

# RECOVERY FROM ADDICTION

## Women and Addiction: A Trauma-Informed Approach

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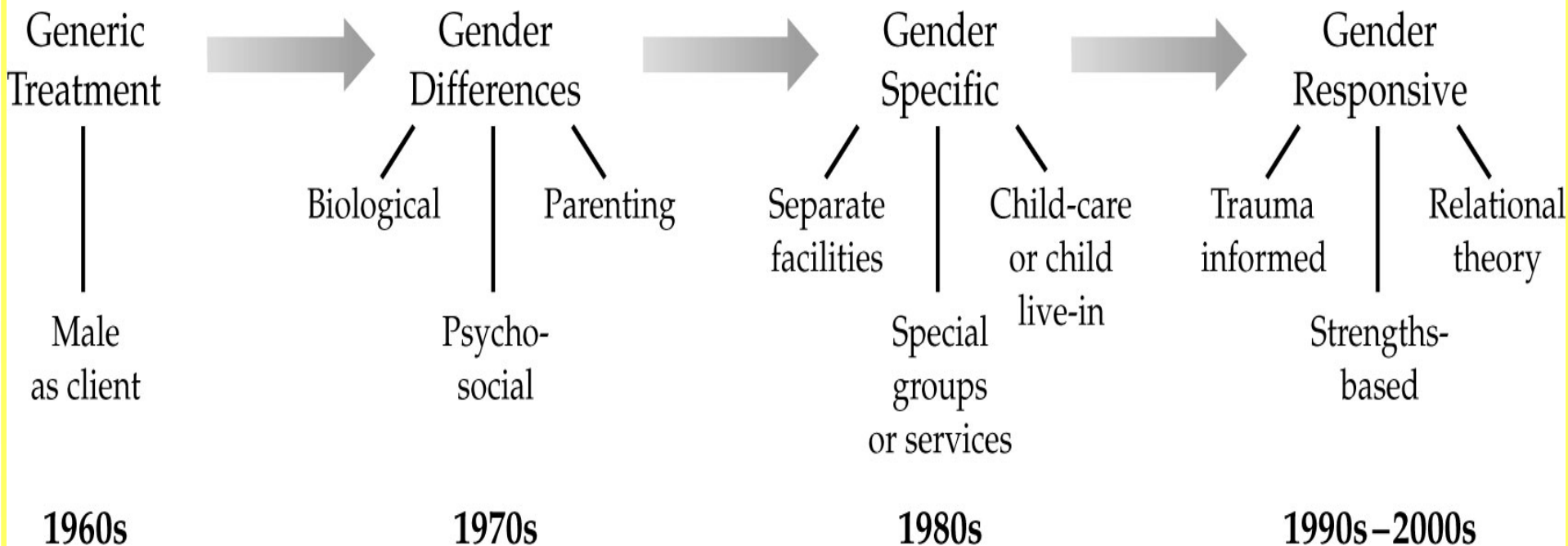
October 18, 2010 - October 22, 2010  
Banff, Alberta



# Evolving Treatment Approaches



## Evolving Treatment Approaches



From "Generic to Gender-Responsive Treatment: Changes in Social Policies, Treatment Services, and Outcomes for Women in Substance Abuse Treatment," by C. E. Grella, 2008. Copyright 2008 by Christine E. Grella. In Journal of Psychoactive Drugs, November 2008, (SARC Suppl. 5).

# 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.

# 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)

# 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

# THE ATMOSPHERE OF THE INSTITUTION THE SPIRIT OF THE “GOOD FAMILY” ENVIRONMENTAL THERAPY



Lotta Länne, Sweden, 2006

# 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

# 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.)

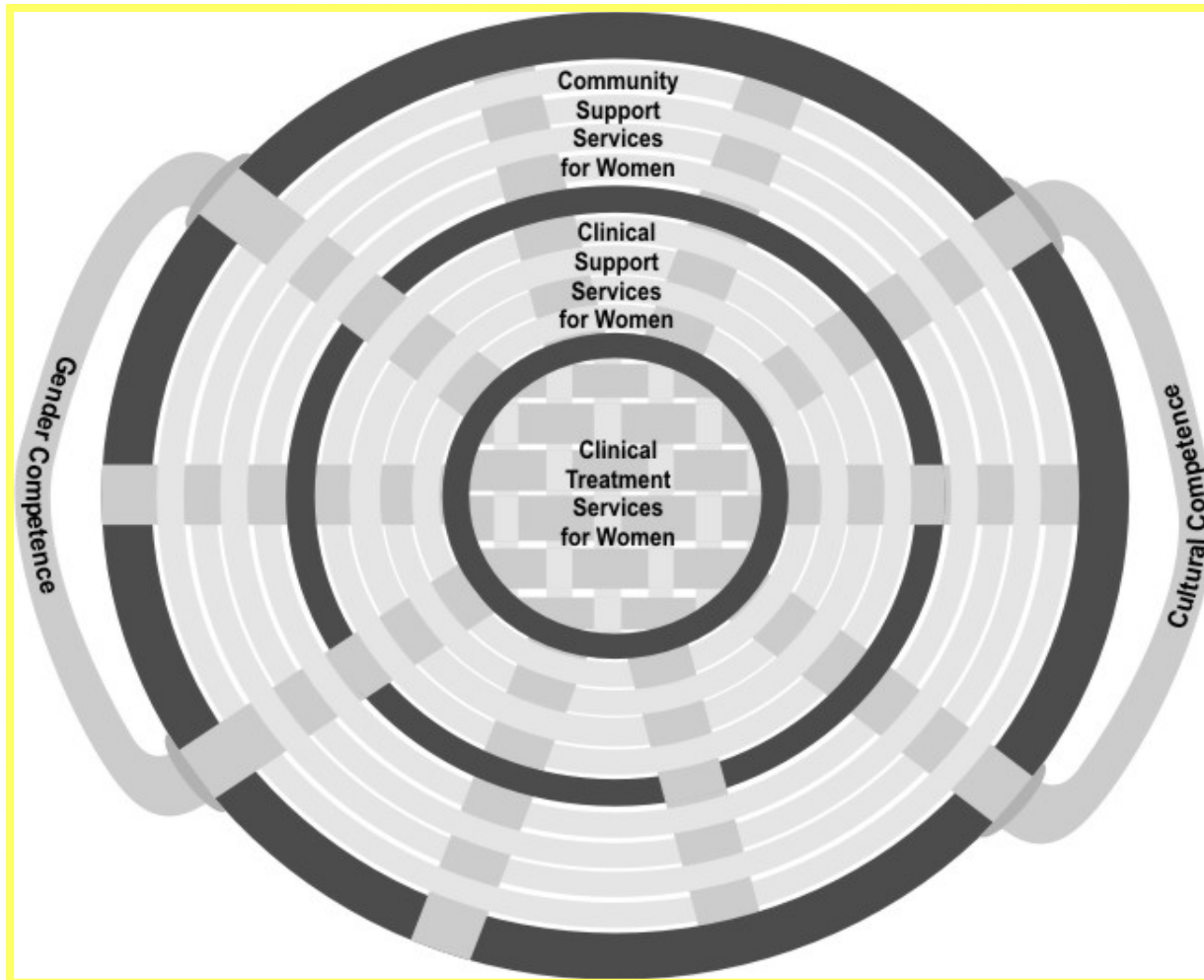


- Work
- Appearance and overall health and hygiene
- Isolation related to a lack of support systems (which may or may not include family members and/or partners) and other resources
- Life plan development
- Child care and child custody

Source: *Practical approaches in the treatment of women who abuse alcohol and other drugs.*  
CSAT 1994.



# Interrelated Elements in the Comprehensive Treatment Model for Women



# Clinical Treatment Services



- Medical & Bio-psychosocial
- Outreach and engagement
- Screening & monitoring
- Assessment
- Counseling
- Case management

# Clinical Support Services



- Life-skills
- Advocacy
- Primary healthcare
- Family programs
- Housing support
- Training/employment

# Community Support



- Transportation
- Child care
- Recovery community support
- Faith-based
- Housing assistance
- Family strengthening

# 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 multi-dimensional

(Covington, 2007)

# Gender-Responsive Materials (Trauma-informed)



- *Women and Addiction: A Gender-Responsive Approach*
- *Helping Women Recover*
- *Voices: A Program for Girls*
- *Beyond Trauma*
- *Women in Recovery*
- *A Woman's Way through The Twelve Steps*
- *Beyond Violence: A Prevention Program for Women*

# Theoretical Foundation



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

# Treatment Strategies



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



# *Helping Women Recover: A Program for Treating Addiction*



## **Theory of Addiction**

- Holistic health model
- Chronic neglect of self in favor of something or someone else

## **Theory of Women's Psychological Development**

- Relational–Cultural Theory (Stone Center)

## **Theory of Trauma**

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

*Helping Men Recover:  
A Program for Treating Addiction*



By  
Covington, Griffin & Dauer  
Available January 2011

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# *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

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# *Beyond Trauma: A Healing Journey for Women*



## Trauma Theory

Sandra Bloom, M.D.

Mary Harvey, Ph.D.

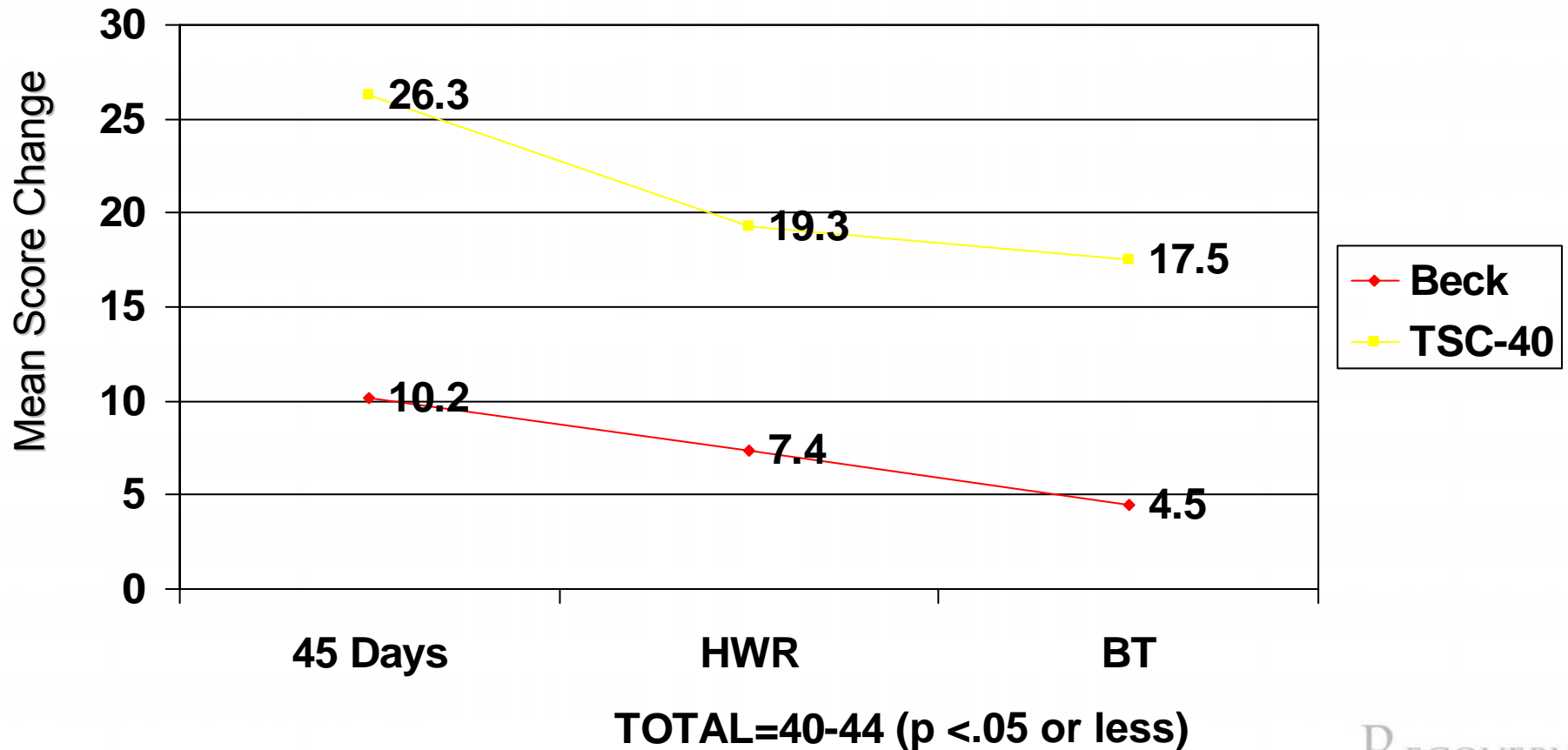
Judith Herman, M.D.

Peter Levine, Ph.D.

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

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# Client Assessment Scores Improve after Completion of HWR and BT



Source: KIVA Program records – BDI & TSC Assessment,  
August 31, 2004 – October 13, 2006  
Keaton, Curtis, and Burke (2006) SANDAG

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# 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

( $p \leq .05$ )

# 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

# Adolescence & Alcohol



- 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



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

# Tobacco Statistics



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

# Relational-Cultural Theory



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

# Relational-Cultural 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)

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# Addiction as a Relationship



Love



Love-Hate

# 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)

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# 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
- Military sexual assault (MST)

# Types of Abuse (cont.)



## Stigmatization

Women and girls in criminal justice system

Women and girls of color

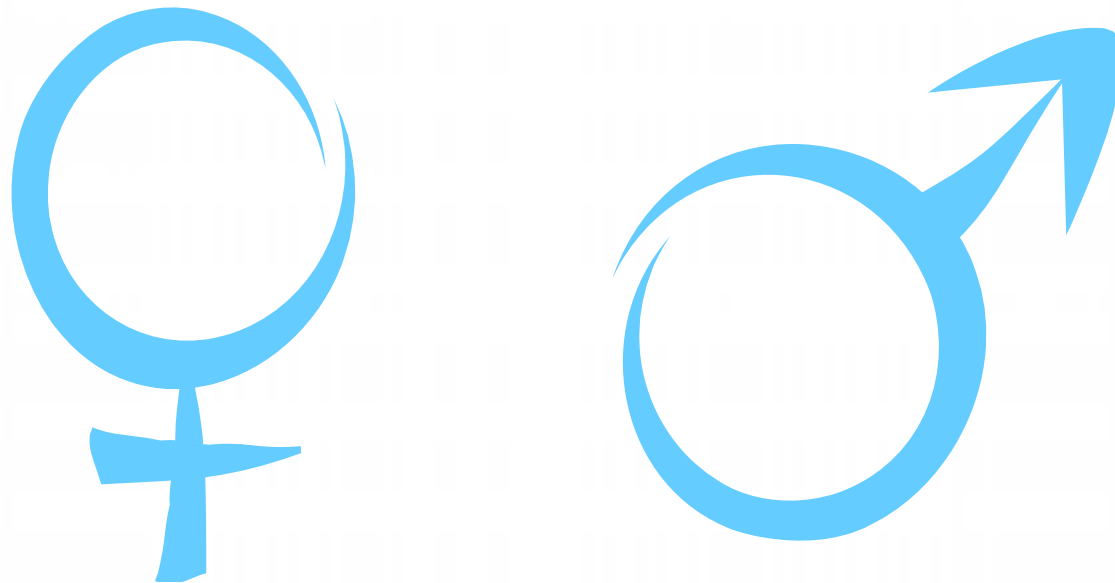
Women and girls in poverty

Lesbian, transgendered, bisexual

Women and girls with mental illness

Women and girls with physical challenges

# Trauma



## Gender Differences

# 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)



## **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=17,00



# 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).

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# 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)

# Post-traumatic Stress Disorder



- Nightmares; Flashbacks
- Estrangement
- Numbing of General Responsiveness
- Insomnia
- Exaggerated Startle Response
- Hypervigilance

(DSM-IVTR)

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



– 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%

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# 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

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# Trauma: Stages of Recovery



## Syndrome

Complicated  
post-traumatic  
stress disorders

## Stage One

Stabilization

## Stage Two

Integration of  
memories

## Stage Three

Development of  
self, drive  
integration

Source: Herman, 1992, 1997

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# Trauma: Stages of Recovery



## Syndrome

Multiple personality disorder  
(Putnam 1989)

Traumatic disorders  
(Herman 1992)

## Stage One

Diagnosis, stabilization, communication cooperation

Safety

## Stage Two

Metabolism of trauma

Remembrance and mourning

## Stage Three

Resolution, integration, development of post-resolution coping skills

Reconnection

Source: Herman, 1992, 1997

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# Trauma

## Three Group Models



<u>Group</u>	<u>Recovery Stage One</u>	<u>Recovery Stage Two</u>	<u>Recovery Stage Three</u>
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



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

Source: Herman, 1992, 1997

# Trauma

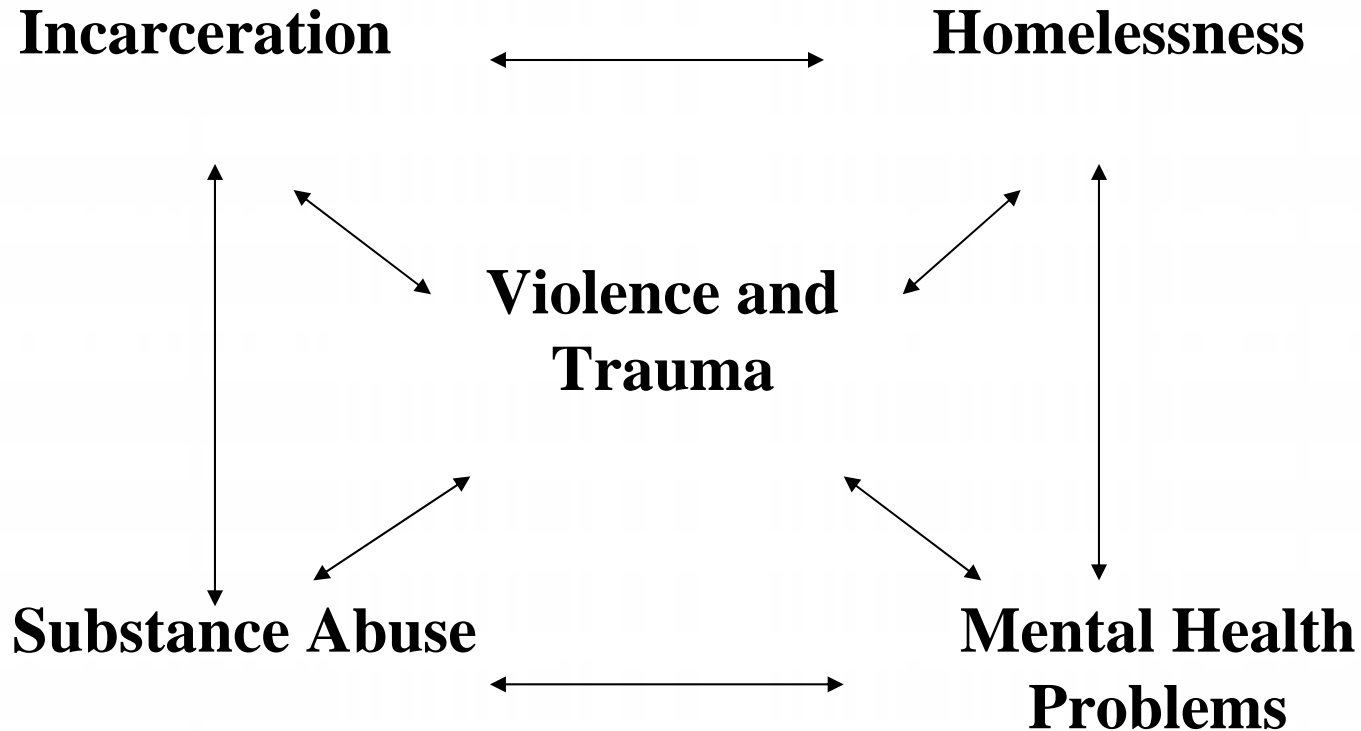
## Three Group Models



<u>Group</u>	<u>Recovery Stage One</u>	<u>Recovery Stage Two</u>	<u>Recovery Stage Three</u>
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

# A Repetitive Cycle of Risk



# Key Elements (Staff and Clients)



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

# Woman-centered Treatment



*“What does each woman need to have by the time she leaves treatment?”*

# Woman-centered Treatment



Each woman needs an opportunity to:

- Acknowledge that she has an addiction.
- Create a connection with other women.
- Obtain an accurate diagnosis (through assessment) and appropriate medication, when necessary, for any co-occurring disorder(s).

# Woman-centered Treatment (cont.)



- Understand the impact of alcohol and other drugs on the female body.
- Understand the connection between trauma and addiction.
- Have a wide selection of clean-and-sober coping skills.



# Woman-centered Treatment (cont.)



- Have a recovery plan
- Have her basic needs addressed (for shelter, food, transportation, childcare, literacy, employment, etc.).

# Level of Burden



“Burden” 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

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# Sanctuary



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# What is Sanctuary?



Sacred place

Place of refuge/protection

Shelter

Oasis

# Emerging Paradigm Values-Based Services



- Gender-responsive
- Trauma-informed
- Culturally competent
- Recovery-oriented

# What makes a difference for women?

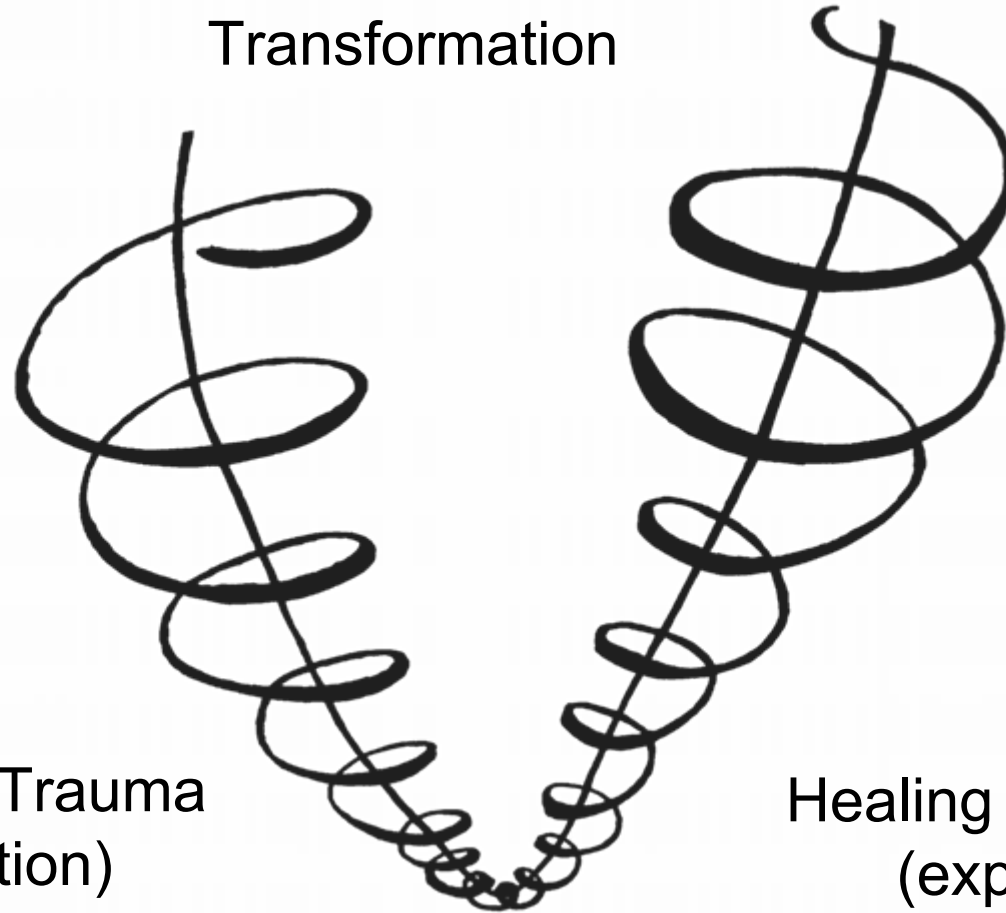


- women-only groups
- integrating substance abuse and trauma services
- safe, nurturing environment
- length of treatment
- completing treatment
- continuity of care (aftercare)
- continuity of relationship

# Upward Spiral



Transformation



Addiction & Trauma  
(constriction)

Healing & Recovery  
(expansion)

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