Helping Women Recover and Beyond Trauma

Helping Women Recover: A Program for Treating Substance Abuse and Beyond Trauma: A Healing Journey for Women are manual-driven treatment programs that, when combined, serve women in criminal justice or correctional settings who have substance use disorders and are likely to have co-occurring trauma histories (i.e., sexual or physical abuse). The two programs can be delivered conjointly as one intervention (as in the case of the research reviewed for this summary) or separately as independent, stand-alone treatments. The goals of the intervention for women in a criminal justice or correctional setting are to reduce substance use, encourage enrollment in voluntary aftercare treatment upon parole, and reduce the probability of reincarceration following parole. The trauma-informed treatment sessions are delivered by female counseling staff (who may be assisted by peer mentors, typically women serving life sentences) to groups of 8-12 female inmates, in a nonconfrontational and nonhierarchical manner. The counselors use a strengths-based approach with a focus on personal safety to help clients develop effective coping skills, build healthy relationships that foster growth, and develop a strong, positive interpersonal support network. Helping Women Recover and Beyond Trauma sessions use cognitive behavioral skills training, mindfulness meditation, experiential therapies (e.g., guided imagery, visualization, art therapy, movement), psychoeducation, and relational techniques to help women understand the different forms of trauma, typical reactions to abuse, and how a history of victimization interacts with substance use to negatively impact lives. The intervention is delivered through 1.5-hour sessions that occur once or twice each week. The Helping Women Recover program consists of 17 sessions organized around 4 domains: (1) Self, (2) Relationship/Support Systems, (3) Sexuality, and (4) Spirituality. The Beyond Trauma program consists of 11 sessions organized around 3 domains: (1) Violence, Abuse, and Trauma; (2) Impact of Trauma; and (3) Healing From Trauma. Although the intervention in the research reviewed by NREPP was designed for women in a criminal justice or correctional setting, a community version of the intervention also is available. The community version has been delivered in residential and outpatient substance abuse treatment settings, mental health clinics, and domestic violence shelters.

Descriptive Information

| Areas of Interest | Substance abuse treatment  
|                  | Co-occurring disorders |
| Outcomes         | Review Date: June 2010  
|                  | 1: Substance use  
|                  | 2: Aftercare retention and completion  
|                  | 3: Reincarceration |
| Outcome Categories| Alcohol  
|                  | Crime/delinquency  
|                  | Drugs  
|                  | Treatment/recovery |
| Ages             | 26-55 (Adult) |
| Genders          | Female |
| Races/Ethnicities| Black or African American  
|                  | Hispanic or Latino  
|                  | White  
|                  | Race/ethnicity unspecified |
| Settings         | Correctional |
| Geographic Locations | No geographic locations were identified by the developer. |
| Implementation History | Helping Women Recover has been implemented in more than 1,100 criminal justice programs with over 29,000 women and in more than 2,200 community-based programs with over 24,000 women. Beyond Trauma has been implemented in more than 1,500 criminal justice and community sites with 30,000 women. In one women's prison in California, over 500 women have participated in the program. The Helping Women Recover |
Beyond Trauma intervention also has been implemented in Canada (New Westminster and Vancouver, British Columbia; Winnipeg, Manitoba; Halifax and Yarmouth, Nova Scotia; and Ottawa, Ontario) and in Ireland (Cork, Dublin, and Galway). The Beyond Trauma curriculum has been taught in graduate schools of social work in Berlin and Bremen, Germany.

**Quality of Research**

**Review Date: June 2010**

**Documents Reviewed**

The documents below were reviewed for Quality of Research. The research point of contact can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.

**Study 1**


**Supplementary Materials**


**Outcomes**

**Outcome 1: Substance use**

| Description of Measures | Substance use was measured with the drug use composite score from the Addiction Severity Index (ASI) Lite. The ASI Lite is a shortened version of the ASI, a semistructured interview instrument that evaluates the severity of psychosocial problems across seven life domains: medical, employment, alcohol, drugs, legal, family/social, and psychiatric. Composite scores of 0 to 1 are generated for each domain, with higher scores reflecting greater problem severity. Assessments occurred at baseline (entry into a prison-based therapeutic community [TC]) and at two postparole follow-up points: "6 months" (which occurred, on average, at 8.8 and 9.8 months after parole for the intervention and comparison groups, respectively) and "12 months" (which occurred, on average, at 15.5 and 13.9 months after parole for the intervention and comparison groups, respectively). |

| Key Findings | In a randomized clinical trial, female inmates who had a substance use history and were scheduled for parole within 24 months were randomly assigned to one of two 6-month prison-based TCs: an intervention group receiving Helping Women Recover and Beyond Trauma or a comparison group receiving standard treatment. From baseline to the 12-month postparole follow-up, women in the intervention group had a larger decrease in drug use composite scores than their counterparts in the comparison group, after controlling for ethnicity, marital status, and employment (p < .03). |
### Outcome 2: Aftercare retention and completion

**Description of Measures**
Aftercare retention and completion were measured as the total number of months in the first episode of community residential aftercare treatment following parole and as the successful completion of this treatment, respectively. Information was obtained from archival data (aftercare treatment admission and discharge records) available in the California Department of Corrections and Rehabilitation's Offender Substance Abuse Tracking System and from treatment providers. Records were obtained at the end of the study for the 12-month period following parole.

**Key Findings**
In a randomized clinical trial, female inmates who had a substance use history and were scheduled for parole within 24 months were randomly assigned to one of two 6-month prison-based TCs: an intervention group receiving Helping Women Recover and Beyond Trauma or a comparison group receiving standard treatment. Retention in the first episode of residential aftercare treatment following parole was longer for women in the intervention group than it was for women in the comparison group (2.6 vs. 1.8 months; p < .05). Additionally, women in the intervention group were more than 4 times as likely as women in the comparison group to successfully complete this aftercare treatment episode following parole (odds ratio = 4.60; p < .05). These differences in retention and completion were associated with medium effect sizes (Cohen's d = 0.58 and 0.67, respectively).

### Outcome 3: Reincarceration

**Description of Measures**
Reincarceration was measured using archival data available in the California Department of Corrections and Rehabilitation's Offender Based Information System. Records were obtained at the end of the study for the 12-month period following parole.

**Key Findings**
In a randomized clinical trial, female inmates who had a substance use history and were scheduled for parole within 24 months were randomly assigned to one of two 6-month prison-based TCs: an intervention group receiving Helping Women Recover and Beyond Trauma or a comparison group receiving standard treatment. A smaller percentage of intervention group than comparison group women were reincarcerated (31% vs. 45%; p < .05) during the 12 months following parole. During this time, intervention group women were 67% less likely than comparison group women to be reincarcerated, after controlling for ethnicity, marital status, and living situation (odds ratio = 0.33; p < .05). This group difference was associated with a small effect size (Cohen's d = 0.28).

### Study Populations
The following populations were identified in the studies reviewed for Quality of Research.

<table>
<thead>
<tr>
<th>Study</th>
<th>Age</th>
<th>Gender</th>
<th>Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study 1</td>
<td>26-55 (Adult)</td>
<td>100% Female</td>
<td>48% White&lt;br&gt;26% Hispanic or Latino&lt;br&gt;17% Black or African American&lt;br&gt;9% Race/ethnicity unspecified</td>
</tr>
</tbody>
</table>
Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Reliability of Measures</th>
<th>Validity of Measures</th>
<th>Fidelity</th>
<th>Missing Data/Attrition</th>
<th>Confounding Variables</th>
<th>Data Analysis</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Substance use</td>
<td>3.2</td>
<td>2.5</td>
<td>1.4</td>
<td>2.2</td>
<td>2.2</td>
<td>2.5</td>
<td>2.3</td>
</tr>
<tr>
<td>2: Aftercare retention and completion</td>
<td>2.3</td>
<td>2.8</td>
<td>1.4</td>
<td>2.2</td>
<td>2.7</td>
<td>3.5</td>
<td>2.5</td>
</tr>
<tr>
<td>3: Reincarceration</td>
<td>2.9</td>
<td>2.9</td>
<td>1.4</td>
<td>2.2</td>
<td>2.7</td>
<td>3.0</td>
<td>2.5</td>
</tr>
</tbody>
</table>

Study Strengths

The ASI Lite drug use composite score, when calculated for the past 30 days, has good reliability. Treatment provider logs and administrative databases are valid measures of documented service utilization, and some client reports were cross-checked with this documentation. Similarly, administrative databases of the State's Department of Corrections and Rehabilitation are valid measures of arrests and incarcerations. The treatment was manual driven, and assessments were conducted by research assistants, not the interventionists, which minimized therapist bias. The researchers carried out random assignment successfully in a prison environment and prevented cross-contamination between the intervention and comparison groups by having completely separate TC treatment environments, which controlled for many potential confounding variables.

Study Weaknesses

Baseline ASI Lite data were collected retrospectively for 30 days and 6 months before incarceration with no clear reliability and validity support. Six-month postparole data were collected for a follow-up period during which access to drugs was controlled for about half of the study participants, who typically entered a residential aftercare treatment service immediately after parole. Although the interventionists were occasionally observed by the developer of the intervention and lead researcher, they did not receive systemized oversight with coaching or feedback. In addition, the researchers did not measure intervention fidelity or therapy exposure, nor did they rate the prison TC core processes that were intended to be altered through the implementation of the trauma-informed model. The first aftercare service, which was usually residential and the longest treatment episode, imposed a controlled environment on clients and was more proximal to the 6- and 12-month follow-up periods; thus, it is possible that the substance use and reincarceration outcomes can be attributed to retention in aftercare services rather than the preceding in-prison intervention. The follow-up rate at 12 months following parole was slightly low at 76%, and both the 6- and 12-month follow-up assessments were conducted during large time windows. The within-subjects repeated measures analysis of the ASI Lite drug use composite score did not include clients with missing data and did not control for time in a controlled setting at each follow-up.

Readiness for Dissemination

Review Date: June 2010

Materials Reviewed

The materials below were reviewed for Readiness for Dissemination. The implementation point of contact can provide information regarding implementation of the intervention and the availability of additional, updated, or new materials.

Beyond Trauma materials:

- Assessment of Skills--Beyond Trauma
- Beyond Trauma: A Healing Journey for Women--Bibliography
- Beyond Trauma: A Healing Journey for Women--Implementation Guidelines
Helping Women Recover materials:

- Helping Women Recover--Implementation Guidelines

Materials for both programs:

- Gender-Responsive Program Assessment
- Gender-Responsive Program Assessment (Abbreviated)
- Helping Women Recover and/or Beyond Trauma--Implementation Form
- Services for Women and Girls Trauma-Informed Inventory

**Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)**

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

<table>
<thead>
<tr>
<th>Implementation Materials</th>
<th>Training and Support Resources</th>
<th>Quality Assurance Procedures</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0</td>
<td>3.5</td>
<td>2.3</td>
<td>3.3</td>
</tr>
</tbody>
</table>

**Dissemination Strengths**

Program materials are well written, logically sequenced, comprehensive, and straightforward. They include useful tips for effective group facilitation, and they anticipate and answer questions that clinicians and program supervisors may have in regard to the intervention. The program developer provides on-site training that is tailored to the needs of the implementing organization, along with phone- and email-based support during implementation. Several tools are provided to support quality assurance.

**Dissemination Weaknesses**

No training specifically designed for program supervisors is available to help them provide clinicians with ongoing guidance, ensure clinicians' continued competence, and support those at risk for secondary trauma. No guidance is provided for using quality assurance tools or for using the data derived from these tools to determine the program's impact.

**Costs**

The cost information below was provided by the developer. Although this cost information may have been updated by the developer since the time of review, it may not reflect the current costs or availability of items (including newly developed or discontinued items). The implementation point of contact can provide current information and discuss implementation requirements.

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Cost</th>
<th>Required by Developer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helping Women Recover facilitator's guide (includes one participant workbook)</td>
<td>$195 each</td>
<td>Yes</td>
</tr>
<tr>
<td>Helping Women Recover participant workbook</td>
<td>$26.95 per participant</td>
<td>Yes</td>
</tr>
<tr>
<td>Beyond Trauma facilitator's guide</td>
<td>$89.95 each</td>
<td>Yes</td>
</tr>
<tr>
<td>Beyond Trauma participant workbook</td>
<td>$9.95 per participant ($79 for 10)</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Beyond Trauma facilitator DVDs (two) | $225 per set | Yes
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Beyond Trauma client DVD | $99 each | Yes
2-day, on-site Helping Women Recover facilitator training | $4,000-$10,000 depending on location, trainer, and site needs | Yes
2-day Helping Women Recover facilitator training, located at various sites across the United States | $100-$200 per person depending on location | Yes
Annual 3-day Helping Women Recover facilitator training in Minneapolis, MN | $159 per person | Yes
2-day, on-site Beyond Trauma facilitator training | $4,000-$10,000 depending on location, trainer, and site needs | Yes
2-day Beyond Trauma facilitator training, located at various sites across the United States | $100-$200 per person depending on location | Yes
Annual 3-day Beyond Trauma facilitator training in Minneapolis, MN | $159 per person | Yes
On-site, email, and phone consultation | Varies depending on site needs | Yes
Quality assurance tools | Free | Yes

**Additional Information**
Discounts are available for program materials purchased either in large quantities or as a set.

**Replications**
Selected citations are presented below. An asterisk indicates that the document was reviewed for Quality of Research.


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Consider these Questions to Ask (PDF, 54KB) as you explore the possible use of this intervention.

**Web Site(s):**
- [http://www.centerforgenderandjustice.org](http://www.centerforgenderandjustice.org)
- [http://www.stephaniecovington.com](http://www.stephaniecovington.com)

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