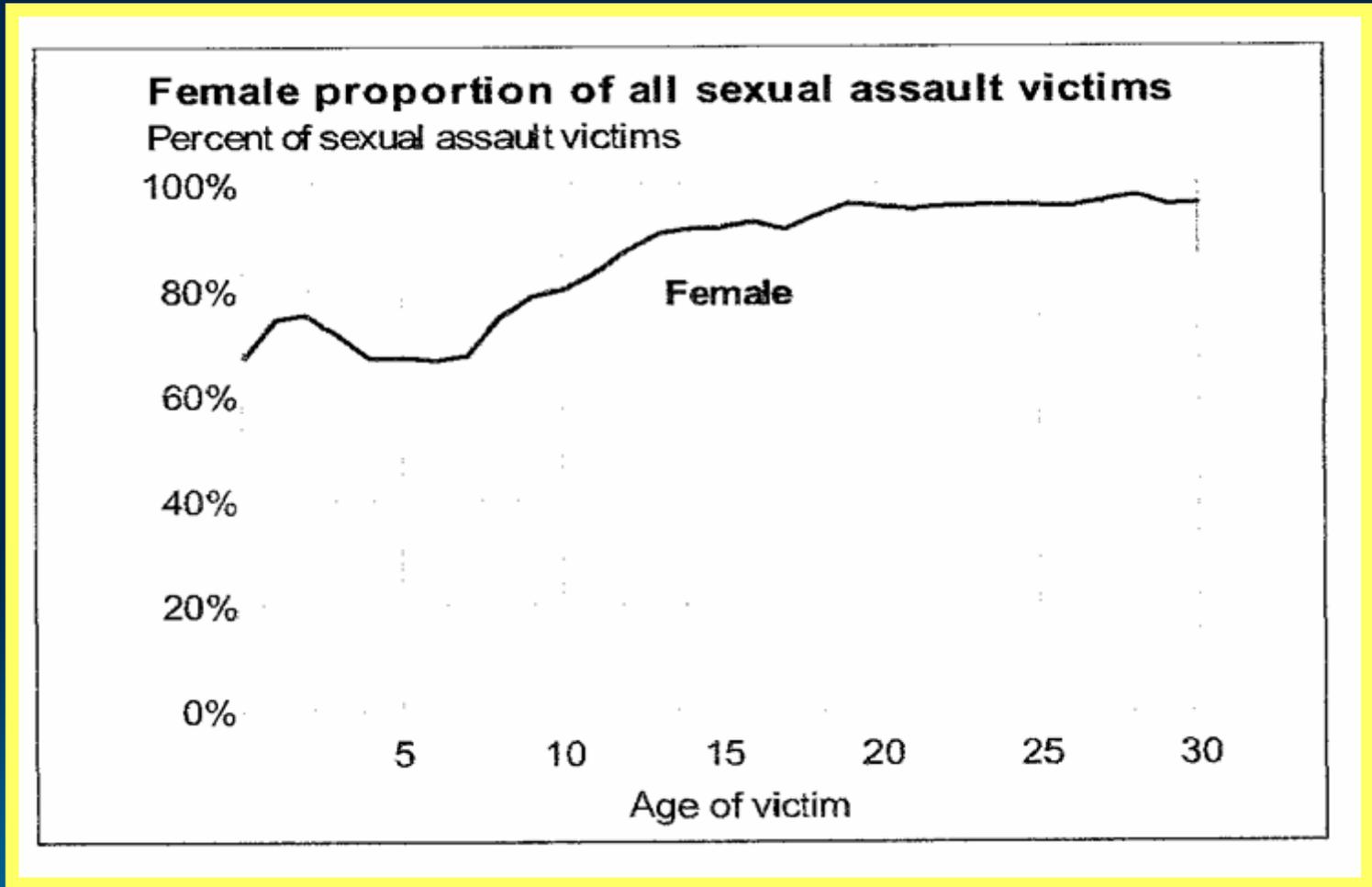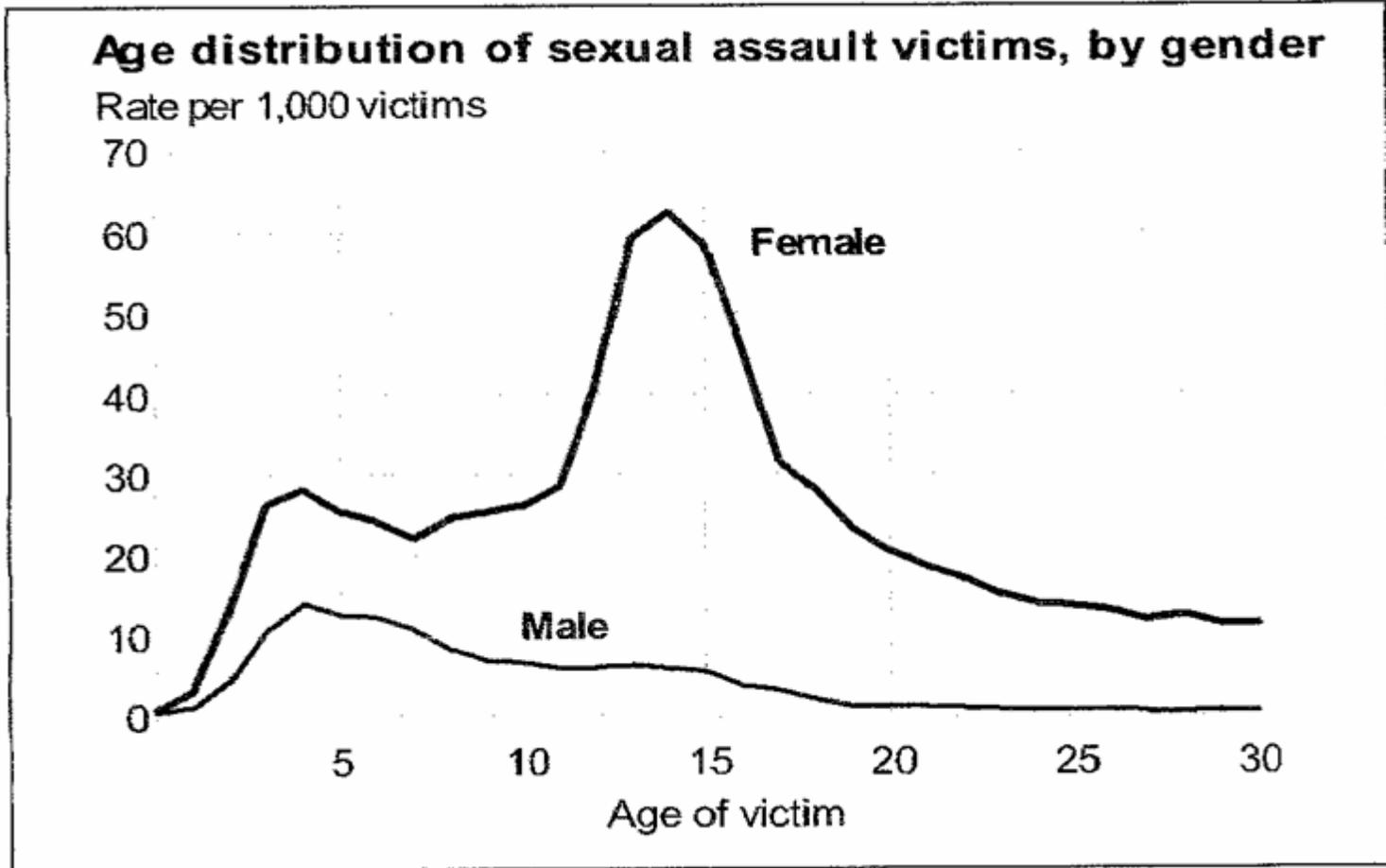
Post-traumatic Stress Disorder

- Nightmares; Flashbacks

- Estrangement

- Numbing of General Responsiveness

- Insomnia

- Exaggerated Startle Response

- Hypervigilance

(DSM-IVTR)

Process of Trauma

TRAUMATIC EVENT
Overwhelms the Physical & Psychological Systems
Intense Fear, Helplessness or Horror

RESPONSE TO TRAUMA
Fight or Flight, Freeze, Altered State of Consciousness, Body Sensations, Numbing,
Hyper-vigilance, Hyper-arousal

**SENSITIZED NERVOUS SYSTEM
CHANGES IN BRAIN**

CURRENT STRESS
Reminders of Trauma, Life Events, Lifestyle

PAINFUL EMOTIONAL STATE

RETREAT	**SELF-DESTRUCTIVE ACTION**	**DESTRUCTIVE ACTION**
ISOLATION DISSOCIATION DEPRESSION ANXIETY	SUBSTANCE ABUSE EATING DISORDER DELIBERATE SELF-HARM SUICIDAL ACTIONS	AGGRESSION VIOLENCE RAGES

ACE Study
(Adverse Childhood Experiences)

- Recurrent and severe emotional abuse
- Recurrent and severe physical abuse
- Contact sexual abuse

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

(Felitti, V.J.: Origins of Addictive Behavior: Evidence from the ACE Study. 2003 Oct:52(8): 547-59. German. PMID: 14619682 (PubMed-indexed for MEDLINE).

Childhood Traumatic Events
Women in CJ System

CJ   21%   →   5+ (before age 16)
HMO   13%   →   5+ (before age 18)

Greater exposure to CTE's increased likelihood of 14 out of 20 health–related outcomes.

(Messina & Grella, 2005)

Childhood Traumatic Events
CJ Women

More:
- Problems in adolescence
- Homelessness
- Substance abuse
- Involvement with crime
- Prostitution
- Eating disorders
- Hepatitis & STD's
- Gynecological problems
- Asthma

(Messina & Grella, 2005)

Childhood Traumatic Events
Largest Effect-Mental Health

- Psychotropic medication

- Mental health treatment

- Attempted suicide

- Traumatic stress

(Messina & Grella, 2005)

Childhood Traumatic Events

Largest Effect-Mental Health

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

(Messina & Grella, 2005)

Disorders Related to Trauma and Substance Abuse in Women's Lives

Disorders Related to Trauma and Substance Abuse:

- Depressive Disorders NOS   22.9%

- Major Depressive Disorders   17.5%

- Post traumatic Stress Disorders   16.3%

- Neurotic Anxiety Disorders   13.8%

- Bipolar Disorders   13.7%

- Mood or Dysthymic Disorders   5.3%

- Psychotic Disorders   4.8%

- Personality and Misc. Disorders   5.8%

Trauma: Stages of Recovery

Syndrome	Stage One	Stage Two	Stage Three
Hysteria (Janet 1889)	Stabilization, Symptom-oriented treatment	Exploration of traumatic memories	Personality reintegration, rehabilitation
Combat trauma Scurfield (1985)	Trust, stress-management education	Re-experiencing trauma	Integration of trauma

Source: Herman, 1992, 1997

Trauma: Stages of Recovery

Syndrome	**Stage One**	**Stage Two**	**Stage Three**
Complicated post-traumatic stress disorders	Stabilization,	Integration of memories	Development of self, drive integration

Source: Herman, 1992, 1997

Trauma: Stages of Recovery

Syndrome	Stage One	Stage Two	Stage Three
Multiple personality disorder (Putnam 1989)	Diagnosis, stabilization, communication cooperation	Metabolism of trauma	Resolution, integration, development of post-resolution coping skills
Traumatic disorders (Herman 1992)	Safety	Remembrance and mourning	Reconnection

Source: Herman, 1992, 1997

Trauma
Three Group Models

Group	Recovery Stage One	Recovery Stage Two	Recovery Stage Three
Therapeutic task	Safety	Remembrance and mourning	Reconnection
Time orientation	Present	Past	Present, future
Focus	Self-care	Trauma	Interpersonal relationships

Source: Herman, 1992, 1997

Trauma
Three Group Models

Group	Recovery Stage One	Recovery Stage Two	Recovery Stage Three
Membership	Homogeneous	Homogeneous	Heterogeneous
Boundaries	Flexible, inclusive	Closed	Stable, slow turnover
Cohesion	Moderate	Very high	High

Source: Herman, 1992, 1997

Trauma
Three Group Models

Group	Recovery Stage One	Recovery Stage Two	Recovery Stage Three
Conflict tolerance	Low	Low	High
Time limit	Open-ended or repeating	Fixed Limit	Open-ended
Structure	Didactic	Goal-directed	Unstructured
Example	Twelve-step programs	Survivor group	Interpersonal psychotherapy group

Source: Herman, 1992, 1997
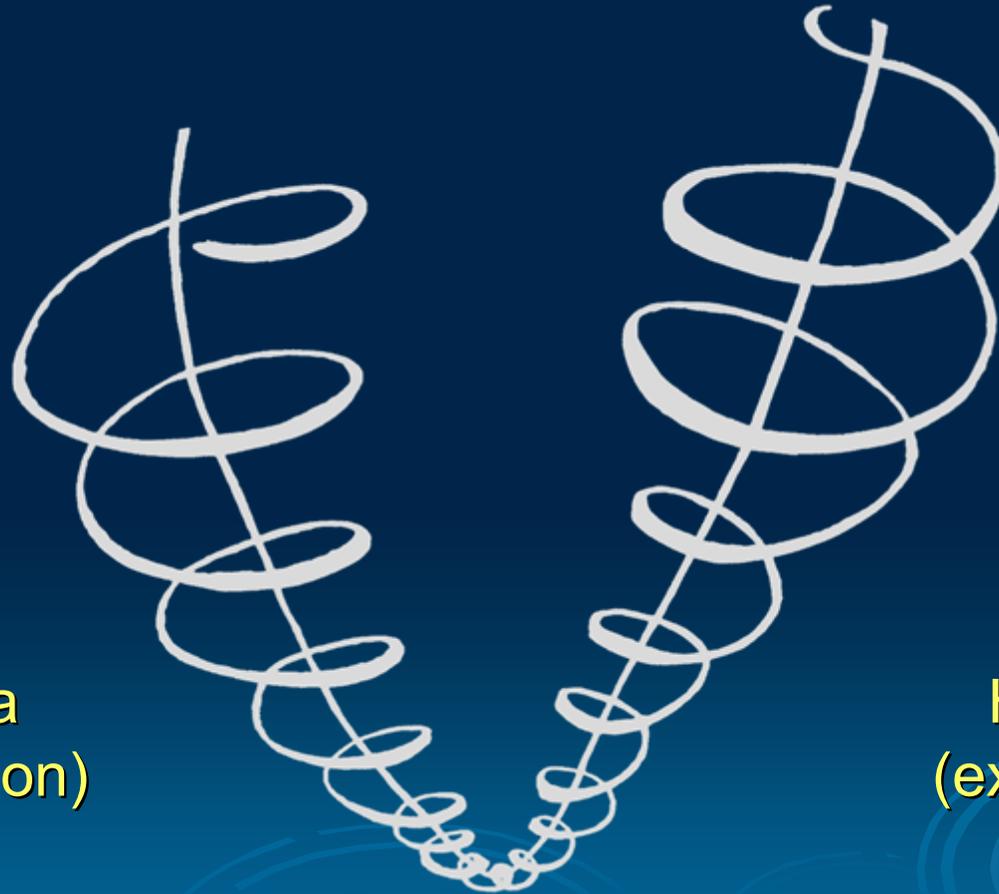
Comprehensive Treatment for Women

Issues

Within the treatment program, counselors should address the following issues:

- The etiology of addiction, especially gender-specific issues related to addiction (including social, physiological, and psychological consequences of addiction and factors related to onset of addiction)

Comprehensive Treatment for Women (cont.)

- Low self-esteem

- Race, ethnicity and cultural issues

- Gender discrimination and harassment

- Disability-related issues, where relevant

- Relationships with family and significant others

- Attachments to unhealthy interpersonal relationships

Comprehensive Treatment for Women (cont.)

- Interpersonal violence, including incest, rape, battering, and other abuse

- Eating disorders

- Sexuality, including sexual functioning and sexual orientation

- Parenting

- Grief related to the loss of alcohol or other drugs, children, family members, or partners

Comprehensive Treatment for Women (cont.)

- Work

- Appearance and overall health and hygiene

- Isolation related to a lack of support systems (which may or may not include family members and/or partners) and other resources

- Life plan development

- Child care and child custody

Points of Intervention

- Cognitive

- Behavioral

- Affective

Women in Recovery: Understanding Addiction

Alcohol and other Drug Education

Downward Spiral

Upward Spiral

Addiction
(constriction)

Recovery
(expansion)

Women in Recovery: Understanding Addiction

Effects of Methamphetamine Use
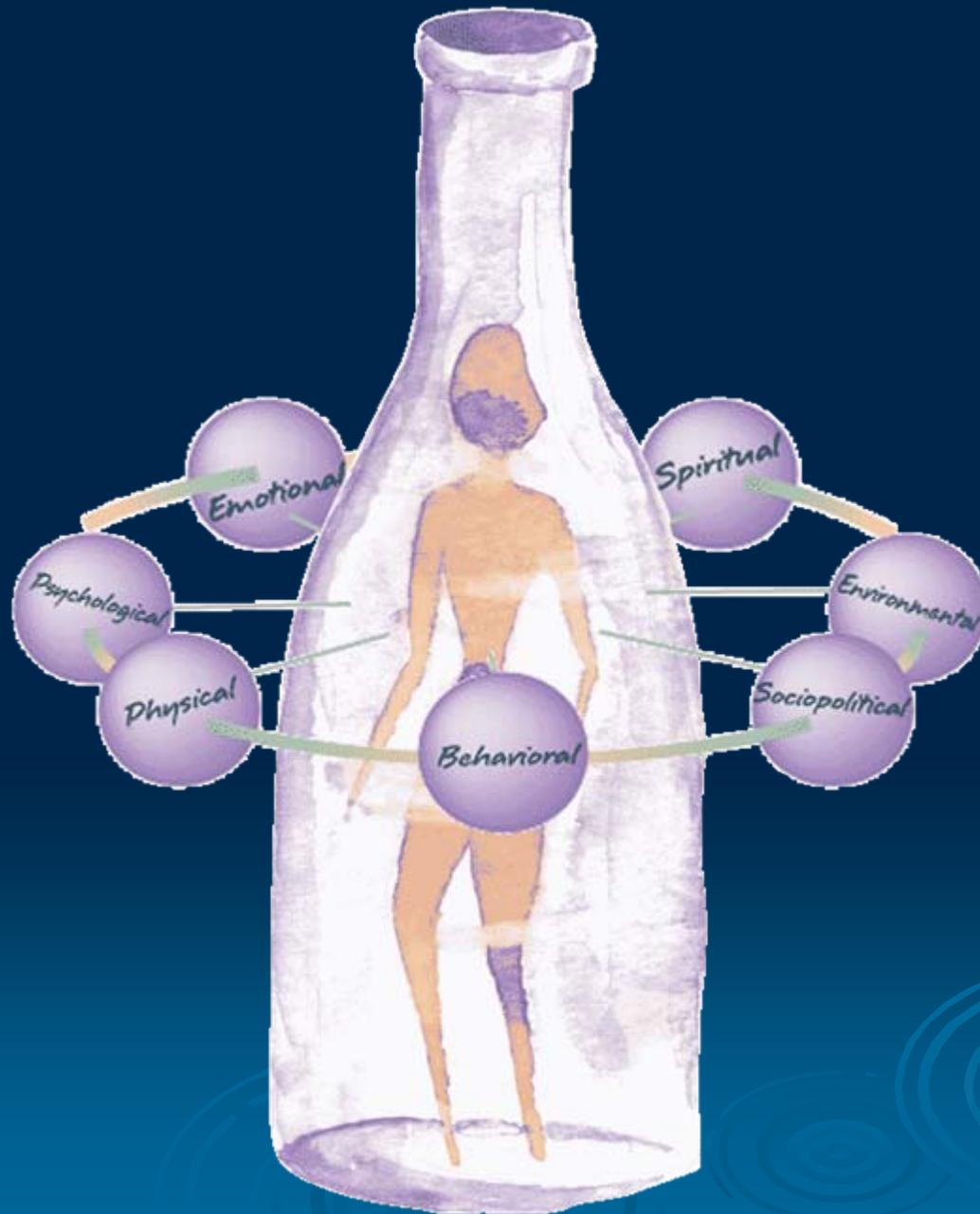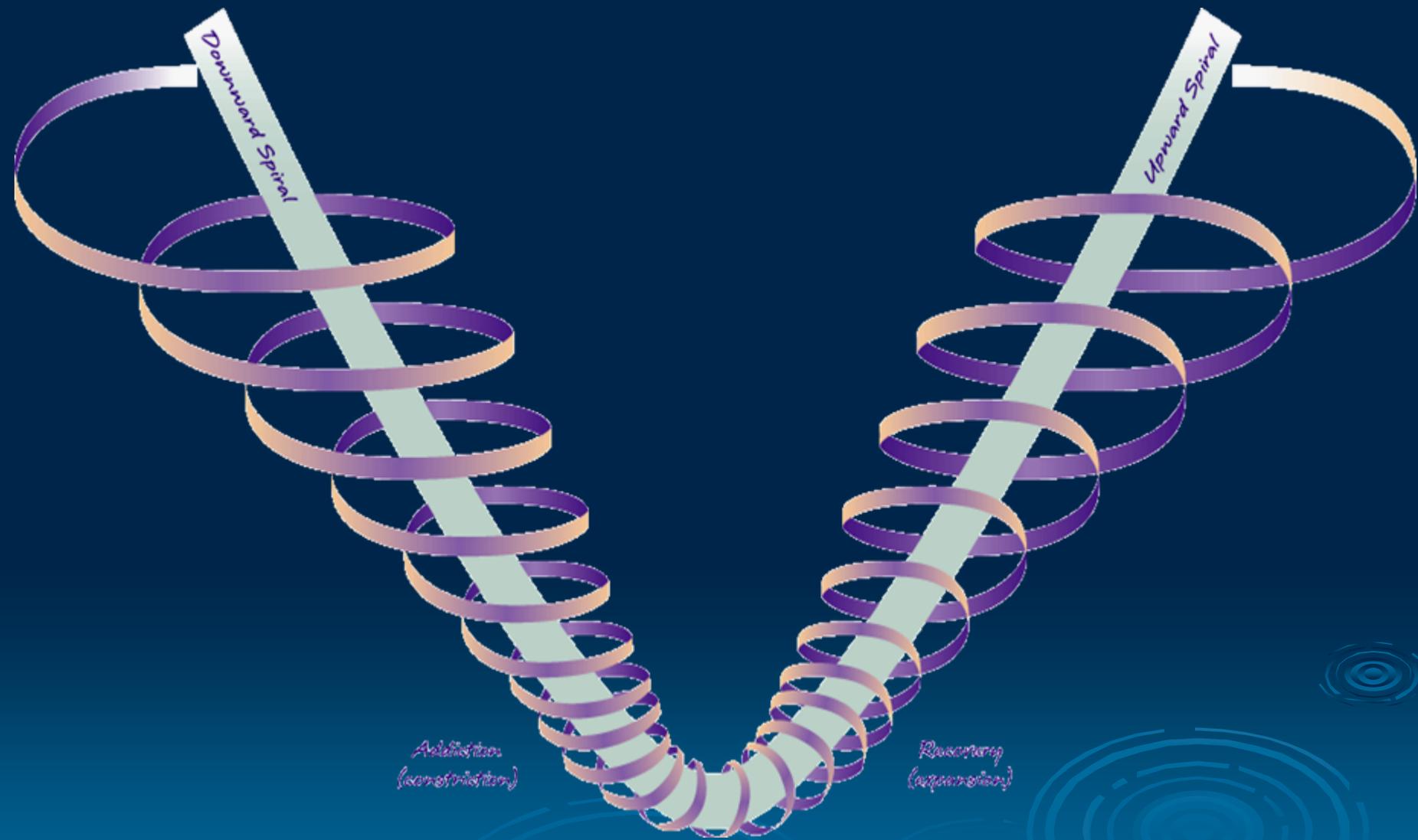
Health Risks Associated with Drug Abuse

Mother	Baby
poor nutrition	prematurity
high blood pressure	low birth weight
rapid heart beat	infections
low weight gain	Sudden Infant Death Syndrome
low self-esteem	birth defects
sexually transmitted diseases	stunted growth
early delivery	poor motor skills
HIV/AIDS	HIV/AIDS
depression	learning disabilities
physical/sexual abuse	neurological problems

Were you aware of the health risks alcohol and other drugs pose to a pregnant woman and her baby? ❏ yes ❏ no

Describe how you believe you or someone you know has put themselves or their child at risk by taking alcohol and other drugs while pregnant.

_____

_____

_____

_____

_____
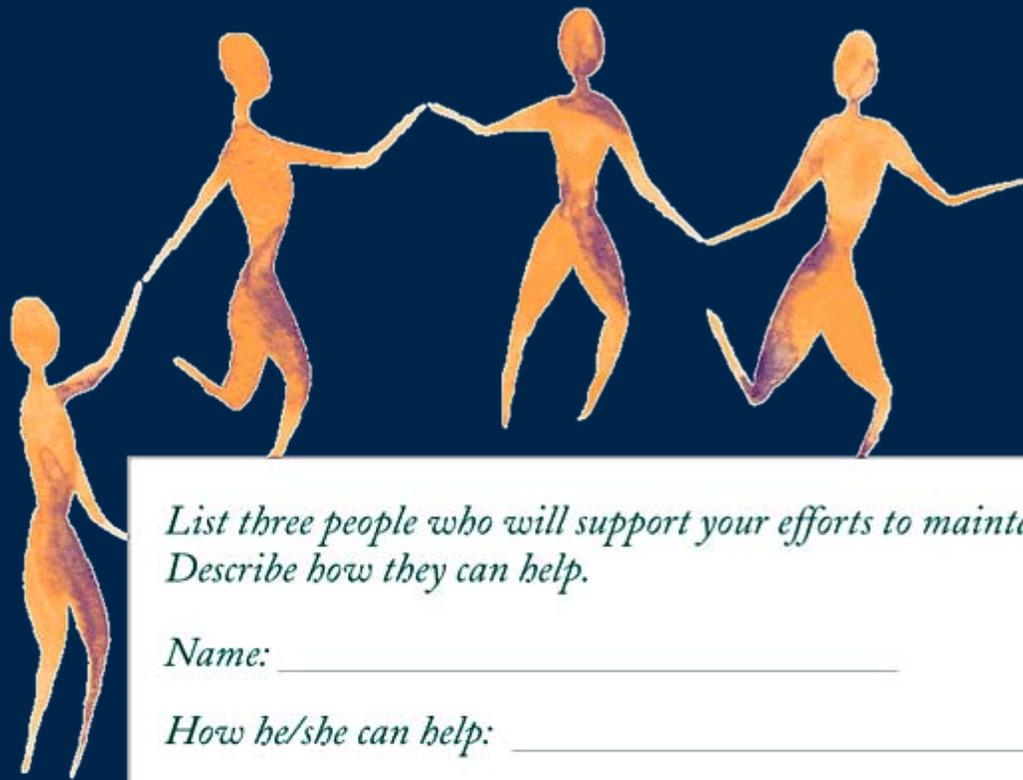
List three people who will support your efforts to maintain a drug-free lifestyle. Describe how they can help.

Name: _____

How he/she can help: _____

_____

Name: _____

How he/she can help: _____

_____

Name: _____

How he/she can help: _____

_____

# Program Design

When and where to use the Twelve Steps

Twelve Steps

- *A Women's Way through the Twelve Steps*

- *A Women's Way through the Twelve Steps Workbook*

Key Issues for Women in Recovery

- Self

- Relationships

- Sexuality

- Spirituality

Source: Covington, S., (1994) *A Woman's Way Through the 12 Steps,* Hazelden

Helping Women Recover
Self Module
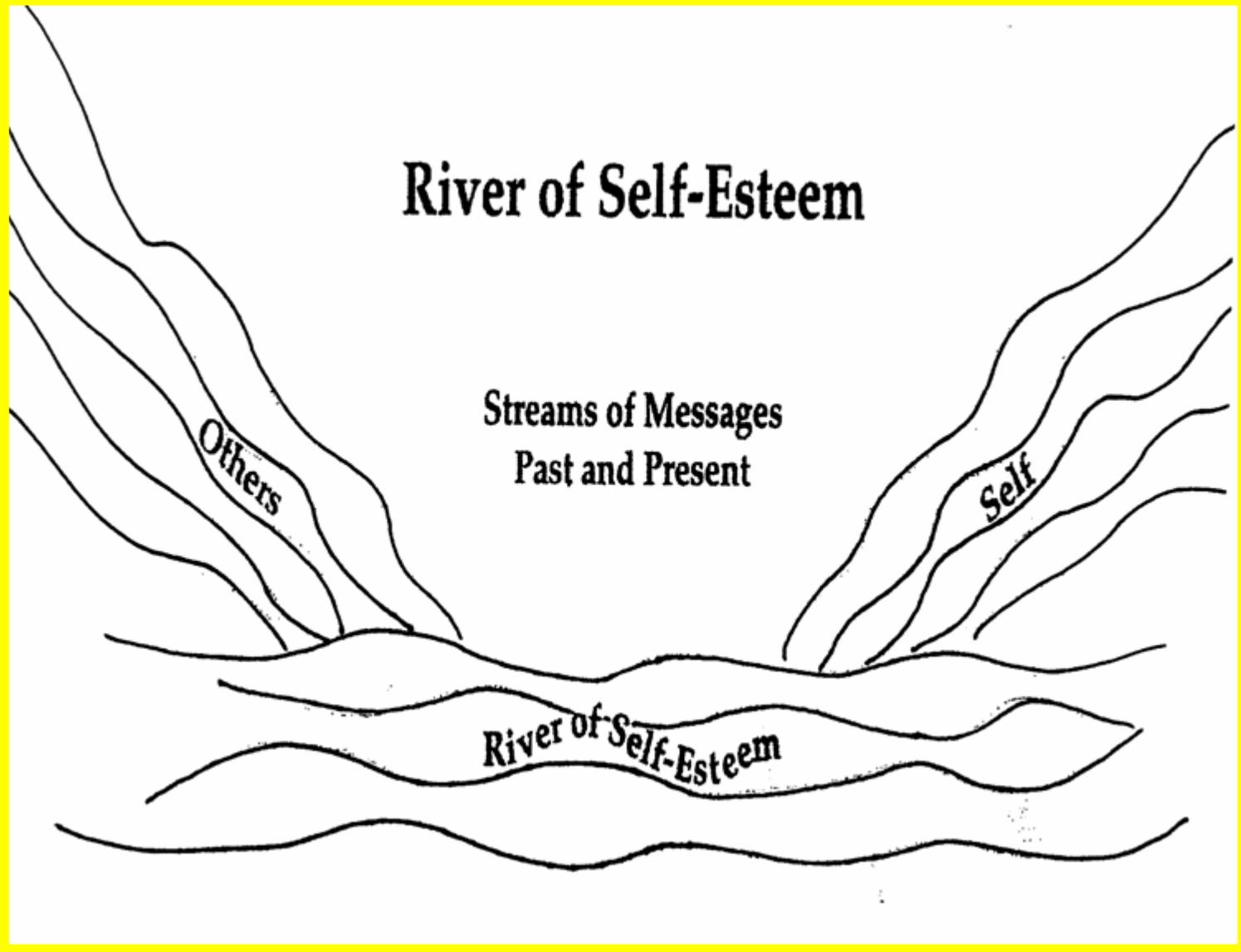
River of Self-Esteem

Streams of Messages
Past and Present

Others

Self

River of Self-Esteem

Power Chart

Powerful Group	Less Powerful Group
men	women
adults	young people
boss	workers
teachers	students
whites	people of color
rich	poor
Christians	Jews, Moslems, Buddhists
able-bodied	physically challenged
heterosexual	gay, lesbian, bisexual
formally educated	non-formally educated

Recovery Scale
Self Module

	Not at all	Just a little	Pretty much	Very much
I keep up my physical appearance (nails, hair, bathing, clean clothes)				
I exercise regularly				
I eat healthy meals				
I get restful sleep				
I go to work/school (or complete tasks)				
I can adapt to change				
I keep up my living space				

Recovery Scale
Self Module

	Not at all	Just a little	Pretty much	Very much
I take constructive criticism well				
I can accept praise				
I laugh at funny things				
I acknowledge my needs and feelings				
I engage in new interests				
I can relax without drugs and alcohol				
I value myself				

Helping Women Recover
Relationship Module

Family Trees
1950 & 1990
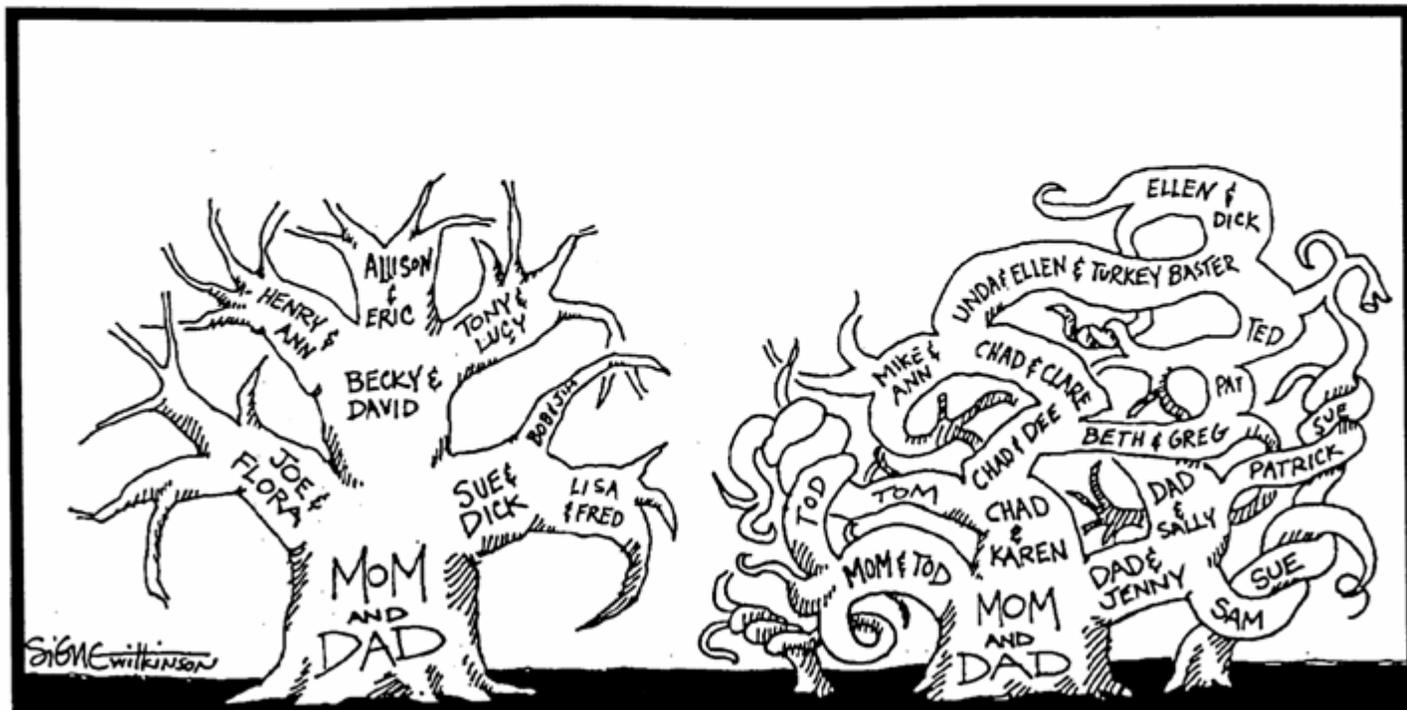
Growth Fostering Relationships

- 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, Miller

Domestic Violence

<u>Domestic Violence Questions</u>

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.)

<u>Responses</u>

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

Sample Relationship Map

Past | Present | Future

good friend from this group

son   son

ex-relationship partner

son   son

friend Michael

therapist   SELF

past abusers   NA

AA   women's group

friend Sara   relationship partner
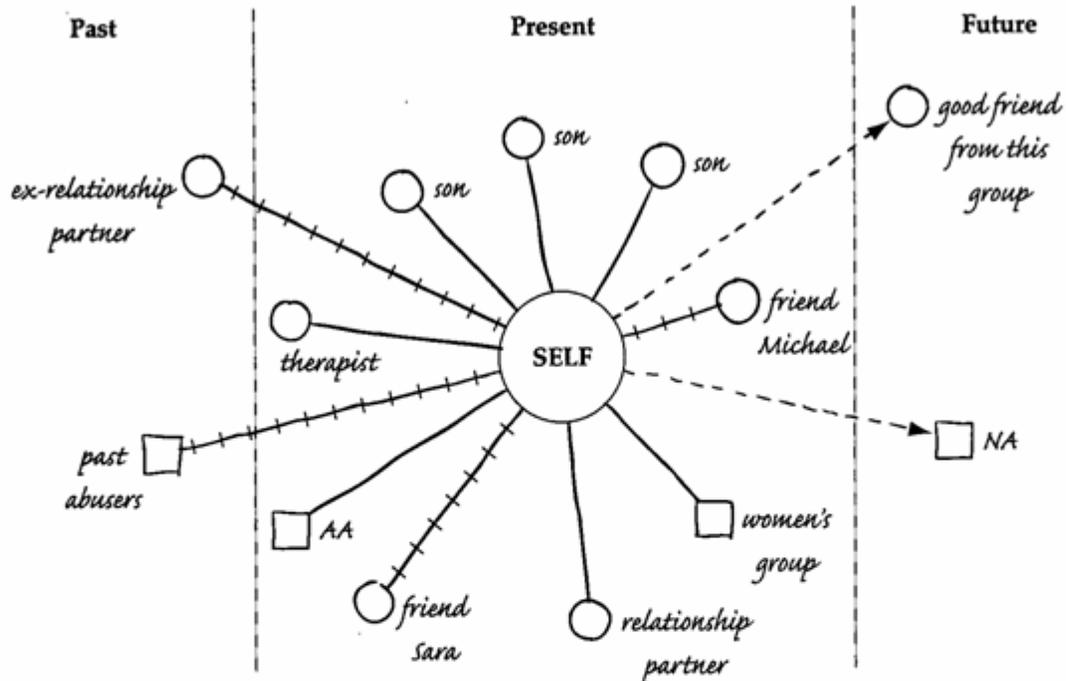
Quality of Relationship

◯ Individual

☐ Group

——— Keep existing relationship

– – ▶ Start new relationship

+++ End existing relationship

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Helping Women Recover
Sexuality Module

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

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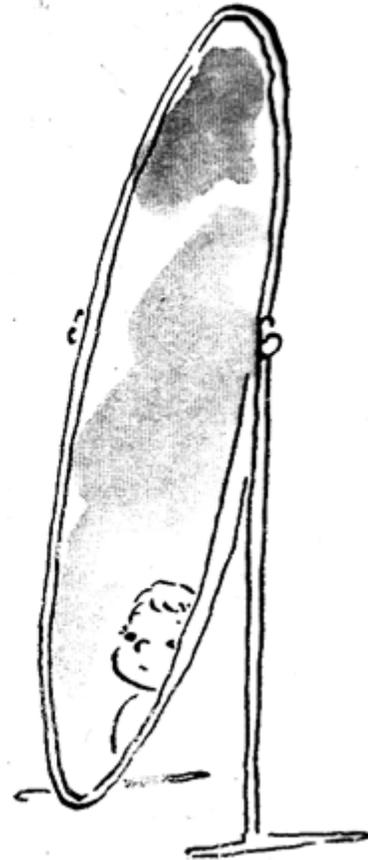
Body Image
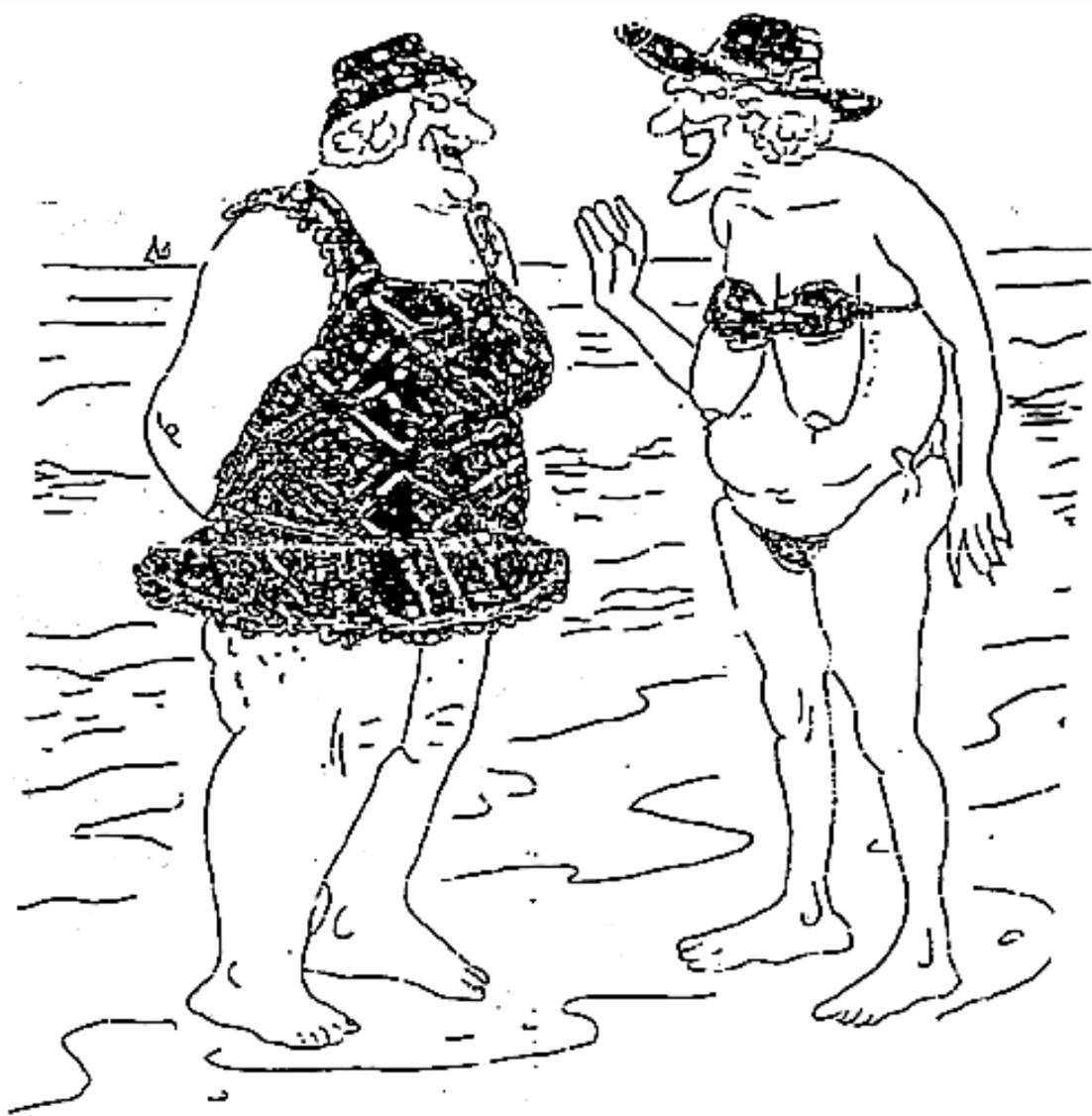
"Then I said the hell with it and dug out my old bikini..."

Sexual-Chemical Lifeline
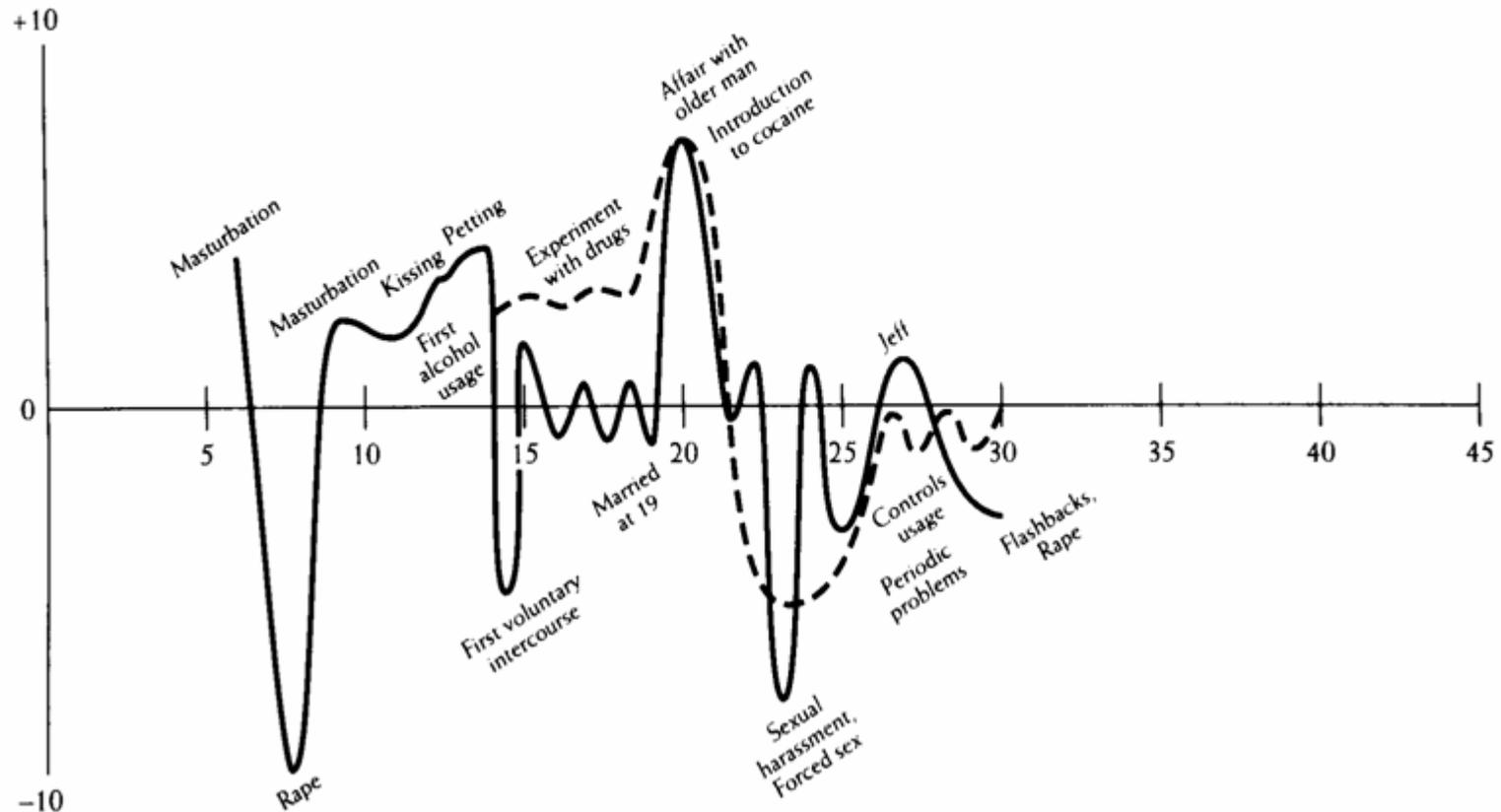
Self - Soothing

	Alone	With Others
Daytime		
Night Time		

Sexual Bill of Rights

My Sexual Bill of Rights

I have the right to….

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
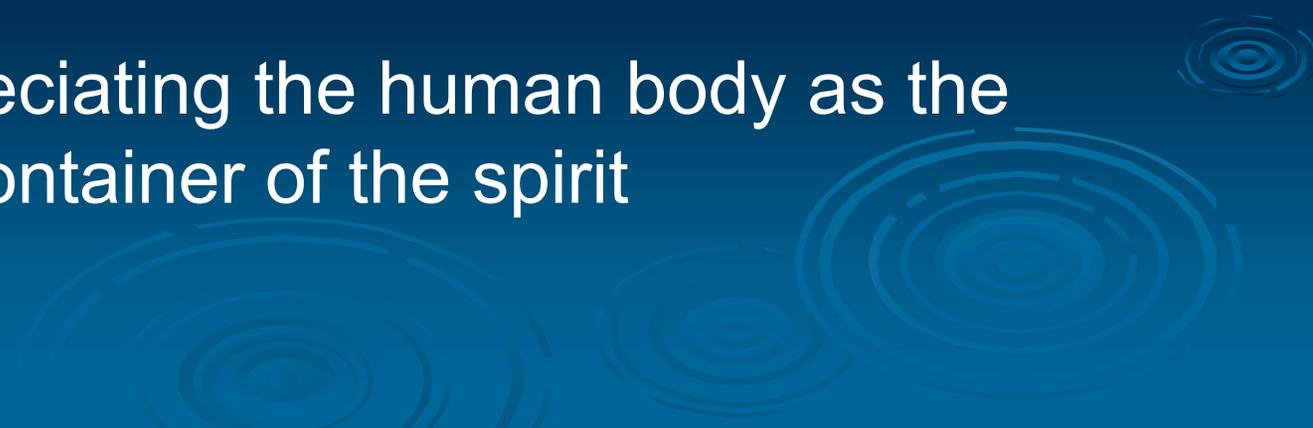
Tenets of Women's Spirituality (cont.)

- Discovering the power of creating ritual

- Perceiving work for ecological and social justice as a spiritual responsibility

- Cultivating sensitivity to diverse multicultural experiences

For More Information

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