

Curricula to Support Trauma-Informed Practice with Women

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La Jolla, CA

In N. Poole, & L. Greaves (eds).

Becoming Trauma Informed.

Toronto, Ontario, Canada: Centre for Addiction and Mental Health (CAMH), 2012.

Available online at: <http://store.camh.net/product.php?productid=462&cat=0&page=1>

Over the past 30 years, we have greatly improved our understanding of the treatment needs of women addicted to alcohol and other drugs. Research reveals that the vast majority of women with substance use problems have experienced violence and other forms of abuse and that a history of serious traumatic experiences plays an often-unrecognized role in a woman's physical and mental health problems (Felitti & Anda, 2010; Felitti et al., 1998; Messina & Grella, 2006). A history of being abused drastically increases the likelihood that a woman will develop substance use problems.

In 2004, the United Nations Office on Drugs and Crime published a monograph on treating drug addictions among women around the world. In the course of developing the monograph, it was discovered that many of the issues with which women with addictions struggle are universal. These include:

- shame and stigma
- physical and sexual abuse
- relationship issues
 - fear of losing children
 - fear of losing a partner
 - needing a partner's permission to obtain treatment
- treatment issues
 - lack of services for women
 - lack of understanding women's treatment
 - long waiting lists
 - lack of childcare services
- systematic issues
 - lack of financial resources
 - lack of clean/sober housing
 - poorly co-ordinated services (Covington, 2008a, p. 378).

Helping professionals around the world report an association between addiction and all forms of violence and abuse (physical, sexual and emotional) in women's lives (United Nations Office on Drugs and Crime, 2004).

Recent research also demonstrates that addiction treatment services for women and girls need to be based on a holistic, female-centred approach that acknowledges women's psychosocial needs (Grella, 1999; Grella et al., 2000; Orwin et al., 2001). In my writing, gender-responsive/woman-centred services refers to creating an environment—through site selection, staff selection, program development and program content and materials—that reflects an understanding of the realities of women's and girls' lives and that addresses and responds to their challenges and strengths.

This chapter discusses the rationale for gender-responsive trauma-informed practice and describes five evidence-based and best practices curricula that service providers may find helpful when advocating for and designing adaptations to programming.

Responding to Gender Differences in Experiences of Violence and Trauma

Risk for abuse is gendered. Both female and male children are at relatively equal risk from family members and people known to them. However, as males age, they are more likely to be harmed by enemies or strangers, whereas women are more likely to be harmed by their intimate partners (Covington, 1999, 2003a; Kendall-Tackett, 2005).

In adolescence, boys in the United States and [many] other white majority countries are at risk if they are gay, young men of colour or gang members. Their risk comes from people who dislike or hate them. For a young woman, the risk is in her relationship with an intimate partner. For an adult man, the risk for abuse comes from being in combat or being a victim of crime. His risk is from "the enemy" or from a stranger. For an adult woman, the primary risk is again in her relationship with an intimate partner. To generalize, this may account for the higher rate of mental health problems among women: it is more confusing and distressing to have the person who is supposed to love and care for you do harm to you than it is to be harmed by someone who dislikes you or is a stranger (Covington, 1999, 2003a; Kendall-Tackett, 2005).

Women have different responses to violence and abuse. Some women may not be traumatized by abuse because they have coping skills that are effective for a specific event. Sometimes trauma occurs but is not recognized immediately because the violent event is perceived as normal. Many women who used to be considered "treatment failures" because they relapsed are now recognized as trauma survivors who returned to alcohol or other drugs to medicate themselves from the pain of trauma. By integrating trauma services with addiction treatment, we reduce the risk of trauma-based relapse.

Trauma can skew a woman's relational experiences and hinder her psychological development. Because it can affect how a woman relates to staff members, her peers and the therapeutic environment, it is helpful to ask, "Is this person's behaviour linked to her trauma history?" However, traditional addiction and/or mental health treatment often does not deal with trauma issues in early recovery, even though trauma is a primary trigger for relapse among women and may underlie their mental health issues. Many treatment providers do not know what is needed in order to do this work. Here are three important things that can be done in treatment programs to address trauma issues:

1. Educate women about to what abuse is, what trauma is and how abuse can sometimes—though not always—cause trauma. Women often do not know that they have been abused—and they often do not understand posttraumatic stress disorder.
2. Normalize women's reactions. It is important that women learn that their responses are normal, given their

experiences. Trauma responses are normal reactions to abnormal or extreme situations.

3. Provide coping skills. There are grounding and self-soothing techniques (e.g., breathing exercises) that women can learn to help themselves cope with their traumatic experiences (Covington, 2003a, 2011).

AVOIDING REVICTIMIZATION AND RETRAUMATIZATION

A woman who has experienced a traumatic event feels more vulnerable. She may have difficulty tolerating, expressing and/or modulating her emotions. This results in what is called *emotional dysregulation*. An example of this is when she over-responds to neutral cues and under-responds to danger cues. Therefore, traumatized women are at increased risk of similar, repeated revictimization. *Retraumatization* refers to the psychological and/or physiological experience of being triggered. A single environmental cue related to the trauma—such as the time of year, a smell or a sound—can trigger a full fight-or-flight response. Often, providers of substance abuse treatment hesitate to provide trauma services for women in their programs because of the fear of retriggering them. Although triggers in the environment cannot be completely eliminated, it is important to create a safe environment in which women can learn coping skills. This is the reason that the therapeutic environment is so important for women. They must feel safe.

Understanding the impact of trauma and the issue of triggers is particularly important when working with women in the criminal justice system. Unfortunately, standard management practices—such as searches, seclusion and restraint—may traumatize or retraumatize many women. Experiences in the criminal justice system can trigger memories of earlier abuse. It can be retraumatizing when a survivor of sexual abuse has a body search or must shower with male correctional officers nearby. It can be retraumatizing when a battered woman is yelled at or cursed at by a staff member. Incarceration can be traumatizing in itself, and the racism and class discrimination that are characteristic of the criminal justice system can be even more traumatizing.

As the understanding of traumatic experiences increases among clinicians, mental health theories and practices are changing. It is important for service providers to understand trauma theory as a conceptual framework for clinical practice and to provide trauma-informed services for their clients. According to Harris & Falot (2001), trauma-informed services:

- take the trauma into account
- avoid triggering trauma reactions or retraumatizing the woman
- adjust the behaviour of counsellors and staff members to support the woman's coping capacity
- allow survivors to manage their trauma symptoms successfully so that they are able to access, retain and benefit from the services.

THE TRAUMA-INFORMED ENVIRONMENT

In women's treatment programs, sensitivity to trauma-related issues is critical for creating a healing environment. A calm atmosphere that respects privacy and maximizes the choices women can make promotes healing. Staff members should be trained to recognize the effects of trauma, and clients should have a clear understanding of the rules and policies of the program. A trauma-informed environment includes various features:

- Attention to boundaries—between staff members and participants, among participants and among participants and visitors. For example, clients should be given permission to say “no” to hugs. Hugging may be an expression of positive emotion for some women, but for those who have been traumatized it could represent an undesired intrusion

into their personal spaces.

- Language that communicates the values of empowerment and recovery. Punitive approaches, shaming techniques and intrusive monitoring are not appropriate.
- Staff members who adopt the “do no harm” credo to avoid damaging interactions. Conflict is dealt with through negotiation.
- A feeling of safety for staff. Women often work in environments where they feel harassed and/or disrespected. Many female staff members also have histories of abuse.

Assisting Service Providers with Trauma- and Gender-Informed Practice

The recurring theme of the interrelationship between substance use problems and trauma in women’s lives indicates the need for a multi-focused approach to services. I have developed the Women’s Integrated Treatment model (WIT), which is based on:

- the definition of gender-responsive services provided in an earlier section
- a theoretical foundation that integrates the theories of addiction, psychological development (relational-cultural theory) and trauma
- multi-dimensional therapeutic interventions.

This model is unique from most other trauma programs that do not have a gender-specific focus and use a uni-dimensional cognitive-behavioural approach.

Three completed studies (Messina et al., in press; Messina et al., 2010; San Diego Association of Governments, 2007) and the final report to the National Institute on Drug Abuse on a randomized-control-group study in drug court (Bond et al., 2010) show positive results for the WIT model.

Curricula have been developed that help service providers bring this theoretically and evidence-based approach into the delivery of trauma-informed and trauma-specific services.

FIVE GENDER-RESPONSIVE, TRAUMA-INFORMED CURRICULA

In developing gender-responsive services, the curriculum or material used is a crucial ingredient to the success of treatment. The following are five manualized curricula I have designed for working with women and girls. They are theoretically based and trauma-informed, each with a facilitator’s guide and a participant’s workbook. Each curriculum uses cognitive-behavioural, relational and expressive arts techniques. These materials not only help to provide services, but can also be used to educate staff.¹

1. Helping Women Recover: A Program for Treating Addiction

This newly revised resource provides a comprehensive, 17-session curriculum that includes the information and tools that counsellors, mental health professionals and program administrators need to implement an effective program for women’s

¹ More information on the curricula described in this chapter, as well as other gender-responsive and trauma-informed materials for women can be found on two websites: www.stephaniecovington.com and www.centerforgenderandjustice.org

recovery in varied settings. The *Helping Women Recover* resource is organized into four modules that address key areas that women in treatment identify as triggers for relapse: self, relationships, sexuality and spirituality. The material addresses self-esteem, sexism, family of origin, relationships, domestic violence and trauma. The curriculum is built upon the integration of theories of women's psychological development, trauma and addiction.

A step-by-step facilitator's guide and a participant's workbook, entitled *A Woman's Journal*, is filled with self-tests, checklists and exercises to enable each participant to create a personalized guide to recovery. The *Helping Women Recover* program can be implemented by helping professionals with a range of training and experience (Covington, 2008b).

Helping Women Recover is widely used in addiction treatment programs, mental health clinics, eating disorder programs and domestic violence services. There is also a special edition for women in the criminal justice system. This version provides specific information about women in correctional settings to staff working in these programs.

2. Beyond Trauma: A Healing Journey for Women

Beyond Trauma: A Healing Journey for Women is also designed for practitioners to use in any setting (outpatient, residential, therapeutic community, criminal justice or private practice) to help women understand trauma and its impact and to develop coping strategies. It includes a facilitator's guide and a workbook for women, as well as facilitator training videos and a client video.

The curriculum's 11 sessions cover topics such as the connections between violence, abuse and trauma, reactions to trauma, grounding skills, the mind body connection and healthy relationships.

The curriculum draws upon psychoeducational, cognitive-behavioural, expressive arts and relational therapeutic approaches to support a strengths-based framework responsive to women's gender-specific needs for healing and support.

This *Beyond Trauma* curriculum is designed to be used alone or along with the *Helping Women Recover* curriculum to expand and deepen the trauma work in the *Helping Women Recover* curriculum.

3. Healing Trauma: Strategies for Abused Women

This five-session intervention is designed for women who have been abused. There is introductory material on trauma for the facilitator and detailed instructions (specific lesson plans) for the group sessions. The session topics include the process of trauma, power and abuse, grounding and self-soothing and healthy relationships. There is a strong emphasis on grounding skills.

Healing Trauma is an adaptation of *Beyond Trauma*. It is particularly designed for settings requiring a shorter intervention: short-term addiction treatment, domestic violence agencies, sexual assault services and jails.

The materials (facilitator guide and participant handbook) focus on the three core elements that both staff and clients need to know: an understanding of what trauma is; its process; and its impact on both the inner self (thoughts, feelings, beliefs and values) and the outer self (behaviour and relationships).

4. Voices: A Program of Self-Discovery and Empowerment for Girls

Voices was created to address the unique needs of adolescent girls and young women. It encourages them to seek and

celebrate their “true selves” by providing a safe space, encouragement, structure and the support they need to embrace their journeys of self-discovery. The program includes modules on self, connecting with others, healthy living and the journey ahead, which can be delivered in 18 group sessions. Each session has an opening section, a teaching on a topic, an interactive element (discussion of issues, questions, etc.), an experiential component (exercises to try out new skills and learning) and a closing section to facilitate reflection. The program has theoretical foundations in gendered psychological development, attachment, resilience, addiction and trauma. Trauma is addressed in the program both explicitly and implicitly through attention to such issues as self-esteem, connections with others, body image, emotional wellness and good decision-making.

Voices is used in many settings (e.g., outpatient and residential substance use treatment, schools, juvenile justice, private practice). It includes a facilitator’s guide and a participant’s workbook. The participant’s journal uses a research-based process called Interactive Journaling. In the context of girls’ lives, structured journaling provides an outlet for creativity, personal expression, exploration and application of new concepts and skills.

5. A Woman’s Way through the Twelve Steps

A Woman’s Way through the Twelve Steps includes the original self-help book based on interviews with recovering women about their experiences and understanding of the 12 steps, plus a participant’s workbook, a facilitator’s guide and a DVD for clients, family members and facilitators who want to learn how women and girls can use the 12 steps in a safe, nurturing way. (Covington, 1999, 2003b, 2009).

When offered as a 13-session program, *A Woman’s Way through the Twelve Steps* includes an opening session followed by one session for each of the 12 steps of Alcoholics Anonymous. It uses interactive exercises to help women understand the principles or themes in each step. Practitioners who participate in *A Woman’s Way* training groups are able to develop a deeper understanding of the basic tools for living that are embedded in the steps.

Learning the Curricula: Staff Development

If a program uses a specific curriculum with women, one of the best ways to train staff, supervisors and administrators is to have them participate in the curriculum themselves as a group. This has been done in a variety of settings, including residential, outpatient and correctional programs. An hour or an hour-and-a half session can be conducted in a weekly staff meeting or over lunch, with a different staff member facilitating each week. For the program director, these sessions offer a team-building tool and also help to reveal staff members’ strengths and challenges.

When planning to implement this process, it is important to be able to explain the differences between a therapy group and the learning (training) group.

Table 1
Differences between Training Groups and Therapy Groups

TRAINING GROUP	THERAPY GROUP
<p>Focus is on:</p> <ul style="list-style-type: none"> • learning as a group • using the group for experiential learning by means of activities • having support from outside the group (for individual issues) • sequential learning 	<p>Focus is on:</p> <ul style="list-style-type: none"> • individual growth • using the group to recreate family-of-origin dynamics • using the group for support for individual issues • process

Conclusion

Historically, substance use treatment programs were designed for the needs of a predominantly male client population. Over the past three decades, researchers and treatment providers have begun to identify the characteristics and components of successful treatment programs for women. A solid body of knowledge has now been developed that reflects the needs of women in treatment, and there is both a definition of and principles for the development of gender-responsive treatment. Women's exposure to violence has emerged as a critical factor in treatment. Therefore, it is imperative that substance use treatment services become integrated, incorporating what we have learned from relational-cultural theory (women's psychosocial development), addiction theory and trauma theory. A gender-responsive and trauma-informed program can provide the safe, nurturing and empowering environment that women need to find their inner strengths, heal and recover. For both service providers and the women survivors who access services, it is important to understand what trauma is, its process and its impact on thoughts, feelings, beliefs, values, behaviour and relationships. Structured curricula and client workbooks can be helpful in providing such integrated treatment and support.

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