

Gender Matters

Stephanie S. Covington, PhD, LCSW
Institute for Relational Development
Center for Gender and Justice
7946 Ivanhoe Ave., Suite 201B
La Jolla, CA 92037
(858) 454-8528 (858) 454-8598 FAX
Email: sscird@aol.com
www.stephaniecovington.com
www.centerforgenderandjustice.org

Recovery From Addiction: A Science in Action Symposium conference
October 18-22, 2010
Alberta, Canada

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Core Principles of Trauma-Informed Care

- Safety (physical and emotional)
- Trustworthiness
- Choice
- Collaboration
- Empowerment

(Fallot & Harris, 2006)

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Core Principles

1. Develop and use women's groups
2. Recognize the multiple issues involved, and establish a comprehensive, integrated, and collaborative system of care
3. Create an environment that fosters safety, respect, and dignity
4. Develop and use a variety of therapeutic approaches
5. Focus on women's competence and strength
6. Individualize treatment plans, and match treatment identified strengths and issues

Source: Straussner and Brown. *The Handbook of Addiction Treatment for Women*. Jossey-Bass, 2002.

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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 women and girls, and
- addresses and responds to their strengths and challenges.

Source: Covington, S.S., & Bloom, B.E. (2006). Gender-responsive treatment and services in correctional settings. In E. Leeder (Ed.), *Inside and out: Women, prison, and therapy*. Binghamton, NY: Haworth. Copyright © 2010, Stephanie S. Covington, Ph.D.

Definition of Gender-specific Services/Approaches

...are those that intentionally allow research and knowledge on female socialization and development and women/girls' risks, strengths and needs to affect and guide ALL aspects of program and system design, processes, and services...

(DCFCSSD Guidelines 2008)
Connecticut

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Trauma Impacts

Inner Self

- Thoughts, Feelings, Values, Beliefs

Outer Self

- Behavior and Relationships

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Key Issues for Women in Recovery

Helping Women Recover – Four Modules

- Self
- Relationships
- Sexuality
- Spirituality

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Key Issues for Girls

Voices – Four Modules

- Self
- Connecting with Others
- Healthy Living
- The Journey Ahead

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Beyond Trauma

Three Modules

- Violence, Abuse & Trauma
- Impact of Trauma on Women's Lives
- Healing From Trauma

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***A Woman's Way
through
The Twelve Steps***

- Opening session
- One session per Step

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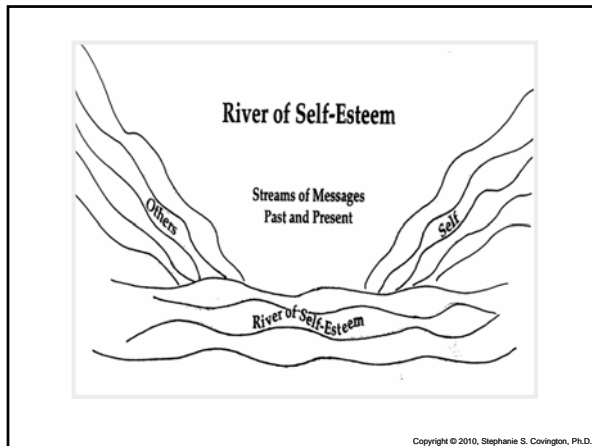
**Examples of
Therapeutic Strategies**

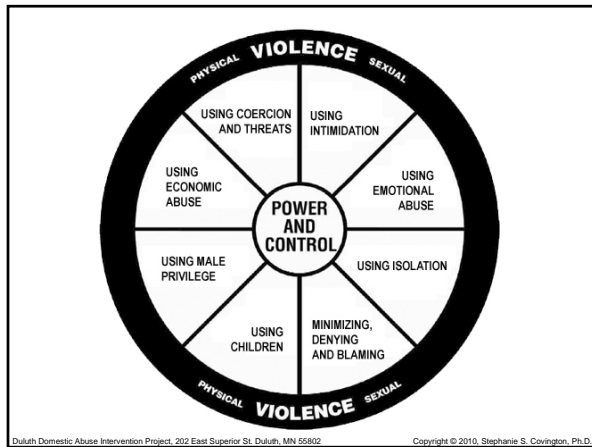
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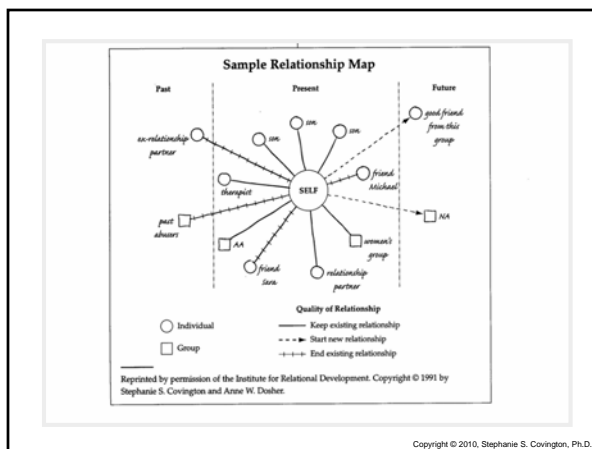
Five Senses Activity

- 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

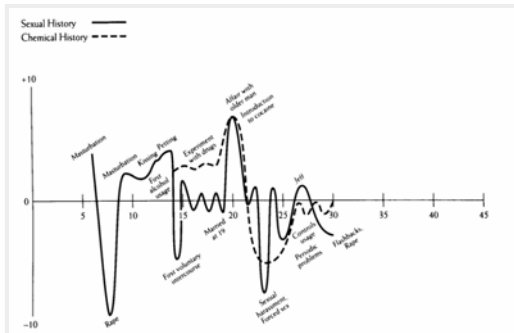
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Sexual-Chemical Lifeline



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Collage: Balance Scale



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Activity: The Downward Spiral



Addiction
(constriction)

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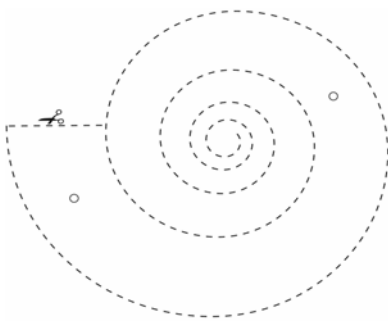
**Activity:
The Upward Spiral**



Recovery
(expansion)

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Upward Spiral



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Exercise:

Do a walk-thru of your agency to determine
trauma triggers.

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Women & Girls Healing

- Individual
- Political
- Spiritual

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Gender-Responsive Program Materials

Resource Guide

Program Development Guide

Covington, S. (2007). *Women and addiction: A gender-responsive approach*.
The Clinical Innovators Series. Center City, MN: Hazelden. (manual, DVD & CEU's).

Addiction

Brown, S. (2004). *A place called self*. Center City, MN: Hazelden. (book with accompanying workbook).

Center for Substance Abuse Treatment (2009). *TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women*. HHS Publication No. (SMA) 09-4426. Available through <http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=18244>.

Covington, S. (1999, rev. 2008). *Helping women recover: A program for treating addiction*. San Francisco, CA: Jossey-Bass Publishers. (facilitator's guide with accompanying workbook: *A woman's journal*).

Covington, S. (1999, rev 2008). *Helping women recover: A program for treating substance abuse, (special edition for use in the criminal justice system)*. San Francisco, CA: Jossey-Bass Publishers. (facilitator's guide with accompanying workbook: *A woman's journal*).

Najavits, L. (2002). *A woman's addiction workbook: Your guide to in-depth healing*. Oakland, CA: New Harbinger. (workbook).

Alcohol and other Drug Education

Covington, S. (2002). *Women in recovery: Understanding addiction*. Carson City, NV: The Change Companies. (workbook, also available in Spanish).

Covington, S. (2002). *Mujeres en recuperacion: Entendiendo la adiccion*. Carson City, NV: The Change Companies. (workbook).

Relapse Prevention

Mattson, K. (1992). *A relapse prevention workbook for women*. Center City, MN: Hazelden/Johnson Institute. (workbook).

Trauma

Copeland, M. & Harris, M. (2000). *Healing the trauma of abuse: A woman's workbook*. Oakland, CA: New Harbinger. (workbook).

Covington, S. (2003). *Beyond trauma: A healing journey for women*. Center City, MN: Hazelden. (facilitator's guide, training DVDs, and workbook).

Harris, M. (1998). *Trauma recovery and empowerment: A clinician's guide to working with women*. New York, NY: Free Press. (facilitator's guide).

Najavits, L. (2002). *Seeking safety: A treatment manual for PTSD and substance abuse*. New York, NY: Guilford Press. (facilitator's guide).

Twelve Steps

Covington, S. (1994). *A woman's way through the twelve steps*. Center City, MN: Hazelden. (book).

Covington, S. (2010). *La Mujer Y Su Practica de los Doce Pasos*. Center City, MN: Hazelden. (book).

Covington, S. (2000). *A woman's way through the twelve steps*. Center City, MN: Hazelden. (workbook).

Covington, S. (2009). *A woman's way through the twelve steps*. Center City, MN: Hazelden. (facilitator's guide and DVD).

Anger Management

Petracek, L. (2004). *The anger workbook for women: How to keep your anger from undermining your self-esteem, your emotional balance, and your relationships*. Oakland, CA: New Harbinger Publications, Inc. (workbook).

Criminal Thinking

The Change Companies. *Criminal lifestyles*. (item # RMO 3). Carson City, NV: The Change Companies. (workbook).

Cognitive – Behavioral

Van Dieten, M. & Mackenna, P. *Movin' on: A program for criminal justice involved women*. Available through vandieten@aol.com.

Milkman, H., Wanberg, K., & Gagliardi, B. (2008) *Criminal conduct and substance abuse treatment for women in correctional settings*. Thousand Oaks, CA: Sage Publications.

Reentry

Our Place DC. *Finding our place: Helping women get back home, one woman at a time*. Newsletter available at <http://www.ourplacedc.org/pages/pubs.html>.

Self-inflicted Violence

Alderman, T. (1997). *The scarred soul: Understanding & ending self-inflicted violence*. Oakland, CA: New Harbinger Publications. (book).

Mazelis, R. (accessed November 23, 2008) Healing self-injury blog, <http://healingselfinjury.org>

Guided Imagery

Naparstek, B. (2004). *Invisible heroes: Survivors of trauma and how they heal*. New York, NY: Bantam Books. Book has scripts for guided imagery and CD's are available from www.healthjourneys.com.

Relationships

Covington, S. and Beckett, L. (1988). *Leaving the enchanted forest: The path from relationship addiction to intimacy*. HarperSanFrancisco. (book with exercises). (Also see *Helping women recover*, module B).

Domestic Violence

Poore, G. (Producer–Director). (1995). *Voices heard sisters unseen* [Film]. Available through <http://www.wmm.com/filmcatalog/pages/c157.shtml>. Order No. W99404.

One in three teens is abused in a relationship. [PSA]. Available through <http://www.dosomething.org/node/add/1in3-abuse>

Sexuality

Covington, S. (2000). *Awakening your sexuality: A guide for recovering women*. Center City, MN: Hazelden. (book with exercises). (Also see *Helping women recover*, module C).

Employment

Murphy, P. (1996). *A career and life planning guide for women survivors*. Delray Beach, Florida: St. Lucie Press. (guidebook).

Life Skills

Thurston, L. *Survival skills for women*. Available from (336) 272-4027 and www.ssed.org.

Parenting

Finkelstein, N. (2006). *Nurturing program for families in substance abuse treatment and recovery*. (2nd edition). Available from the Institute for Health and Recovery at www.healthrecovery.org (facilitator's guide and workbook).

Harris, M. (2003). *Non-traditional parenting interventions: Parenting at a distance*. Washington, DC: Community Connections, Inc. (facilitator's guide).

Harris, M. (2003). *The impact of early trauma on parenting roles*. Washington, DC: Community Connections, Inc. (facilitator's guide).

Johnston, D. *MOMS: 16 session curriculum for mothers in jail*. Available through Ccipdj@aol.com.

Johnston, D. *MotherRight: Family life education*. Available through Ccipdj@aol.com.

Johnston, D. *Reclaiming motherhood*. Available through Ccipdj@aol.com.

Joy, Barbara (2009). *Easy does it, Mom: Parenting in recovery*. San Francisco, CA: Conari Press. (book)

Case Management

Orbis Partners (2006). *Women offender case management tool*. Washington, DC: National Institute of Corrections.

Orbis Partners (2006). *Service planning instrument for women*. Washington, DC: National Institute of Corrections.

Girls

Azam, S. (2009). *Oral sex is the new Goodnight Kiss: The sexual bullying of teenage girls*.
www.thenewgoodnightkiss.com

Casey, K. (2000). *Girl to girl: Daily thoughts on living for girls ages 11-15*. Center City, MN: Hazelden.

Covington, S. (2004). *Voices: A program of self-discovery and empowerment for girls*. Carson City, NV: The Change Companies. (facilitator's guide and workbook).

Taormino, G. (1997). *Girls circle*. Available from (707) 794-9477 or <http://www.girlscircle.com/>. (facilitator's guide and workbook).

Men & Boys

Covington, S., Griffin, D. & Dauer, R. (pub. date 2011). *Helping men recover*. San Francisco, CA: Jossey-Bass Publishers. (facilitator's guide with accompanying workbook).

Covington, S., Griffin, D. & Dauer, R. (pub. date 2011). *Helping men recover, (special edition for use in the criminal justice system)*. San Francisco, CA: Jossey-Bass Publishers. (facilitator's guide with accompanying workbook).

Creighton, A. & Kivel, P. (1998). *Young men's work*. Center City, MN: Hazelden. (facilitator's guide, videos, and workbook).

Fallot, R. & Community Connections. (2001). *Men's trauma recovery and empowerment model (M-TREM): A clinician's guide for working with male survivors in groups*. Washington, DC: Community Connections, Inc. (facilitator's guide).

Griffin, D. (2009). *A man's way through the twelve steps*. Center City, MN: Hazelden. (book).

Kivel, P. (1992). *Men's work: How to stop the violence that tears our life apart*. Center City, MN: Hazelden. (book).

Mankind Project. Website: <http://mkp.org/>.

Gender-Responsive Program Assessment

Introduction

With this assessment tool, program administrators, agency monitors, clinician, and counselors can evaluate the gender responsiveness of programs for women and girls and obtain feedback that can be used for improvement. This assessment tool is based on the fundamental elements of quality programming, including the guiding principles from the *Gender-Responsive Strategies: Research, Practice, and Guiding Principles Report*, and the following definition:

Being gender-responsive means creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the lives of women and girls and responds to their strengths and challenges.

Guidelines for Use

This tool can be used in a variety of ways. For example, you can:

- a. Answer the questions now, and then answer them again in 6-12 months. This will help you to check progress.
- b. Have several people answer the questions (both staff and administrators). Then compare the answers to get a variety of perspectives on the program.

Scoring

There is the possibility of 66 “yes” answers. If you count one point per yes, then use the following scale to score yourself.

- 60-66 Excellent
- 51-59 Good
- 35-50 Needs improvement
- 19-34 Needs significant improvement
- 0-18 Not gender-responsive at all

Theoretical Foundation and Mission Statement

1. The theoretical foundation of the program is grounded in research on gender differences and female socialization and psychological development, including The Relational-Cultural Theory.
 Yes No
2. The theoretical foundation of the program integrates an understanding of trauma theory and includes trauma-informed approaches and services.
 Yes No
3. The theoretical foundation of the program is based on a holistic model that considers physiological, social, emotional, spiritual, and environmental factors.
 Yes No
4. The theoretical foundation of the program is grounded in research on female risks and female strengths.
 Yes No
5. The theoretical foundation of the program includes information on ethnic and cultural strengths and respect for differences.
 Yes No
6. There is a gender-responsive, strength-based mission statement written specifically for this program.
 Yes No

Site and Facility

7. The facility is located at a safe site.
 Yes No
8. The facility is located near the communities the clients come from.
 Yes No
9. The facility is clean and well maintained.
 Yes No
10. The interior is comfortable and welcoming for women/girls and for staff members, and includes space for visits with family members and children.
 Yes No

11. Space (other than clients' rooms) and materials are available that women/girls can use for relaxation and other therapeutic activities, such as art, dance, music, reading, meditation, and exercise.

Yes No

12. The décor includes empowering images of females, including those of females from diverse ethnic and cultural groups.

Yes No

Administration and Staffing

13. Interviews with prospective employees include specific questions about their experiences with and attitudes about working with females.

Yes No

14. Interviews with prospective employees include specific questions about their experiences with and attitudes about diverse ethnic and cultural groups.

Yes No

15. The program staff reflects the diversity of the client population.

Yes No

16. All staff members receive training in gender-responsive programming for females, including differences between males and females, female psychosocial development (including Relational-Cultural Theory), female needs and challenges, and female strengths.

Yes No

17. Administrators and staff members are trained in a holistic model of addiction.

Yes No

18. All staff members receive training in strength-based, trauma-informed, culturally competent therapeutic approaches.

Yes No

19. Staff roles and responsibilities are clearly defined and include gender-responsive practices.

Yes No

20. The staff orientation process is separate from ongoing staff training requirements.

Yes No

21. Staff meetings are held regularly and include discussions that facilitate gender-responsive learning and practice.

Yes No

22. Ongoing staff reviews and evaluations focus on each staff member's ability to practice relational, strength-based, trauma-informed, and culturally competent approaches.

Yes No

23. Administrators and staff members at all levels model the behaviors expected of the women/girls (with each other and when interacting with clients) and act as advocates.

Yes No

24. Staff members at all levels access supervision regularly, and supervisors monitor and mentor staff members regarding gender-responsive practices.

Yes No

Program Environment/Culture

25. Physical and psychological/emotional safety are clearly defined for staff members and clients *and* are included in program practices and materials.

Yes No

26. Clients and staff members are prohibited from engaging in physical, sexual or emotional abuse. There are clear ways (including confidential ones) for clients and staff members to report threats or the compromised safety of any client, staff member, or visitor.

Yes No

27. All critical incidents are processed with the staff member(s) and individual client(s) involved. Other clients may be included if appropriate.

Yes No

28. Staff members do not verbally harass or abuse clients and others, and clients are also expected not to use profanity, demeaning language, or slurs based on gender or ethnicity.

Yes No

29. Staff members employ relational practice by validating women's/girls' feelings, using reflective-listening skills, fostering physical and emotional safety, developing trust, and interacting with clients therapeutically.

Yes No

30. Staff members focus on women's/girls' strengths, teach them alternatives to unsafe and ineffective behaviors, and give them appropriate control and decision-making opportunities individually and as a community.

Yes No

31. Staff members are aware of the impact trauma has on a women/girl and her behavior and avoid re-traumatizing clients through their language and behaviors.

Yes No

32. The behavior of staff members is culturally competent (i.e., they are aware of the unique interaction styles of many ethnic/cultural groups).

Yes No

33. A program schedule creates a productive day in which women/girls participate in healthy, developmentally appropriate activities. Clients do not have excessive unstructured time and do have time for reflection.

Yes No

Treatment Planning

34. Assessment of women/girls is based on gender-responsive theory and practice (That is, it is designed to build a therapeutic relationship between the staff and client that is characterized by mutuality, empowerment, respect, and support).

Yes No

35. Screening is conducted only in those areas that impact immediate client safety and/or environmental safety, every effort is made to make the woman/girl feel comfortable, and unnecessary personal questions are avoided.

Yes No

36. Screening and assessment tools are gender responsive and culturally aware; they include attention to trauma, relationships, community connections, client strengths, substance abuse, and child care responsibilities.

Yes No

37. The assessment process includes a protocol for planning client safety that is designed to foster physical and emotional well-being and safety during and after the process.

Yes No

38. The client-orientation protocol is well defined and gender responsive (That is, the staff creates a safe, comfortable space for clients to acclimate; connect; share thoughts, feelings, and concerns; learn about the program; tour the facility; and meet staff members and clients).

Yes No

39. The client handbook is gender-appropriate and includes information on physical and emotional/psychological safety, relational supports, and advocacy services.
 Yes No
40. Program planning starts with a woman's/girl's current condition and proceeds in a manner that is sensitive to the pace and direction that she chooses and is capable of.
 Yes No
41. Meeting a woman's/girl's basic needs for food, clothing, shelter, economic sufficiency, and safety is a priority in the treatment/service planning process.
 Yes No
42. Meeting a client's individual, relational, and community-based needs is part of the treatment/service planning process.
 Yes No
43. Goals for clients are clear, differentiated from one another, measurable, and attainable. Both short- and long-term actions are specified.
 Yes No
44. Family members, educational/vocational service providers, and other relevant community supports are included in the plan for continuing care for each woman/girl.
 Yes No
45. Initial community support contacts are facilitated for each woman/girl, while she is still in the program. This involves at least one referral to an appropriate community agency.
 Yes No

Program Development

46. All services are based on gender-responsive principles, and the curriculum and materials used are gender responsive.
 Yes No
47. Female-only groups are used for treatment.
 Yes No
48. Treatment is based on a holistic model attending to physiological, social, emotional, spiritual, and environmental factors.
 Yes No

49. Groups are structured and use a process that facilitates connection between the women/girls.

Yes No

50. A variety of therapeutic interventions are used (such as relational, family, expressive, cognitive, dynamic/systemic).

Yes No

51. The program integrates mental health, substance abuse, and trauma services.

Yes No

52. The program helps to prepare women/girls to be economically self-sufficient.

Yes No

53. The program offers opportunities for cultural and spiritual exploration.

Yes No

54. The program utilizes female role models and mentors.

Yes No

55. Child care is provided on-site or nearby.

Yes No

56. Mental/emotional health services that are specifically designed for females are offered on-site or by referral.

Yes No

57. Medical/physical health services that are specifically designed for females are offered on-site or by referral.

Yes No

58. Spiritual services are offered on-site or by referral.

Yes No

59. Educational and vocational services are offered on-site or by referral.

Yes No

60. Services for women/girls who are pregnant and/or parenting are offered on-site or by referral.

Yes No

Program Assessment

61. Client data is collected regularly through a feedback loop (from clients, staff members, clients' family members, and other stakeholders) and are input regularly to an existing database.

Yes No

62. A gender-responsive program-assessment tool is utilized.

Yes No

63. Data collected includes both qualitative measures (such as focus group results) and quantitative measures (such as numbers served).

Yes No

64. Process and outcome evaluations are conducted regularly.

Yes No

65. Client outcomes relate to stated program goals. Outcomes include improved relationships with family members, peers, and the community; educational and skill improvement; self-efficacy; recovery from dependence on alcohol and/or other drugs; improvement in the effects of trauma; and improvement in mental health.

Yes No

66. Client referrals (and outcomes of the referrals) are tracked on a regular basis.

Yes No