Slide 1

Women, Addiction and Trauma

with

Stephanie Covington,
Ph.D., LCSW

March 9, 2011
2:00-3:00 CST

Sponsored by

March 9, 2011
2:00-3:00 CST

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Women, Addiction and Trauma

Please connect with the audio portion of the Web conference by dialing 1-866-699-3239.

When prompted, give the access code 960-343-882 followed by the # symbol.

Add your Attendee ID#. If you do not have one, it can be ignored. Again, add the # symbol.

The Web conference will start at 3:00 EST, 2:00 CST.

For confidential purposes, you may see only your name in the attendee list. We have over 700 attendees registered for this web conference.

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Women, Addiction and Trauma

Your phone is muted. You will hear very little sound until the Web conference begins. We may conduct a sound check or ask a few questions with the panelists.

For continuity in our program, our presenters would prefer if you would refrain from using the Chat feature.

The approximate length of this Web conference is one hour.

We are offering Continuing Education credits from NAADAC and APA; information will be provided at the end of this web conference.

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During the Web conference, please use the Q & A feature on the bottom right corner of your screen to submit questions at any time. We will answer as many questions as possible at the end of the Web conference.

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Women, Addiction and Trauma

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Women, Addiction and Trauma

Moderator:
Martha Harding
Director of Training and Consultation
Hazelden Publishing
Slide 7

Women, Addiction and Trauma

- Define trauma, trauma-informed and gender-responsive
- Describe three critical components for clients and staff
- Delineate gender differences as they pertain to trauma and addiction
- Discuss specific interventions for women
- Explore resources available to help improve your services for women

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Women, Addiction and Trauma

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Women, Addiction and Trauma

Presenter:

Stephanie S. Covington,
Ph.D., L.C.S.W.
Center for Gender and Justice
Institute for Relational Development
La Jolla, California

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Women, Addiction and Trauma

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Levels of Violence
• Childhood
• Adolescence
• Adult
• Street (workplace and community)
• Consumer culture
• Media
• War
• Planet

Global Violence
Violence is a leading cause of death among people aged 15-29

International Homicide Rates
(Rate per 100,000 in 2006)

“The death and disability caused by violence make it one of the leading public health issues of our time.”
World Health Organization
Two Kinds of Suffering

• Natural
• Created

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.”


Definition of Trauma (cont.)

“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).”

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**Definition of Trauma**

Trauma occurs when an external threat overwhelms a person’s internal and external positive coping resources.

(Bloom & Fallot, 2009)

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**Violence Against Women**

Violence against women is so pervasive that the United Nations has addressed and defined violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life.”

(United Nations General Assembly, 1993)

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**Moral Challenges**

- 19th century - slavery
- 20th century - totalitarianism
- 21st century – brutality against women and girls

(NY Times 9/23/09)
Traumatic Events

Trauma can take many forms:
- Emotional, sexual or physical abuse
- Neglect and/or abandonment
- Extremely painful and frightening medical procedures
- Catastrophic injuries and illnesses
- Rape or assault
- Muggings
- Domestic violence
- Burglary

Traumatic Events (cont.)

- Witnessing murder
- Automobile accidents
- Immigration
- Natural disasters (hurricanes, earthquakes, tornadoes, fires, floods, volcanoes)
- Abandonment (especially for small children)
- Terrorism such as September 11, 2001
- Witnessing violence such as a parent harming another parent

Traumatic Events (cont.)

- Loss of a loved one and severe bereavements (even of a pet)
- Combat/war
- Torture
- Kidnapping
- Intergenerational (cultural) trauma
**Slide 22**

**Historical Trauma**
- Across generations
- Massive group trauma
- Examples include: Native Americans, African Americans, Holocaust survivors, Japanese internment survivors

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**Intimate Partner Violence**
Of all these forms of trauma, women are at greater risk of intimate partner violence (IPV) than men.

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**Slide 24**

**Events Considered to be Most Traumatic and Prevalence of PTSD**

![Bar chart showing prevalence and most traumatic events]

- Most traumatic event
- Prevalence of PTSD

**Source:** Grella, Messina & Rodriguez presentation at American Psychological Association Conference, San Diego, CA on August 14, 2010
Trauma-informed Services

Trauma-informed services:
1. Take the trauma into account.
2. Avoid triggering trauma reactions and/or traumatizing the individual.
3. Adjust the behavior of counselors, other staff and the organization to support the individual’s coping capacity.
4. Allow survivors to manage their trauma symptoms successfully so that they are able to access, retain and benefit from the services.

(Harris & Fallot)

Core Principles of Trauma Informed Care

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

(Fallot & Harris, 2006)

Process of Trauma

TRAUMATIC EVENT
Overwhelms the Physical & Psychological Systems
Intense Fear, Helplessness or Horror
SENSITIZED NERVOUS SYSTEM
CHANGES IN BRAIN
CURRENT STRESS
Reminders of Trauma, Life Events, Lifestyle
PAINFUL EMOTIONAL STATE
RETREAT
SELF-DESTRUCTIVE ACTION
DISSOCIATION
DEPRESSION
ANXIETY
SUBSTANCE ABUSE
EATING DISORDER
DELIBERATE SELF-HARM
SUICIDAL ACTIONS
AGGRESSION
VIOLENCE
RAGES
RESPONSE TO TRAUMA
Fight or Flight, Freeze, Altered State of Consciousness, Body Sensations, Numbing, Hyper-vigilance, Hyper-arousal
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

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

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
ACE Study (Cont.)

Women 50% more likely than men to have 5 or more
(Higher scores more common in women)

(Feletti & Avida, 2010)

Childhood Traumatic Events
Largest Effect - Mental Health

- Psychotropic medication
- Mental health treatment
- Attempted suicide
- Traumatic stress

(Messina & Grella, 2005)

980% increase in odds if exposure to 7 Childhood Traumatic Events (CTEs)

(Messina & Grella, 2005)
Critical and Interrelated Issues

- Substance Abuse
- Mental Health
- Trauma
- Physical Health

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>
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Trauma: Stages of Recovery

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<tr>
<td>Complex post-traumatic stress disorder</td>
<td>Stabilization</td>
<td>Integration of memories</td>
<td>Personality integration, rehabilitation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Source: Herman, 1992, 1997</td>
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**Trauma: Stages of Recovery**

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<th>Stage Three</th>
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<tbody>
<tr>
<td>Multiple personality disorder (Putnam 1989)</td>
<td>Diagnosis, stabilization, communication</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>
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**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>
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<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>
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**Trauma Three Group Models**

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<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>
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### Trauma
#### Three Group Models

<table>
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<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 program</td>
<td>Survivor group</td>
<td>Interpersonal psychotherapy group</td>
</tr>
</tbody>
</table>

Source: Herman, 1992, 1997

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### Areas of Separation
- Training
- Treatment
- Categorical Funding

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### Key Elements (Staff and Clients)
- Learn what trauma/abuse is
- Understand typical responses
- Develop coping skills
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)

Trauma-informed Materials

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

- ATRIUM (Dusty Miller)
- Beyond Trauma (Stephanie Covington)
- Seeking Safety (Lisa Najavits)
- TREM (Maxine Harris)

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**Five Senses**

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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**From the manual**

In Our Best Interest: A Process for Personal and Social Change.

Available through Domestic Abuse Intervention Project, 206 W. 4th St., Duluth, MN  55806
Self - Soothing

<table>
<thead>
<tr>
<th></th>
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<th>With Others</th>
</tr>
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<tbody>
<tr>
<td>Daytime</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Night Time</td>
<td></td>
<td></td>
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</table>

Feeling Okay Chart

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What does the prevalence data tell us?

- Many people with trauma histories have overlapping problems with mental health, substance abuse, physical health and are victims or perpetrators of crime.
- Victims of trauma are found across all systems of care.
Therefore…

We need to presume the clients we serve have a history of traumatic stress and exercise “universal precautions.”

(Source: NASMHPD 2008)

Emerging Paradigm

Values-Based Services

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

Sanctuary
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What is Sanctuary?
- Sacred place
- Place of refuge/protection
- Shelter
- Oasis

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What Makes a Difference?
- Creating a safe environment
- Listening to her story
- Empathy

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Upward Spiral
- Trauma (constriction)
- Healing (expansion)
- Transformation
Women's treatment involves more than simply providing women-only group settings. In this program, Stephanie S. Covington presents how to create effective recovery services for women and girls—services that reflect an understanding of the realities of their lives and address their unique challenges and strengths. Dr. Covington's comprehensive, integrated approach is based on years of theory, research, and clinical experience.
1) Go to www.hazelden.org/professionaled
2) Click on “Course Catalogue”
3) Search for the course: Women, Addiction and Trauma
4) Pay the administrative fee ($20.00) for the assessment
5) Take the assessment
6) Print your certificate!

Submit your certificate to your credentialing body to receive:
Two credits from NAADAC
One credit from APA

Continuing Education Credit
from NAADAC and APA
is available for this web conference