Helping Women Recover: A Program for Treating Addiction

Curriculum written by
Stephanie S. Covington, Ph.D., LCSW

Training provided by
Twyla Wilson, LCSW
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

The Past
COGNITIVE INTERVENTIONS
- Managing
- Conflicts
- Relationships
- Relapse prevention
- Working together
- Social planning

DEEPER PSYCHIC CHANGE
- Trust in others and in yourself
- Courage to do new things
- To like yourself as a woman

Here & Now

The Future

New Tools

Lotta Länne, Sweden, 2006

MEETING THE WOMAN WITH POSITIVE EXPECTATIONS

RESPECT
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.
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)
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
Principle 8.

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

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
Female proportion of all sexual assault victims

Percent of sexual assault victims

100%
80%
60%
40%
20%
0%

Age of victim

Sexual Assault Graph

Bureau of Justice Statistics
Sexual Assault Graph

Age distribution of sexual assault victims, by gender

Rate per 1,000 victims

Female

Male

Age of victim

Bureau of Justice Statistics
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**
Isolation
Dissociation
Depression
Anxiety

**SELF-DESTRUCTIVE ACTION**
Substance Abuse
Eating Disorder
Deliberate Self-Harm
Suicidal Actions

**DESTRUCTIVE ACTION**
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

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%

Source: Patterns of Comorbidity among Women with Childhood Interpersonal Trauma, Mental Health Disorders, and Substance Related Disorders. *Journal of Behavioral Health Services & Research* (in press)
## Trauma: Stages of Recovery

<table>
<thead>
<tr>
<th>Syndrome</th>
<th>Stage One</th>
<th>Stage Two</th>
<th>Stage Three</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hysteria (Janet 1889)</td>
<td>Stabilization, Symptom-oriented treatment</td>
<td>Exploration of traumatic memories</td>
<td>Personality reintegration, rehabilitation</td>
</tr>
<tr>
<td>Combat trauma</td>
<td>Trust, stress-management education</td>
<td>Re-experiencing trauma</td>
<td>Integration of trauma</td>
</tr>
<tr>
<td>Scurfield (1985)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Herman, 1992, 1997
<table>
<thead>
<tr>
<th>Syndrome</th>
<th>Stage One</th>
<th>Stage Two</th>
<th>Stage Three</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complicated post-traumatic stress disorders</td>
<td>Stabilization,</td>
<td>Integration of memories</td>
<td>Development of self, drive integration</td>
</tr>
</tbody>
</table>

Source: Herman, 1992, 1997
## Trauma: Stages of Recovery

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

Source: Herman, 1992, 1997
### Trauma Three Group Models

<table>
<thead>
<tr>
<th>Group</th>
<th>Recovery Stage One</th>
<th>Recovery Stage Two</th>
<th>Recovery Stage Three</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic task</td>
<td>Safety</td>
<td>Remembrance and mourning</td>
<td>Reconnection</td>
</tr>
<tr>
<td>Time orientation</td>
<td>Present</td>
<td>Past</td>
<td>Present, future</td>
</tr>
<tr>
<td>Focus</td>
<td>Self-care</td>
<td>Trauma</td>
<td>Interpersonal relationships</td>
</tr>
</tbody>
</table>

Source: Herman, 1992, 1997
## Trauma Three Group Models

<table>
<thead>
<tr>
<th>Group</th>
<th>Recovery Stage One</th>
<th>Recovery Stage Two</th>
<th>Recovery Stage Three</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership</td>
<td>Homogeneous</td>
<td>Homogeneous</td>
<td>Heterogeneous</td>
</tr>
<tr>
<td>Boundaries</td>
<td>Flexible, inclusive</td>
<td>Closed</td>
<td>Stable, slow turnover</td>
</tr>
<tr>
<td>Cohesion</td>
<td>Moderate</td>
<td>Very high</td>
<td>High</td>
</tr>
</tbody>
</table>

Source: Herman, 1992, 1997
# Trauma
## Three Group Models

<table>
<thead>
<tr>
<th>Group</th>
<th>Recovery Stage One</th>
<th>Recovery Stage Two</th>
<th>Recovery Stage Three</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conflict tolerance</td>
<td>Low</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>Time limit</td>
<td>Open-ended or repeating</td>
<td>Fixed Limit</td>
<td>Open-ended</td>
</tr>
<tr>
<td>Structure</td>
<td>Didactic</td>
<td>Goal-directed</td>
<td>Unstructured</td>
</tr>
<tr>
<td>Example</td>
<td>Twelve-step programs</td>
<td>Survivor group</td>
<td>Interpersonal psychotherapy group</td>
</tr>
</tbody>
</table>

Source: Herman, 1992, 1997
Upward Spiral

Transformation

Trauma (constriction)

Healing (expansion)
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
Women in Recovery: Understanding Addiction

Effects of Methamphetamine Use:
- Nervous
- Aggressive
- Derealization
- Disorientation

Symptoms:
- Restless
- Hungry
- Sleepy
- Crank

Hostile
Drug use... ...and pregnancy

Health Risks Associated with Drug Abuse

Mother
- poor nutrition
- high blood pressure
- rapid heart beat
- low weight gain
- low self-esteem
- sexually transmitted diseases
- early delivery
- HIV/AIDS
- depression
- physical/sexual abuse

Baby
- prematurity
- low birth weight
- infections
- Sudden Infant Death Syndrome
- birth defects
- stunted growth
- poor motor skills
- HIV/AIDS
- learning disabilities
- 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

River of Self-Esteem

Others
Self
<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
### Self Module

<table>
<thead>
<tr>
<th>Activity</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 tasks)</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>
<tr>
<td>Statement</td>
<td>Not at all</td>
<td>Just a little</td>
<td>Pretty much</td>
<td>Very much</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------------</td>
<td>---------------</td>
<td>-------------</td>
<td>------------</td>
</tr>
<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>
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

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
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.
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
Helping Women Recover
Sexuality Module
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
It begins.

This diaper makes my butt look big...
Body Image
“Then I said the hell with it and dug out my old bikini...”
Sexual-Chemical Lifeline

Graph showing sexual and chemical history with events such as masturbation, first voluntary intercourse, experiment with drugs, affair with older man, introduction to cocaine, rape, and more.
## Self - Soothing

<table>
<thead>
<tr>
<th></th>
<th>Alone</th>
<th>With Others</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Daytime</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Night Time</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sexual Bill of Rights

My Sexual Bill of Rights

I have the right to….
Helping Women Recover
Spirituality Module
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

• Stephanie S Covington, Ph.D, LCSW
  Email: Sc@stephaniecovington.com
  Websites: www.stephaniecovington.com
            www.centerforgenderandjustice.org

• Twyla Wilson, LCSW
  Email: Twyla.lcsw@gmail.com