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Advocacy for Gender-specific Addiction Treatment and Recovery Support: An Interview with Dr. Stephanie Covington

William L. White

Introduction

Two of the most significant milestones in the modern evolution of addiction treatment and recovery have been the growth of addiction research on women and the emergence of gender-specific approaches to addiction treatment and recovery support. No one has exerted a greater influence on these advancements than Dr. Stephanie Covington. The books/curricula she has developed for use in addiction treatment programs include the following:

- *Helping Women Recover: A Program for Treating Addiction*
- *Beyond Trauma: A Healing Journey for Women*
- *Voices: A Program of Self-Discovery and Empowerment for Girls*
- *A Woman's Way through The Twelve Steps*
- *Beyond Violence: A Prevention Program for Criminal Justice-Involved Women*
- *Beyond Anger & Violence: A Program for Women*, and
- *Becoming Trauma Informed: A Training Program for Correctional Professionals*

I have long respected the contributions Dr. Covington has made to our field, and in January of 2014 I had the opportunity to interview her about her life's work. Please join us in this engaging conversation.

Early Career

Bill White: Dr. Covington, you currently co-direct the Institute for Relational Development and also co-direct the Center for Gender and Justice. Could you briefly describe the work of these two organizations?

Dr. Stephanie Covington: The main distinction is that my clinical work and related organizational consulting is done through the Institute for Relational Development while my work with women and girls in the criminal justice system has been done through the Center for Gender and Justice which I co-direct with criminologist Dr. Barbara Bloom.

Bill White: You have focused on the needs of women and particularly alcoholic women throughout your career. How did you come to develop this focus for your professional life?

Dr. Stephanie Covington: Actually, it came out of my personal life. I had a graduate degree in social work and was working in social worker as a volunteer when I had to acknowledge that

alcohol was impacting my life. It was through my recovery experience that I realized what I really wanted to do was help other women experience what I was experiencing....recovery. I did not know what that meant precisely but eventually it led me back to school to get a Ph.D. and to focus on women and addiction. Everything else, I guess, is history.

Bill White: Yes, and what a history that's been. How would you describe the state of addiction treatment services for women at the time you began your work?

Dr. Stephanie Covington: When I began my work, services for women were not a focus within the addiction field. There had been a little interest at the end of the '70s, when the federal government funded ten demonstration projects around the country. Those were very unique at the time. When I was in my Ph.D. program, I worked in a treatment program here in the San Diego area that had just opened. I wanted to run groups for women and since I was volunteering my time, they allowed me to do that, but when I finished my internship and talked about developing more of a women's program, the Director said, "Well, there's just no need for that. There are no differences." And that really was the general consensus of many people in the addiction field. They could not conceive how treatment could or should be different for women.

Now the irony is that last year I was at a conference where this same director was receiving a lifetime achievement award. In his acceptance speech, he talked about how he had been wrong and that he had finally learned what I was trying to convey to him years earlier. But at that time, few could see the need for specialized treatment for women. There was just the belief that an alcoholic was an alcoholic was an alcoholic, end of discussion. Since then, thinking differently about women and men and what needs to happen to support their recovery processes has come into the foreground and then faded into the background. Sometimes it's a hot topic and then interest fades. I'm just one of those few people who has sustained my advocacy for women's services for a very long time.

Bill White: That must have been difficult at a time the majority of addiction treatment staff were male, the research community was predominately male, administrators were predominantly male, and the clients were predominantly male. What an upstream battle you had.

Dr. Stephanie Covington: Yes, there was very little support and I was sometimes ridiculed. But there were a few of us across the country, a core group of ten or twelve women who supported each other in this advocacy related to the importance of gender differences. I had somewhat the same experience a few years later when I started talking about trauma and addiction. People said, "Well, that's just an excuse for drinking or using." People didn't want to hear about the intersection of trauma, addiction and recovery either. But sometimes you know in your heart when you're on to something that resonates and you feel it is right. I'm glad I didn't get intimidated. I'm not one to back down.

Milestones in Gender Awareness and Treatment

Bill White: What do you think have been some of the important milestones in the development of gender-specific addiction treatment?

Dr. Stephanie Covington: There were the early federal demonstration projects I noted, but I think one of the biggest milestones may have been Mrs. Ford coming out and talking about her recovery. That was a huge milestone. Women have always experienced more shame and stigma than men. Mrs. Ford's openness allowed more women to seek help. Also, when states began to set aside money for women's services within the block grants, this enhanced women services in many areas. More recently, I think the acknowledgement that 1) girls are beginning to drink and use more like boys and 2) addiction in women is more pervasive than the old stereotype of the housewife drinking in the closet has provided a much broader perspective on addicted women. In addition, recognizing the role addiction plays in the lives of women in the criminal justice system and acknowledging trauma and its relationship to addiction and to relapse were important milestones. All of these helped create more sophisticated interventions.

Bill White: There was a tipping point in the 1980s of increased awareness of the needs of women entering addiction treatment, but the field was at an impasse of how best to respond to those needs until the materials that you developed were widely disseminated. Those materials bridged the gap between the idea of gender-specific treatment and the how-to of gender-specific treatment.

Dr. Stephanie Covington: Well, I don't want to talk about that in an egotistical way, but many people have told me that the development of the print materials and the presentations and training really spurred people on to think about doing treatment differently. It gave them a how-to approach to address those needs. We can acknowledge a need in the field, but then the question is, "What am I going to do about it?" The addiction field was very behind in the development of training materials for clinicians and manualized curricula. I think the work that I've done has helped programs to think differently and treat women differently.

Trauma

Bill White: As the field began to engage more women and work with women differently, we inevitably had to confront the issue of trauma, which, as you note, had been historically neglected within the field. What are some of the important lessons you learned about trauma and its relationship to addiction and addiction recovery?

Dr. Stephanie Covington: Many of us knew that trauma was an important issue but we weren't exactly sure what to do about it. Initially, we worked more sequentially and now we realize that the work with trauma can be initiated in early recovery and in early treatment. There are some things you can do for people who are trauma survivors as part of primary treatment. And initially--twenty-five years ago--I don't think that was the general consensus. There was a mantra in the field that women and men could not work on trauma until they were clean and sober for a year. While I didn't agree with that, I wasn't sure until I actually had more clinical experience how much trauma work you could do with someone in early recovery or with someone who is still using. So, I think that's been a shift. Today we know more and can provide more services in primary care. If you're getting federal funds to provide substance abuse treatment today, there is the expectation that such treatment will be trauma-informed.

I think the other thing we've had to acknowledge is that most of the people working in addiction treatment are trauma survivors and many of them have never received any services.

One of the biggest barriers that I have found to getting trauma services into addiction treatment is counselors who are very afraid to bring up this issue or work on this issue with clients because of their own histories. That's something early on that we did not anticipate being a barrier, and that has increased as the representation of women working in the field has increased—not that we don't also have men working in addiction treatment who are also survivors of trauma.

Treatment Services for Women

Bill White: As you reflect on the evolution of addiction treatment for women, what have we learned from the standpoint of science about the types of treatment or recovery support services that work best for women?

Dr. Stephanie Covington: Well, the terms holistic and comprehensive suggest a common thread. With women, you can't focus solely on the addiction. There has to be a much broader approach. Also, when we talk about continuing care, what's really important is continuity of relationship. If a woman can start working with someone and have this person as a support person over a long period of time, this really enhances her recovery options. We are recognizing the importance of having women's treatment include the multiple issues and challenges that they face in their lives. It's interesting that in the private sector, if you have resources, you can see a therapist for twenty years. If you're in the public sector, a client can't have prolonged contact with the same person, particularly after they terminate treatment, because it's viewed as dependency on the part of the client or poor boundary management on the part of the counselor. It's really interesting—the~~se~~ attitudes we have in the field about ongoing support.

Also, cognitive-behavioral interventions are touted as the most effective in treatment settings. However, in clinical practice and from clinical research, we have learned that women respond to a variety of therapeutic interventions, including mindfulness, guided imagery, and experiential exercises.

Here's another thing we've learned. I can't do a presentation anywhere without being challenged about the value of separating men and women and having ~~some~~ groups that are gender-specific. The push back is the proposition that women and men are on this planet together and they have to learn to get along. While I certainly don't disagree with that, achieving this goal is not the focus of primary treatment. The focus of primary treatment is on self and women de-focus when they're in co-ed settings, as do men. We've learned that there is great value in female-only groups. But adolescent treatment, for example, continues to be predominantly co-ed. Much of adult treatment is consists of co-ed groups. When people try gender-specific groups, they're always amazed at how much better both the men and women respond.

Bill White: How would you characterize the current state of gender-specific treatment in the U.S.?

Dr. Stephanie Covington: I think it's uneven. I think there are places that are really doing great work, and I think there are other places that are doing really mediocre work. Some treatment programs are still providing services the same way they did twenty-five years ago…and we have learned a lot in twenty-five years. There are also many places where the struggle is not just in program content but in program environment.

Bill White: Talk about that distinction.

Dr. Stephanie Covington: Well, program content to me is what you're focusing on in the group and how women are spending their time in treatment; program environment is more the climate or the culture of the program. There's still a punitive atmosphere in many addiction treatment programs that is not therapeutic. When we think about trauma, it is critical that survivors have an environment in which they feel safe. I'll give you a couple of simple examples. Roger Fallot and I do a lot of work in Connecticut with mental health and addiction services helping them become more gender-responsive and trauma-informed in their services to both women and men. One of the things we suggest is to look at the signs they put up and the difference between someone walking into an agency that has a big sign that says, "Denial stops here," and having a sign that reads "Change happens here" or "Hope begins here." Such changes are subtle but really important.

Bill White: You've consulted with addiction treatment programs across the country on elevating quality of services for women. What are some of the major obstacles programs encounter in elevating the quality of treatment?

Dr. Stephanie Covington: Right now, people are stressed out because resources have been cut and they are expected to do more with less. Everybody talks about having more challenging clients. I think all of these things are obstacles, but what I realize is there's really no staff care. We talk a lot about what's needed for the clients in the treatment environment, but the work environment itself is often very unsupportive. Too many setting do not provide adequate clinical supervision. I don't see a lot of young people clamoring to go into this field. I think we're going to have a shortage of workers, and I think we're burning out the workers we do have. I was recently in a place where we did focus groups with staff as well as with clients. The staff was talking about how much they liked their director. They said, "If you go out during the day and take a walk and he sees you on the street, he says, 'Oh, I'm so glad to see you out doing something good for yourself.'" Now, at another agency we heard, "We no longer have a lunch room because we had to turn that into a treatment room and we're expected to eat lunch at our desk and take calls." The difference in these attitudes toward staff impacts the quality of treatment.

There are the lofty ideals of best practices, but then there are the "on the ground" issues people are struggling with. Some of the physical plants people are providing treatment in are appalling. I was in one place where I was surprised that the Board of Health didn't close them down. I couldn't believe that structurally it was okay for a women and children's program to be in such a dilapidated, unsafe building. I can compare that to some of the private facilities that have every possible amenity. It depends on how much money you have, but I also have to say that I've seen some of the most creative work done in the public sector.

Bill White: If you think back over some of the programs that have done the best work with women, what steps did they take to reach that level of quality?

Dr. Stephanie Covington: A women's program that has had any longevity has basically been led by a woman who's made this her life's work. There's been consistent leadership with a lot of heart and soul. And that kind of leadership permeates the whole environment and has a trickle-

down effect to staff and to clients. They've also been able to operate as a team with a less obvious hierarchy.

There is another thing that I have started recommending to people. Instead of just buying the curriculum and implementing it with clients, I recommend that program staff go through these groups themselves. When programs have done this, the directors have told me it's the best thing they've ever done. Often directors realize that they have never seen their staff members facilitate groups, and it's not uncommon to have staff assigned to tasks that don't match their skill set. In this process, the director participates and different staff members facilitate the exercises. This gives staff an opportunity to reflect on their own issues and to determine if they are ready to facilitate the material. It's just a useful tool. I've always said we should never have our clients do things we've never done ourselves. The materials I have designed for women clients are also useful as staff training tools.

There are a lot of subtleties about what people do to try to improve their programs. A lot of it is commitment and being really creative. I've been at programs where women have had to cobble together funding, and I'm not exaggerating, from fifty different places in order to provide a good, comprehensive women's program. Achieving that is a huge skill.

Women in the Criminal Justice System

Bill White: Let me take you to some of your specialty work with women in the criminal justice system. How did you come to develop this special interest?

Dr. Stephanie Covington: That was another one of those flukes of life. I was in North Carolina in '87 or '88 speaking at a Women's Conference. At the break, I was standing with some of the participants and everybody had on a name tag and one woman's name tag said, "Warden." I said to her, "I don't know any wardens." She said, "I'm the warden in the women's minimum security prison here." I was just kind of staggered by it. I had been doing all this work involving women and I had never thought about women in prison. I mean, just no thought, none. And I told her that. And she said, "Tonight, when you give your talk in the community, I'm bringing six or seven women out of the prison who are part of the Honoree group to hear you." So that night at nine o'clock, I am now standing with the warden and six or seven women who've come out for the evening. I remember thinking, "Why are you in there and I'm out here?" And the next thing that popped into my mind was the answer--privilege.

When I returned to California, I was literally haunted by this experience. I couldn't get it out of my mind so I called the warden and I said, "I'll be back at North Carolina again next year at the Women's Conference and I'd like to do something in the prison." We agreed that I would run some groups while I was there.

I later called her back and said, "I'd like to stay in the prison when I come there to run groups." She said that was impossible, but I insisted. Finally, she said to me, "I cannot get approval for this, but I'm planning to change jobs anyway so I will arrange for you to come and live in the prison." So, I went and lived in the prison for a couple of days and it changed my life. I knew the day I walked out of there that this was my work.

Bill White: That is an amazing story.

Dr. Stephanie Covington: I had no idea how it would evolve. I did not know anyone, other than this woman. I didn't know anything about corrections and I had just signed the contract to re-do women's treatment at the Betty Ford Center. Here I was, committed for a couple of years of consulting work with the Betty Ford Center. I still had my clinical practice. I was still speaking and writing and all of that, but I knew that I had to take on the issue of the needs of women in prison. That's how it started.

Ii was around that time that I had this idea for *A Woman's Way Through the Twelve Steps* book. I went to Hazelden to discuss it with them and in that process they said to me, "We're looking for a woman to re-write the A.A. Big Book for women." And I said, "Absolutely not." Can you imagine, taking that on? The backlash? But in the discussion with the Senior Editor about doing *A Woman's Way Through the Twelve Steps,* he started to tell me about how they were going to begin developing criminal justice materials. I told him about my experience in the prison and how this was of interest to me and he said, "Well, you know, we're putting together a national advisory board. Would you like to be on it?" I said, "Sure, but I don't know anything." He said, "No, but you're enthusiastic." And through the process of being on Hazelden's National Advisory Board, I met a lot of very prominent people in the criminal justice system. And that began my broader commitment to this work.

Bill White: Your recent work with women in the criminal justice system has expanded to encompass women who've been perpetrators of violence, which I find very fascinating and breakthrough work. Could you describe this work?

Dr. Stephanie Covington: Sure. A Department of Corrections in a mid-western state invited me to do some work with the addiction program in their women's prison. In the process of that, they asked if I would write a curriculum for women who've committed violent, aggressive crimes. I said, "No, it's not my expertise." When I returned a few months later, they asked me again. "No~~pe~~, not going to do it." And two things happened. While I was on the unit one day, one of the women came up to me and said, "I hear you're going to write something for us, for those of us who've committed a violent crime." And I said, "No." I said, "They've asked me but I've said, 'no.'" And she started to cry. And she said, "I killed my best friend of nineteen years and I thought you'd be able to help me." Well, in that same couple of days, I heard that there was program material for men who had committed violent crimes and when they completed it, they could then go before the Parole Board and the Parole Board took that into consideration, in terms of early release. But the women only had access to the material written for men.

So, I'm on the plane flying home and I thought, "you keep saying 'no' because you don't know what you're doing, but you could learn." About two weeks later, I called them and said, "Okay. I'll write it, but here's what I have to have. I have to have access to women who've committed violent crimes. I need to see them in groups and individually. They need to be able to volunteer. I don't want them assigned to come to see me. I need to talk to these women and I need to learn from them." I said, "Look, I'll read all the research, but that won't be sufficient. I have to have access." And so I got access. I met with women and said, "Here's the deal. They've asked me to write this. This is not my expertise. So, I'm learning. But you can help me find out if I'm learning the right stuff." And they did.

Bill White: What a great partnership model!

Dr. Stephanie Covington: Exactly. A researcher from Michigan State and I ran various pilot groups in the prison's addiction treatment program before this intervention went to press. I then requested that the women who were lifers or long-termers be admitted into this residential treatment unit and go through my materials because I wanted them to be able to co-facilitate it later in the facility. So we ran groups with them to get their feedback and input on it, and then we did groups in the general population. We also did a group with women who had co-occurring disorders to see how it worked with women with more complex mental health issues. We did a variety of things so I could refine the materials before their release. Research was also conducted on *Beyond Violence* and published in several journals.

That's how it happened. You know, Bill, it's probably the best thing I've ever done. Because it's come near the end of what I'm going to contribute, a lot of experience went into this one.

A Woman's Way Through the Twelve Steps

Bill White: How you would characterize sort of the professional and personal responses to *A Woman's Way Through the Twelve Steps*?

Dr. Stephanie Covington: I would say probably ninety-nine point nine percent of the responses have been positive. I get e-mails and notes from women all the time about what this has meant to them. I get things from professional people that use it and people who use it with their sponsees. I started with that little book, *A Woman's Way Through the Twelve Steps,* and then several years later, people said, "Well, we need a workbook." I said, "Oh, okay." So I did the workbook and then people said, "Well, why don't you do a facilitator guide?" So, the facilitator guide actually came last because people wanted to have some interactive exercises to use with it. *A Woman's Way Though the Twelve Step Facilitator Guide* teaches women what the Twelve Steps mean through art projects and experiential exercises. There is also an App which is very appealing to younger women.

For women in prison settings, my theory was that if they can understand what the Steps are saying, perhaps when they get out, they would see this has value for them. So, you can be in a prison, certainly as a woman or a man, have no Twelve-Step experience, but when you're released, part of your condition of parole, is you have to go to meetings. But if you don't know what that means or you haven't had a positive experience in the past, you're not going to follow through with this in any meaningful way.

Bill White: You've created this broad menu of resources to help programs improve services for women and men. I see that you now have a gender-responsive and trauma-informed treatment program for men, *Helping Men Recover*. What is the best way for local programs to access those resources?

Dr. Stephanie Covington: Well, there are two websites. There's the www.stephaniecovington.com website, which, on the homepage has a link to publications and you can see descriptions there. You can order them from our online bookstore through PayPal. Many of them are at Amazon and other online places. The other site is www.centerforgenderandjustice.org. That's the criminal justice website that also links to the publications and bookstore.

Both websites have numerous book chapters and papers and so forth on various topics. So, the women, girls, trauma and addiction material is on my website and then the things that are only criminal justice papers and chapters are on the Center for Gender and Justice website.

Future of Gender-specific and Trauma-informed Addiction Treatment

Bill White: What are your thoughts about the most important next steps in the development of gender-specific, trauma-informed addiction treatment in the U.S.?

Dr. Stephanie Covington: Well, in this process of doing all this work for women, I worked with two male co-authors to create a *Helping Men Recover* resource. This is the first gender-responsive trauma-informed intervention for men. We're looking at the issues of men obviously who have addictive disorders, many of whom have experienced trauma, but we also talk about the violence that they may have perpetrated on others. I think both of the curricula that are focused on women and on men really deepen the treatment experience and make it less superficial. They deal with issues in people's lives that they are struggling with, and that they have had no place to address. There's a lot of shame for both addicted men and women, and they need a safe place in which to share all the parts of their lives. We're having an incredible response to these materials. I've always said, "If you improve services for women and girls, it will improve services for men. If you only focus on improving services for men, it never improves the service for women and girls." It just doesn't work in reverse.

So I think some of the next steps are allowing men and women to be in separate groups to deal with their issues and to be able to speak frankly about them. When I do training now, people often want me to do training on *Helping Men Recover* and *Helping Women Recover* in the same training. We get to a point, probably halfway through Day One, and we have all women's tables and all men's tables and they're processing and doing exercises that are similar but different. At the end of the two days, I ask the men at the men's table, "What was this like?" And they often say they dreaded the idea of it. They all say that the conversation was different because there were no women there. That it was deeper, that they spoke more frankly. I knew the women would say that. But when the men say it from their own experience, that's when programs begin to think about doing treatment differently. So, I think that's the next step.

I think another next step is staff development, staff support and thinking about what it means. If we're punitive towards our clients, we're probably also being punitive towards staff. I think everyone's on the bandwagon for trauma-informed services, but most people think that means picking up a curriculum and running a group versus really looking at the culture of your program.

Career-to-Date Reflections

Bill White: As you look back over your career to date, what have been some of the biggest challenges you have faced?

Dr. Stephanie Covington: At times, it has been sticking to what I believe when there was a wave going in another direction. It's hard to be that lone voice. That's been a challenge. For example, I think the criminalization of addiction in this country is an issue for all of us who work

in addiction treatment and we should be speaking out about. It's hard sometimes to find the courage to step out and do that.

The challenges I have faced are nothing compared to the gratitude I feel. I can talk about being the voice out there, but the truth is I have always had supportive colleagues around me. There have been a core group of women, both in the addiction field and a core group of women in the criminal justice work. We all started as colleagues with the same sort of passion and commitment towards women and have now become good friends. I feel a lot of gratitude for having that support. I've always had people I could call and say, "You know, here's a situation. How am I going to handle this? What do you think would be best?" We all feel that we can call each other and we've done it for years. My life has just been really full.

Bill White: Is there a specific thing you feel best about related to the written work you have produced?

Dr. Stephanie Covington: Ironically, when I look at the list of things I've written, I'm horrified. I'm not a writer. I'm really a speaker and a teacher. I became a writer only out of my belief that what I was saying needed to be on paper. So, I'm amazed at the amount of material I've written.

Bill White: How have you found a way to fit writing into this larger clinical consulting, teaching world that you're a part of.

Dr. Stephanie Covington: One, I have a lot of energy. Two, I'm well-organized. And three, I probably work too much. I closed my clinical practice a few years ago, so I don't do clinical work now, and I really am winding down, although no one can see any signs of it. Actually, I don't know how I've done it. I just feel really lucky. I feel very blessed.

Bill White: Do you have a "bucket list" of things that you really wanted to make sure you got done?

Dr. Stephanie Covington: Well, I'll finish a revision on, *Beyond Trauma* in 2015. Beyond that, the things on my bucket list are really places I want to travel to. I want to walk on the beach more. I live in a small community where I can walk from my home to the beach. I can walk to Starbucks. I can walk to nice restaurants. I want to do that more, and there are certain places I want to travel to.

Bill White: Stephanie, thank you for taking this time and thank you for all you've done for individuals and families affected by addiction and related problems.

Dr. Stephanie Covington: Thank you, Bill and I was so pleased that you asked me to do this interview.

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