Women and Addiction: A Gender-Responsive Approach

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Gender Differences?

Evolving Treatment Approaches

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)

• 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

• 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


Interrelated Elements in the Comprehensive Treatment Model for Women

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)
Definition of Gender-informed Services/Approaches

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

(12/1/08 Update from 2008)

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

• Caring Boundaries
• Tolerance
• Respect

Meeting the Woman with Positive Expectations

The Past

Here & Now

The Future

(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

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)
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).

Brain

**Left Side of Brain**
- Analytic
- Logical

**Right Side of Brain**
- Intuitive
- Emotional
Gender-Responsive Materials

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

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
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, M.D.
  Mary Harvey, Ph.D.
  Judith Herman, M.D.
  Peter Levine, Ph.D.

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
Client Assessment Scores Improve after Completion of HWR and BT

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

Upward Spiral
Transformation

Addiction (constriction)

Recovery (expansion)

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)

Addiction as a Relationship

Love → Love-Hate

Two Kinds of Suffering

- Natural
- Created
**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 & Falot)

**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 & girls in criminal justice system
  - Women & girls of color
  - Women & girls in poverty
  - Lesbian, transgendered, bisexual
  - Women & girls with mental illness
  - Women & girls with disabilities

Trauma
Sexual Assault Graph

![Sexual Assault Graph](image)

Process of Trauma

**TRAUMATIC EVENT**
- Overwhelms the Physical & Psychological Systems
- Intense Fear, Helplessness or Horror

**RESPONSE TO TRAUMA**
- Fight or Flight, Freeze, Mobilized State of Conservation, Body Sensations
- Numbing, Hyper-vigilance, Hyper-arousal

**SENSITIZED NERVOUS SYSTEM**
- Changes in Brain

**CURRENT STRESS**
- Reminders of Trauma, Life Events, Lifestyle

**PAINFUL EMOTIONAL STATE**
- Reminders of Trauma, Life Events, Lifestyle

- Retreat
- Self-destructive Action
- Destructive Action
- Aggression
- Violence
- Rages

Post-traumatic Stress Disorder

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

(DSM-IVTR)
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%

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)

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

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
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)

Critical and Interrelated Issues

- Substance Abuse
- Mental Health
- Trauma
- Physical Health
Areas of Separation

- Training
- Treatment
- Categorical Funding

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</td>
<td>Exploration of traumatic</td>
<td>Personality reintegration,</td>
</tr>
<tr>
<td></td>
<td>treatment</td>
<td>memories</td>
<td>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>
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Source: Herman, 1992, 1997

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<tr>
<td>Complicated post-traumatic stress disorders</td>
<td>Stabilization</td>
<td>Integration of memories</td>
<td>Development of self, drive integration</td>
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Source: Herman, 1992, 1997
**Trauma: Stages of Recovery**

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<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>
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*Source: Herman, 1992, 1997*

**Trauma Three Group Models**

<table>
<thead>
<tr>
<th>Group</th>
<th>Recovery Stage One</th>
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<td></td>
<td>Safety</td>
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<td>Reconnection</td>
</tr>
<tr>
<td></td>
<td>Present</td>
<td>Past</td>
<td>Present, future Interpersonal relationships</td>
</tr>
<tr>
<td></td>
<td>Self-care</td>
<td>Trauma</td>
<td>Interpersonal relationships</td>
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*Source: Herman, 1992, 1997*

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<tr>
<td></td>
<td>Homogeneous</td>
<td>Homogeneous</td>
<td>Heterogeneous</td>
</tr>
<tr>
<td></td>
<td>Flexible, inclusive</td>
<td>Closed</td>
<td>Stable, slow turnover</td>
</tr>
<tr>
<td></td>
<td>Moderate</td>
<td>Very high</td>
<td>High</td>
</tr>
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*Source: Herman, 1992, 1997*
### Trauma Three Group Models

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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 Didactic</td>
<td>Fixed Limit Goal-directed</td>
<td>Open-ended</td>
</tr>
<tr>
<td>Structure</td>
<td>Twelve-step programs</td>
<td>Survivor group</td>
<td>Unstructured Interpersonal psychotherapy group</td>
</tr>
</tbody>
</table>

Source: Herman, 1992, 1997

### Trauma Materials for Women

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

### Upward Spiral

- **Trauma (constriction)**
- **Healing (expansion)**

Transformation
Woman-centered Treatment

“What does each woman need to have by the time she leaves 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).

• 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.).

Key Issues for Women in Recovery

- Self
- Relationships
- Sexuality
- Spirituality


Helping Women Recover

Four Modules

- Self
- Relationships
- Sexuality
- Spirituality
Module D: Spirituality

Session 15  What is Spirituality?
Session 16  Prayer and Meditation
Session 17  Creating a Vision
(10 activities)

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
Sanctuary

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

Women Healing

Working on multiple levels:
- Individual
- Political
- Spiritual