



Trauma-Informed Approaches
The Nelson Trust women's residential treatment service

The Nelson Trust

The Nelson Trust is a Gloucestershire based charity. We were established in 1985 to provide residential rehabilitation to support people and their families, whose lives are affected by addiction, to achieve long-term recovery and lasting change.

In 2004, we opened our first women only residential treatment house. This service was designed to respond to the needs of women accessing treatment who often

had significant histories of trauma and abuse both in childhood and as an adult. We designed a service that reflected and responded to the life experiences and needs of the women accessing it. We brought in evidence based programmes for women including those developed by Dr Stephanie Covington. We also designed our own range of therapeutic activities that supported women to understand the impact trauma has on their lives and explore the correlation with their substance misuse.

The Nelson Trust has continually developed trauma-informed services for women through our two women's residential treatment services and in our community based women's centres supporting women with multiple and complex needs and women who are involved in the criminal justice system. We utilise the principles of safety, trust, collaboration, choice and empowerment to support the women to break free from trauma and addiction and work towards fulfilling their potential in recovery.

< **Dr. Stephanie Covington** (internationally recognised clinician, author, organisational consultant, and lecturer. She is a pioneer in the field of women's issues, addiction, recovery and the trauma-informed approach), naming Covington House, our first women only residential treatment house.



Delivering trauma-informed treatment in a women only residential rehabilitation service:

In 2015, Dr Charlotte Tompkins, Dr Jo Neale, and Professor John Strang evaluated Nelson Trust's trauma-informed approach. They looked at our women only residential drug treatment service to explore how and why the service appeared to be helping female drug and alcohol users with a history of trauma. A number of current and former women only treatment clients and Nelson Trust staff were interviewed to ascertain their views and experiences of the residential service.

CHOICE

Trustworthiness

Safety

Collaboration

Empowerment

Evaluation of Nelson Trust's Trauma-Informed Women Only Residential Drug Treatment Service

Dr Charlotte Tompkins, Dr Jo Neale, and Professor John Strang

Research Overview:

- In 2015, we evaluated The Nelson Trust's trauma-informed approach. We explored how and why the service appeared to be helping female drug and alcohol users with a history of trauma.
- We wanted to identify which components of the service worked, or did not work for particular women in particular circumstances, and the components that produced measurable outcomes.
- We interviewed current and former women only treatment clients and Nelson Trust staff to ascertain their views and experiences of the residential service.
- The interviews revealed how complex factors interacted to affect when, how and for whom the approach worked.



what worked well for women?

Research Findings:

- When trauma-informed treatment 'worked,' a variety of positive outcomes were identified for clients. These included abstinence from alcohol and other drugs, improved relationships with others, and improvements in physical, mental, and psychosocial health and wellbeing (e.g. increased energy, improved diet, improved self-care, improved moods, reduced anxiety, heightened confidence, improved self-worth, and reduced guilt and shame). Additionally, women seemed less affected by previous traumas, recognised their past experiences as traumatic, appreciated how trauma had affected them, and felt more equipped to manage trauma and substance-related triggers. Once abstinent, women no longer engaged in criminal activities and they felt more positive about their futures.
- Feeling safe was underpinned by the exclusively female environment, round-the-clock staff availability, the absence of drugs and alcohol, the peaceful homely feel to the service, clearly articulated expectations about behaviour, and the daily routine and structured treatment timetable.
- Treatment appeared to be most successful when clients felt safe and when they developed trusting and close therapeutic relationships with staff.
- Developing therapeutic relationships was helped when staff had a personal history of addiction, believed in a woman's ability to change, and when they listened, were genuinely friendly, loving, caring, gentle, respectful, non-judgmental, honest, and firm towards clients.
- We found that women who appeared to do well in the service had personally decided to enter treatment, had already detoxed and were clinically stable on arrival, were motivated to address their drug and/ or alcohol use, and shared their experiences of trauma and abuse during treatment.

what worked well for staff?

- For staff, specialist training, professional support and supervision, team working, reflective practice, personal experience of addiction, having boundaries, and practising self-care helped them to work with women and also protected them from burnout or compassion fatigue.
- Staff felt proud, satisfied in their work, and were hopeful for a woman's future recovery when they saw clients make positive changes during treatment.
- Staff and clients felt that women would not have had the same positive outcomes if they had attended a non-trauma-informed service or a mixed-sex residential service.

what were the challenges?

- Challenges to trauma-informed approaches came in the form of interpersonal conflicts between residents, ongoing relationships with men, and lapsing into drug or alcohol use as these risked how safe women felt during treatment and disrupted the treatment atmosphere. Similarly, a lack of interest in treatment, previous experiences of abused trust, broken confidences, negative past relationships with other women, reluctance to express feelings or reveal trauma histories, impacted on women's ability to develop therapeutic relationships with staff and prevented full engagement with the treatment programme. In these situations, more negative outcomes – including relapse and unplanned departures from treatment could result.
- Staff felt passionately about their work, but their enthusiasm was sometimes impacted if a woman did not complete her treatment period.
- At the time when the research was undertaken, staff raised concerns that a busy workload, combined with a (then) shortage of fully trained, permanent staff, stretched existing service staff and reduced their contact time with individual clients. Consequently, they often worked longer hours in order to prioritise women's needs and limit any potential negative impacts on clients. Clients very much welcomed the dedication and availability of staff and did not raise any concerns about not having sufficient time with staff.



“The staff are gentle, they’re loving, they’re firm, they make us laugh, they’re knowledgeable. You just feel, I just feel understood, I feel held, I feel love, I feel like I can trust them and feel like they really care”

*** from Dr Charlotte Tompkins, Dr Jo Neale and Professor John Strang interviews with Nelson Trust clients**

Our Trauma-Informed Residential Rehabilitation Services

A woman with glasses and a green sweater is sitting on a red couch in a residential setting. She is looking towards the camera with a slight smile. The background shows a blurred interior space with other people and furniture.

“Trauma-Informed is not what we do it is who we are”

Beth Hughes, Head of Residential Services

We have two specialised women only houses that give women with multiple and complex needs the safe space they need during their recovery journey. An all-female staff team are on site 24 hours a day.

Our nurturing trauma-informed houses provide both private and shared space where women collaborate, learn to rebuild their lives and develop recovery capital. We co-design bespoke treatment support plans with the women that reflect and address their individual needs. Our staff team provide the gender responsive, trauma informed resources to help empower women on their recovery journey to rebuild their lives and achieve their personal goals and aspirations in recovery from addiction.

All Nelson Trust employees develop expertise, skills and knowledge through on-going training in trauma informed approaches and communication. Our Women's Services staff team receive regular supervision from an external trauma specialist. We have a high staff to client ratio across our women's service. We offer a range of specialist interventions and groups that support women to address their trauma whilst establishing their recovery from addiction. These include:

- **Pattern changing - resourcing women who have experienced domestic abuse to support them to keep themselves safe and build healthy relationships**
- **A specialist programme for women who have histories of sex working**
- **Evidence based women's recovery programmes written by Dr Stephanie Covington including helping women recover, beyond anger and violence**
- **Healing from trauma and emotional regulation groups**
- **One to one counselling sessions**
- **EMDR, (eye movement desensitisation and reprocessing is a form of therapy particularly effective with women whom have experienced multiple traumas and is recommended by NICE for the treatment of PTSD)**
- **Seeking safety workshops**
- **Mothers in recovery, some of whom may access our on-site children's visiting flat**
- **One to one recovery focus sessions, (tailored treatment plans)**
- **Family services and family recovery workshop**
- **Eating recovery group (for those with eating disorders)**



That's what Trauma-Informed Recovery means to me!

“Pat” was interviewed for BBC women’s hour about her experiences in prison and recovery in our women only residential house

“We underestimate the power of the mind and how it can repair itself. Mental illness isn’t just outwards signs, like the people you see on the streets shouting. Trauma is a silent form of mental health problems. The slightest thing can be a trigger. When I was told I had trauma, I said, ‘No I haven’t I’m ok!’ but then something would trigger it and I would be right back there. Trauma is internal, its in the mind.

At The Nelson Trust, I learned so many new techniques to be able to put positive thoughts in front of negative thoughts. Whenever I want to run and hide I do that. Trauma affects all of us in such different ways and not many places understand us. It’s hard to explain, too. But when I was at Covington House, if I felt overwhelmed, my keyworker would just hold my hand and look at me and in her eyes I would see ‘its OK, we got you’. I wasn’t alone. The other thing I found really helped me deal with some of my childhood trauma was EMDR, (eye movement desensitisation and reprocessing). That really helped me move forward and understand my feelings. I got counselling, too. One of the best bits was the Griffin Program. The program helped me see that the woman I was out there, I can separate her from the woman I was born to be. Those were my experiences but not who I am. The staff really helped me be the woman I am today.

They loved me until I could love myself. That’s something I had never been able to do. Every day I get stronger. My past doesn’t define who I am. I can recover from that life. Yes, I was broken but I’m not unreparable. With the help and support of other women I’m slowly being repaired and slowly being brought back to life”



With thanks to Dr Charlotte Tompkins and Dr Jo Neale, and Professor John Strang, National Addiction Centre, Institute of Psychology & Neuroscience, Kings College London, UK and Centre for Social Research in Health, University of South Wales, Sydney, Australia

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