Gender Matters…and Trauma Matters

Stephanie S. Covington, PhD, LCSW

7th Biannual Covington Curriculum Conference
June 7, 2023
Minneapolis, MN

Covington Curriculum
CONFERENCE

1
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Let's Meet!

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What's Ahead?

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Today

Morning
Foundational/Background Material

Afternoon
Core Curriculum

Evening
Hidden Healers (SSC)

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4

Thursday

All Day
Core Curriculum

Evening
A Woman's Way through The Twelve Steps (ssc)

5

5

Friday

Morning
Introductions

Closing (11:00 am – 12:00 pm)
Endings… and New Beginnings (SSC)

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6

Introducing the Trainers

- *Helping Women Recover*   **Carol Ackley & Twyla Wilson**
- *Voices*   **Candice Norcott & Christina Cicero**
- *Beyond Violence (BAV)*   **Gina Fedock & Patricia Esparza**
- *Beyond Trauma*   **Eileen Russo**
- *Helping Men Recover*   **Rick Dauer & Shane Pugh**
- *A Young Man's Guide*   **Rob Rodriguez**

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Safety Plan

Six things you can do:
1. Breathing
2. Safe place in your imagination
3. Placing a call to someone you trust
4. Counting backwards
5. Massaging one's hands
6. Prayer, meditation

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History of Conference

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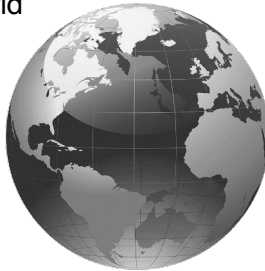
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Four Themes this Morning

- Gender
- Trauma
- Organizational Change
- Introduction to Core Curriculum

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Our World

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Levels of Violence

- Childhood
- Adolescence
- Adult
- Street (workplace and community)
- Media
- War
- Planet

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Duluth Domestic Abuse Intervention Project, 202 East Superior Street, Duluth, MN 55802)

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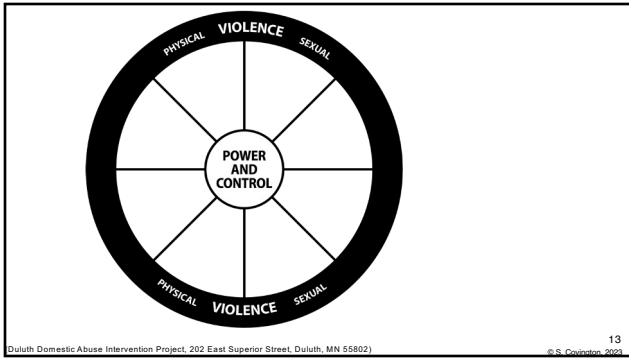
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Global Violence

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

(World Health Organization Centers for Disease Control and Prevention)

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International Homicide Rates
(Rate per 100,000)

(United Nations Office on Drugs and Crime, 2015-2019)

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Crisis in America

We are in a crisis because:

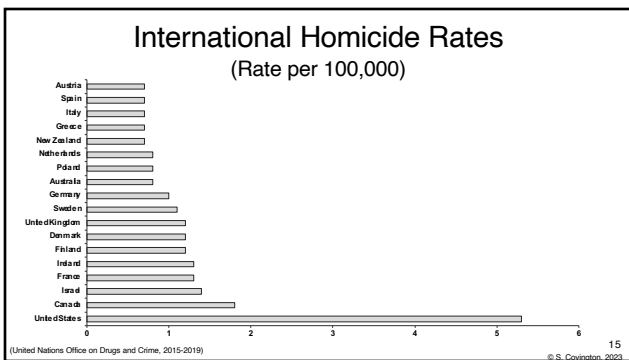- Cruel, endemic economic injustice
- Soul-killing materialism
- Life destroying drug traffic

(J. Wallis, *Soul of Politics*, 1994)

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Crisis in America (cont.)

We are in a crisis because:

- Persistent and pervasive racism and sexism
- Massive breakdown of family life and structures
- Almost total collapse of moral values

(J. Wallis, *Soul of Politics*, 1994)
(J. Wallis [2022] is the Director of the Center for Faith and Justice, Georgetown University)

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Seven Social Sins

- Wealth without work
- Pleasure without conscience
- Knowledge without character
- Commerce without morality
- Science without humanity
- Worship without sacrifice
- Politics without principle

(Gandhi, *Young India*)

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Two Kinds of Suffering

- Natural
- Created

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Although the world is full of suffering, it is also full of the overcoming of it.
~ Helen Keller
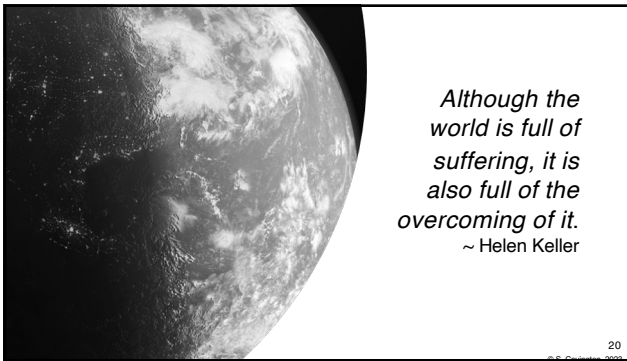
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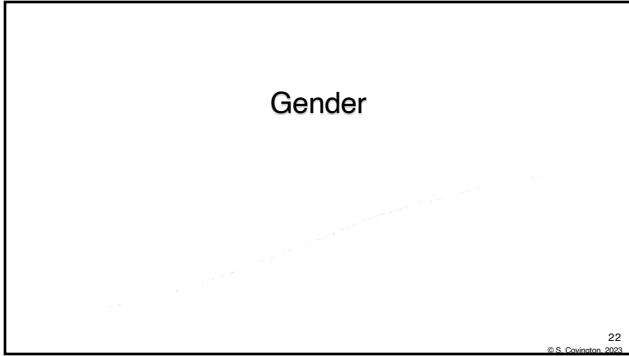© S. Covington, 2023

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History of Services

- Addiction treatment services designed by men for men and boys
- Mental health services designed by men for women and girls
- Criminal justice services designed by men for men and boys

All without any consideration of gender or trauma.

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Gender

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Gender Equity and Reconciliation International (GERI)

- Thirty years of work internationally

- Based on the process used by the
  Truth and Reconciliation Commission (TRC)
  in South Africa (Archbishop Desmond Tutu)

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The Original Wound to Which All Other Traumas can be Traced

It is our dysfunctional gender relationships that form the foundation of all other disordered power relationships: our desire to exert power over one another and wanton disregard of our plant can be traced to the injury inflicted by patriarchy.

~ Gender Equity and Reconciliation International (GERI)
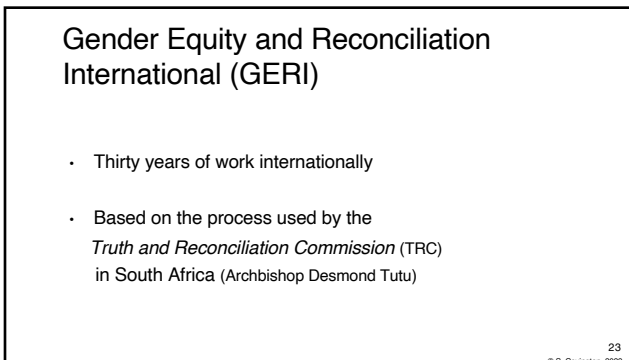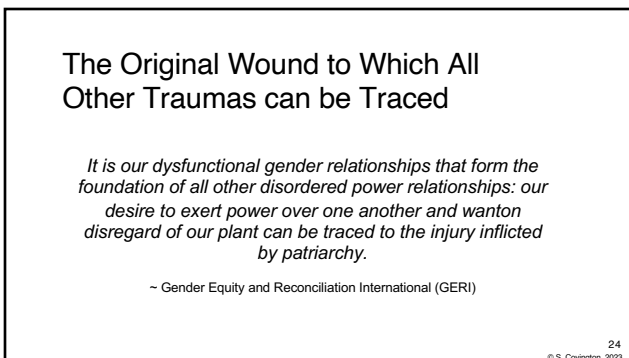
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We are One Human Family

We have divided our family in many tragic ways, and one of the most ancient and destructive is along gender lines.

~ Gender Equity and Reconciliation International (GERI)

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Defining Gender

Gender:
- Experience of growing up with all the social messages about how one should be as a female or a male
- Historically, a binary model
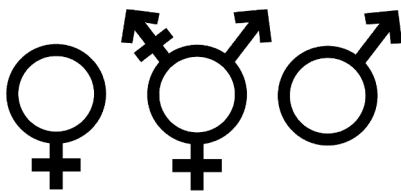- "Lived experience"

Sex:
- Biological differences, based on genitalia.

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Gender

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Gender Definitions

- **Cisgender**: Person whose gender identity matches their sex assigned at birth. (It is sometimes abbreviated as "cis.")
- **Transgender**: Person whose gender identity differs from their sex assigned at birth.
- **Gender expression**: How one presents themselves through their behavior, mannerisms, speech patterns, dress, and hairstyles.

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Gender Definitions (cont.)

- **Gender nonconforming**: A person whose gender expression is perceived as being inconsistent with cultural norms expected for that gender.
- **Nonbinary**: A range of gender identities and expressions, often based on the rejection of the gender binary's assumption that gender is strictly an either-or option of male/man/masculine or female/woman/feminine based on sex assigned at birth. Words that people may use to express their nonbinary gender identities include "agender," "bigender," "genderqueer," "genderfluid," and "pangender."

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Definitions (cont.)

Transgender people are very diverse and use many different terms to describe themselves. These terms tend to change over time. Some of the more common terms in 2023 include:

- **Transgender woman, trans woman**: A person assigned male at birth who identifies as a woman.
- **Transgender man, trans man**: A person assigned female at birth who identifies as a man.

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Definitions (cont.)

- **Sexual orientation**: How a person identifies their physical and emotional attraction to others.
- **LGBTQ+**: An acronym used to refer to lesbian, gay, bisexual, transgender, queer, and/or questioning individuals and communities.

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This is important because…

- Being "seen" helps to create connection
- Feeling respected helps to create safety
- Having a sense of belonging creates inclusion

Invisibility is a form of oppression

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Video

WHY SHARE
YOUR PRONOUNS?

By Savvy Ally Action

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[insert video file here]

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Gender
- Social Messages
- Socialization

Gender & Trauma
- Risks
- Responses

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The World of Women and Girls

(gender-based violence)

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Men and Trauma

- Silence surrounding boys/men and trauma
- Impact of male socialization
- Level of shame
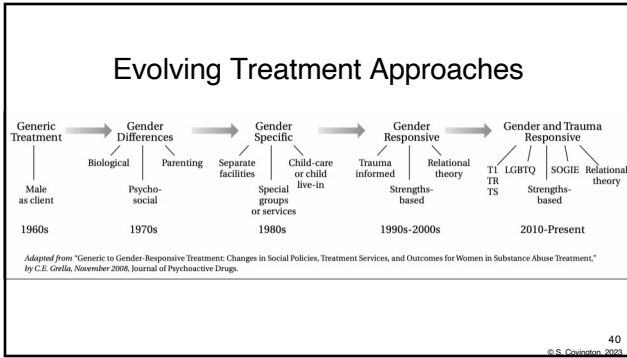- Abuse and trauma (experienced and perpetuated)

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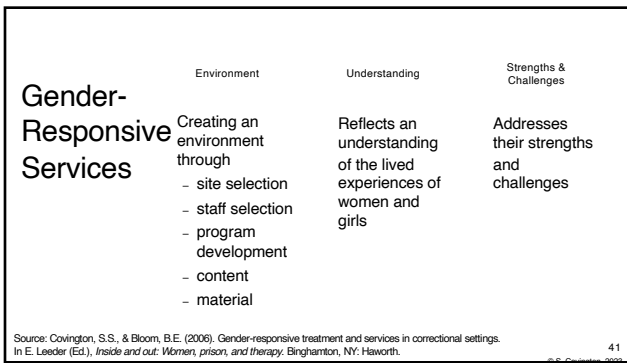## Trans/Nonbinary People
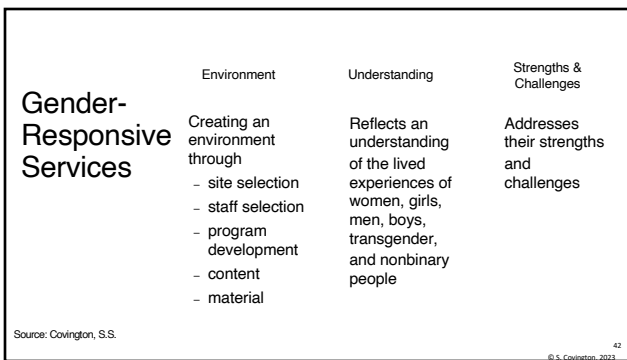
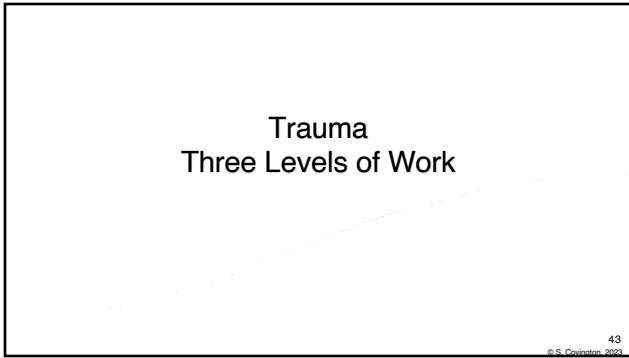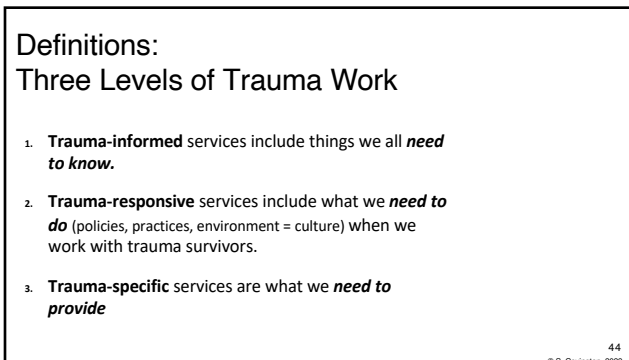- Greatest risk
- Highest rates

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Evolving Treatment Approaches

Generic Treatment	→	Gender Differences	→	Gender Specific	→	Gender Responsive	→	Gender and Trauma Responsive
		Biological Parenting		Separate facilities Child-care or child live-in		Trauma informed Relational theory		TI LGBTQ SOGIE Relational theory TR TS
Male as client		Psycho-social		Special groups or services		Strengths-based		Strengths-based
1960s		1970s		1980s		1990s-2000s		2010-Present

Adapted from "Generic to Gender-Responsive Treatment: Changes in Social Policies, Treatment Services, and Outcomes for Women in Substance Abuse Treatment," *by C.E. Grella, November 2008,* Journal of Psychoactive Drugs.

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Gender-Responsive Services

Environment	Understanding	Strengths & Challenges
Creating an environment through – site selection – staff selection – program development – content – material	Reflects an understanding of the lived experiences of women and girls	Addresses 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.

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Gender-Responsive Services

Environment	Understanding	Strengths & Challenges
Creating an environment through – site selection – staff selection – program development – content – material	Reflects an understanding of the lived experiences of women, girls, men, boys, transgender, and nonbinary people	Addresses their strengths and challenges

Source: Covington, S.S.

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Trauma
Three Levels of Work

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Definitions:
Three Levels of Trauma Work

1. **Trauma-informed** services include things we all *need to know.*

2. **Trauma-responsive** services include what we *need to do* (policies, practices, environment = culture) when we work with trauma survivors.

3. **Trauma-specific** services are what we *need to provide*

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Becoming Trauma Informed

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Becoming Trauma Informed

- Newest "buzz word"
- Resonates with people
- Very important concept
- Important to understand: It is only the first step in a multi-level process

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What is Trauma?

- Trauma occurs when an external event overwhelms a person's physical and psychological coping mechanisms.
- It is a normal reaction to an abnormal or extreme situation.
- Type 1 (single) and Type 2 (complex)
- Root word of trauma is *wound*

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Why is Understanding Trauma Important?

Abuse and trauma impact:
- Thinking (cognition)
- Feeling (affect)
- Behavior (including interactions with others)

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Definition of Trauma

The diagnostic manual used by mental health providers defines trauma as:

"exposure to actual or threatened death, serious injury or sexual violation."

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Definition of Trauma (cont.)

The exposure must result from one or more of the following scenarios in which the individual:

· Experiences the traumatic event;
· Witnesses the traumatic event in person;
· Learns that the traumatic event occurred to a close family member or close friend;

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Definition of Trauma (cont.)

· Exposure of professionals to effects of war, rape, genocide, (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse);
· Exposure of professionals through photos, video, verbal, and/or written accounts.

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Definition of Trauma
(cont.)

The disturbance, regardless of its trigger, causes:

- Significant distress or impairment in the individual's social interactions,
- Capacity to work, or
- Other important areas of functioning.

(It is not the physiological result of another medical condition, medication, drugs or alcohol.)

Source: American Psychiatric Assoc. [APA] *DSM-5TR*, 2022

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The Poison in Our Lives

- Stress
- Adversity
- Trauma

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Stress

Normal Stress
- Positive stress
- Tolerable stress

Destructive Stress
- Relentless stress
- Toxic stress
- Traumatic stress

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Relentless Stress

⊙ Poverty or near poverty

⊙ Hunger

⊙ Racism, sexism

⊙ Incarceration

⊙ Parenting alone

⊙ Multigenerational caregiving

⊙ Multi-challenged children

⊙ Severe injury/illness in close family

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Relentless stress in
parents may lead to toxic
stress in child.

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Toxic Stress Video
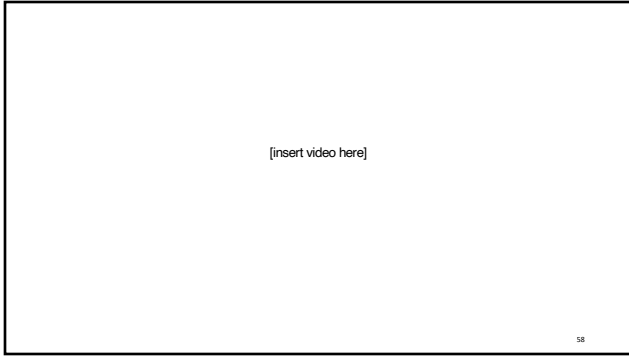
Three Core Concepts in Early Development

3 Toxic Stress Derails
Healthy Development

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD
Center on the Developing Child 🛡 HARVARD UNIVERSITY

Toxic Stress
(Center for the Developing Child, Harvard
University)

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[insert video here]

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Toxic Stress, Trauma, and Children

⊙ Stress of adversity is toxic to the development of the brain
⊙ Primary responses:
  ◦ Emotions – dysregulation
  ◦ Behavior – unmanageable
  ◦ Relationships – lack of connection, trust

Primary Issues

⊙ Attachment—relationships
⊙ Regulation—feelings and behavior
⊙ Competencies—learning

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We are Poisoning Our Children

· If you water a seedling with poisoned water...
  it may not die, but it will not thrive...
  and it will be vulnerable to many future problems
  as will the health and well-being of its offspring.

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When a flower doesn't bloom you fix the environment in which it grows, not the flower.

~Alexander Den Heijer

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Traumatic events can take many forms:

- Abandonment or neglect (especially for small children)
- Childhood emotional, sexual, or physical abuse
- Witnessing violence between parents or household members
- Kidnapping
- Being outed (having your sexuality or gender identity shared) without consent
- Being deadnamed (for trans and nonbinary folks, this means having people use your birth name instead of your chosen name)
- Rejection of family, friends, or a religious community because of your sexuality, gender expression, or gender identity.

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- Getting kicked out of the house and/or living on the streets
- Loss of a loved one (family member, friend, colleague, including a pet)
- Domestic violence
- Rape or sexual assault
- Witnessing murder
- Gang activity
- Mugging, robbery
- Being arrested and/or experiencing violence at the hands of law enforcement
- Accidents (automobile, bicycle, falls on the playground or elsewhere, work-related)

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- Medical abuse (not receiving medications or procedures you need; conversion therapy)
- Serious injuries and illnesses (sports-related, gunshot wounds, cancer, cardiac/heart conditions)
- Extremely painful and/or frightening medical procedures
- War and combat
- Immigration-related stresses such as ICE raids, refugee journeys, or living as an undocumented person
- Urban trauma
- Climate trauma and natural disasters (earthquakes, hurricanes, tornadoes, fires, floods)
- Intergenerational (cultural or historical) trauma

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Definition of Historical Trauma

…the cumulative emotional and psychological wounding… spanning generations, which emanates from a massive group trauma.

(Brave Heart, M.Y.H. (2005). *From intergenerational trauma to intergenerational healing.* Keynote address at the Fifth Annual White Bison Wellbriety Conference, Denver, CO, April 22, 2005)

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Historical Trauma

Examples include the displacement of indigenous or Aboriginal peoples, enslavement, genocide and massacres, and forced internment in prison-like camps. In the U.S., this has affected African American, Native American, Native Hawaiian, and Native Alaskan people as well as Japanese families sent to internment camps during World War II.

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Responses to Trauma

There are mental and emotional responses, which occur in the inner self, and there are external responses, which show up as physical reactions in the body and as behavior.

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Process of Trauma

Traumatic Event	Response to Trauma	Sensitized Nervous System	Psychological and Physical Distress
Overwhelms the physical and psychological coping skills	Fight, Flight or Freeze Altered state of consciousness, Body sensations, Numbing, Hypervigilance, Hyper-arousal, Collapse	Changes in the Brain Brain–Body Connection	Current stressors, Reminders of trauma (triggers or activators) Sensations, Images, Behavior, Emotions, Memory

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Triggers
(Activators I Threat Cues)

A trigger is an external stimulus that sets off a physical or emotional reaction in a person.

The stimulus can be a sight, a sound, a smell, a person, a place, a behavior, or anything that reminds a person of the traumatic event.

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Slide 70

Process of Trauma

Traumatic Event	Response to Trauma	Sensitized Nervous System	Psychological and Physical Distress
Overwhelms the physical and psychological coping skills	Fight, Flight or Freeze Altered state of consciousness, Body sensations, Numbing, Hypervigilance, Hyper-arousal, Collapse	Changes in the Brain Brain–Body Connection	Current stressors, Reminders of trauma (triggers or activators) Sensations, Images, Behavior, Emotions, Memory

Emotional and/or Physical Responses

Retreat
Isolation
Dissociation
Depression
Anxiety

Harmful Behavior to Self
Substance use disorders
Eating disorders
Deliberate self-harm
Suicidal actions

Harmful Behavior to Others
Aggression
Violence
Rages
Threats

Physical Health Issues
Lung disease
Heart disease
Autoimmune disorders
Diabetes

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Slide 71

Prevalence & Impact of ACEs

- Original Adverse Childhood Experiences study (ACEs) was with a community-based population.

- There is a growing body of research assessing ACEs in different populations.

- Prevalence and impact are even greater among justice-involved people.

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Slide 72

ACE Study
(Adverse Childhood Experiences)

- Original study in 1998
- 17,000 adults in San Diego, CA
- 10 questions
  -abuse
  -household dysfunction
- First 10-12 years – largely ignored
- Past 10 years – embraced

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ACE Study
(Adverse Childhood Experiences)

Before age 18:
1. Recurrent and severe emotional abuse
2. Recurrent and severe physical abuse
3. Contact sexual abuse
4. Physical neglect
5. Emotional neglect

Felitti VJ, Anda RF, Nordenberg D, et al. 1998

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ACE Study
(Adverse Childhood Experiences)

Growing up in a household with:
6. Loss of a biological parent(s), (separation, divorce, or death)
7. Mother being treated violently
8. An alcoholic or drug-using family member
9. A mentally ill, chronically depressed, or institutionalized family member
10. A family member being imprisoned

Felitti VJ, Anda RF, Nordenberg D, et al. 1998

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ACE Study
(Adverse Childhood Experiences)

Poll One
Number of "yes" answers for **a female-identifying client**?

a. 0-3
b. 4-10

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ACE Study
(Adverse Childhood Experiences)

Poll Two
Number of "yes" answers for **a male-identifying client**?

    a. 0-3
    b. 4-10

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ACE Study
(Adverse Childhood Experiences)

Poll Three
Number of "yes" answers for **a transgender/nonbinary identifying client**?

    a. 0-3
    b. 4-10

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ACE Study
(Adverse Childhood Experiences)

Poll Four
Number of "yes" answers for **yourself**?

    a. 0-3
    b. 4-10

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ACE Scores

You have a score for yourself.

You have a score for a typical client.

What do these scores mean?

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ACE Study
(Adverse Childhood Experiences)

Results of ACEs:

- Profound effects 50 years later
- Greater risk of having certain physical diseases and mental illnesses
- Substance use disorders

Chronic Health Conditions
- Heart disease
- Autoimmune diseases
- Diabetes
- Pulmonary disease
- Liver disease
- Skeletal fractures
- Sexually transmitted infections
- HIV/AIDS

(Felitti and Anda, 2010)

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Expanded ACE Questions

- Did you see or hear someone being beaten up, stabbed or shot in real life?
- Was your neighborhood unsafe (people did not look out for each other or stand up for each other, could not be trusted)?
- Were you bullied by a peer or a classmate?
- Were you ever in foster care?
- Were you treated badly or unfairly because of race or ethnicity?

(Philadelphia ACE Project, philadelphiaaces.org)

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ACE Study
(Adverse Childhood Experiences)

Additional results from the ACE Study:
- Staff concerns about the impact of the questions
- Experience with one-hour interviews

(Felitti and Anda, 2010)

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ACE Study (cont.)

I see that you have…
Tell me how this has affected you later in your life.

(Felitti and Anda, 2010)

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ACE Study (cont.)

Women 50% more likely than men
to have a score of 5 or more.

(Felitti & Anda, 2010)

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Link Between
Childhood Trauma and School

Those with ACE score of 0
have a 3% risk of having
learning or behavioral
problems in school, whereas a
score of 4 or more have a 51%
risk.

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ACE Study (cont.)

If a male child has 6 or more
"yes" answers, his risk of
becoming an IV drug user
increases by 4,600% compared
to a boy with a score of zero.

(Felitti and Anda, 2010)

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ACE Study (cont.)

One-third of the group
had a score of 0.

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Adverse Childhood Experiences
Five-State Study

- Collaboration between CDC and state health departments of AR, LA, NM, TN and WA.
- 26,229 adults were surveyed

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ACEs

A review of over 2,000 studies of ACEs from all over the world consistently found that individuals experiencing 4 or more ACEs have a higher risk of multiple concerns, including the following:

- Nearly four times more likely to have anxiety;
- Over four times more likely to have depression;
- Nearly six times more likely to engage in illicit drug use;
- Nearly six times more likely to have problematic alcohol use;
- Over seven times more likely to experience violence victimization in adulthood;
- Ten times more likely to have problematic drug use; and
- Thirty times more likely to attempt suicide as an adult than individuals with less than 4 ACEs

(Hughes, Bellis, Hardcastle, Sethi, et al., 2017)

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Women in Prison
Largest Effect-Mental Health

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

(Messina & Grella, 2005)

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Women in Prison
Largest Effect-Mental Health (cont.)

· 980% increase in odds if exposed to 7 CTE's

(Messina & Grella, 2005)

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ACEs and Youth

Chronic Health Conditions
· Asthma
· Prediabetes
· Diabetes
· Depression
· Autoimmune disorders
· Cardiovascular disease

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Gender Differences
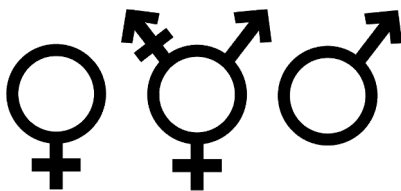
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Gender and Abuse

Childhood
- Girls and boys at equal risk from family members and people they know

Adolescence
- Young men at risk from people who dislike or hate them. Boys at greater risk if they are gay, young men of color, gang members, or transitioning.
- Young women at risk from lovers or partners – people to whom they are saying, "I love you."

Adulthood
- Men at risk from combat or being victims of crime
- Women at risk from those they love
- LGBTQ and gender-nonconforming people are at the highest risk

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Victimization Trajectories from Childhood to Adulthood for Men (N=801 Men)

(Messina, 2022)

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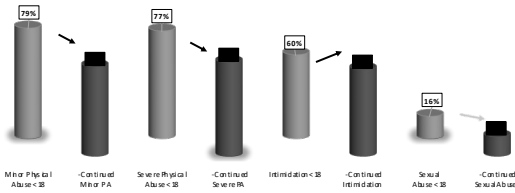
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Childhood Victimization Continues into Adulthood for Women (N=1118 Women)

(Messina, 2022)

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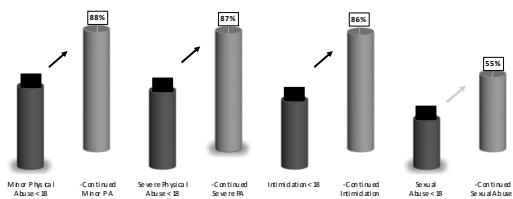
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Differences in Risk Worldwide

- Worldwide, 1 in 4 women and 1 in 8 men experience psychological abuse from partner
- 38% of female homicides are committed by male partners, while 6% of male homicides are committed by female partners
- 1 in 5 women will be raped, while 1 in 71 men will be raped
- Transgender population is at greatest risk and has a higher rate of abuse

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Statistics – Trans/Nonbinary and Trauma

- Seventy-seven percent of transgender individuals have experienced mistreatment in school, from kindergarten to twelfth grade (National Center for Transgender Equality, 2015)
- As of 2022, transgender individuals are victimized at 2.5 times the rate of cisgender individuals (Truman & Morgan, 2022)
- Transgender and gender diverse populations report the highest rates of gender-based violence; for example, up to 89% of transwomen experience gender-based violence (Wirtz, Poteat, Malik, & Glass, 2018)

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Why is this Important for all Human Services?

- Health
- Mental Health and Substance Misuse
- Housing
- Justice
- Child Welfare
- Education

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Reoccurring Themes
Trauma & Abuse

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Trauma and Abuse

- The more it happens...
- The longer it lasts...
- The earlier it starts...
- The more trust is betrayed...
- The more it's at the hands of other people...

The more challenging its effects

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United States
Heritage of Violence

- Genocide
- Slavery
- Civil War
- Hiroshima and Nagasaki
- Cold War
- Multiple assassinations
- Vietnam War
- Multiple international wars
- Massive shootings

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Top 10 Countries with Highest Gun Ownership
(Civilian guns owned per 100 people)

120.5	United States
62.1	Falkland Islands
52.8	Yemen
42.5	New Caledonia
39.1	Serbia & Montenegro (tie)
34.7	Canada & Uruguay (tie)
34.0	Cyprus
32.4	Finland

https://worldpopulationreview.com/country-rankings/gun-ownership-by-country

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History of Trauma

1880's	Paris & Vienna
↓	World Wars I & II (1917, 1940's)
	Vietnam War
1980	PTSD
↓	Exposure Therapy
	Cognitive-behavioral Therapy
Today	Concept of Trauma Informed
	Multiple Techniques
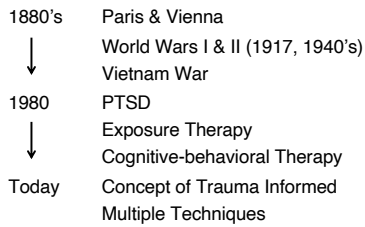
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Social Amnesia

*The study of psychological trauma has a curious history –
one of episodic amnesia. Periods of active investigation
have alternated with periods of oblivion. Repeatedly in the
past century, similar lines of inquiry have been taken up
and abruptly abandoned, only to be rediscovered much
later.*

~ Dr. Judith L. Herman, *Trauma and Recovery*, 1992 p.7

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Always Look For

- What is not being said
- What is being kept hidden
- What is being mocked and ridiculed
- What is too awful to know
- Whatever challenges the status quo
- Whatever challenges power

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Becoming Trauma Informed

The BTI training materials consist of a facilitator guide, participant booklet, and PowerPoint slides for a 7-hour training day.

The US editions include the following:
- *Becoming Trauma Informed: A Training Program for Professionals* (adults, 2023)
- *Becoming Trauma Informed: Focus on Youth* (2020)

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What does this all mean for the people we serve?

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Becoming Trauma Responsive

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Trauma Responsive

What ALL organizations need to do to create or
change policies that increase the likelihood of
health and recovery for everyone.

What We Do

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Organizational Change

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Changes in Understanding:
The Centrality of Trauma

Incarceration ←———→ Homelessness

Violence and Trauma

Substance Misuse ←———→ Mental Health Problems
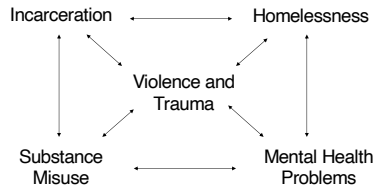
(Roger Fallot)

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Trauma-Responsive Services
What We Do

Take into account the impact of trauma on a person's thinking, feelings, and behaviors.

Avoid triggering trauma reactions and/or re-traumatizing an individual.

Allow survivors to manage their trauma symptoms successfully so that they are able to access, retain, and benefit from services.

Review and revise policies and practices. The behavior of counselors, administrators, and all other staff and the organization reflects the new policies and practices.

(Harris & Fallot, 2001)

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Moving from
Trauma Informed to Trauma Responsive

A structured and guided process is needed for organizational change (primary focus is on culture/environment)

- Involves multiple steps on multiple levels
- Based on five core values
- Requires commitment of leadership over time (3-5 years)

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Important Contribution

Roger Fallot, PhD and Maxine Harris, PhD

Using Trauma Theory to Design Service Systems (2001)

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Core Values
of Trauma-Responsive Environments

Safety:
Ensuring physical and
emotional safety

Trustworthiness:
Maximizing trustworthiness,
modeling openness, maintaining
appropriate boundaries, and
making tasks clear

Choice:
Emphasizing individual
choice and control

(Fallot & Harris)

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Core Values
of Trauma-Responsive Environments (cont)

Collaboration:
Providing equality in
participation, sharing
power, and creating a
sense of belonging

Empowerment:
Striving for empowerment
and skill building

(Fallot & Harris)

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Dr. Sandra Bloom

CREATING SANCTUARY
TOWARD THE EVOLUTION OF SANE SOCIETIES
SANDRA L. BLOOM
REVISED EDITION

DESTROYING SANCTUARY
THE CRISIS IN HUMAN SERVICE DELIVERY SYSTEMS
SANDRA L. BLOOM & BRIAN FARRAGHER

RESTORING SANCTUARY
A NEW OPERATING SYSTEM FOR TRAUMA-INFORMED SYSTEMS OF CARE
SANDRA L. BLOOM & BRIAN FARRAGHER

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Becoming Trauma Responsive Creates a Culture Shift

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A Culture Shift: Scope of Change
(Involves everyone!)

- Involves all aspects of resident/client management, program activities, relationships, and atmosphere (more than implementing new services)
- Involves all groups: administrators, supervisors, direct service staff, support staff, and residents/clients (more than service providers)
- Involves making trauma-responsive change into a new routine, a new way of thinking and acting (more than new information)

(Fallot & Harris)

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Moving from Trauma Informed to Trauma Responsive

- Eliminates unnecessary triggers and identifies triggers for individual clients
- Creates an atmosphere that is respectful of client and their need for safety, respect, and acceptance
- Strives to maximize a client's ability to make safe choices and exercise control over their life

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Moving from Trauma Informed to Trauma Responsive (cont.)

- The Story of My Dentist

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Moving from Trauma Informed to Trauma Responsive (cont.)

- Self-Assessment
- Create a Guide Team

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Self-Assessment

- Walk through:
  - Signage
  - Physical Environment
  - Other "Noticing"

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Denial Ends Here

vs.

Hope Starts Here

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ATTENTION

GIVING TOX SCREENS IS NOT OPTIONAL!!!

EFFECTIVE IMMEDIATELY

IF A CLIENT IS ON THE TOX LIST AND

LEAVES 2 CONSECUTIVES TIMES WITHOUT GIVING,

SHE MAY BE DISCHARGED!

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To All Of Our LifeLine Clients,

Kindly check the tox list (at the front desk) for your name both before and after a group. If your name is on it, it means we are requesting that you provide a tox screen before you leave the building.

If you have any concerns, please do not hesitate to discuss them with your clinician or Terry, LifeLine's case manager.

Appreciatively,
Diane, Janet, Anne, Luita, and Terry

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Creating Trauma-Responsive Spaces

- The way the environment looks and feels to people (lighting, space issues, etc.) is a fundamental contributor toward or away from trauma-responsive and gender-responsive care and practice.

Adapted from: Covington, Fallot and Russo, February 2014. *Trauma and Gender Practice Improvement Collaborative TAG Toolkit* in partnership with The Connecticut Women's Consortium, Inc. and Connecticut's Department of Mental Health and Addiction Services.

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Before   After

130

130

Men's Quiet Room
(before)

Source: C.N.V. Help, Inc.

131

131

Men's Quiet Room
(after)

Source: C.N.V. Help, Inc.

132

132

Women's Quiet Room
(before)

Source: C.N.V. Help, Inc.

133

133

Women's Quiet Room
(after)

Source: C.N.V. Help, Inc.

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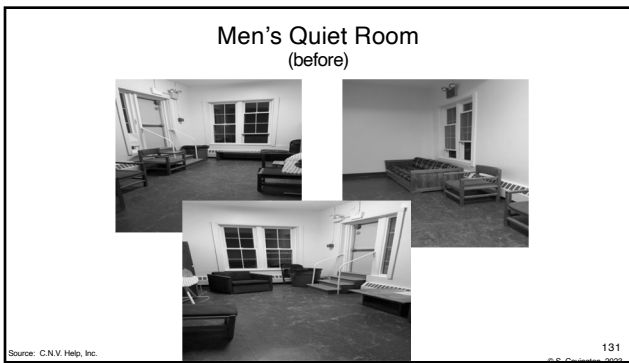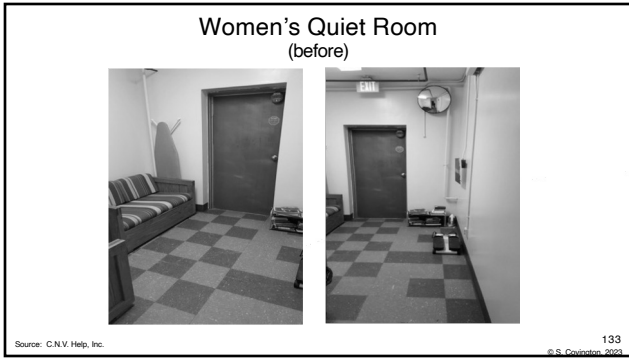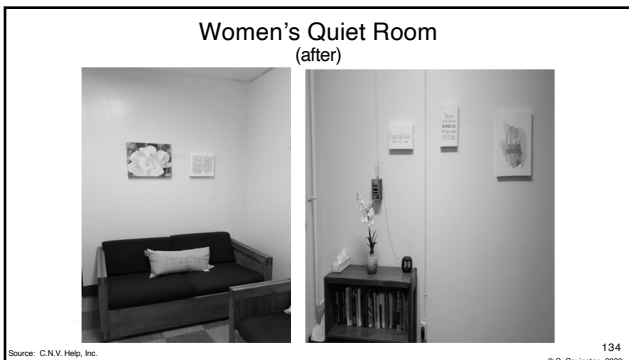
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Creating a Guide Team

- Leader
- Trauma (and Gender) Champions
- People Served

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Six Domains
Trauma-Responsive Services

1. Five Values
   Safety, Trustworthiness, Choice, Collaboration, Empowerment

2. Formal Services Policies

3. Screening, Assessment, Service Planning & Trauma-Specific Services

4. Administrative Support

5. Staff Trauma Training and Development

6. Human Resources Practices

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Implementation Plan
and Goal Attainment Scale

Domain 1A: Safety
Ensuring Physical and Emotional Safety

Safety Issue		Who is responsible?	Who else is on the team?	Timeline?	Goal Attained* 1-3	What did you learn?	What must be changed?
Female Identifying	Safety Issue A: _____						
	Action to Resolve A: _____						
	Safety Issue B: _____						
	Action to Resolve B: _____						

(Append Extra Sheets as Needed)

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Implementation Plan
and Goal Attainment Scale

Domain 1A: Safety
Ensuring Physical and Emotional Safety

Safety Issue		Who is responsible?	Who else is on the team?	Timeline?	Goal Attained* 1-3	What did you learn?	What must be changed?
Male Identifying	Safety Issue A: _____						
	Action to Resolve A: _____						
	Safety Issue B: _____						
	Action to Resolve B: _____						

(Append Extra Sheets as Needed)

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Implementation Plan and Goal Attainment Scale

Domain 1A: Safety
Ensuring Physical and Emotional Safety

Safety Issue	Who is responsible?	Who else is on the team?	Timeline?	Goal Attained* 1-3	What did you learn?	What must be changed?
Safety Issue A: _____ Action to Resolve A: _____						
Safety Issue B: _____ Action to Resolve B: _____						

Transgender / Nonbinary (left margin label)

(Append Extra Sheets as Needed)

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Implementation Plan and Goal Attainment Scale

Domain 1F: Safety for Staff
Ensuring Physical and Emotional Safety

Safety for Staff	Who is responsible?	Who else is on the team?	Timeline?	Goal Attained* 1-3	What did you learn?	What must be changed?
Staff Safety Issue A: _____ Action to Resolve A: _____						
Staff Safety Issue B: _____ Action to Resolve B: _____						
Staff Safety Issue A: _____ Action to Resolve A: _____						
Staff Safety Issue B: _____ Action to Resolve B: _____						

Women / *Men* (left margin labels)

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Impact on Staff

- You can be affected indirectly by trauma

- This process has several names:
  - ❖ Vicarious trauma
  - ❖ Compassion fatigue
  - ❖ Secondary post-traumatic stress
  - ❖ Burnout

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We can not develop a trauma-informed and trauma-responsive system of care based on safety, trustworthiness, collaboration and empowerment unless and until the work environment reflects these values for staff.

~Eileen Russo

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Understanding the Impact of Caring

The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.

~ Rachel Naomi Remen, MD - *Kitchen Table Wisdom*

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The Pair of ACEs

Adverse Childhood Experiences

Maternal Depression

Physical & Emotional Neglect

Emotional & Sexual Abuse

Divorce

Mental Illness

Substance Abuse

Incarceration

Domestic Violence

Homelessness

Adverse Community Environments

Poverty

Violence

Discrimination

Poor Housing Quality & Affordability

Community Disruption

Lack of Opportunity, Economic Mobility & Social Capital

(Dr. Wendy Ellis, "The Pair of ACEs", 2017)

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It's not just about adverse childhood experiences, but also adverse community experiences, adverse cultural experiences, and adverse organizational experiences.

~David Labby

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Moving from Trauma Informed to Trauma Responsive

- 3 hours of video
- 100 pages of handouts
- 1 facilitator guide
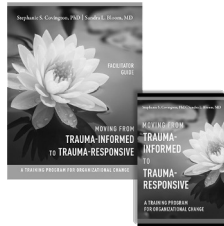
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Trauma Specific

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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 (cont.)

Syndrome	Stage One	Stage Two	Stage Three
Complicated post-traumatic stress disorders	Stabilization	Integration of memories	Development of self, drive, integration

Source: Herman, 1992, 1997

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Trauma: Stages of Recovery (cont.)

Syndrome	Stage One	Stage Two	Stage Three
Multiple personality disorder (Putnam 1989)	Diagnosis, stabilization, communication cooperation	Metabolism of trauma	Resolution, integration, development of post-resolution coping skills
Traumatic disorders (Herman 1992)	Safety	Remembrance and mourning	Reconnection

Source: Herman, 1992, 1997

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Trauma: Three Group Models

Group	Stage One	Stage Two	Stage Three
Therapeutic task	Safety	Remembrance and mourning	Reconnection
Time orientation	Present	Past	Present, future
Focus	Self-care	Trauma	Interpersonal relationships

Source: Herman, 1992, 1997

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Trauma: Three Group Models (cont.)

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

Source: Herman, 1992, 1997

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Trauma: Three Group Models (cont.)

Group	Stage One	Stage Two	Stage Three
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

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Trauma–Focused Interventions

Themes
Strategies
Structure

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Key Elements
(Staff and Client)

· Learn what trauma/abuse is
· Understand typical responses
· Develop coping skills
· Recognize gender differences

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Gender Differences and Trauma

Female-Identifying	Male-Identifying
Typical trauma: childhood sexual abuse	Typical trauma: witnessing violence, physical abuse
More likely to develop PTSD when exposed to violence	More likely to be exposed to violence, but less likely to develop PTSD
Repeated exposure to sexual and violent victimization from intimates, beginning in childhood	Exposure to violence from strangers and adversaries; sexual abuse and coercion from outside family, feeling shame and "unmanly," feeling the need to try to control and dominate

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Gender Differences and Trauma (cont.)

Female-Identifying	Male-Identifying
Internalizing: self-harm, eating disorders, addiction, avoidance	Externalizing: violence, substance misuse, crime, and hyper-arousal
Likely to get mental health treatment rather than substance use disorder treatment	Likely to get substance use disorder treatment rather than mental health treatment
Treatment needs to emphasize empowerment, emotional regulation, and safety	Treatment needs to emphasize feelings, relationships, and empathy

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Themes
- Safety
- Empowerment
- Connection (Aloneness)
- Normal reactions (Shame)
- Mind-body connection
- Substance misuse

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Core Elements
- Structure
- Predictable
- Consistency

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All Sessions
- Quiet time—"settling"
- Grounding
- Check-in
- Review of between-sessions activity
- Discussions
- Lectures
- Interactive exercises
- Closing, grounding exercise

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Core Elements
- Structure
- Predictable
- Consistency
- Trust
- Safety
- Security
- Cognitive coping
- Interactive (experiential)

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Myths
- Long-term, individual therapy
- Complete memory is needed for healing
- Graduate-level clinicians
- Length of treatment is too short for trauma work
- Trauma services are utilized by women (not men)
- Discussion in group is retraumatizing
- Meditation and guided imagery are harmful
- Exposure therapy and CBT are the methods to utilize

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Core Curriculum at CCC

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How the Program Materials were Developed

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Theoretical Foundation

The theories related to gender and substance use and/or trauma (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.

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Three Primary Theories

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

Theory of Women's and Men's Psychological Development
- Relational – Cultural Model (Jean Baker Miller Training Institute)
- Kivel, Pollack, etc.

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Three Primary Theories (cont.)

Theory of Trauma
- Sandra Bloom, MD
- Judith Herman, MD
- Peter Levine, PhD
- Daniel Siegel, MD
- Upward Spiral – A Transformational Model (Covington)

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Theoretical Foundation
Addiction

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Addiction Today

- Brain disease
    - Hijacks pleasure center
    - Pediatric-acquired disease
- Medication – assisted treatment (MAT)
- Motivational interviewing vs. confrontation
- Harm reduction
- Understanding risk factors
- Importance of understanding gender
- Trauma informed and responsive

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Addiction & Trauma
Evolutionary Process

- Moved from ignoring to acknowledging
- Sequential services to concurrent services
    - Research on PTSD and SUDs
- Becoming trauma informed is now a "best practice"

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Addiction:
A Holistic Health Model

- Physiological
- Emotional
- Social
- Spiritual
- Environmental
- Political

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Theoretical Foundation
Psychological Development

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Relational-Cultural Theory

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

(Jean Baker Miller, *Toward a New Psychology of Women*, 1976)   173
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Relational-Cultural Theory (cont.)

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

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Relational-Cultural Theory (cont.)

Some men use drugs:
- To avoid connection

Male relational dread

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The Theory of Men's Psychosocial Development

- Inspired by feminist scholars
- Questioning the traditional male role and the traditional masculine interpretation of psychological development (separation and individuation)

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The Theory of Men's Psychosocial Development (cont.)

- Men are not the problem – how men have been socialized is the problem
- Homophobia, devaluation of women, violence, detached fathering, and emotional illiteracy
- Power, privilege, and pain

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Addiction as a Relationship

Love   →   Love-Hate

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Therapeutic 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).

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Treatment Strategies

- Relational therapy
- Guided imagery
- Mindfulness
- Cognitive-behavioral
- Emotional Freedom Technique (EFT)
- Expressive arts
- Mind-body (yoga)
- Experiential learning (interactive exercises)
- [EMDR (Shapiro), Somatic Experiencing (Levine), Neurosequential Model (Perry)]

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Each Session has Information and Interactive Exercises

- Exercises with sufficient breadth and depth so each person has their own personal experience
- Not a "cookie cutter" process
- Using group process (adapt for individual use)

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Cultural Considerations

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Voices in Brazil

Renata Mendes
President & Founder

instituto
mundo aflora
Plantando
Oportunidades
& Escolhas

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Vozes
programa de autoconhecimento
para potencializar meninas

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Brasil Context

- In 2020: 261,200 incarcerated children and adolescents in the world, and 20% are in Latin America and the Caribbean (UNICEF)
- 25,24% of the Brazilian population is young people (*Atlas das Juventudes*, 2015)
- 61% of young people are black and brown (*Atlas das Juventudes*, 2020)

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Brasil Context (cont.)

- 53% of homicide victims in the period (2009 to 2019) were between 15 and 29 years old (*Atlas da Violência*, 2021).
- In 2020: Brazil a total of 46,193 young people in conflict with the law, of which 13,684 are in detention center (*Anuário Brasileiro de Segurança Pública*, 2022)
- Female population represents 4.5%

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Phase 1:
Seminar: Trauma & Juvenile Justice System
in São Paulo, 2018

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Phase 2:
Prototype Taipas in 2019

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Prototype Taipas

[insert video]

189

189

Prototype Taipas – Research

- Increase the level of self-esteem; ability to manage the anger and deal with the conflict; perspective for the future
- Decrease the level of PTSD; depression, anxiety; violent behavior;
- They learned how to name their emotions, abusive relationships, and creating a safe space to share their deepest fears and memories.
- 10/10 didn't come back to the detention center or prison after 2 years of the program.

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Phase 3:
Voices! Multipliers in 2021

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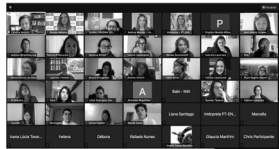
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Phase 4:
Implementation 3 States, 2022

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Phase 4:

Implementation 3 States, 2022

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Phase 4:

Research Results, 2023

- Girls: 14 and 18 years old, average of 17 years old
- They were in a severe (clinical) and borderline range of anxiety and depression
- Very strong improvement with: attention problems; rule-breaking; anxiety and depression; somatic complaints, social, thinking problems and aggressive behavior (girls in the control group had no improvement)

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Phase 4:

Research Results, 2023

- The hypothesis that the CG can benefit from the program's learning, even if indirectly in the collective coexistence with the EG participants.
- The facilitators reported that the sessions and themes also made them think about their own lives, relationships with their mothers, and partners. Some returned to therapy and felt they could also name events and feelings they had experienced in their lives.

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VOICES! Main Lessons

- Structured methodology allows flexibility of implementation in different cultures.
- Several activities allow autonomy for the facilitators to adapt the program to the group.
- The topics covered on VOICES! offers transformation and resistance tools to deal with oppressive contexts.

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OBRIGADA!
THANK YOU!

Renata Mendes
Founder and CEO

✉ renata@mundoaflora.org
📷 @mundoaflora_org

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mundo aflora Plantando Oportunidades & Escolhas

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Helping Women Recover:
A Program for Treating Addiction

Community Version   Criminal Justice Edition
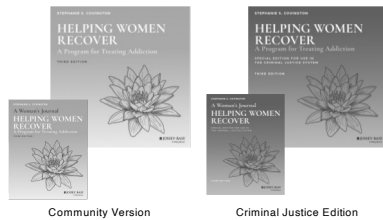
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Helping Women Recover
and
Helping Men Recover

Four Modules
· *Self*
· *Relationships*
· *Sexuality*
· *Spirituality*

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Helping Women Recover:
A Program for Treating Addiction

20   sessions
6 – 10   participants
90 – 120   minutes each

(workbooks in Spanish)

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Helping Women Recover
What's New

· Expanded from 17 to 20 sessions
· Trauma-sensitive yoga exercises
· Updated gender information
· Incorporates more mindfulness
· New brain research as it relates to addiction and trauma
· Updated statistics
· Adverse Childhood Experiences (ACEs)
· Process of trauma and its effects on the mind and body

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Helping Women Recover
Module A: *Self*

Session 1   Opening Session
Session 2   Defining Self
Session 3   Sense of Self
Session 4   Self-Esteem
Session 5   Sexism, Stereotyping, and Power

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Helping Women Recover
Module B: *Relationships*

Session 6   Family of Origin
Session 7   Mothers
Session 8   Mother Myths
Session 9   Fathers
Session 10   Understanding Abuse and Trauma
Session 11   Interpersonal Violence
Session 12   Creating Supportive and Loving Relationships

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Helping Women Recover
Module C: *Sexuality*

Session 13   Sexuality and Addiction
Session 14   Body Image
Session 15   Gender Identity and Sexual Orientation
Session 16   Challenges to Healthy Sexuality
Session 17   Healthy Sexuality

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Helping Women Recover
Module D: *Spirituality*

Session 18   What is Spirituality?
Session 19   Mindfulness, Prayer, and Meditation
Session 20   Creating a Vision

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Helping Men Recover:
A Program for Treating Addiction

Community Version   Criminal Justice Edition

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Helping Men Recover:
A Program for Treating Addiction

21   sessions
6 – 12   participants
2   hours each

(workbooks in Spanish)

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Helping Men Recover
What's New

- Expanded from 18 to 21 sessions
- Introductory Session
- New Research & Statistics
- Updated Information on Trauma
- Updated Information on Gender
- Trauma-Informed Yoga Poses
- User-Friendly Format

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Helping Men Recover
Module A: *Self*

Session 1	Opening Session
Session 2	Defining Self
Session 3	Men in Recovery
Session 4	A Sense of Self
Session 5	Men: Inside & Out
Session 6	Men and Feelings

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Helping Men Recover
Module B: *Relationships*

Session 7	Family of Origin
Session 8	Barriers to Healthy Relationships
Session 9	Fathers
Session 10	Mothers
Session 11	Creating Healthy Relationships and Support Systems
Session 12	Effective Communication
Session 13	Creating and Maintaining Intimacy

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

- Theory of Girls' Psychological Development
  - Relational–Cultural Model (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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Voices:
A Program of Self-Discovery and Empowerment for Girls

18   sessions
6 – 10   participants
90   minutes each

(workbooks in Spanish, Portuguese, French)

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

Four Modules
- *Self*
- *Connecting with Others*
- *Healthy Living*
- *The Journey Ahead*

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Voices
What's New

Addresses current challenges in girls' lives:
· Girls and bullying
· Pressures of social media
· Early puberty
· Gender exploration
· Human sex trafficking
· Binge drinking

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Voices
What's New (cont.)

Additional information on:
· Adverse childhood experiences (ACE)
· Process of trauma & its effects on the mind and body
· Developmental trauma disorder
· Trauma-Informed Effective Reinforcement System for Girls (TIER)
· Trauma-sensitive yoga exercises

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Voices
Module A: *Self*

Session 1   Who am I?
Session 2   My Life Story
Session 3   Breaking the Silence
Session 4   The World Girls Live In
Session 5   Support and Inspiration

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Voices

Module B: *Connecting with Others*

Session   7   My Family
Session   8   Mothers and Daughters
Session   9   Friendship
Session 10   Dating and Sexuality
Session 11   Supportive Relationships
Session 12   Abusive Relationships

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Voices

Module C: *Healthy Living*

Session 13   Our Bodies
Session 14   Emotional Wellness
Session 15   Alcohol and Other Drugs
Session 16   Spirituality

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Voices

Module D: *The Journey Ahead*

Session 17   Crossroads
Session 18   Packing for My Journey

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A Young Man's Guide to Self-Mastery

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A Young Man's Guide to Self-Mastery

14 sessions
8 – 10 participants
2 hours each

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A Young Man's Guide to Self-Mastery

Four Modules
- *Myself*
- *Communications and Connections*
- *Relationships*
- *Healthy Living*

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A Young Man's Guide to Self-Mastery
Module A: *Myself*

Session 1   Welcome, Introductions, Building Our House

Session 2   A Sense of Self

Session 3   A Boy's World

Session 4   Introduction to Trauma

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A Young Man's Guide to Self-Mastery
Module B: *Communications and Connections*

Session 5   Communication and Connections

Session 6   Abuse and Conflict

Session 7   Mothers

Session 8   Fathers

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A Young Man's Guide to Self-Mastery
Module C: *Relationships*

Session 9   Friendship

Session 10   Gender and Sexuality

Session 11   Barriers to Healthy Relationships

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A Young Man's Guide to Self-Mastery
Module D: *Healthy Living*

Session 12   Our Bodies

Session 13   Dealing with Life as it Happens

Session 14   Endings and Beginnings

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Beyond Trauma:
A Healing Journey for Women

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Beyond Trauma:
A Healing Journey for Women

12   sessions
6 – 10   participants
2   hours each

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Beyond Trauma:
A Healing Journey for Women

Three Modules

- *Violence, Abuse, and Trauma*
- *The Impact of Trauma on Women's Lives*
- *Healing from Trauma*

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Beyond Trauma
What's New

- New and updated foundational information for the facilitator in part 1
- New statistics about abuse and other forms of trauma in part 1 and in the sessions
- New discoveries, publications, and insights in the field
- Longer sessions (2 hours rather than 1½ hours)
- Additional session, which enables us to include more new lectures and activities for the participants that reflect current thinking and practice

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Beyond Trauma
What's New (cont.)

- Information at the end of each session about adapting the curriculum for use with adolescent girls
- New national resources (organizations and groups) for the facilitator and participants
- Two new DVDs: one for facilitators and one for use with the participants
- Yoga poses

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Beyond Trauma

Module A: ***Violence, Abuse, and Trauma***

Session 1	Introduction to the Program
Session 2	The Connections between Violence, Abuse, and Trauma
Session 3	Power and Abuse
Session 4	The Process of Trauma and Reactions to Trauma

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Beyond Trauma

Module B: ***The Impact on Women's Lives***

Session 5	How Trauma Affects Our Lives
Session 6	Abuse and the Family

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Beyond Trauma

Module C: ***Healing from Trauma***

Session 7	The Connection between Trauma and Addiction: Spirals of Recovery and Healing
Session 8	Grounding and Self-Soothing
Session 9	The Mind and Body Connection
Session 10	Our Feelings
Session 11	Healthy Relationships
Session 12	Endings and Beginnings

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Beyond Violence:
A Program for Criminal Justice-Involved Women

Beyond Anger and Violence:
A Program for Women

238

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Beyond Violence /
Beyond Anger and Violence

20 BV sessions
21 BAV sessions

6 – 10 participants
2 hours each

(workbooks in Spanish)

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Beyond Violence /
Beyond Anger and Violence

Four Modules
- *Self*
- *Relationships*
- *Community*
- *Society*

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Beyond Violence /
Beyond Anger and Violence

- Facilitator's guide
- Participant's workbook
- DVD *What I Want My Words To Do To You*

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Beyond Anger and Violence
Module A: *Self*

Orientation Session

Session 1   Thinking Our Thoughts

Session 2   Feeling Our Feelings

Session 3   Violence and Trauma in Our Lives

Session 4   The Effects of Trauma

Session 5   Women and Anger

Session 6   Tools for Managing Anger

Session 7   Understanding Ourselves

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Beyond Anger and Violence
Module B: *Relationships*

Session 8   Our Families

Session 9   Communication

Session 10   Power and Control

Session 11   Conflict Resolution

Session 12   Creating Our Relationships

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Beyond Anger and Violence
Module C: *Community*

Session   13   Our Communities

Session   14   The Importance of Safety

Session   15   Creating Community

Session   16   The Power of Community

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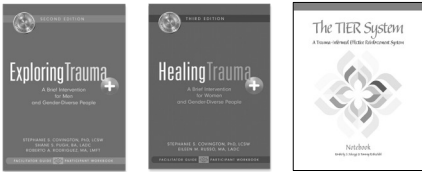*Beyond Anger and Violence*
Module D: *Society*

Session   17   Society and Violence

Session   18   Creating Change

Session   19   Transforming Our Lives

Session   20   Honoring Ourselves and Our Community
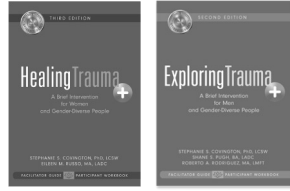
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Friday Morning Introductory Sessions

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Healing Trauma+
Exploring Trauma+

- 6 Sessions on flash drive for easy duplication
- 2 hours each session
- Facilitator Guide
- Participant Journal in English and Spanish

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Healing Trauma+
A Brief Intervention for Women and Gender-Diverse People

Session 1:   Welcome and Introduction
Session 2:   Power and Abuse
Session 3:   The Process of Trauma and Self-Care
Session 4:   The ACE Survey and Anger
Session 5:   Healthy Relationships
Session 6:   Love, Endings, and Certificates

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Exploring Trauma+
A Brief Intervention for Men and Gender-Diverse People

Session 1:   Welcome and Introduction
Session 2:   Exploring Trauma
Session 3:   Thinking, Feeling, and Acting
Session 4:   Beyond Guilt, Shame, and Anger
Session 5:   Healthy Relationships
Session 6:   Love, Endings, and Certificates

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The TIER System

The Trauma-Informed Effective Reinforcement System is a gender-responsive, research-based, behavior motivation system for residential and custodial settings. The model integrates:

- *Trauma-informed practices*
- *Relational approach*
- *Strengths-based practices*
- *Motivational techniques, and*
- *Culturally-competent practices*

(Rothschild & Selvaggi)

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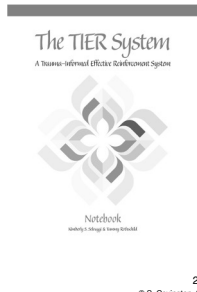
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The TIER System

- Gender Responsive Practice and Theoretical Framework
- Effective Behavior Support Considerations
- Model Components
  - Daily Program Responsibilities for Participants
  - Addressing Challenging Behaviors
  - Rewarding the Positive Choices that Participants Make
  - Supporting Participants Who Are Struggling With Program Responsibilities
  - Essential Meetings to Support a Respectful, Safe Environment
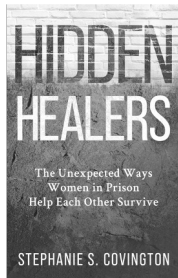- Implementing the TIER System
- Quality assurance for the TIER System

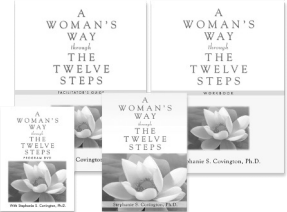(Rothschild & Selvaggi)

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Wednesday Evening Session

HIDDEN HEALERS

The Unexpected Ways Women in Prison Help Each Other Survive

STEPHANIE S. COVINGTON

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252

Thursday Evening Session
A Woman's Way through The Twelve Steps

Book, Workbook, Facilitator's Guide, and DVDs

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253

A Woman's Way through The Twelve Steps

13 sessions
6 – 10 participants
90 minutes each

(book and workbook in Spanish)

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A Woman's Way through The Twelve Steps

Opening Session   Beginnings

Sessions 1 – 12   Each session focuses on one
of the 12 steps

Each session has suggested
adaptation for girls.

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Research

256

Women-Only Treatment
Long-Term Outcomes
(10 year follow-up)

· Women-only (WO) treatment compared to mixed-gender (MG)

· WO increased odds of successful outcome by 49%

  · Substance use

  · Mental health

  · Criminal justice

(Evans, et. al., JSAT, 2013)

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Prison Study
(*HWR & BT* – 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

        $(p \leq .05)$

(Messina & Bond)

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Drug Court Study
(*HWR & BT* – NIDA Funded)

- Four sites in San Diego County
- Randomized control group
- Results
    - Fewer sanctions
    - Longer in treatment
    - Reduced PTSD symptoms
    - Judge notices differences

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Results of *HT* Brief Intervention for Women

Significant Positive Post-Intervention Changes

| Anxiety |
| Depression |
| PTSD |
| Serious Mental Illness |
| Aggression |
| Social Connectedness |
| Emotion Regulation |

3,500 participants and 1,000+ in research

Messina and Zwart, 2020

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Healing Trauma
CDCR SHU Evaluation Findings

15 of 19 outcome measures (79%)

showed significant positive post-intervention changes

Anxiety	↓	Social Connectedness	↑
Depression	↓	Emotional Regulation	↑
PTSD	↓		
Serious Mental Illness	↓	Empathy for Others	←→
Aggression	↓	Resiliency against Stress	←→

Nena P. Messina & Stacy Calhoun. (June 30, 2019). Healing Trauma: A Brief
Intervention for Women. SHU Evaluation Findings. Report to California Department of
Corrections and Rehabilitation (CDCR), Contract C5607040.

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Results of *HT* Brief Intervention for Women

Research in the Women's Estate (England)

- Anxiety
- Depression
- PTSD
- Psychological Distress
- Dissociation
- Sleep Disturbance

What the Women Said

"I felt like a monster when I come in… because I didn't think I was capable of what I did."
The impact of Healing Trauma on reoffending.

"We've all got a big story."
Healing Trauma as a gender-responsive intervention.

"Healing Trauma, it's about you, yourself."
Comparing Healing Trauma with other interventions.

A unique attribute of the Healing Trauma intervention is that it is a programme designed to respond to the factors that contribute to women's offending. Where accredited offending behaviour programmes are offered in women's prisons, the programmes are often generic or 'gender-neutral.' This justifies their delivery to people of any gender, but it is widely accepted that these programmes are based on normative understandings of male offending behaviour

- Madeline Petrillo. (June 2019). Healing Trauma Evaluation Executive Summary. Hampshire, United Kingdom: One Small Thing.
- Madeline Petrillo. (February 2021). "We've All Got a Big Story: Experiences of a Trauma-Informed Intervention in Prison." Howard Journal of Crime and Justice.

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Results of *ET* Brief Intervention for Men

Significant Positive Post-Intervention Changes

- Anxiety
- Depression
- PTSD and Trauma Symptoms
- Mental Health Scores
- Aggression
- Anger
- Instrumental & Expressive Representation
- Interpersonal Empathy
- Social Connectedness
- Emotional Regulation – Impulse Control

Messina & Burdon, 2020

5,000 participants and 1,000+ in research

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Beyond Violence

Significant Positive Changes for Treatment Group
Compared with Control Group on 82% of Outcomes

Decrease

- Depression
- PTSD
- Anxiety
- Emotional Dysregulation

Improved Mental Health for BV Group over Control Group

- Expressive Anger

Less Anger for BV Group

- Aggression/Hostility
- Physical Aggression
- Hostility
- Indirect Aggression

Less Aggression/Hostility for BV Group

Messina & Calhoun, 2020

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Beyond Violence
One Year Post Release
(RCT)

- Less recidivism
- Less relapse

	Arrest within the First Year	Positive Drug Screen
Beyond Violence Program	11%	26%
TAU (Assaultive Offender Program)	38%	50%

(Dr. Sheryl Kubiak, MDOC Research Results 2015)

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Beyond Violence

Post Traumatic Stress Disorder

PTSD Change over time	Positive at Admission to BV	Positive at Graduation from BV	McNemar's Chi Square
Peer Educators	55.2%	18.5%	8.33**
Other Participants	72.1%	42.3%	7.35*

(Nena Messina (2014). Beyond violence, final report, CDCR cooperative agreement no. 5600004087.)

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Voices

- Reduction in use of cannabis
- Reduction in PTSD
- Reduction in mental health symptoms
- Reduction in delinquent acts

(Tolou-Shams et al., 2021)

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Two Common Questions

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When is Someone Ready?

- They are able to use some safe coping skills
- They have no major current crises or instability (e.g., homelessness or domestic violence)
- They are willing to do this type of work
- They can reach out for help when in danger
- They are not using substances to such a severe degree that emotionally upsetting work may increase her/his use

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When is Someone Ready?

- Their suicidality has been evaluated and taken into account
- They are in an ongoing system of care that is stable and consistent, with no immediate planned changes (e.g., discharge from inpatient unit or residential program)

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What Makes a Good Facilitator?

The following qualities in a facilitator will help to
ensure a positive group experience:
- Trustworthy
- Credible
- Available
- Reliable, consistent
- Hopeful
- Warm, compassionate
- Emotionally mature

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What Makes a Good Facilitator? (cont.)

- Energetic
- Healthy boundaries, respects confidentiality
- Committed to and interested in women's/men's issues
- Multi-cultural sensitivity and responsiveness
- Appropriate gender - a female should facilitate the all-female groups and a male should facilitate the all-male groups

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What Makes a Good Facilitator? (cont.)

- If trauma survivor, they need to feel confident that they are at a place in their own recovery that will allow for healthy and positive outcomes for themselves and the people in the group.
- Content expertise, if possible
- Skills as a facilitator

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What Makes a Good Facilitator? (cont.)

BE PREPARED!

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Definition of Recovery

The definition of recovery has shifted from a focus on what is deleted from one's life (alcohol and other drugs, arrests for criminal acts, hospitalizations) to what is added to one's life…the achievement of health and happiness.

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What Makes a Difference?

- Changing the question:

What is wrong with them?

to

What has happened to them?

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What Makes a Difference?

- Changing the question
- Create a safe environment

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Sanctuary

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What is Sanctuary?

- Sacred place
- Place of refuge/protection
- Shelter
- Oasis

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What Makes a Difference?

- Changing the question
- Creating a safe environment
- Listening to her/his/their story
- Justice for survivors

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Truth and Repair
How Trauma Survivors Envision Justice

- Acknowledgment
- Apology
- Amends

~Judith Herman, MD, 2023

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What Makes a Difference?

- Changing the question
- Creating a safe environment
- Listening to her/his/their story
- Justice for survivors
- Empathy

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Upward Spiral

Transformation

Addiction & Trauma
(constriction)

Recovery & Healing
(expansion)

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