



# The Safe Recovery Program

**A residential support program providing a safe haven where Substance-Abusing Battered Women & Their Children (SABWC) can heal from the devastating cycles of trauma and addiction**




Emily Davern  
Massachusetts Department  
of Social Services  
[Emily.Davern@state.ma.us](mailto:Emily.Davern@state.ma.us)

Jeanne Robertson  
Safe Recovery Program  
978.388.6600



# Objectives

- **Present a model that can be used anywhere when working with substance abusing battered women and their children**
  - **Share how this model developed and evolved through the voices of the women at Safe Recovery**
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# Safe Recovery

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- **DSS funded/Domestic Violence Unit partnership**
  - **First integrative program in MA  
trauma/addiction/mental health**
  - **9th year; collaborative & ever evolving model**
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# Safe Recovery Goals

*Safety, Connection & Empowerment*

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- **Provide a safe environment**
  - **Stabilize families**
  - **Reunify children**
  - **Support & educate**
  - **Diminish neglect & poverty**
  - **Empower self-respect**
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# Program Structure

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- **6-12 months; four-phased**
  - **Safe community living**
  - **Intensive Case Management**
    - **Benefits search, medical & legal referrals, money management, life skills, educational needs...**
    - **Individualized Service Plans**
  - **Housing search**
  - **Transitional support**
  - **Continuum of care model – 4 years**
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# Program Structure

- **Comprehensive Children's Services**
    - Education, Medical, Mental Health, Domestic Violence & Trauma, Child Care
  - **Individual/Group Therapy**
    - Mental health, domestic violence, addiction/relapse, parenting psychoeducation; therapeutic trauma & addiction
  - **AA/NA – Peer Support**
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# Participant Profiles

- **Women 21 to 49; 85% abused as children, 95% witnessed abuse**
  - **Multi-generational DV/SA**
  - **Started using by 11 – 13**
  - **85% polysubstance abuse**
  - **# Children range 1-9/ average 4**
  - **“Last chance reunification”**
  - **Complex mental health issues**
  - **All highly traumatized**
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# Paradigm Dilemmas

<b>Substance Abuse</b>	<b>Mental Health</b>	<b>Domestic Violence</b>
<b>Self-help Peer support</b>	<b>Medical Model Pathology-based</b>	<b>Grass roots Political - change</b>
<b>Mutual power</b>	<b>Power over</b>	<b>Empowerment</b>
<b>Masculine</b>	<b>Patriarchal</b>	<b>Feminist</b>
<b>Spiritual</b>	<b>Scientific</b>	<b>Secular</b>


# Diagnostic Difficulties





# Clinical Approach

*Finding Common Ground*

- **Effect mind/body/spirit**
  - **Power & Control dynamics**
  - **Secrecy; stigma & shame**
  - **Chronic, progressive, relapse prone**
  - **Denial systems**
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# Program Foundation



**Traumatic events call into question basic human relationships.**



**They breach the attachment of family, friendship, love, and community.**

**They shatter the construction of the self that is formed and sustained in relation to others.**



**They undermine the belief systems that give meaning to human experience.**

**They violate the victim's faith in a natural or divine order and cast the victim into a state of existential crisis.**

*Judith Herman/Trauma & Recovery*



# Guiding Principals

## ■ Relational Model

- Relational ability is our strength
- Experience healthy connection – respect, mutuality, compassion

## ■ Complex PTSD

- De-pathologizes trauma response
- Encompasses all symptoms
- Simplifies complex array of labels and MH diagnosis

## ■ Stages of Change

- Acknowledges ambivalence
  - Honors choices; empowering
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# Complex PTSD

**Alterations In Regulating Affective Arousal**

**Alterations in self-perception: chronic guilt and shame; feelings of self-blame, of ineffectiveness, and of being permanently damaged**

**Alterations In Attention and Consciousness**

**Somatization**

**Chronic Characterological Changes**

**Alterations In Systems Of Meaning**

**Mood & Anxiety Disorders**

**SIV-SI; Eating & Substance Abuse Disorders; Process Addictions**

**Dissociative Disorders**

**Somatoform Disorders**

**Personality Disorders**

**Major Depressive Disorder**

# Complex PTSD

## Alterations In Regulating Affective Arousal

- Chronic affect dysregulation
- Difficulty modulating anger
- Self-destructive & suicidal behavior
- Difficulty modulating sexual involvement
- Impulsive & risk-taking behaviors

**Mood & Anxiety Disorders**

**SIV-SI**  
**Eating & Substance Abuse Disorders;**  
**Process Addictions**

# Complex PTSD

## Chronic Characterological Changes

### Alterations in:

**Self-Perception:** chronic guilt and shame; self-blame; being permanently damaged

**Perception of Perpetrator:** adopting distorted beliefs

**Relations With Others:** inability to trust or maintain relationships; tendency to be revictimized or victimize

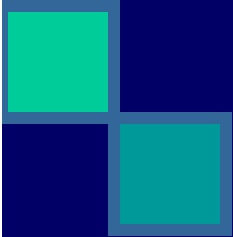

**Personality Disorders**

*Retraumatization  
&  
Trauma Reenactment*



# Stages of Change

## *Working Motivationally*

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- **Precontemplation – not considering**
  - **Contemplation – some awareness but ambivalence**
  - **Determination – decides needs to change**
  - **Action – takes steps**
  - **Maintenance – sustains change**
  - **Relapse – normal...more to learn**
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# **Working Motivationally**

- **It is a process...**

**We need to be able to let go of desire to control/be able to tolerate failure, fear & concern**

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- **Establish a real relationship...**

**You may never know your impact**

- **Planting seeds...**

**You may never know the outcome**

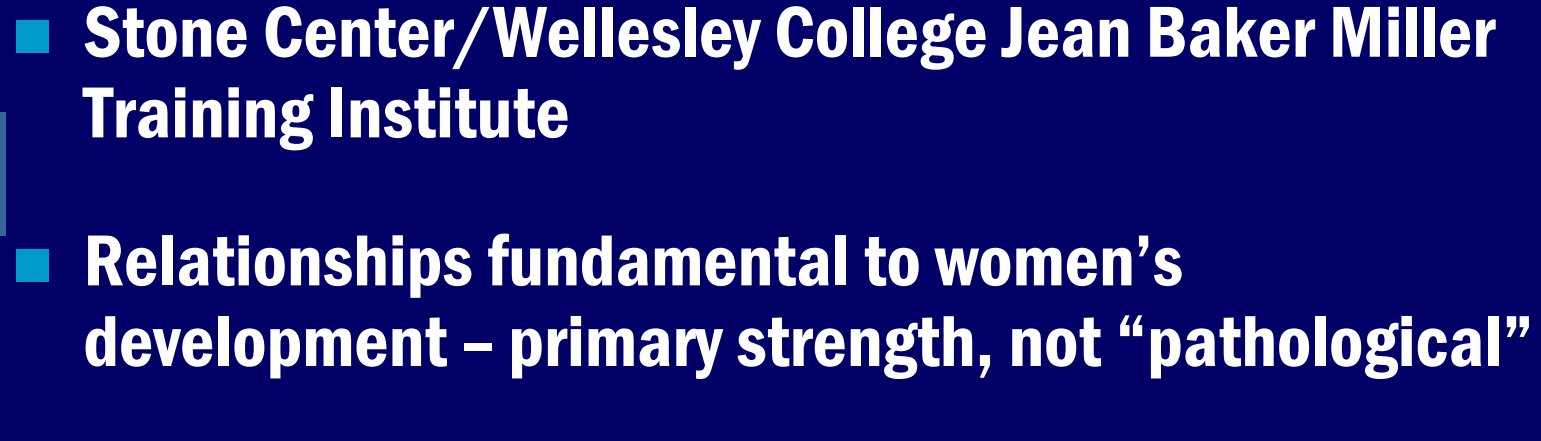
- **Be willing to meet & experience where they are...**

**Let go of agendas & really understand their experience**






# Relational Model

- **Stone Center/Wellesley College Jean Baker Miller Training Institute**
  - **Relationships fundamental to women's development – primary strength, not “pathological”**
  - **Mutuality, empathy and sharing of power ... enhance growth & connection**
  - **Relational disturbances (trauma & abuse) lead to dis-empowerment and dis-connection**
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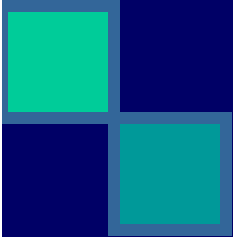



# Relational Model

- **Substance Abuse – a toxic strategy for connection**
  - **Becomes primary relationship**
  - **Leads to isolation**
  - **Dis-ease of dis-connection**
  - **Attachment failures with children**
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# Relational Challenges

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- **Tolerating “less than ideal” choices for children**
  - **Meeting alienating behaviors with compassion**
  - **Understanding & working with ambivalence about children & relationships**
  - **Witnessing engrained, self-defeating behavior patterns – not giving up**
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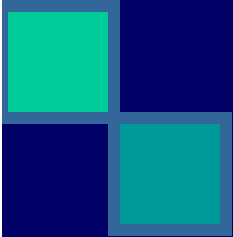

# Stages Observed

## *Recovery & Reunification Is A Process*

<b>Chaos</b>	Detoxing, Raw emotions Acting out Testing limits	<b>Unable to focus on children</b>
<b>Ambivalence</b> Using Children Relationship	Reality is overwhelming Feels besieged May opt out	<b>Very inconsistent with children</b>
<b>Commitment</b>	Greater self-acceptance (limitations) Ability to learn (make mistakes)	<b>More present &amp; consistent with children</b>
<b>Relapse</b> Drugs Process Addictions Relationships	Re-experiences stages Gains skills and confidence – if survives	<b>Instability &amp; relational set-backs</b>




# Relational Challenges

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- **Being traumatized vicariously**
  - **Feeling competent enough to deal with complex array of problems**
  - **Acknowledging limits & overwhelming needs**
  - **Burning out!**
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# Relational Opportunities

- Listen, hear, witness the extreme devastation -- the loss of self-will & control
  - Be with & validate experiences
  - Recognize survival skills/strengths
  - Accept the “unacceptable” – different choices become possible
  - Respect denial; it will soften & dissolve safely with time
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# Relational Opportunities

- **Tolerate and help give voice to ambivalence**
  - **Offer choices**
  - **Release expert and/or caretaker role; listen – don't try to fix**
  - **Dialogue – don't debate**
  - **Recognize every interaction is an opportunity to connect**
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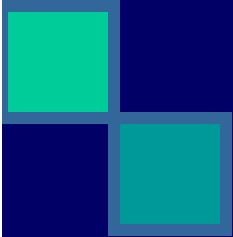



# Lessons Learned

- **Safety #1; containment, patience**
  - **Educate, educate, educate...**
  - **Each mom/child/family is unique**
  - **Manage complexity with flexibility – no “standard interventions”**
  - **Recovery is developmental & takes time! Tiny steps = huge successes**
  - **Not raising children is a loving option.**
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# Lessons Learned

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- **Empowerment = response-ability**
  - **Relapse is part of recovery**
  - **We can't control the healing process – we can make substantial contributions**
  - **The human spirit will respond to safe relationships, communities and connection**
  - **It can be done!**
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## **In Their Words...**

- **“In the beginning I thought they were just like my abuser. Now I know the difference. They really do want me and my kids to succeed.”**
  - **“I’ve learned I have strengths and choices. That scares me, but gives me hope I can give my children the life I didn’t have.”**
  - **“My kids and I are safe for the first time ever. We can sleep at night.”**
  - **“SRP is the family I never had”**
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