



Beyond Trauma

A Presentation of Dr. Stephanie
Covington's Trauma Theory and
Beyond Trauma Women's Groups

Stephanie Covington



- Developed gender specific trauma responsive curriculum
- Developed curriculum and activities for women who are incarcerated
- Developed activities related to substance use and trauma informed framework
- www.centerforgenderandjustice.org
- www.stephaniecovington.com

Crisis = Danger + Opportunity

- Levels of Violence
 - Childhood
 - Adolescence
 - Adult
 - Street
 - Consumer Culture
 - Media
 - War
 - Planet

“The death and disability caused by violence make it one of the leading public health issues of our time”

- World Health Organization

Thinking About Trauma

- Two Kinds of Suffering
 - Natural
 - Created
- Trauma occurs when an external threat overwhelms a person's internal and external positive coping resources

Traumatic Events

- Trauma can take many forms:
 - Emotional, sexual, or physical abuse
 - Neglect
 - Abandonment (especially for small children)
 - Extremely painful and frightening medical procedures
 - Catastrophic injuries and illnesses
 - Rape or assault

Traumatic Events

- Trauma can take many forms:
 - Muggings
 - Domestic Violence
 - Burglary
 - Automobile accidents
 - Immigration
 - Natural disasters (hurricanes, floods, earthquakes, tornadoes, fires, volcanoes)

Traumatic Events

- Trauma can take many forms:
 - Terrorism such as September 11, 2001
 - Witnessing violence
 - Loss of a loved one and severe bereavements
 - Torture
 - Kidnapping
 - Intergenerational (cultural) trauma

Historical Trauma

- Across generations
- Massive group trauma
- Examples include: Genocide and cultural erasure of indigenous people of North America, Slavery of African peoples, Holocaust survivors, Japanese internment survivors

Interpersonal Violence

Intimate Partner Violence (IPV)

- Of all these forms of trauma, women are at greater risk of interpersonal abuse than men

Traumatic Experiences

- Oppression
 - Racism
 - Sexism
 - Homophobia/Biphobia/Transphobia
 - Ableism
 - Etc.

Process of Trauma

TRAUMATIC EVENT

Overwhelms the Physical & Psychological systems, Intense Fear, Helplessness, or Horror

RESPONSE TO TRAUMA

Fight or Flight, Freeze, Altered State of Consciousness, Body Sensations, Numbing, Hyper-vigilance, Hyper-arousal

SENSITIZED NERVOUS SYSTEM CHANGES IN THE BRAIN

CURRENT STRESS

Reminders of Trauma, Life Events, Lifestyle

PAINFUL EMOTIONAL STATE

RETREAT

ISOLATION
DISSOCIATION
DEPRESSION
ANXIETY

HARM TO SELF

SUBSTANCE ABUSE
EATING DISORDER
DELIBERATE SELF-HARM
SUICIDAL ACTIONS

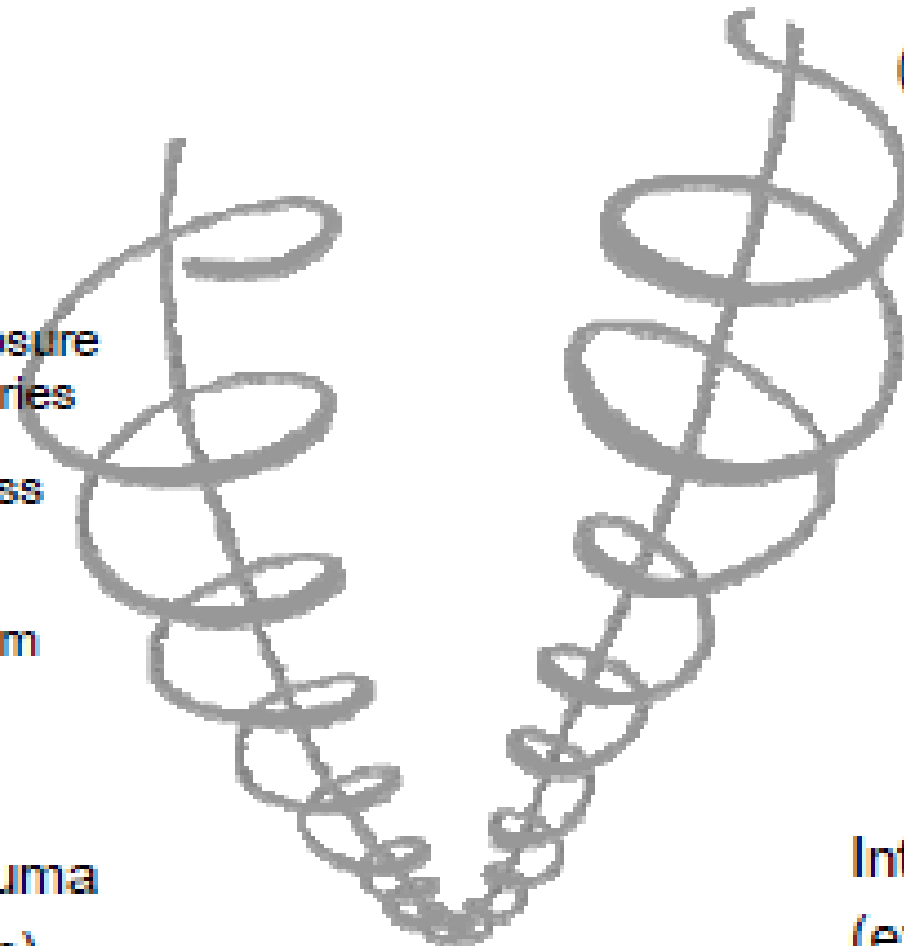
HARM TO OTHERS

AGGRESSION
VIOLENCE
RAGES

Vicarious Traumatization Spiral

- Empathic Engagement
- Repeated exposure to trauma histories
- Traumatic Stress Symptoms
- Apathy/Cynicism

Vicarious Trauma
(constriction)



(Prevention)

- Re-connecting to hope/meaning
- Self-Care Practices
- Professional Supports
- Clinical Supervision

Intervention
(expansion)

Trauma-Informed Services

- Take the trauma into account
- Avoid triggering trauma reactions
- Adjust organization so that trauma survivors can access and benefit from services

(Harris & FalLOT)

Core Principles of Trauma-Informed Care

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

(Harris & Fallot)



A Culture Shift: Core Values of a Trauma-Informed System of Care

- Safety: Ensuring physical and emotional safety
- Trustworthiness: Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
- Choice: Prioritizing consumer choice and control
- Collaboration: Maximizing collaboration and sharing of power with consumers
- Empowerment: Prioritizing consumer empowerment and skill-building



A Culture Shift: Scope of Change in a Distressed System

- Involves all aspects of program activities, setting, relationships, and atmosphere (more than implementing new services)
- Involves all groups: administrators, supervisors, direct service staff, support staff, and consumers (more than service providers)
- Involves making trauma-informed change into a new routine, a new way of thinking and acting (more than new information)

A Culture Shift:

Changes in Understanding & Practice

- Thinking differently as a prelude to acting differently
- Thinking differently initiates and sustains changes in practice and setting
- Acting differently reinforces and clarifies changes in understanding

The Adverse Childhood Experiences (ACE) Study

- Collaboration between
 - Centers for Disease Control and Prevention (CDC)
 - Kaiser Permanente HMO in California
- Largest study ever
- 17,000 adult members participated
- Population studied
 - 80% white
 - 74% college graduates (36% some college)
 - 18% high school graduates

The Adverse Childhood Experiences (ACE) Study

- Before age 18:
 - Recurrent and severe emotional abuse
 - Recurrent and severe physical abuse
 - Contact sexual abuse
 - Physical neglect
 - Emotional neglect

The Adverse Childhood Experiences (ACE) Study

- 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

The Adverse Childhood Experiences (ACE) Study 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

Higher ACE Score Chronic Health Conditions

- Heart disease
- Autoimmune diseases
- Lung cancer
- Pulmonary disease
- Liver disease
- Skeletal fractures
- Sexually transmitted infections
- HIV/AIDS

The Adverse Childhood Experiences (ACE) Study

- Men 16% Sexual Abuse
- Women 27% Sexual Abuse
- Men 27% Physical Abuse



The Adverse Childhood Experiences (ACE) Study


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

Adverse Childhood Experiences

www.ACEStooHigh.com

www.cdc.gov/ace





ACE Study

Walla Walla, WA

(www.ACEStooHigh.com)

- *Wow. Are you okay?*
- *What's going on?*
- *1 – 10 with anger*

ACE Study

Walla Walla, WA

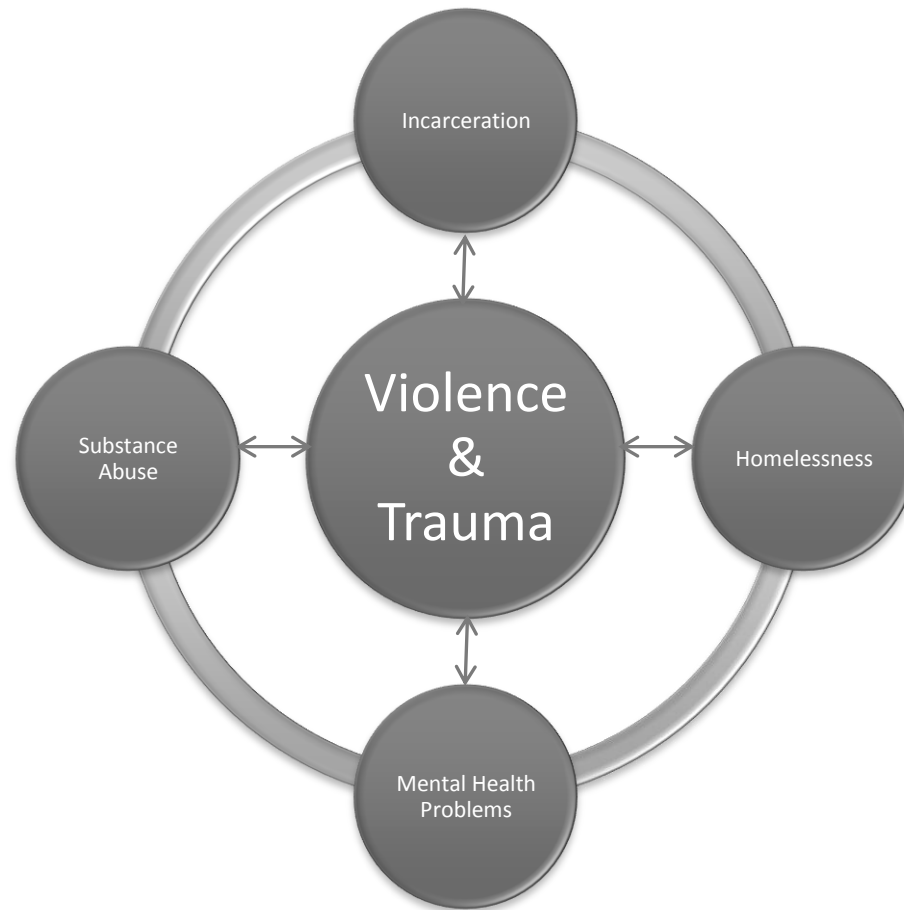
(www.ACEStooHigh.com)

- 2009 – 2010 (Before new approach)
 - 798 suspensions
 - 50 expulsions
 - 600 written referrals
- 2010 – 2011 (After new approach)
 - 135 suspensions
 - 30 expulsions
 - 320 written referrals

Critical and Interrelated Issues

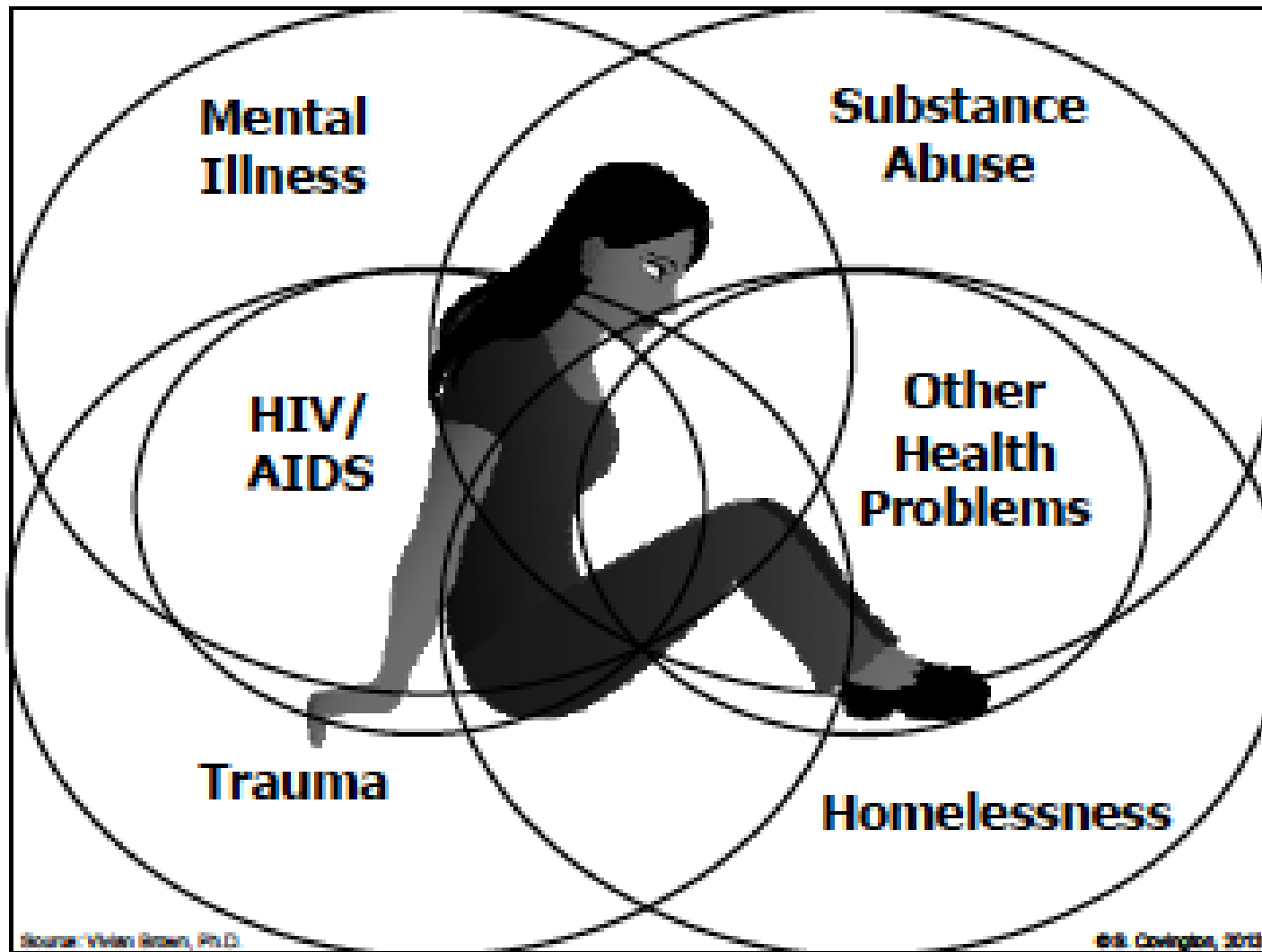
- Substance Abuse
- Mental Health
- Trauma
- Physical Health
- Crime

Changes in Understanding: The Centrality of Trauma



Areas of Separation

- Training
- Treatment
- Categorical Funding



Source: Vivian Rosen, Ph.D.

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Level of Burden

- “Burden” defined as the total number of problem conditions
 - Use of alcohol and/or other drugs
 - Homelessness
 - Significant health disorder
 - HIV/AIDS
 - Cognitive impairment
 - History of childhood or adult abuse

Changes in Understanding: Why Trauma-Informed Services?

- Trauma is pervasive
- Trauma's impact is broad and diverse
- Trauma's impact is deep and life-shaping
- Trauma, especially interpersonal violence, is often self-perpetuating
- Trauma differentially affects the more vulnerable
- The service system has often been retraumatizing
- Staff members are deeply affected by systemic stressors



Theory Framework for Beyond Trauma Groups

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).

Prevalence of Trauma and PTSD in Substance Use/Abuse

- 60% to 90% of a treatment-seeking sample of substance abusers also have a history of victimization
- More than 80% of women seeking treatment for a substance use disorder reported experiencing physical/sexual abuse during their lifetime

Prevalence of Trauma and PTSD in Substance Use/Abuse

- Between 44% and 56% of women seeking treatment for a substance use disorder had a lifetime history of PTSD
- 10.3% of the men and 26.2% of the women with a lifetime diagnosis of alcohol dependence also had a history of PTSD

Histories of Trauma/Violence Among Clients Treated for Methamphetamine

- Persons in treatment for methamphetamine report high rates of trauma
 - 85% women
 - 69% men

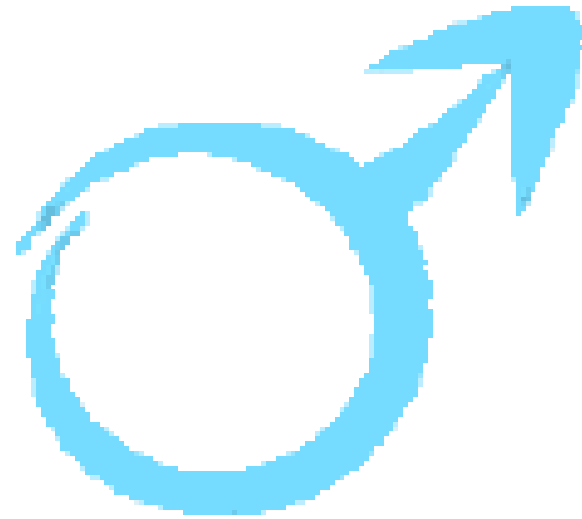
Histories of Trauma/Violence Among Clients Treated for Methamphetamine

- Most common source of trauma/violence:
 - For women, was a partner (80%)
 - For men, was a stranger (43%)
- History of sexual abuse
 - 57% women
 - 16% men

Prevalence of Trauma and PTSD in Severe Mental Illness

- 98% reported exposure to at least one traumatic event, lifetime
- 43% of sample received a current diagnosis of PTSD; only 2% had PTSD diagnosis in their charts
- Severely mentally ill patients who were exposed to traumatic events tended to have been multiply traumatized, with exposure to an average of 3.5 different types of trauma

Trauma



Gender Differences

Gender and Abuse

- As children, boys and girls suffer similar rates of abuse
 - Girls – sexually abused
 - Boys – emotional neglect and physical abuse

Gender and Abuse

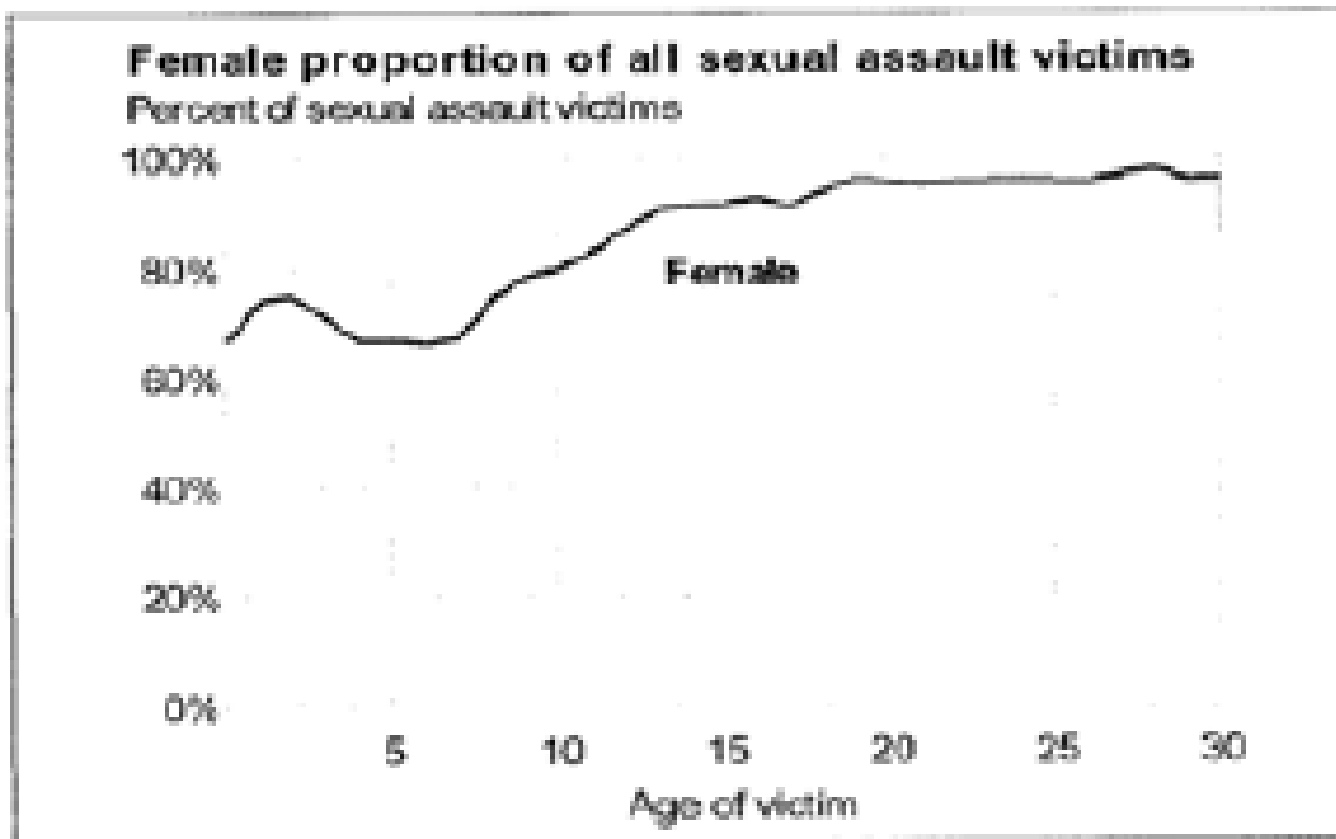
- In adolescence, boys are at greater risk if they are gay, young men of color, or gang members
 - Young men – people who dislike or hate them
 - Young women – relationships; from the person to whom she is saying “I love you”

Gender and Abuse

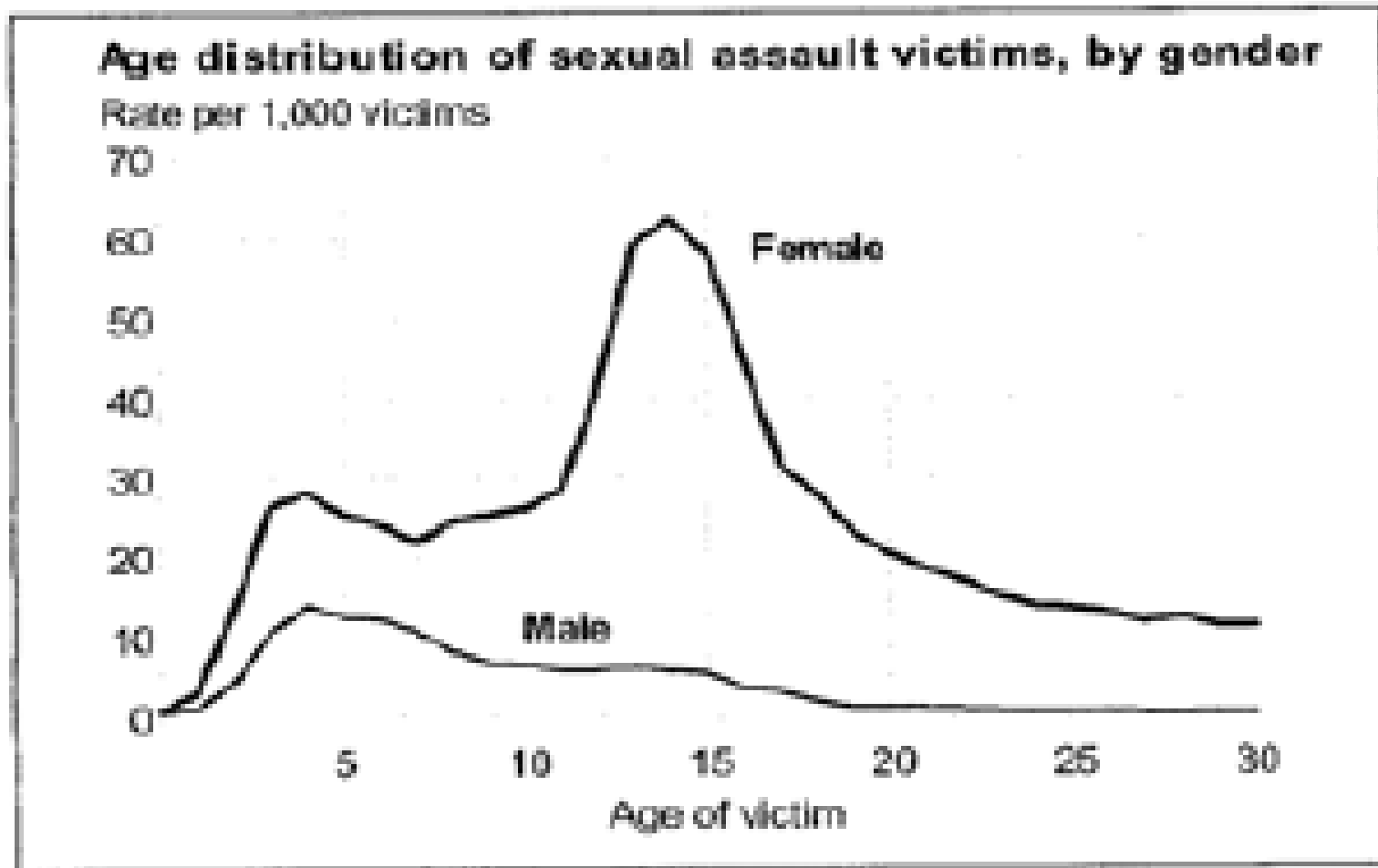
- Adulthood

- Man – combat or being a victim of a crime
- Woman - relationships; from the person to whom she is saying “I love you”

Sexual Assault Graph



Sexual Assault Graph



Gender Responsive Treatment

- Creating an environment through
 - Site selection
 - Staff selection
 - Program development
 - Content and material
- that reflects an understanding of the realities of women and girls, and
- addresses and responds to their strengths and challenges

Women's Integrated Treatment

- This model is holistic, integrated, and based on:
 - The gender responsive definition and guiding principles
 - A theoretical foundation
 - Interventions/strategies that are multi-dimensional

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 the theory is operationalized (how theory is applied).

Module A – Violence, Abuse, and Trauma

- Session 1: The Connections between Violence, Abuse, and Trauma
- Session 2: Power and Abuse

Module A – Violence, Abuse, and Trauma OVERVIEW

- Defining trauma and developing an understanding of trauma and trauma responses
- Thinking about gender roles/expectations
- Understanding the connection between power and abuse in society

Module A – Violence, Abuse, and Trauma

ACTIVITY





Module B – video and collage




Module C – Healing from Trauma

- Session 5: The Addiction and Trauma Connection: Spirals of Recovery and Healing
- Session 6: Grounding and Self-Soothing
- Session 7: Abuse and the Family



Module C – Healing from Trauma

- Session 8: Mind and Body Connection
- Session 9: The World of Feelings
- Session 10: Healthy Relationships:
Wheel of Love
- Session 11: Endings and Beginnings



Module C – Healing from Trauma

OVERVIEW

- Learning about addiction/trauma connection
- Self-care, physical and emotional safety
- Learn grounding and self-soothing techniques
- Understand dynamics and impact of abuse in families
- Understand connection between mind and body
- Experience feelings
- Learn elements of healthy relationships

Module C – Healing from Trauma





Next steps discussion

THANK YOU!



ACTIONALLIANCE

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