



GENDER matters

ISSUES/CONCERNS

Making Your Program More Gender Appropriate: Addressing Safety in Community Mental Health Programs



BACKGROUND

The consideration of safety has many direct applications for mental health researchers, policy makers, and direct practitioners. For example, retention of clients with severe mental illness is a major issue in

clinical settings (1); it is possible that clients who already feel unsafe in their daily lives may also feel unsafe in clinical settings, negatively impacting their decisions to attend treatment consistently or even begin treatment at all. Because treatment outcomes may be improved through consistent attendance and strong rapport with clinicians, this impacts both short-term therapeutic goals as well as lessening the chance of achieving positive treatment outcomes.

Safety and trauma are inter-related components to healing and recovery for clients with severe mental illness receiving services at community mental health programs. Often, clients in these programs experience periodic homelessness, have physical disabilities, struggle with co-occurring substance abuse disorders, have limited or non-existent support networks, and spend a majority of their time outside the program on the streets or in public housing; all factors that can increase risk and decrease safety. Individuals with severe mental illness

tend to experience traumatic events and report trauma symptoms at a higher rate than the general population (2). One possible symptom of trauma is a disturbance in perception of safety (3), which includes disturbances in subjective judgment about safety and also emotions about safety (4). A disruption in an individual's perceived safety can negatively impact her ability to feel safe in future situations, potentially changing a client's view of the world and how she responds to it (5). However, safety is an often neglected factor in community mental health, and needs to be examined in its own right.

Importance of Safety to Healing and Recovery

Though there is minimal literature on perceived safety in community mental health programs, safety has received some attention from researchers focused on women's healing and recovery. In 1992, Judith Herman published *Trauma and Recovery* (6) and laid the theoretical foundation for safety as an essential step in the healing process for clients who have experienced trauma. Trauma robs people of their subjective sense of safety and control, both in their own bodies and in the world; therefore, some typical symptoms of trauma, including sudden re-experiencing of traumatic events, avoidance/numbing of situations, people, and places that remind one of the traumatic event, and hyperarousal, represent a disruption in a previously established sense of safety. Herman suggests that recovery from trauma unfolds in three main stages: safety, remembrance and mourning, and reconnection with ordinary life. Before any further healing can occur, clients must first establish, or re-establish, a subjective feeling of safety, both in their own bodies and in their surrounding environment.



The California Women's Mental Health Policy Council (WMHPC)

was founded in 1999 as a statewide non-partisan membership organization with a mission to ensure effective, gender- and culturally-appropriate mental health services for women. It is the only such organization in the state. The WMHPC achieves its mission through training, research and advocacy, which it implements throughout the state with information for front-line providers, position papers, and studies encompassing topics that intersect with the needs of women and girls who are living with mental health issues.

continued from page 1

Dr. Stephanie Covington is another prominent voice promoting recovery through safety, who heralds safety as an essential concept in providing “gender responsive services” to girls and women (7). Gender-responsiveness is defined as “creating an environment... that reflects an understanding of the realities of women’s lives and addresses the issues of women.” Covington and her colleagues have studied women in the criminal justice system and report that an environment that is subjectively experienced as both physically and psychologically safe by clients is instrumental in making services more gender-responsive, and thus attaining better outcomes for women and girls. These conclusions can be extrapolated to the community mental health setting, providing a framework for providers to advocate for an environment that keeps safety as a primary consideration in program development and implementation.

Integrating Safety into Women’s Programs

Safety has been integrated into some direct practice initiatives focused on women. In 2007, the California Department of Alcohol and Drug Programs released a document entitled, *Women’s Treatment Guidelines, Core Competencies for All Programs Serving Women* (8). This document lists seven core competencies for working with women and girls in substance abuse settings. The first core competency listed is “Safety (Environment).” Programs are encouraged to create a safe physical and emotional space that is “welcoming, protective, respectful, sensitive, diverse, and empowering” as an essential aspect of supporting women and girls’ recovery.

Dr. Lisa Najavits has created “Seeking Safety,” a manualized treatment for female clients with both trauma histories and substance abuse disorders (9). The title of the treatment refers to the central tenet of treatment: that safety is the highest priority in recovery

from both disorders, with ‘safety’ defined as abstinence from all substances, reduction in self-destructive behavior, establishment of a network of supportive people, and self-protection from dangers associated with the disorders (e.g., HIV risk and domestic violence). Each chapter of the treatment manual is devoted to covering one theme that is related to increasing safety for clients, including topics such as Self Care, Setting Boundaries, Healthy Relationships, and Red and Green Flags (10).

Additionally, the Substance Abuse and Mental Health Services Administration (SAMHSA) has released a paper, *Addressing the Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Services Professionals* (11).” The document includes a set of recommendations for all mental health and substance abuse programs in the country when working with women and girls, including Knowledge/Skills Core Competencies and Attitudes/Attributes Core Competencies. Safety is mentioned throughout the document as an aspect of effective treatment.

What You Can Do

As evidenced by the research above, safety has been recognized as an essential component of a program that encourages healing, recovery, and other positive outcomes. Although fields such as criminal justice and substance abuse, both of which have great overlap with mental health, have shifted to address safety through theories and practice, community mental health programs have not yet widely moved in this direction. The SAMHSA Core Competencies are an exception to date, although with their release, mental health programs may be more inclined to consider safety.



Increasing Safety in Community Behavioral Health Programs

Developed by the San Francisco Department of Public Health's group Gender Appropriate Behavioral Health Services for Women

and Girls (GABHS for Gals), the **Safety in Programs Checklist** is a tool targeting community mental health programs' capacities to address safety issues for women, girls, and all clients. The checklist is divided into three sections that consider different dimensions of safety within a mental health program: Client-Client Sexual Harassment; Client Safety; and Staff Safety in the Community. Staff, clinicians, management, and policy makers can use this checklist to start discussions about safety and take specific steps to increase safety within individual programs and on a system-wide level, thus simultaneously promoting improved safety practices, more successful treatment outcomes, and the need for a gender-appropriate environment. The WMHPC and GABHS for Gals encourages the use and dissemination of this document.

The California Women's Mental Health Policy Council thanks Sarah Accomazzo, MSW, and Elizabeth Brett, LCSW, members of San Francisco's GABHS for Gals (Gender Appropriate Behavioral Health Services) and WMHPC Local Champions, for their extensive work on this document.

www.gabhsforgals.org

REFERENCES

1. Padgett D.K., Henwood B., Abrams C., & Davis A. (2008). Engagement and retention in services among formerly homeless adults with co-occurring mental illness and substance abuse: Voices from the margins. *Psychiatric Rehabilitation Journal*. 31 (3), 226-233.
2. Mueser, K. T., Goodman, L. B., Trumbetta, S. L., Rosenberg, S. D., Osher, F. C., Vidaver, R., et al. (1998). Trauma and Posttraumatic Stress Disorder in Severe Mental Illness. *Journal of Consulting and Clinical Psychology*. 66 (3), 493-499.
3. Fullerton, C., Ursano, R., Reeves, Shigemura, J., & Grieger, T.; 2006; Grieger, T., Fullerton, C., & Ursano, R., 2003
4. Ferraro & Lagrange, 1987
5. Fullerton, C., Ursano, R., Reeves, Shigemura, J., & Grieger, T.; 2006
6. Herman, J. (1992). Trauma and Recovery. New York, NY: Perseus Book Groups
7. Bloom, B. E., Owen, B. A., & Covington, S. (2003). *Gender-responsive strategies: Research, practice, and guiding principles for women offenders*. Washington, DC: U.S. Dept. of Justice, National Institute of Corrections; Covington, S. & Bloom, B. (2006). Gender responsive services in correctional settings. *Women & Therapy*, 29(3/4), 9-33.
8. California Department of Alcohol and Drug Programs. *Women's Treatment Guidelines: Core Competencies for All Programs Serving Women*. http://www.adp.ca.gov/Perinatal/pdf/Core_Competerencies_Wm_Tx.pdf (Retrieved May 2010).
9. Najavits, L. M., Weiss, R. D., Shaw, S. R., & Muenz, L. R. (1998). "Seeking Safety": Outcome of a New Cognitive-Behavioral Psychotherapy for Women with Posttraumatic Stress Disorder and Substance Dependence. *Journal of Traumatic Stress*. 11 (3), 437-456.
10. Najavits, L. M., Gallop, R. J., & Weiss, R. D. (2006). *Seeking Safety Therapy for Adolescent Girls with PTSD and Substance Use Disorder: A Randomized Controlled Trial*. *Journal of Behavioral Health Services and Research*. 33 (4), 453-463.
11. US Department of Health and Human Services: Substance Abuse and Mental Health Services Administration; Washington, DC. *Addressing the needs of women and girls: developing core competencies for mental health and substance abuse services professionals*. (2010, in press). <http://womenandchildren.treatment.org/more.asp?id=14> (Retrieved May 2010).



California Women's Mental Health Policy Council
2125 19th Street, 2nd floor
Sacramento, CA 95818

AGENCY CHECK LIST

Client-Client Sexual Harassment in Programs

Does your agency:

- Have an official, recorded sexual harassment policy for client-client interactions (not just for staff-staff and staff-client interactions)?
- Post the client-client sexual harassment policy in clear view in several locations throughout the agency, including the waiting room?
- Provide staff trainings on how to discuss client-client sexual harassment with clients?
- Include the client-client sexual harassment policy in intake paperwork an individual must complete in order to become a client?
- Provide education to clients about sexual harassment in therapy sessions.
- Require clinical staff to bring up sexual harassment as a topic in both individual and group therapy sessions?
- Set aside time in community meetings and staff meetings to discuss sexual harassment?
- Have clear policies for mediation of conflicts, consequences, and enforcement if sexual harassment does occur?
- Include questions about sexual harassment in all evaluations of the program? (For example, "Do you feel safe coming to our program? Do you feel safe while inside our building? Do you feel safe in our waiting room?")

Client Safety in Programs

Does your agency:

- Set up your waiting room so that the room is in clear view of a staff member who can see what is happening at all times?
- Keep an anonymous suggestion box and ask for comments on safety?
- Consider safety issues when designing the layout of your program in your office space?
- Ask clients if they feel safe when coming to and going from services?
- Offer transportation vouchers or support clients in finding safe transportation options to and from services?
- Check in about client's safety during such programs as one-on-one therapy, group therapy, and community meetings?
- Ask clients during therapy for suggestions about making the program feel safer?
- Include questions about safety in all evaluations of the program? (For example, "Do you feel worried about your safety when coming to our program? Do you feel worried about your safety while inside our building? Do you feel worried about your safety in our waiting room?")
- Conduct client focus groups to brainstorm and problem-solve safety issues?
- Post rules about safety in clear view in the waiting room and throughout agency?

Staff Safety in the Community

Does your agency:

- Have a safety protocol for staff who work in the community?
- Provide internal trainings for staff on safety procedures when in the community?
- Have a systematic way to pass along safety alerts to staff (for example, implementing a phone tree or email list)?
- Discuss staff safety issues in supervision and staff meetings?
- Implement specific safety measures, such as a buddy system or community visit staff log?
- Send staff to self-defense trainings and other external safety trainings?
- Provide self-care resources for staff to address possible negative results of working in the community (including burn out, vicarious traumatization, and secondary trauma)?

www.wmhpc.org