In keeping with her groundbreaking role in integrating the treatment of trauma and addictions and providing gender-specific and gender-responsive programs, Dr. Stephanie Covington has done it again. Her revised *Beyond Trauma: A Healing Journey for Women* is a highly organized and structured program that is state of the art in terms of the information that is included. The facilitator guide is very descriptive and specific in a way that supports the group leaders and members every step of the way. Since group treatment provides a unique forum for healing both trauma and addictions, this is a most welcome contribution.

Christine A. Courtois, PhD, ABPP
Psychologist, Independent Practice, Washington, DC
Author, *It's Not You, It's What Happened to You; Healing the Incest Wound;* and *Treating Complex Trauma: A Sequenced, Relationship-Based Approach* (with Julian Ford, PhD)

In Dr. Covington's newest edition of *Beyond Trauma,* she masterfully combines the depth and nuance of her original evidence-based curriculum with new and important material, including up-to-date neuroscience research and a deeper integration of mind-body approaches to healing. Her gift for drawing on the experience and strength of survivors dealing with a range of complex issues and creating a healing process that touches the multiple dimensions of what makes us human—and in a culturally attuned and gender-responsive way—is a true contribution to the field.

Carole Warshaw, MD
Director, National Center on Domestic Violence, Trauma & Mental Health,
Chicago, Illinois

The Covington curriculum has become the definitive approach to helping women in a variety of settings address the trauma so many have experienced. Dr. Covington's work is thoughtful, insightful, and impactful. *Beyond Trauma* in its second edition continues the important work begun over a decade ago. Dr. Covington was among the first to draw our attention to the importance of addressing trauma in helping women reclaim their lives, and she has done it in a manner that professionals and laypeople as well can comprehend and use. This approach is sensible, is accessible, and offers the means of providing to women in custody the help they need and that we need to provide to fulfill our missions.

Martin F. Horn
Distinguished Lecturer at John Jay College of Criminal Justice in New York City,
Former Commissioner of Correction and Probation for the City of New York,
and Former Secretary of Corrections for the State of Pennsylvania

SAMPLE

Comprehensive, beautifully written, and practical support for leading trauma recovery groups. This reflects Stephanie Covington's unique ability to take multiple threads and weave together a wholistic, gender-specific, and hopeful guide to support the healing of trauma survivors.

Janet Surrey, PhD
Founding Scholar, Jean Baker Miller Training Institute,
Stone Center, Wellesley College
Author of *The Buddha's Wife: The Path of Awakening Together*

Stephanie Covington here demonstrates a wonderful touch. In *Beyond Trauma,* she proves herself to be an astute clinician who has produced a magnificent work on helping women recover from toxic stress and trauma, to which so many have been exposed. While chapter 1 of this volume makes obvious Covington's extensive knowledge of the science behind her approach, her breadth and depth of experience are nowhere more evident than in chapter 2 and part 3, where she elaborates on the ways that facilitators can get it right. Her recommendations range from the minute to the grand but truly reflect the compassionate stance Covington embodies in her writing. She has quite literally thought of everything a prospective group leader might want to know about assisting women "beyond trauma." Covington expresses these guidelines clearly and with the illuminating voice of one who knows well what she so brilliantly speaks.

Roger D. Fallot, PhD
Independent Consultant in Trauma and Trauma-Informed Care and Adjunct Faculty,
Yale University School of Medicine, Department of Psychiatry

Beyond Trauma is vital to our work with the chemically dependent female—and there is no one who understands gender-specific work better than Stephanie Covington!

Claudia Black
Author, *It Will Never Happen to Me*

Stephanie Covington understands women: who they are and what they've experienced. She combines a thorough, practical approach to treatment with comprehensive and sophisticated theories about women who have experienced all kinds of trauma. This integrated, accessible treatment guide will be invaluable to therapists and the women they treat. It is a wonderful curriculum; Stephanie is a master teacher.

Stephanie Brown, PhD
Director, The Addictions Institute, Menlo Park, California
Author, *A Place Called Self: Women, Sobriety and Radical Transformation*

SAMPLE

The revised version of *Beyond Trauma* incorporates the latest understanding of trauma and PTSD since the original publication of *Beyond Trauma* in 2003. The facilitator guide has expanded background information that is helpful to both new and seasoned group leaders. The program content is deeper and more expansive, skillfully weaving basic neuroscience and psychoeducation on the impact of trauma in with personal application through a variety of methods. As with the earlier edition, the new *Beyond Trauma* uses sociocultural theory, CBT, and expressive arts as fundamental components of the curriculum. However, there is a greater emphasis on practicing mindfulness, using soothing exercises, guided imagery, and yoga poses. The expansion of content lends itself to use in a variety of settings, including intensive outpatient programs. Much of the curriculum is also applicable in individual counseling sessions, making *Beyond Trauma* a flexible addition to the clinical toolbox.

Eileen M. Russo, MA, LADC
Associate Professor, Drug and Alcohol Recovery Counseling Program,
Gateway Community College,
New Haven, Connecticut

Thank you, Stephanie, for giving facilitators the tools needed to present and teach the *Beyond Trauma* curriculum. The new edition of the *Beyond Trauma* facilitator guide is exactly what our staff needed to continue providing these important groups to our clients.

Kimberly Bond
CEO and President, Mental Health Systems,
San Diego, California

This second edition of *Beyond Trauma* builds on the great work of the first edition, having been utilized all over the United States and abroad. Stephanie Covington has elaborated and expanded the content based on the feedback and insight of many clinicians who have shared their experiences with her. You will find this guide user friendly and a must-have for those doing trauma treatment with women. The CT Women's Consortium is excited to be offering training on this newly revised curriculum.

Colette M. Anderson, LCSW
Executive Director,
Connecticut Women's Consortium

SAMPLE

SAMPLE

BEYOND TRAUMA

A Healing Journey for Women

FACILITATOR GUIDE

Second Edition

SAMPLE

Stephanie S. Covington, PhD

Hazelden
Publishing

Hazelden Publishing
Center City, Minnesota 55012
hazelden.org/bookstore

© 2003, 2016 by Stephanie S. Covington
All rights reserved. First edition published 2003. Second edition published 2016.
Printed in the United States of America

Unless otherwise indicated, no part of this publication, either print or electronic, may be reproduced in any form or by any means without the express written permission of the publisher. Failure to comply with these terms may expose you to legal action and damages for copyright infringement.

Editor's note:
We have used the terms *program* and *curriculum* interchangeably when referring to *Beyond Trauma* to meet the needs of both criminal justice and behavioral health settings.

The yoga photos/instructions were provided by Machelle Lee and are reproduced from *Beyond Violence*. Copyright 2013 by S. Covington. This material is reproduced with permission of John Wiley & Sons, Inc., and Machelle Lee.

The SEEDS text (pages 17 and 202) is adapted from *The Brain Bible: How to Stay Vital, Productive, and Happy for a Lifetime* by John B. Arden, 2014. Reprinted with permission.

ISBN-13: 978-1-61649-682-1

Cover design: Linda Koutsky
Interior design and typesetting: Terri Kinne

SAMPLE

CONTENTS

Acknowledgments xxi
Introduction 1

Part 1: Overview of Trauma and the *Beyond Trauma* Program, 5

Chapter 1: Background Information 7
What Is Trauma? 7
Women and Trauma 9
The World Women Live In, 9
Gender-Responsive Services, 12
Gender-Responsive Principles, 12
Understanding Trauma 13
The Process of Trauma, 13
The Effects of Trauma, 15
Mental and Emotional Effects of Trauma, 16
Posttraumatic Stress Disorder (PTSD), 18
Developmental Trauma Disorder, 20
Physical Effects of Trauma, 21
Trauma and the Brain, 21
Dissociation, 22
Trauma and Substance Use Disorders, 22
Self-Harm, 24
A Model for Women's Recovery: Women's Integrated Treatment (WIT) 25
Theoretical Foundations, 25
Relational-Cultural Theory, 25
Addiction Theory, 26
Trauma Theory, 27
An Integrated Treatment Approach, 27
Research on the Curricula, 28
Working with Trauma 29
Trauma-Informed Services, 29
The Therapeutic Environment, 29
Trauma Treatment, 31

SAMPLE

Stages of Recovery, 32
Creating Safety, 35
The Spiral of Trauma and Healing: A Transformational Model, 36
Triggers and Retraumatization, 38
Dissociation and Grounding, 39
Depersonalization, 39
Self-Harm, 40
Self-Help/Mutual-Help Groups, 40
Considerations for Professionals, 42
Professional Self-Care, 42
Clinical Supervision, 42
Cultural Competence, 43
Ethical Issues, 44

Chapter 2: Introduction to the Program 45

The Curriculum 45
Group Composition, 46

Using the Facilitator Guide 47
Session Outlines, 47
Materials Needed for the Sessions, 49

The Role of the Facilitator 54
Reliability, 55
Style, 55
Knowing the Women in the Group, 56
Cultural Awareness, 57
Co-facilitating, 57
Prior to the Program, 58
Adjusting the Timing, 61
Adapting the Sessions for Use with Girls, 61
Special Considerations for Criminal Justice Settings, 63

Suggestions for Conducting Group Sessions 64
Creating Safety, 64
Group Agreements, 65
Facilitating Group Interaction, 66
Emphasizing Resilience, 69
Dealing with Challenging Situations, 70
Asking and Answering Questions, 72
Sharing Reading and Writing Tasks, 73

SAMPLE

Adjusting the Timing, 73
Assessing Current Trauma, 74
Finding Local Resources, 75
Using the Workbooks, 76
Using the Videos, 76
Using Guided Imagery, 76
Completing the Collages, 77
Mindfulness, 77
Yoga Poses and the Mind-Body Connection, 78
Staff Training, 78

Conclusion 79

Part 2: Session Outlines, 81

Module A: Violence, Abuse, and Trauma, 83

Session 1: Introduction to the Program 85

Time 85

Goal of the Session 85

Participant Objectives 85

Materials Needed 85

Session Overview 86

Background Information for the Facilitator 87

Workbooks, 87
Language and Tone, 87
Confidentiality, 88
Involving Participants, 88
References for Lecture Materials, 88
Use of Video, 89
Preparing for the Lecture on the Spiral of Trauma and Healing, 89
Preparing for the Five Senses Activity, 89

The Session 91

Facilitator Welcome and Introduction, 91
Group Introductions, 92
Quiet Time, 92
Optional: *Beyond Trauma* Participant Video (Segment 1: Welcome), 93
Overview of the Program, 93

SAMPLE

Group Agreements, 96
Session Format, 101
Lecture: What Is Trauma?, 103
Optional: *Beyond Trauma* Participant Video (Segment 2: The Spiral of Trauma and Healing), 105
Lecture: The Spiral of Trauma and Healing, 106
Lecture: Triggers, 107
Activity: Five Senses, 108
Activity: Breathing and Exhaling, 109
Lecture: How Often Trauma Occurs, 110
Violence against Women and Children, 110
Relationship Violence, 112
Optional: Additional Statistics, 113
Check-In, 114
Discussion: What Would You Like to Get from This Group?, 115
Activity: Palms Down, Palms Up, 116
Between-Sessions Activity, 116
Closing, 117

Adapting the Session for Use with Girls 118

Session 2: The Connections between Violence, Abuse, and Trauma 121

Time 121

Goal of the Session 121

Participant Objectives 121

Materials Needed 121

Session Overview 122

Background Information for the Facilitator 123
Preparing for the Session, 123
Preparing for the Lecture on the Effects of Toxic Stress and Trauma, 123

The Session 125
Welcome, Review of Introductions, and Logistics, 125
Quiet Time, 126
Review of Group Agreements, 126
Goal of the Session, 127
Discussion and Reading: What Causes Trauma?, 127
Check-In, 130
Optional Activity: Breathing and Exhaling, 130

SAMPLE

Lecture and Discussion: The Effects of Toxic Stress and Trauma, 131
Optional: *Beyond Trauma* Participant Video (Segment 3: The Effects of Toxic Stress and Trauma), 131
Lecture: Substance Use and Trauma, 137
Lecture: How Violence and Abuse Are Different for Men and Women, 137
Lecture: Different Responses to Trauma, 138
Lecture: Posttraumatic Stress Disorder, 139
Activity: Creating Safety, 140
Optional: Between-Sessions Activity: Finding Our Symbols, 143
Reflection, 143
Between-Sessions Activity, 144
Activity: Palms Down, Palms Up, 144
Closing, 145

Adapting the Session for Use with Girls 146

Session 3: Power and Abuse 147

Time 147

Goal of the Session 147

Participant Objectives 147

Materials Needed 147

Session Overview 148

Background Information for the Facilitator 149

Preparing for the Role Reversal Activity, 149
Preparing for the Lecture on the Power and Control Wheel, 149
Preparing for the Lecture on Local Resources, 150

The Session 151

Quiet Time, 151
Optional: Reading, 151
Check-In, 152
Review of Between-Sessions Activity, 152
Goal of the Session, 153
Discussion: Gender Expectations, 153
Optional: *Beyond Trauma* Participant Video (Segment 4: Role Reversal), 154
Activity: Role Reversal, 155
Lecture: The Connection between Abuse and Power, 163
Activity: Grounding, 164
Lecture: The Power and Control Wheel, 165
Lecture: Local Resources, 169

SAMPLE

Reflection, 170
Between-Sessions Activity, 170
Activity: Five Senses, 171
Closing, 171

Adapting the Session for Use with Girls 172

Session 4: The Process of Trauma and Reactions to Trauma 177

Time 177

Goal of the Session 177

Participant Objectives 177

Materials Needed 177

Session Overview 178

Background Information for the Facilitator 179
Session Content, 179
Preparing for the Lecture on the Process of Trauma, 179
Preparing for the Slowed Exhalation Activity, 179
Preparing for the Lecture on the Effects of Trauma on the Brain, 179
Preparing for the Texture and Sensation Activity, 179

The Session **181**
Quiet Time, 181
Check-In, 181
Review of Between-Sessions Activity, 182
Goal of the Session, 182
Activity: Types of Abuse, 182
Optional: *Beyond Trauma* Participant Video (Segment 5: The Process of Trauma), 185
Lecture: The Process of Trauma, 186
Activity: Listing Calming Strategies, 195
Activity: Mindful Breathing, 196
Lecture: Responses Associated with Trauma, 196
Activity: Slowed Exhalation, 199
Lecture and Discussion: The Effects of Trauma on the Brain, 200
Optional: *Beyond Trauma* Participant Video (Segment 6: The Effects of Trauma on the Brain), 201
Activities: Reconnection with the Body, 203
Activity 1: Four Sensations, 203
Activity 2: Texture and Sensation, 204
Reflection, 205

SAMPLE

Between-Sessions Activity, 205
Closing, 208

Adapting the Session for Use with Girls 209

Module B: The Impact of Trauma on Women's Lives, 213

Session 5: How Trauma Affects Our Lives 215

Time 215

Goals of the Session 215

Participant Objectives 215

Materials Needed 215

Session Overview 216

Background Information for the Facilitator 217
The Impact of Trauma Module, 217
Preparing for the Collage Activity, 217
Preparing for the Between-Sessions Activity, 218
Yoga Pose, 218

The Session 219
Quiet Time, 219
Check-In, 219
Review of Between-Sessions Activity, 220
Goals of the Session, 220
Lecture: Trauma and Its Aftermath, 221
Effects of Trauma on Relationships, 222
Effects of Trauma on Sexuality, 223
Lecture: Triggers, 224
Activity: Triggers and the Body, 225
Activity: Adverse Childhood Experiences Questionnaire, 228
Lecture: The Adverse Childhood Experiences Study, 229
Lecture: The Effects of Substance Use on the Brain, 231
Activity: Collage of the Effect of Violence, Abuse, and Trauma on Your Life, 233
Reflection, 234
Between-Sessions Activity, 234
Activity: Yoga Pose, 235
Optional Activity: Palms Down, Palms Up, 238
Closing, 238

SAMPLE

Adapting the Session for Use with Girls 239

Session 6: Abuse and the Family 243

Time 243

Goals of the Session 243

Participant Objectives 243

Materials Needed 243

Session Overview 244

Background Information for the Facilitator 245

Preparing for the Family Sculpture Activity, 245

The Session 247

Quiet Time, 247

Check-In, 247

Review of Between-Sessions Activity, 248

Goals of the Session, 248

Optional: *Beyond Trauma* Participant Video (Segment 7: Family Sculpture), 248

Activity: Family Sculpture, 248

Discussion: Family Sculpture, 260

Activity: Calming and Grounding, 261

Lecture: Abuse in Families, 262

Activity: Yoga Pose, 264

Activity: Getting to Know My Inner Child, 266

Reflection, 269

Between-Sessions Activity, 269

Closing, 270

Adapting the Session for Use with Girls 271

Module C: Healing from Trauma, 275

Session 7: The Connection between Trauma and Addiction: Spirals of Recovery and Healing 277

Time 277

Goals of the Session 277

Participant Objectives 277

Materials Needed 277

SAMPLE

Session Overview 278

Background Information for the Facilitator 279

Preparing for the Lecture on the Spiral of Addiction and Recovery and the Spiral of Trauma and Healing, 279

The Session 281

Quiet Time, 281

Check-In, 281

Review of Between-Sessions Activity, 282

Goals of the Session, 282

Discussion: Why Some Women Use Substances after Trauma, 282

Optional: *Beyond Trauma* Participant Video (Segment 8: The Spiral of Addiction and Recovery and the Spiral of Trauma and Healing), 283

Lecture: The Spiral of Addiction and Recovery, 284

Lecture: The Spiral of Trauma and Healing, 286

Activity: Our Own Spirals, 287

Discussion: Personal Experiences with Substances, 289

Discussion: Safety, 290

Activity: Drawing Safety, 291

Discussion: What Is Self-Care?, 292

Activity: Self-Care Scale, 292

Reflection, 294

Between-Sessions Activity, 294

Closing, 294

Adapting the Session for Use with Girls 295

Session 8: Grounding and Self-Soothing 297

Time 297

Goal of the Session 297

Participant Objectives 297

Materials Needed 297

Session Overview 298

Background Information for the Facilitator 299

Preparing for the Grounding and Relaxing Activities, 299

The Session 301

Quiet Time, 301

Check-In, 301

SAMPLE

Review of Between-Sessions Activity, 301
Goal of the Session, 302
Optional: *Beyond Trauma* Participant Video (Segment 9: Feeling Grounded), 302
Lecture: Feeling Grounded, 302
Activities: Physical Grounding, 303
Physical Grounding Activity 1, 303
Physical Grounding Activity 2, 308
Physical Grounding Activity 3, 309
Physical Grounding Activity 4, 309
Physical Grounding Activity 5, 310
Physical Grounding Activity 6, 311
Physical Grounding Activity 7, 312
Physical Grounding Activity 8, 313
Activities: Mental Grounding, 314
Mental Grounding Activity 1, 314
Mental Grounding Activity 2, 315
Mental Grounding Activity 3, 316
Discussion: Grounding Techniques, 317
Discussion: Self-Soothing Chart, 318
Activity: Relaxation, 320
Lecture: Developing Personal Boundaries, 322
Activity: Physical Boundaries, 324
Reflection, 326
Between-Sessions Activity, 327
Closing, 327

Adapting the Session for Use with Girls 328

Session 9: The Mind and Body Connection 329

Time 329

Goal of the Session 329

Participant Objectives 329

Materials Needed 329

Session Overview 330

Background Information for the Facilitator 331

Preparing for the Review of Between-Sessions Activity, 331
As an Option to the Feelings and the Body Activity, 331
Preparing for the Communication and Feelings Activity, 331

SAMPLE

The Session 333
Quiet Time, 333
Check-In, 333
Review of Between-Sessions Activity, 333
Goal of the Session, 334
Lecture: The Mind-Body Connection, 334
Lecture: Emotional Wellness, 335
Activity: Creating a Container, 338
Activity: Feelings and the Body, 339
Activity: Communication and Feelings, 341
Reflection, 345
Between-Sessions Activity, 345
Closing, 345

Adapting the Session for Use with Girls 346

Session 10: Our Feelings 347

Time 347

Goal of the Session 347

Participant Objectives 347

Materials Needed 347

Session Overview 348

Background Information for the Facilitator 349
Working with Intense Feelings, 349
For Women Who Have Anger Issues, 349
Using Guided Imagery (Visualization), 349

The Session 351
Quiet Time, 351
Check-In, 351
Review of Between-Sessions Activity, 351
Goal of the Session, 352
Lecture: Feelings, 352
Activity: The Observer Self, 353
Discussion: Powerful Shared Feelings, 355
Activity: Losses, 357
Lecture: Empathy and Compassion, 357
Activity: Yoga Pose, 358
Activity: Meeting a Feeling, 360

SAMPLE

Lecture: Happiness, 363
Reflection, 364
Between-Sessions Activity, 365
Activity: Affirmation, 365
Closing, 366

Adapting the Session for Use with Girls 367

Session 11: Healthy Relationships 369

Time 369

Goals of the Session 369

Participant Objectives 369

Materials Needed 369

Session Overview 370

Background Information for the Facilitator 371
Preparing for the Love Collage Activity, 371
Preparing for the Between-Sessions Activity, 371

The Session 373
Quiet Time, 373
Check-In, 373
Review of Between-Sessions Activity, 374
Goals of the Session, 374
Discussion: What Is a Healthy Relationship?, 374
Lecture: Defining a Healthy Relationship, 374
Lecture: The Brain and Relationships, 375
Lecture: The Relationship Wheel, 377
Optional: *Beyond Trauma* Participant Video (Segment 10: Characteristics of a Healthy Relationship), 378
Lecture: Characteristics of a Healthy Relationship, 378
Activity: Yoga Pose, 383
Discussion: Contrasting the Relationship Wheel and the Power and Control Wheel, 384
Activity: The Relationship Wheel, 385
Lecture: The Wheel of Love, 385
Activity: Love Collage, 387
Reflection, 387
Between-Sessions Activity, 388
Activity: Palms Down, Palms Up, 390
Closing, 390

SAMPLE

Adapting the Session for Use with Girls 391

Session 12: Endings and Beginnings 393

Time 393

Goal of the Session 393

Participant Objectives 393

Materials Needed 393

Session Overview 394

Background Information for the Facilitator 395

Preparing for the Building an Altar Activity, 395

Optional Activities and Readings, 395

The Session 397

Quiet Time, 397

Check-In, 397

Review of Between-Sessions Activity, 397

Goal of the Session, 398

Activity: Building an Altar, 398

Optional: Activity, 399

Lecture and Discussion: Endings, 400

Activity: Appreciation, 401

Lecture and Discussion: The Meaning and Importance of Spirituality, 402

Lecture: Twelve Step Programs and Spirituality, 405

Activity: Loving Kindness Meditation, 406

Optional: Meditation: Simple Guidelines to Practice Mindfulness, 409

Activity: Meaningful Women in Our Lives, 410

Optional: Readings, 411

Optional: *Beyond Trauma* Participant Video (Segment 11: Closing), 412

Closing, 412

Adapting the Session for Use with Girls 413

Appendix 1: The Five Senses 417

Appendix 2: Yoga Poses 419

Breath of Joy, 420

Seated Pigeon, 422

Modified Triangle, 423

Twisted Branches to Open Wings, 425

SAMPLE

Appendix 3: Local Resources 427

Appendix 4: Handouts for the Girls' Adaptation 429

Teen Power and Control Wheel, 430
Equality Wheel for Teens, 431
Ten Warning Signs of Abuse, 432
Local Resources for Girls, 433
History of Trauma Chart, 434
Teenagers and Sleep, 435
Family Map, 436
Simple Rules for Stopping Rape, 437
Anger Funnel, 438

Appendix 5: Facilitator Feedback Form 439

Appendix 6: Participant Feedback Form 441

Resources 443

Trauma-Related Resources, 443
Self-Help Groups, 446
Federal Publications, 450

References 451

About the Author 465

Other Publications by Stephanie S. Covington, PhD 467

SAMPLE

ACKNOWLEDGMENTS

Any project I've ever done has had important people behind the scenes, and this curriculum is no exception. I'm very fortunate to be surrounded by caring and competent people who have supported this new edition of *Beyond Trauma: A Healing Journey for Women* from beginning to end.

My first publication was a book on relationships, *Leaving the Enchanted Forest* (Covington and Beckett 1988). Now, many years later, there are many more publications, including ten trauma-informed, manualized interventions. All this work has been informed by the revolutionary and inspiring work of the four founding scholars at the Stone Center in Wellesley, Massachusetts: Jean Baker Miller, Janet Surrey, Irene Stiver, and Judith Jordan. The Stone Center (now referred to as the Jean Baker Miller Training Institute) changed my clinical work and influenced all my writing. It was an experience of reading material that was deeply resonant and both professionally and personally validating. The word *connection* has become my mantra. I am immensely indebted to these four women—especially to my dear friend, Janet Surrey.

I am also grateful to many of my other colleagues. Sandra Bloom's brilliant work on the concept of *sanctuary,* which emphasizes the importance of the environment, has deeply influenced my work, as has the work of Roger Fallot, who—with Maxine Harris—developed the concept of *trauma-informed cultures of care.* Carol Ackley, Eileen Russo, and Twyla Wilson have been willing to incorporate reviewing the manuscript into their busy schedules and have made suggestions that have improved my work. In addition, Candice Norcott, Kim Selvaggi, and Tammy Rothschild carefully read the adaptations for girls. Sue Thomas, my editor at Hazelden, has supported this project from start to finish. Laura Waligorski manages the office so I can go home and write. Arlette Ballew, editor extraordinaire, has worked with me for years,

SAMPLE

helping me to rewrite, reword, and create each new writing project. Last but not least, I am indebted to Penny Philpot for sharing her clinical knowledge, technical determination, and sense of humor, and for being an inspiration for this curriculum.

To all of you, I say "thank you" for your expertise, your support, and your dedication to helping women and girls move *Beyond Trauma*.

• • •

SAMPLE

INTRODUCTION

SAMPLE

It seems that our world is in crisis. We see pain and devastation everywhere. At home, we read about the growing incidence of child abuse, shootings in our schools and neighborhoods, and other violent crimes. Around the world, there is suffering and alienation: in the wars in the Middle East, Africa, and elsewhere; in acts of terrorism and widespread violence; in the raping of women on every continent; and in the international sex trade. This painful destruction is mirrored by the holes in the ozone layer, the clear-cutting of timber in the rainforests, the annihilation of plant and animal species, and our polluted air and water. Violence happens in multiple ways and on many levels.

Where do we look for answers? What is the key to our survival and healing? Just as the Chinese symbol for *crisis* is made up of two characters, one representing danger and the other opportunity, each time there is a crisis, there is also a chance for change and renewal. Today, many women and men from all walks of life are finding a key to their survival and growth by freeing themselves from the suffering created by trauma.

Although we see violence everywhere we look, we need to make a distinction between the suffering that we create and the suffering that we encounter as a natural part of life. Certainly, we cannot avoid the suffering that comes from natural disasters, such as earthquakes, floods, and tornadoes. We also often experience pain during the normal course of life, as we are born, grow up, get an education, move into the workplace and relationships, age, and experience death. Although these passages can be difficult, they are the foundation stones of our identities. They challenge us and help us define who we are and what we want from our lives. We can see these kinds of experiences as part of life's journey and use them to help us grow and create meaning in our lives.

Duplicating this page is illegal. Do not copy this material without written permission from the publisher.

However, there is also the suffering that we, as human beings, have created—the abuse and destruction generated by violence. Every day in America, women are sexually harassed in the workplace, raped, and beaten by their husbands, boyfriends, and strangers. Significant numbers of our children are neglected, abused, and killed by their parents and caretakers. No institution, person, or country is free from the effects of created suffering.

However, there is hope. Throughout the world, individuals and groups are coming together to create new ways of ending suffering. One of the first steps on this path is freeing ourselves from denial and acknowledging the impact of violence in our own lives. One can only heal from a problem that has been acknowledged.

This curriculum, *Beyond Trauma: A Healing Journey for Women,* is designed to be part of the solution by helping women and girls recover from the effects of trauma in their lives. The curriculum focuses on the kinds of created suffering that women are most at risk of experiencing: childhood abuse, rape, battering, and other forms of interpersonal violence. However, the coping skills that are presented in this curriculum can also be useful for other types of traumatic events.

Beyond Trauma presents an integrated approach to women's trauma treatment, based on theory, research, and clinical experience. It can be used in any setting (outpatient, residential, therapeutic community, criminal justice, and private practice). In developing effective treatment for women and girls, we must include the experience and impact of living as a female in a male-based society as part of the clinical perspective. The term *gender-responsive* describes this type of treatment approach; it is defined as follows: creating an environment—through site selection, staff selection, program development, and program content and materials—that reflects an understanding of the realities of women's and girls' lives and that addresses and responds to their challenges and strengths (Covington 2002). *Beyond Trauma* is a gender-responsive curriculum.

This revised edition of the program includes:

- 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

SAMPLE

Duplicating this page is illegal. Do not copy this material without written permission from the publisher.

- new discoveries, publications, and insights in the field
- longer sessions (two hours rather than one and a half hours) and an additional session, which enables us to include more new lectures and activities for the participants that reflect current thinking and practice
- a variety of yoga poses, grounding activities, and self-soothing activities
- 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 videos: one for facilitators and one for use with participants

This curriculum promotes a strength-based approach that seeks to empower women and girls and increase their sense of self. In using this kind of model, you, the facilitator, will help the women in the group to see the strengths they have and to increase the skills they need for healing. The curriculum also focuses on emotional development. Dealing with the expression and containment of feelings is a critical part of trauma work. You will be using psychoeducational and cognitive-behavioral therapy (CBT) techniques, expressive arts, body-focused exercises, mindfulness, and relational therapy.

The *Beyond Trauma* program materials consist of a facilitator guide, a participant workbook, a facilitator training video, and a participant video. This facilitator guide has two parts. The first part gives you background information about trauma. Having a basic understanding of the depth and complexity of the issues will help you facilitate the group process. The second part of the guide includes session outlines or lesson plans. There are twelve sessions divided into three modules: (A) Violence, Abuse, and Trauma; (B) The Impact of Trauma on Women's Lives; and (C) Healing from Trauma.

The women in the group will go through a process of:

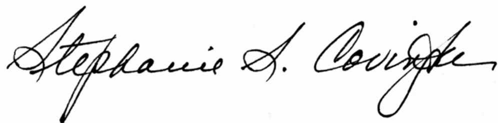
1. Understanding what has happened to them. They will learn more about what trauma is and how widespread trauma is in women's lives.
2. Exploring how trauma has affected them.
3. Learning coping mechanisms, doing activities to help them feel grounded, and focusing on safety.

SAMPLE

Duplicating this page is illegal. Do not copy this material without written permission from the publisher.

Some of you also may be facilitating the *Helping Women Recover: A Program for Treating Addiction* curriculum (the community or criminal justice version). The *Beyond Trauma* curriculum can be used alone or in addition to *Helping Women Recover (HWR).* These programs are complementary to each other, and *Beyond Trauma* expands and deepens the trauma work in *HWR.*

Thank you for making the decision to help facilitate the process of the healing journey for women (or girls). Although you may find this work particularly challenging, it will also reward you. Many of you are recovering from trauma yourself and know that there is no more powerful transformation than that of a woman reclaiming her life.



Stephanie S. Covington, PhD
June 2016
La Jolla, California

SAMPLE

Duplicating this page is illegal. Do not copy this material without written permission from the publisher.

PART 1

Overview of Trauma and the *Beyond Trauma* Program

SAMPLE

SAMPLE

CHAPTER 1

Background Information

SAMPLE

What Is Trauma?

Violence-related trauma occurs on multiple levels, from the general and ongoing oppression of an entire group of people to discrimination based on gender or gender identity, race, poverty, sexual orientation, disability, or age to the repeated sexual abuse of a child. Violence and trauma take many forms, including emotional, physical, and sexual abuse, as well as assault, war, natural disasters, and political terrorism.

A definition of *trauma* based on the *Diagnostic and Statistical Manual of Mental Disorders,* or *DSM-5,* is exposure to actual or threatened death, serious injury, or sexual violence in one or more of four ways: (a) directly experiencing the event; (b) witnessing, in person, the event occurring to others; (c) learning that such an event happened to a close family member or friend; (d) experiencing repeated or extreme exposure to aversive details of such events, such as with first responders (American Psychiatric Association 2013, 271–280). This experience causes significant distress or impairment in social relationships, capacity to work, or other important areas of functioning.

In the introduction, two categories of suffering were discussed: natural suffering and created suffering. Natural suffering comes from the normal course of life and from natural disasters. Created suffering is created by human beings. Sometimes researchers distinguish between three types of traumatic events: disaster, assault, and combat (Forbes et al. 2013; Forneris et al. 2013; Kessler et al. 2012). Others discuss accidental and intentional disasters and the resulting trauma (Avdimiretz, Phillips, and Bratu 2012; Nickerson et al. 2011). One noted researcher, Bessel van der Kolk, differentiates between public and private trauma (2014). The public traumas we read

Duplicating this page is illegal. Do not copy this material without written permission from the publisher.

about in the news—events such as school shootings or the Boston Marathon bombing—differ from the far more private traumas that psychotherapists typically treat.

In the case of public trauma, people gather around the victim(s), there is acknowledgment of the reality of what happened, and sympathy and comfort are offered. That is very different from private traumas that involve assault, incest, rape, or domestic violence. These are hidden traumas, and the victims rarely get to publicly acknowledge what took place and rarely get the support they need to move on in their lives. When they have communities that rally around them, the victims of public traumas tend to cope or recover better. Too often, the victim of a private trauma ends up with a deep sense of shame and invisibility, along with silent rage about not being acknowledged or protected.

Still others define *trauma* not as an event but as a reaction to an event that overwhelms people physically and psychologically (Scaer 2014). So the word *trauma* is used to describe both an event and a reaction or response to an event. In fact, *trauma* has become a buzzword and is somewhat overused. Someone may say she has had a traumatic day when she actually has had a stressful day. Stress becomes toxic and traumatic when the body's alarm system goes off too often and for too long. *Beyond Trauma* is designed for women who have experienced threatening events that have overwhelmed their psychological and/or physiological coping mechanisms—especially private, created suffering.

There also are differences between women and men in terms of trauma. Compared to men, women are more likely to be exposed to physical abuse, rape, sexual molestation, childhood parental neglect, and childhood physical abuse (Bedi et al. 2011; Iverson et al. 2013; Miller et al. 2011). In fact, violence against women is so pervasive that the United Nations has addressed and defined violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life" (United Nations General Assembly 1993). The World Health Organization abides by this definition in its current work in examining the many forms of violence against women (World Health Organization 2013).

SAMPLE

Duplicating this page is illegal. Do not copy this material without written permission from the publisher.

Women and Trauma

The World Women Live In

The following statistics illustrate how pervasive interpersonal violence is in the lives of women and girls. (All statistics refer to rates of violence in the United States, unless otherwise stated.)

- More than one in nine children are exposed to family violence annually in the United States, and one in four children are exposed to family violence in their lifetimes. More than 90 percent of children who are exposed to intimate-partner violence actually see the violence. A vast majority of the violence witnessed is perpetrated by males. However, girls are more likely to be exposed to psychological and physical intimate-partner violence throughout their lifetimes (Hamby et al. 2011).
- Based on an analysis of studies from across the world, one in six girls and one in fourteen boys experience childhood sexual abuse (Stoltenborgh et al. 2011). Within the United States specifically, approximately 16 percent of men and 25 percent of women report having experienced childhood sexual abuse, and those who experienced sexual abuse also have higher rates of childhood physical abuse, maltreatment, and neglect (Pérez-Fuentes et al. 2013).
- Approximately 65 percent of adolescent girls are victims of physical, emotional, verbal, and/or sexual abuse from a dating partner. More than a third of girls experience such abuse from two or more dating partners during their teen years, and most are age thirteen to fifteen at the start of the abuse (Bonomi et al. 2013).
- The number of sexual offenses on college campuses reported to the U.S. Department of Education was 3,357 in 2009 (Krebs et al. 2009) and almost doubled, to 6,073, in 2013 (Lhamon and Runcie 2015). Officials say sex offenses are underreported crimes, and the true number of such cases is likely much higher.
- In 2010, there were 84,767 forcible rapes in the United States. That averages out to 233 women being raped each day and nine women being raped every hour (Federal Bureau of Investigation 2011).

SAMPLE

Duplicating this page is illegal. Do not copy this material without written permission from the publisher.

- Nearly one in five women (18.3 percent) and one in seventy-one men (1.4 percent) in the United States have been raped at some time in their lives (Black et al. 2011). This corresponds to estimates of more than twenty-three million women and more than two million men experiencing rape (Breiding et al. 2014).
- More than 70 percent of all rapes occur before age twenty-five, and more than 40 percent of rapes of women occur before age eighteen (Breiding et al. 2014).
- Approximately 80 percent of victims of rape and sexual violence know their attackers. This includes perpetrators who are intimate partners, friends or acquaintances, and relatives. Only 20 percent of perpetrators of sexual assault against women are strangers (Berzofsky et al. 2013).
- A majority of victims of intimate-partner violence (four out of five victims) are women (Catalano 2012).
- Approximately two-thirds of women's experiences of intimate-partner violence include physical attack. The most common forms of intimate-partner violence against women are aggravated assault and sexual assault. Women are almost three times more likely to have injuries from intimate-partner violence than men are. Of women who are homicide victims, 40 percent are murdered by their intimate partners, contrasted with only 3 percent of male homicide victims (Catalano 2012).
- Nationally, more than 6.9 million women annually are victims of rape, physical violence, and/or stalking by an intimate partner (Black et al. 2011). Correspondingly, more than 93 percent of emergency room visits for intimate-partner violence are women in need of health care (Davidov, Larrabee, and Davis 2015).
- Based on studies across the world, women who experience intimate-partner violence are more likely to experience depression and attempt suicide (Devries et al. 2013).
- Among women who have experienced three or four forms of violence (e.g., intimate-partner violence, rape, other forms of sexual assault, and stalking), 90 percent experienced a resulting mental health disorder, and 47 percent experienced a substance use disorder (Rees et al. 2011).

SAMPLE

Duplicating this page is illegal. Do not copy this material without written permission from the publisher.

- There are differences in risk of abuse between females and males. Girls and boys both are at risk in childhood for physical and sexual abuse, especially from people they know. However, risk changes over the course of life. Adolescent boys are at particular risk for abuse if they are young men of color, gay, or gang members. Their risk is from peers, from people who dislike them, and from the police. In contrast, the risk for teenage girls comes from those with whom they are in relationships—people they are saying "I love you" to. For adult men who serve in a branch of the military, the greatest risk is from the enemy. If a man lives in a non-custodial setting, the risk is being a victim of a crime committed by a stranger. For a woman in the military, the greatest risk is from the men she is serving with. If she is living in a noncustodial setting, her greatest risk is from the person to whom she is saying "I love you" (Covington 2013, 2014; Kendall-Tackett 2005).
- Women involved with the criminal justice system have experienced high rates of trauma; for example, 98 percent have experienced a general disaster, 87 percent have experienced interpersonal violence, and 75 percent have histories of childhood sexual and/or physical abuse (Wolff et al. 2011).
- An incarcerated woman has experienced an average of six traumatic events in her lifetime, whereas a typical woman in the community has experienced an average of two traumatic events in her lifetime. Incarcerated women also have higher rates of posttraumatic stress disorder (PTSD) than women in the community (40 percent versus 12 percent) and are ten times more likely to use substances in response to trauma (64 percent versus 6 percent) (Grella, Lovinger, and Warda 2013).
- Although relationship violence happens to women of every race and ethnic background, African American women are harmed at a higher rate than Caucasian women and women of other races. In 2011, 94 percent of female homicide victims were killed by men they knew, a majority of whom were their husbands, boyfriends, or intimate acquaintances. Most of these homicides occurred during arguments. The average age of female victims was thirty-nine; for African American women it was thirty-four. African American women were murdered at a rate more than two-and-a-half times higher than the rate for Caucasian women and at a rate even higher than women of other races (Violence Policy Center 2013).

SAMPLE

Duplicating this page is illegal. Do not copy this material without written permission from the publisher.

As has been mentioned, trauma occurs on multiple levels. "Trauma is not limited to suffering violence; it includes witnessing violence, as well as stigmatization because of gender, race, poverty, incarceration, or sexual orientation" (Covington 2002, 60). Root also expands the conventional notion of trauma to include not only direct trauma but also indirect trauma and insidious trauma. Insidious trauma "includes but is not limited to emotional abuse, racism, anti-Semitism, poverty, heterosexism, dislocation, [and] ageism" (1992, 23). The effects of insidious trauma are cumulative and are often experienced over the course of a lifetime. For example, women of color are subject to varying degrees of insidious trauma throughout their lives. According to Root (1997), the exposure to insidious trauma activates survival behaviors that might easily be mistaken for pathological responses if their source is not understood. Misdiagnosis of pathology can be a consequence of a lack of understanding of the effects of insidious trauma on women who have lived with racism, heterosexism, and/or class discrimination all their lives. Care providers are urged to understand insidious trauma in order to provide more effective and relevant services to women (Quiros and Berger 2015).

Gender-Responsive Services

Because of the high rates of interpersonal violence against women and the differences between males and females in their risk for interpersonal violence, it is important to consider gender differences when developing interventions and treatment models for women.

As was defined in the introduction, gender-responsive, woman-centered treatment is the creation of an environment—through site selection, staff selection, program development, and program content and materials—that reflects an understanding of the realities of women's and girls' lives and that addresses and responds to their challenges and strengths.

Gender-Responsive Principles

In a research-based report for the National Institute of Corrections, which states the guiding principles for working with women, gender is the first principle. A multidisciplinary review of the literature and research on women's lives in the areas of substance abuse, trauma, health, education and training, mental health, and employment was conducted as part of this project. The following principles from this report are applicable to any setting that serves women (Bloom, Owen, and Covington 2003):

SAMPLE

Duplicating this page is illegal. Do not copy this material without written permission from the publisher.

- *Gender:* Acknowledge that gender makes a difference.
- *Environment:* Create an environment based on safety, respect, and dignity.
- *Relationships:* Develop policies, practices, and programs that are relational and promote healthy connections to children, family members, significant others, and the community.
- *Services:* Address substance abuse, trauma, and mental health issues through comprehensive, integrated, and culturally relevant services.
- *Socioeconomic status:* Provide women with opportunities to improve their socioeconomic conditions.
- *Community:* Establish a system of comprehensive and collaborative community services.

Understanding Trauma

The women in your group may be at various stages in facing and dealing with the trauma they've experienced. Some will remember their traumatic experiences clearly, some will remember certain aspects, and some will not remember anything. Some will talk openly about their trauma right away, and some will not. Because women are at different stages and because all need to feel safe, you will begin this program by normalizing the existence of interpersonal violence and other forms of trauma. Therefore, the session outlines in module A are focused on the prevalence of trauma, particularly violence, in women's lives. For facilitators who have little or no experience working with trauma, figure 1 on page 14 will help you understand the process of trauma. You will also be teaching this process to the women later in the curriculum.

The Process of Trauma

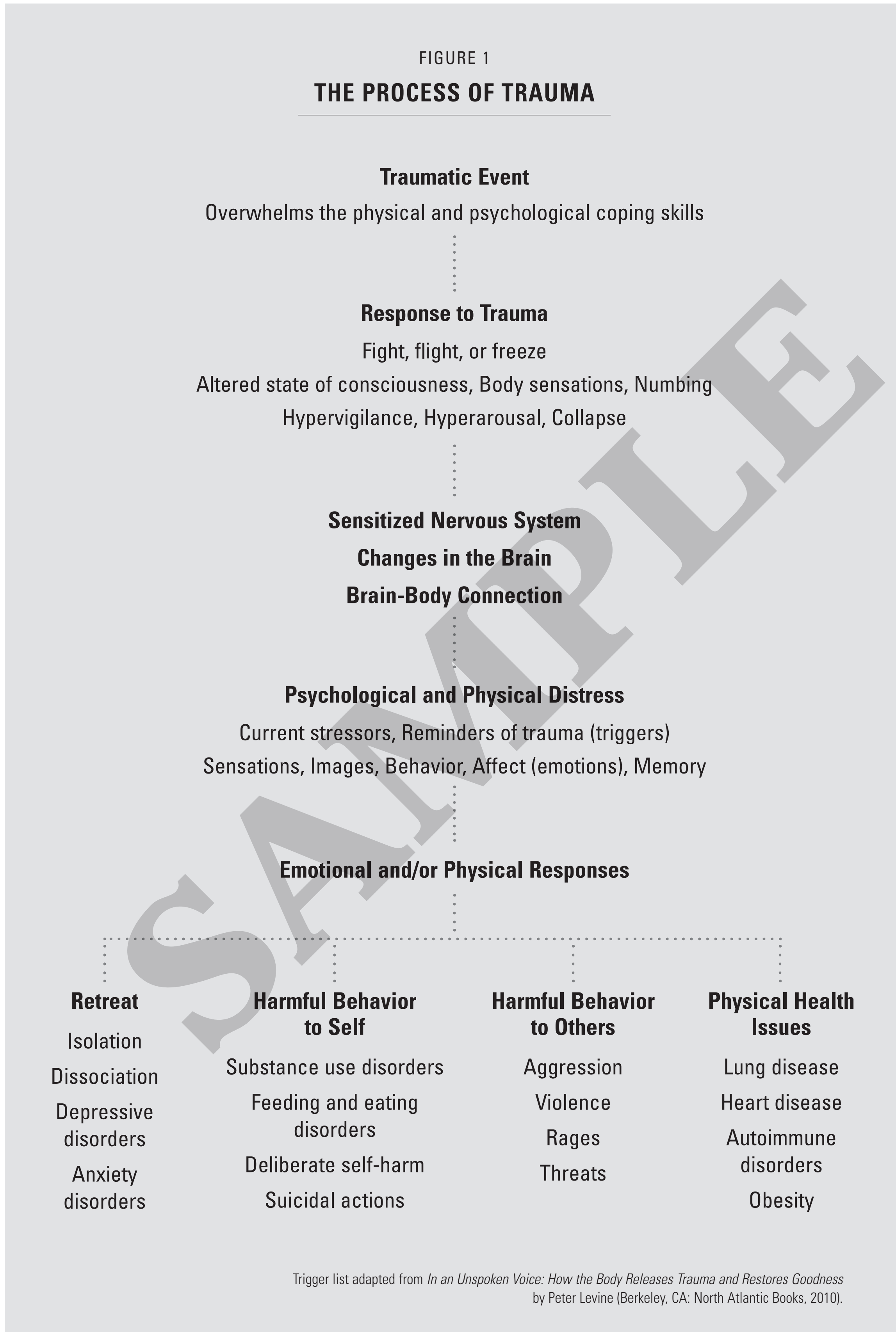
Trauma begins with an event or experience that overwhelms a woman's normal coping mechanisms. The first response that a person has when threatened is fight, flight, or freeze. Then there are physiological and psychological reactions in response to the event: hyperarousal, altered consciousness, numbing, collapsing, and so on. These are normal reactions to an abnormal situation. Trauma causes changes in the brain, and a woman's nervous system also becomes sensitized and is vulnerable to any future stressors in her life. The

SAMPLE

Duplicating this page is illegal. Do not copy this material without written permission from the publisher.

FIGURE 1

THE PROCESS OF TRAUMA



SAMPLE

Trigger list adapted from *In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness* by Peter Levine (Berkeley, CA: North Atlantic Books, 2010).

Duplicating this page is illegal. Do not copy this material without written permission from the publisher.

changes in the brain can also affect the functioning of her body; this is called the brain-body connection. She may also experience triggers in her current life that remind her of the traumatic event(s) that happened in the past. These triggers may come from sensations in her body, images, behavior that she does or someone else does, feelings, and/or memories. There may be nightmares and flashbacks to the earlier experience. This creates a painful emotional state and subsequent emotional and/or physical responses. The responses we often see can be placed into four categories: retreat, harm to self, harm to others, and physical health problems. Women are more likely to retreat or be self-destructive, while men are more likely to engage in destructive behavior toward self or others. Women often internalize their feelings, and men often externalize theirs. Both women and men can experience physical health problems.

The Effects of Trauma

One of the most important developments in health care since the 1980s is the recognition that serious traumatic experiences often play an unrecognized role in a woman's subsequent physical and mental health problems (referred to as co-occurring disorders).

The Adverse Childhood Experiences (ACE) Study (Felitti and Anda 2010; Felitti et al. 1998; Felitti 2000) revealed a strong link between childhood trauma and adult physical and mental health problems. Ten types of childhood traumatic events were assessed (emotional abuse, emotional neglect, physical neglect, physical abuse, sexual abuse, family violence, family alcoholism, parental separation/divorce, an incarcerated family member, and out-of-home placement). A score of four or more events increased the risk of both mental and physical health problems in adult lives. The women in the ACE study were 50 percent more likely than the men to have a score of five or more. Having a score of five or more increases a woman's risk of having a variety of chronic health problems, including heart disease, autoimmune diseases, lung cancer, pulmonary disease, skeletal fractures, and sexually transmitted infections.

This study was a model for research done on women in the criminal justice system, and similar results were found. The women with the higher scores had more physical and mental health problems. For women who scored seven or more, the risk of a mental health problem increased by 980 percent (Messina and Grella 2006).

SAMPLE

Duplicating this page is illegal. Do not copy this material without written permission from the publisher.

A number of studies indicate that a history of trauma (especially sexual and/or physical abuse) puts a woman at a higher risk for anxiety disorders, depressive disorders, eating disorders, sleep-wake disorders, suicide attempts, self-inflicted injury, and psychiatric hospitalization (Bedi et al. 2011; Chen et al. 2010; Gladstone et al. 2004; Mitchell et al. 2012; Noll et al. 2003).

Women who have been exposed to trauma and have a moderate to severe substance use disorder are at higher risk for mental disorders. In a review of studies that examined the combined effects of PTSD and substance abuse, Najavits, Weiss, and Shaw (1997) found more comorbid mental disorders, medical problems, psychological symptoms, inpatient admissions, and interpersonal problems; lower levels of functioning, compliance with aftercare, and motivation for treatment; and other significant life problems (such as homelessness, HIV, domestic violence, and loss of custody of children) among those with both PTSD and substance abuse, compared to those with one of those problems alone.

Mental and Emotional Effects of Trauma

A traumatic event can affect a person in multiple ways. It can affect both the inner self (thoughts, feelings, beliefs, and values) and the outer self (relationships and behaviors).

Many traumatized people have difficulty identifying and expressing their feelings. The term often used to describe this is *emotional dysregulation*. Emotions are most often experienced in the body, as in "I feel it in my gut," or are identified by facial expressions. Many survivors express that they are "out of touch" with their feelings; they may sense that they are feeling something (sensations in their bodies) but they cannot identify, let alone express, the feelings (Courtois 2014). Many also have difficulty regulating their emotions. They often feel out of control. Trauma also affects beliefs about the world. For example, some women believe that "You can't trust anyone," "The world is a very unsafe place," or "I am crazy and worthless," and "I deserved it."

Trauma can also affect the outer self, which consists of one's relationships and behaviors. Many women who have experienced trauma struggle with their relationships—with family members, friends, and sexual partners. For example, parenting is a relationship that can become even more complicated by the experience of trauma. Some women who have experienced

SAMPLE

Duplicating this page is illegal. Do not copy this material without written permission from the publisher.

childhood abuse may find that their own children "trigger" them back to their abuse. It is particularly risky when a woman's child becomes the age she was when the abuse began.

Neuroscience research shows that the only way we can help women who have experienced trauma change how they feel is by helping them become aware of their inner experiences and learn what is going on inside them. Most of our conscious brains are dedicated to focusing on the outside world. Some of the activities in *Beyond Trauma* are designed to help women focus on the inside to identify and accept the emotions embedded in their bodies. One neuroscientist who studies the impact of trauma on the brain has developed the concept of SEEDS (Arden 2014). These are the five factors that can help people heal the brain and live vital, productive, and happy lives:

S—social connectivity—being in connection and relationship with others.

E—exercise—thirty minutes a day can make a big difference.

E—education—learning something new each day.

D—diet—eating foods that nourish versus starve the brain.

S—sleep—resting the brain and the body so they can regenerate each day.

SAMPLE

These things can help women who are trauma survivors reduce their risk of having physical and mental health problems. Our task is to help women begin to plant these SEEDS in their lives.

Clinically diagnosed disorders that are related to trauma include posttraumatic stress disorder (PTSD), borderline personality disorder, brief psychosis, dissociative identity disorder, dissociative amnesia, conversion disorder, depersonalization disorder, somatic symptom disorder, and antisocial personality disorder. In women, there is a high level of correlation between posttraumatic stress disorder and depressive disorders, anxiety disorders, substance use disorders, and physical disorders (McLean et al. 2011; Pacella, Hruska, and Delahanty 2013). Clinical interventions for the mental health disorders listed above are more effective when the case and the client's life are viewed with an understanding of trauma (Courtois and Ford 2013; van der Kolk 2014).

Duplicating this page is illegal. Do not copy this material without written permission from the publisher.

Posttraumatic Stress Disorder (PTSD)

PTSD is a trauma- and stressor-related disorder that acknowledges the multiple and complex ways that trauma affects one's physical and psychological health (American Psychiatric Association 2013). The symptoms of PTSD are common among many victims of abuse. It is helpful for anyone working with women who have experienced trauma to be familiar with the symptoms of PTSD and with the criteria for resolving it. The *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* of the American Psychiatric Association (2013) lists the following symptoms of PTSD:

- recurrent, involuntary, and intrusive distressing memories
- re-experiencing the event through nightmares and flashbacks
- prolonged distress when reminded of the trauma in any manner
- avoidance of stimuli associated with the event (for example, if a woman was raped in a park, she may avoid parks, or if she was assaulted by a blond man, she may avoid men with blond hair)
- inability to remember key aspects of the trauma
- negative self-perception (for example, "I am a bad person" or "I am dirty and flawed") or negative beliefs about the world (for example, "No place in the world is safe")
- persistent inappropriate self-blame for the trauma
- persistent distressing feelings, such as sadness, guilt, shame, terror, self-disgust, and anger
- inability to feel interested in important activities (activities that were significant before the trauma)
- persistent inability to feel positive emotions
- estrangement (the inability to be emotionally close to anyone)
- numbing of general responsiveness (feeling nothing most of the time)
- self-destructive and/or aggressive behavior toward others
- hypervigilance (constantly scanning one's environment for danger, whether physical or emotional)
- an exaggerated startle response (a tendency to jump at loud noises or unexpected touch)
- problems sleeping and/or concentrating

SAMPLE

Duplicating this page is illegal. Do not copy this material without written permission from the publisher.

Some women may experience high levels of dissociative symptoms with PTSD. According to *DSM-5* (American Psychiatric Association 2013), these symptoms include feelings of depersonalization (e.g., feeling detached or disconnected from oneself—as though observing someone else experiencing events rather than oneself) and derealization (e.g., experiencing life events as not really happening).

It is important to be aware that women may experience a few, some, or all of these symptoms. However, when you discuss the effects of trauma with women, you will probably want to speak less technically. For example, here are the four basic reactions:

1. Re-experiencing (includes disturbed sleep, intrusive memories, distressing dreams, nightmares, flashbacks, and reliving the event)
2. Attempts to have emotional numbness and avoidance (avoiding any thoughts, feelings, people, places, and other reminders of the trauma)
3. Distressing negative changes in mood and thoughts (low self-esteem, neglect of health, dissociation, ability to remember events or feelings but not both, memory loss for certain events, loss of faith and hope, mistrust of others, isolation and disconnection)
4. Hyperarousal (intense emotions, difficulty sleeping, panic and anxiousness, self-harm, risky behaviors, irritability, anger, difficulty concentrating)

There are two types of PTSD: simple and complex. Simple PTSD stems from a single incident (such as an earthquake or automobile accident), usually experienced as an adult.

Complex PTSD (or complex traumatic stress reactions) is the consequence of a history of repeated (or multiple) traumatic experiences, such as childhood sexual abuse and domestic violence. Generally, there are more symptoms and a more complicated recovery process with complex PTSD (Herman 1997; Najavits 2002; Roth et al. 1997; Williams and Sommer 2013).

It also is important to acknowledge the long-term effects of trauma. Traumatic events may affect women for the rest of their lives. However, there are criteria you can use when assessing a woman's recovery. Healing from trauma means the following (Harvey 1996, 2007):

SAMPLE

Duplicating this page is illegal. Do not copy this material without written permission from the publisher.

- The physical symptoms of PTSD are within manageable limits.
- The person is able to bear feelings associated with traumatic memories.
- The person has authority over her memories (that is, her memories don't limit what she does; she chooses what to do, instead of being immobilized in some areas).
- The memory of trauma is linked with feelings.
- Damaged self-esteem is restored (for example, a rape victim realizes that the rape did not occur because she was a "bad" woman).
- Important relationships have been reestablished.
- The person has reconstructed a system of meaning and belief that encompasses the story of the trauma (for instance, she understands that the rape was not caused by her and that some men use power and control to get what they want).

Several trauma specialists suggest that PTSD should not be labeled a "disorder." They assert that it is "posttraumatic stress" and should not be considered or treated as a disorder or a disease (Herman 2014; van der Kolk 2014). Their concern is the labeling or overpathologizing of people as "sick" when the reality is they have been harmed or wounded.

Developmental Trauma Disorder

Although the *DSM-5* does not mention developmental trauma disorder (DTD), prominent trauma researchers and clinicians identify it as the result of exposure to a developmentally adverse interpersonal trauma such as abuse, abandonment, or betrayal (Courtois and Ford 2014; Herman 2014; van der Kolk 2014). When these extreme and prolonged stressors are experienced by a child, they have a great potential to severely compromise the child's development, including the way the brain develops (Gatt et al. 2010; Herman 1997). This is also referred to as toxic stress (National Scientific Council on the Developing Child 2007). Learning how to cope with adversity is an important part of healthy development. Moderate, short-lived stress responses in the body can promote growth. Toxic stress is a strong, unrelieved experience that can adversely affect healthy development, particularly in a child. Without caring adults to buffer children, the unrelenting stress caused by extreme neglect, poverty, or abuse can weaken the developing brain and have long-term

SAMPLE

Duplicating this page is illegal. Do not copy this material without written permission from the publisher.