

Meeting Minutes

Justice Involved Women and Girls Task Force

Date: August 13th, 2025, 10:00am-12:00pm

Purpose: The Advisory Task Force on Justice Involved Women and Girls consults with the Commissioner of Corrections regarding choice of model programs to receive funding, reviews and makes recommendations on matters affecting female offenders, identifies problem areas, and assists the Commissioner in seeking improved programming for female offender

Open Meeting Law: The taskforce is governed by [The Minnesota Open Meeting Law](#) requirements.

Location: Hybrid: Webex Webinar and in the DOC Itasca Room

Attendance:

NAME	ROLE	TERM END DATE	ATTENDANCE
ANGELA THOMPSON	Taskforce Member	3/12/27	Online
TANA WELTER	Taskforce Member	8/8/26	In Person
JEFF SPIES	Taskforce Member	8/8/26	In Person
AMBER FAULKNER	Taskforce Member	8/8/26	Online
SAVANNAH RIDDLE	Taskforce Member	2/12/27	Online
VICKI HUNTER	Taskforce Member	8/8/26	In Person
	Interim Chair		
KILOMARIE GRANDA	Taskforce Member	1/9/27	Online
VACANT	Taskforce Member	N/A	N/A
COREY THOMPSON	Taskforce Member	8/8/26	Absent
	Interim Co-Chair		
MAYA MASON	Taskforce Member	2/12/27	Online
KAYLEE HENSON	Taskforce Member	2/12/27	Online
ANGELISA MAYS-ANDREWS	Taskforce Member	3/12/27	Online
NASRA HASSAN	Taskforce Member	2/12/27	Online
CECELIA VIEL	Taskforce Member	8/8/26	Online
LINDA FLANDERS	Taskforce Member	2/12/27	Online
NIKKI ENGEL	Taskforce Member	7/29/26	Online
PAULA SCHAEFER	Taskforce Member	8/8/26	In Person
ANGELA BREWER	Taskforce Member	2/12/27	Online
MADELYN ADAMS	Taskforce Member	3/12/27	In Person
VACANT	Taskforce Member	2/12/27	Absent
SHELBI GROATH	Staff	N/A	In Person
CRYSTAL BRAKKE	Liaison	N/A	In Person

Welcome, Roll Call, and Announcements

See attendance above

LuAnne Buck is no longer a task force member, Ombudsman for Corrections new appointment will be at next months meeting.

Vicki announced that 26 students at MCF Shakopee graduated with their AA degrees through MSU Mankato on July 25. Deputy Commissioner Brakke, Tana Welter and Angel Mays-Andrews were also in attendance. Shoutout to everyone involved in the recent graduations at MCF-Shakopee

Trauma Treatment at SHK Information Update – Jeff Spies (see attachments)

Jeff spoke about the handouts that were provided. The participation in these activities is voluntary and based on referrals from mental health therapists. Trauma treatment is considered a structured activity in terms of MRRA. There was interest expressed on the expansion of trauma treatment at SHK.

Task Force, Goals, Priorities, and Major Needs Discussion

Primary goal: Improving safety in residential services for justice involved girls in Minnesota

- Establishing environments and Programming that are gender and culturally responsive
- Establishing whether there are enough services available to girls, particularly CD treatment
- Review oversight structures and monitoring of residential services
- Improve staff training that emphasize trauma informed practices

How do we accomplish this?

- Ask girls in residential settings about their understanding of safety and what would make them feel more safe
- Propose a standardized model for increasing safety within residential services for girls in Minnesota
- Identify a risk assessment tool that would be focused on girls
- Subgroups could be formed to work on specific goals
- If possible, establish a baseline of current practices/programs at residential services for girls
- Review and provide recommendations for grievances processes for girls receiving residential services

Task for next meeting:

- Gather information about DOC-run residential services for girls, including locations and how many girls are receiving services at each site (Dep Comm Brakke will try to get this for us.)

Expected Outcome?

- Specific recommendations on best practices for maintaining safety as well as sufficient and

effective treatment for girls receiving residential services within the DOC

Conference Discussion

- Conversation about moving the conference to bi-annual
- Focus on a wide array of individuals attending.
- Discussion of hiring a conference planner again
- Asked members to consider agencies or organizations that might sponsor a portion of the conference
- Collect donations, such as door prize donations and in kind donations

Task Force decided on holding the conference in mid- April 2027 on a Friday avoiding major holidays and other events.

Task Force members who want to be on the conference planning committee were asked to email Shelbi expressing their interest

Public Comment

Autumn Mason spoke about a short documentary film that she created on the impacts of parental incarceration for children and care givers. She also offered to lead a conference session on the same topic. Autumn was invited to join the conference planning committee.

Final Member Comments

- There were no additional comments
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Action Items

- **Paula will send Shelbi assessment information for distribution**
 - **Crystal and Shelbi get the data on where DOC licensed residential facilities are located and how many girls are receiving services at each one**
 - **Paula will find someone to speak about the Hawaii model of residential services for girls at a future meeting**
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Next Month

- Angel Mays-Andrews to speak on education and accomplishments – 10 minutes of meeting
 - Potential presentation from Liz Richards and DPS Juvenile PREA contact
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Future Meetings

- Policy discussion with Commissioner Schnell and Amy Lauricella at future meeting
- Revisit PREA information – IG Garland and Director Strang
- CSAC Subcommittee Involvement – Angela Brewer

- Discussion with Margaret Zadra, Ombudsperson, regarding relevance of Ombuds Office for girls' grievances
 - Presentation on Hawaii's Model of Girls Residential Services
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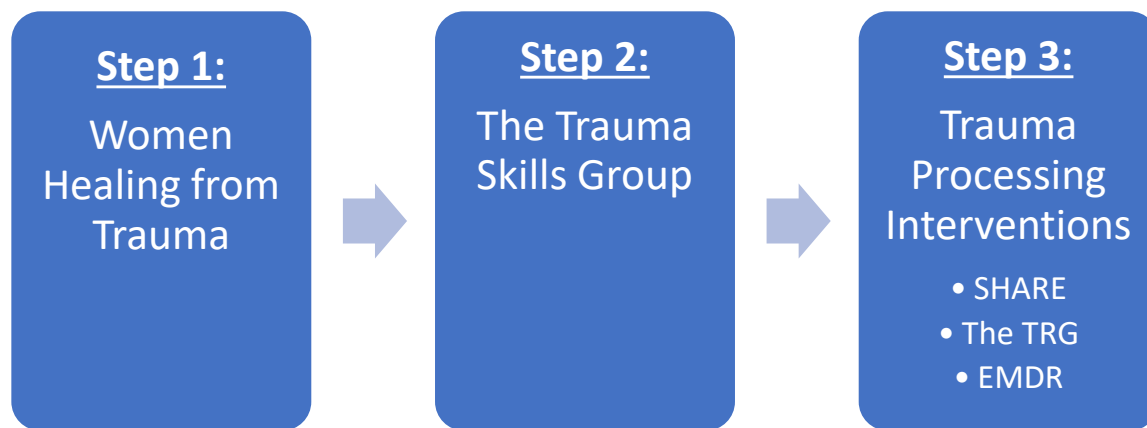
Meeting adjourned at 12:00pm

Next Task Force Meeting

Wednesday, September 10th, 2025 - 10 AM to 12 PM

MN DOC Central Office – Afton Room (Main Floor)

Trauma Group/Intervention Steps Overview



Women Healing from Trauma: 12 week psychoeducational/skills based group that covers symptoms of traumatic stress, establishing internal/external safety required for trauma processing, triggers, impact of trauma on the mind and body, shame/anger/fear/anxiety, domestic violence, communication, a variety of various skills aimed at managing symptoms and trigger management planning.

Trauma Skills Group: An approximately six week group aimed at helping the participant integrate all of the skills learned from Women Healing from Trauma into a personalized trigger management plan.

Trauma Processing Interventions (SHARE, TRG, and EMDR): An approximately eight week group where via group and/or individual therapy the participant is supported in desensitizing a specific trauma memory. Desensitization progress is measured by their subjective units of distress (SUDs) pre and post, as well as the validity of cognition (VOC) tied to the traumatic memory pre and post.

Trauma Related Groups/Treatment Offered by Behavioral Health at Shakopee

Group Treatments at MCF-Shakopee for Posttraumatic Stress Disorder and/or Other-Specified Trauma and/or Stressor Related Disorders

Notes:

- All participants are assessed for clinical suitability using the Posttraumatic Stress Disorder Checklist – Version 5 (PCL-5). This measure is used throughout programming.
- Until just recently Women Healing from Trauma and EMDR were the two primary trauma interventions practiced at MCF-Shakopee. However since EMDR is an individual intervention and we have few EMDR providers, the Trauma Skills Group, Survivors Healing from Abuse: Recovery through Exposure and the Trauma Recovery Group were approved by the DOC Mental Health Directors Group as a more resource conscious/ group alternative to individual EMDR.
- Group are to be taken sequentially, as clinically appropriate, following Judith Herman's model (1992) of phased trauma treatment. Phase one including psychoeducation and skill development and phase two focusing on processing and desensitizing traumatic memories.

Women Healing from Trauma:

The core curriculum was put together by Donna Lynn Thera for the Provincial Association of Transition Houses and Services of Saskatchewan (2016) utilizing current best practices in the treatment of traumatic stress disorders. This core curriculum has been supplemented with resources and materials from Treating Trauma-Related Dissociation: A Practical, Integrative Approach (Steele, Boon, Van Der Hart; 2016) , Group Trauma Treatment in Early Recovery (Herman; 2018), with relationships sections supplemented by the work of John Gottman, Ph.D. and Bruce Perry M.D.

Week 1: Orientation and measure completion	Week 2: Symptoms of traumatic stress	Week 3: Internal and external safety
Week 4: Impact on mind and body	Week 5: Triggers of traumatic stress	Week 6: Anger and shame
Week 7: Fear and anxiety	Week 8: Self-esteem and intro to domestic violence	Week 9: Healthy relationships
Week 10: Communication	Week 11: Intro to the trigger management plan	Week 12: Certificates and reflections

Trauma Skills Group: This is a group designed to continue the foundational understanding of what trauma is, as well as learn useful skills aimed managing symptoms of traumatic stress that you learned in Women Healing from Trauma. This type of group is a continuation of a Phase 1 trauma treatment intervention and will be used as a prerequisite for later trauma interventions. PLEASE NOTE: This group has a strong focus on participation and engaging with the materials inside and

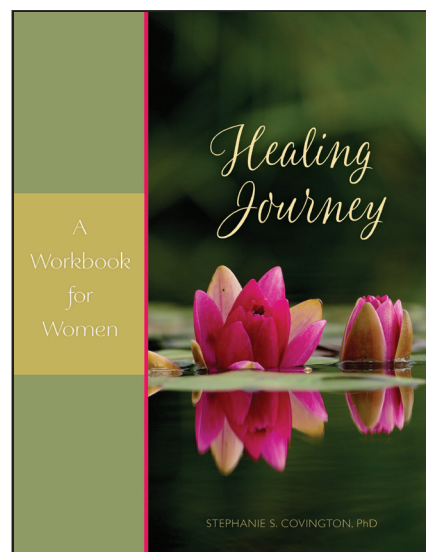
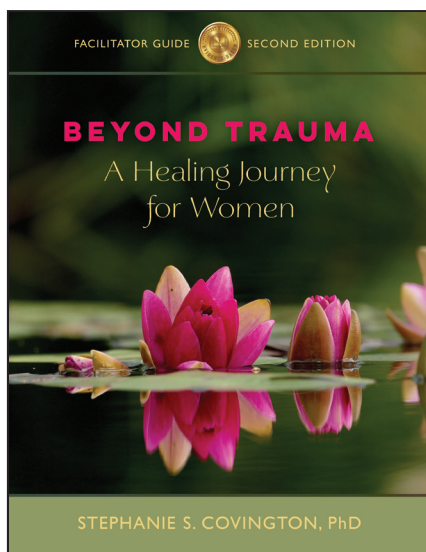
outside of group. This group utilizes an independent study type style where you will be asked to practice and track the use of skills outside of group to share with the group.

Survivors Healing from Abuse: Recovery through Exposure (SHARE), Trauma Recovery Group (TRG). This group will involve processing trauma memories. Unlike previous trauma groups, where the focus was on learning what trauma is and developing coping skills to manage symptoms and triggers, this group will focus on processing/desensitizing trauma memories. An invitation to this group implies that the participant has completed the first two trauma groups (e.g., Women Healing From Trauma & Trauma Skills Group) and have demonstrated good use of coping skills to manage your triggers and create stability. This is an exposure-based group and falls in Phase 2 of trauma treatment. There will be a few initial sessions dedicated to orientation, establishing group norms, and group rapport building. The following sessions will focus on processing group members' individual trauma memories, as well as discussing common themes the group has experienced, such as concerns with trust. We will have a final session to wrap up and reflect on the group process.

*Also individual EMDR Referrals can be made once an IP has completed the Trauma Skills Group.

BEYOND TRAUMA

A Healing Journey for Women



SCOPE AND SEQUENCE



For more information about this program,
visit hazelden.org/bookstore or call 800-328-9000.

April 2016

Endorsements

In keeping with her groundbreaking role in integrating the treatment of trauma and addictions and providing gender-specific and gender-responsive programs, Dr. Stephanie Covington has done it again. Her revised *Beyond Trauma: A Healing Journey for Women* is a highly organized and structured program that is state of the art in terms of the information that is included. The facilitator guide is very descriptive and specific in a way that supports the group leaders and members every step of the way. Since group treatment provides a unique forum for healing both trauma and addictions, this is a most welcome contribution.

Christine A. Courtois, PhD, ABPP

Psychologist, Independent Practice, Washington, DC.

Author, *It's Not You, It's What Happened to You*; *Healing the Incest Wound*; and *Treating Complex Trauma: A Sequenced, Relationship-Based Approach* (with Julian Ford, PhD)

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In Dr. Covington's newest edition of *Beyond Trauma*, she masterfully combines the depth and nuance of her original evidence-based curriculum with new and important material, including up-to-date neuroscience research and a deeper integration of mind-body approaches to healing. Her gift for drawing on the experience and strength of survivors dealing with a range of complex issues and creating a healing process that touches the multiple dimensions of what makes us human—and in a culturally attuned and gender-responsive way—is a true contribution to the field.

Carole Warshaw, MD

Director, National Center on Domestic Violence, Trauma & Mental Health

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The Covington curriculum has become the definitive approach to helping women in a variety of settings address the trauma so many have experienced. Dr. Covington's work is thoughtful, insightful, and impactful. *Beyond Trauma* in its second edition continues the important work begun over a decade ago. Dr. Covington was among the first to draw our attention to the importance of addressing trauma in helping women reclaim their lives, and she has done it in a manner that both professionals and laypeople can comprehend and use. This approach is sensible, is accessible, and offers the means of providing to women in custody the help they need and that we need to provide to fulfill our missions.

Martin F. Horn,

Distinguished Lecturer at John Jay College of Criminal Justice in New York City,
Former Commissioner of Correction and Probation of the City of New York, and
Former Secretary of Corrections for the State of Pennsylvania

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Beyond Trauma is vital to our work with the chemically dependent female—and there is no one who understands gender-specific work better than Stephanie Covington!

Claudia Black

Author, *It Will Never Happen to Me*

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What is *Beyond Trauma*?

Beyond Trauma: A Healing Journey for Women, a twelve-session curriculum, is designed to help women and girls recover from the effects of trauma in their lives. The curriculum focuses on the kinds of trauma that women are most at risk of experiencing: childhood abuse, rape, battering, and other forms of interpersonal violence. However, the coping skills that are presented in this curriculum can also be useful for other types of traumatic events.

Beyond Trauma presents an integrated approach to women's trauma treatment, based on theory, research, and clinical experience. In developing effective treatment for women and girls, it is important to include the experience and impact of living as a female in a male-based society as part of the clinical perspective. The term *gender-responsive* describes this type of treatment approach; it is defined as follows: creating an environment—through site selection, staff selection, program development, and program content and materials—that reflects an understanding of the realities of women's and girls' lives and that addresses and responds to their challenges and strengths (Covington 2002). *Beyond Trauma* is a gender-responsive curriculum.

This curriculum also promotes a strength-based approach that seeks to empower women and girls and increase their sense of self. In using this kind of model, the facilitator will help the women in the group to see the strengths they have and to increase the skills they need for healing. The curriculum also focuses on emotional development. Dealing with the expression and containment of feelings is a critical part of trauma work. Facilitators will be using psychoeducational and cognitive-behavioral therapy (CBT) techniques, expressive arts, body-focused exercises, mindfulness, and relational therapy.

Who Is the Main Audience for *Beyond Trauma*?

Beyond Trauma can be used in any setting (outpatient, residential, therapeutic community, criminal justice, and private practice). It is designed as a group process specifically for women, with suggested adaptations for adolescent girls. Facilitated groups help the women to see that their experiences are not unique and help to reduce the shame and isolation that is common to trauma survivors. However, the activities found in each session can be adapted for individual work.

Group Composition

The suggested number of participants in a group is between six and ten women. The curriculum can be adapted for larger groups and open groups if this is essential for the treatment setting.

Ideally, each group would be a “closed group”; that is, the group would be closed to new members after the first session so the entire group would begin and end the program together. This helps to establish connection among group members and reinforces the feelings of safety and group cohesion. The material in this curriculum builds from session to session, and the first session is an orientation session that lays the foundation for trust among the group members.

If it is impossible in your setting to run a closed group, consider how to introduce new women into an ongoing group. Once the program is completed, it may be decided (depending on the setting and if the group members so desire) to let the group continue as an ongoing support group.

What Is New about this Edition of *Beyond Trauma*?

This revised edition of *Beyond Trauma* includes

- new and updated foundational information on trauma for the facilitator
- new statistics about abuse and other forms of trauma for the facilitator to use in the sessions
- new discoveries, publications, and insights in the field
- longer sessions (two hours rather than one-and-a-half hours) and two additional sessions, which enables the facilitator to include more new lectures and activities for the participants that reflect current thinking and practice
- information at the end of each session about adapting the curriculum for use with adolescent girls
- new national resources (organizations and groups) for the facilitator and participants
- two new videos: one for facilitators and one for use with participants

What Is the Format of the *Beyond Trauma* Program Materials?

The *Beyond Trauma* curriculum materials consist of a facilitator guide, a participant workbook, a facilitator training video, and a participant video. The facilitator guide has two parts. The first part gives facilitators background information about trauma. Having a basic understanding of the depth and complexity of the issues will help facilitators with the group process. The second part of the guide includes session outlines or lesson plans. There are twelve sessions divided into three modules: (A) Violence, Abuse, and Trauma; (B) The Impact of Trauma on Women’s Lives; and (C) Healing from Trauma.

The women in the group will go through a process of

1. understanding what has happened to them (they will learn more about what trauma is and how widespread trauma is in women's lives).
2. exploring how trauma has affected them.
3. learning coping mechanisms, doing activities to help them feel grounded, and focusing on safety.

Some facilitators may also be facilitating Stephanie Covington's *Helping Women Recover: A Program for Treating Addiction* curriculum (the community or criminal justice version). The *Beyond Trauma* curriculum can be used alone or in addition to *Helping Women Recover (HWR)*. These programs are complementary to each other, and *Beyond Trauma* expands and deepens the trauma work in *HWR*.

What Are the Theoretical Foundations of *Beyond Trauma*?

In order to develop gender-responsive services and treatment for women, it is essential to begin with a theoretical framework. This is the knowledge base on which programs are developed. The three fundamental theories underlying *Beyond Trauma* are relational-cultural theory, addiction theory, and trauma theory.

Relational-Cultural Theory

A link between understanding women's addiction and creating effective treatment programs for women is understanding the unique characteristics of women's psychological development and needs. Theories that focus on female development, such as relational-cultural theory (Jordan et al. 1991) posit that the primary motivation for women throughout life is the establishment of a strong sense of connection with others. Relational-cultural theory (RCT) was developed from an increased understanding of gender differences and, specifically, from an understanding of the different ways in which women and men develop psychologically. According to this theory, females develop a sense of self and self-worth when their actions arise out of, and lead back into, connections with others. Connection, not separation, is the guiding principle of growth for women and girls.

RCT describes the outcomes of growth-fostering relationships, as well as the effects of disconnections. Disconnections happen at the sociocultural level, as well as the personal level, through racism, sexism, heterosexism, and classism. The issues of dominance and privilege also are aspects of RCT (Jordan and Hartling 2002).

Addiction Theory

In recent years, health professionals in many disciplines have revised their concepts of all diseases and have created a holistic view of health that acknowledges the physical, emotional, psychological, and spiritual aspects of disease. In a truly holistic model, the environmental and sociopolitical aspects of disease are also included. The *Beyond Trauma* curriculum uses a holistic model of addiction (which is essentially a systems perspective) to understand every aspect—physical, emotional, and spiritual—of the woman’s self as well as the environmental and sociopolitical aspects of her life, in order to understand her addiction. An addicted woman typically is not using alcohol or other drugs in isolation, so her relationships with her family members and other loved ones, her local community, and society are taken into account. For example, even though a woman may have a strong genetic predisposition to addiction, it is important to understand that she may have grown up in an environment in which addiction and drug dealing were commonplace (Covington 2007).

Although the addiction treatment field considers addiction a “chronic, progressive disease,” its treatment methods are more closely aligned to those of the acute care medical model than the chronic-disease model of care (White, Boyle, and Loveland 2002). An alternative to the acute-care model for treating disease is behavioral health recovery management (BHRM). This concept grew out of and shares much in common with “disease management” approaches to other chronic health problems; it focuses on quality-of-life outcomes as defined by the individual and family. It also offers a broader range of services earlier and extends treatment well beyond traditional (medical) services. The more holistic BHRM model extends the current continuum of care for addiction by including (1) pretreatment (recovery-priming) services; (2) recovery mentoring through primary treatment; and (3) sustained, post-treatment, recovery-support services (Kelly and White 2010).

An integration of BHRM and the holistic health model of addiction is the most effective theoretical framework for developing treatment services for women because it is based on a multidimensional framework. It allows clinicians to treat addiction as the primary problem while also addressing the complexity of issues that women bring to treatment: genetic predispositions, histories of abuse, health consequences, shame, isolation, or a combination of these. When addiction has been a core part of multiple aspects of a woman’s life, the treatment process requires a holistic, multidimensional approach.

Trauma Theory

The third theory integrated into the *Beyond Trauma* program is based on the principles of trauma-informed services (Harris and FalLOT 2001) and the Three-Stage Model of Trauma Recovery developed by Dr. Judith Herman (1997).

An Integrated Treatment Approach

The connection between addiction and trauma for women is intricate and not easily disentangled. A treatment provider cannot assume that one is a primary problem and the other secondary. Nor is it always beneficial to delay working on trauma symptoms until the client has been abstinent for a minimum time.

One of the counselor's major functions in treating a woman in recovery with a trauma history is to acknowledge to the woman the connection between violence and substance abuse. This explanation helps to validate a woman's experience, confirming that she is not alone and clarifying that her experience is not shameful (Finkelstein 1996).

Gender differences exist in the behavioral manifestations of mental illness; men generally turn anger outward, and women turn it inward. Men tend to be more physically and sexually threatening and assaultive, while women tend to be more depressed, self-abusive, and suicidal. Women engage more often in self-harming behaviors, such as cutting, as well as in verbally abusive and disruptive behaviors.

Given the complexity of and interrelationship between substance abuse, trauma, and mental health in women's lives, it is critical that services become integrated. Researchers and clinicians consistently recommend an integrated model as "more likely to succeed, more effective, and more sensitive to clients' needs" (Najavits, Weiss, and Shaw 1997, 279). A more integrated approach also addresses women's multiple roles, their complex psychological identities, and the cultural and social realities in which they live and work as individuals, mothers, daughters, and partners (Minkoff 1989).

Trauma treatment can be divided into present-focused approaches and past-focused approaches. Present-focused approaches are designed to help women function more effectively by developing coping skills, correcting distorted thinking, and instilling hope. Past-focused treatment approaches encourage women to examine in detail their traumatic experiences in order to eliminate their traumatic stress reactions.

The *Beyond Trauma* curriculum is a present-focused intervention that also allows women to look at the past. It uses a variety of therapeutic approaches, including psychoeducational, cognitive behavioral, expressive, mindfulness, body oriented, and relational.

The psychoeducational approach is one of the first steps in—and a core component of—trauma treatment. It helps women to begin to link some of their current difficulties to their trauma histories. Also, many women do not know what abuse is or its impact. For example, learning about PTSD often elicits these responses from women: “Oh, someone knows about this? I’ve been hiding this for years” and “I just thought I was crazy.” Many women express relief when they find out that their thoughts, feelings, and behaviors are normal responses to abnormal or extreme events.

A number of years ago, clinicians were trained to use cognitive-behavioral therapy and/or exposure therapy as the sole or primary interventions. In the past ten years, there has been a shift in thinking as a result of the insights of neuroscience and our increased understanding of the brain. These advances have given us a better understanding of how trauma changes brain development, self-regulation, and the capacity to stay focused and in tune with others.

One of the leading trauma researchers and clinicians, Dr. Bessel van der Kolk (2014), now recommends a wide range of what were previously considered unconventional treatment strategies. These include the mind-body approaches of yoga, mindfulness, EMDR (eye movement desensitization and reprocessing), EFT (Emotional Freedom Techniques), neurofeedback, sensorimotor therapy, martial arts, animal-assisted therapy, guided imagery, and theater. When facilitating *Beyond Trauma*, you will be utilizing some of these therapeutic strategies.

What Is the Research on the *Beyond Trauma* Curriculum?

One study, using *Helping Women Recover* (HWR) and *Beyond Trauma* (BT) with women in a residential program with their children, demonstrated a decrease in depression (using the Beck Depression Inventory) and trauma symptoms (using the Trauma Symptom Checklist–40 scale) (Covington et al. 2008; San Diego Association of Governments 2007). The first forty-five days in treatment were used as an orientation phase. The decrease in trauma symptoms from admission to day forty-five indicates the importance and potential impact of the treatment environment. The women then participated in the seventeen-session *Helping Women Recover* program, followed by the *Beyond Trauma* program. There was a significant decrease in both depression and trauma symptoms at the completion of HWR ($p < .05$). There was further improvement ($p < .05$) when the women participated in the BT groups that followed HWR.

Empirical validation for HWR and BT was rigorously tested in two experimental studies funded by the National Institute on Drug Abuse (NIDA). Evidence from the

first NIDA study showed significant improvement during parole among previously incarcerated women who were randomized to a women's integrated prison treatment program using *HWR* and *BT* sequentially, as compared to women who were randomized to a standard prison therapeutic community. Women who participated in this program were significantly more likely to be participating in voluntary aftercare treatment services (25 percent versus 4 percent) and significantly less likely to be incarcerated at the time of the six-month follow-up interview (29 percent versus 48 percent) compared to women who participated in the standard treatment (Messina, Grella, Cartier, and Torres 2010).

Another randomized study among women participating in drug court treatment settings found that the women in the gender-responsive treatment group (using *HWR* and *BT*) had better in-treatment performance, more positive perceptions related to their treatment experience, and trends indicating reductions in PTSD (Messina, Calhoun, and Warda 2012).

Focus group results also indicate strong support for and high satisfaction with the curricula mentioned above from drug court and prison participants and staff members (Bond, Messina, and Calhoun 2010; Calhoun, Messina, Cartier, and Torres 2010; Messina and Grella 2008).

Using the Facilitator Guide

The facilitator guide contains two parts. Chapter 1 of part 1 gives the facilitator some background information about trauma and its effects. Chapter 2 of part 1 gives advice about facilitating the group sessions. Having a basic understanding of the depth and complexity of these topics will help the group facilitation process.

Part 2 includes the session outlines or lesson plans. The session outlines are formatted in three columns: The left column indicates the topic and the approximate time it takes to cover the topic, the middle column contains notes to the facilitator, and the right column describes the discussion with the women in the group.

The curriculum has three modules (or themes), with a total of twelve sessions. The sessions may be arranged in a variety of ways; however, the curriculum is organized in the suggested sequence. The three modules are

1. Violence, Abuse, and Trauma
2. The Impact of Trauma on Women's Lives
3. Healing from Trauma

Session Outlines

Each session is organized in the following way:

1. Goals and participant objectives, general topics to be covered, and materials needed (listed at the beginning of each session for the facilitator).
2. Structured quiet time and a brief check-in: The quiet time helps the women to become present in the group. The check-in is a time to connect and share.
3. Teaching component: The key topic(s) for the session are presented to enhance the women's understanding (for example, what constitutes abuse, why the women may have felt out of control and confused, what they can do to soothe and ground themselves, and so on). The participant video can be used for some of these teaching components.
4. Interactive component: The women discuss the issues, ask clarifying questions, and process the new information.
5. Examples are given throughout the curriculum. These are examples of typical responses from women, so the facilitator has a sense of what to expect from the activity or the question she is posing. Additionally, the examples may be useful prompts for the facilitator to stimulate discussion among the participants.
6. Experiential component: The women do activities and exercises to try out new skills—based on the information just presented—in a safe, supportive environment.
7. Practice: Between-session activities in the participant workbook give the women opportunities to practice the new skills they have learned and to develop new insights.
8. Reflection: This provides an opportunity to explore the implications of the new learning/behavior.
9. A grounding or self-soothing activity frequently helps to end the session.
10. Closing.

The facilitator is encouraged to enhance the learning experience by tailoring information and activities to the conditions and needs of the participants. This includes cultural issues, educational levels and literacy, and unique concerns in criminal justice settings.

Scope and Sequence

This chart describes each session and what participants will learn in the *Beyond Trauma* curricula.

Session Title	Session Description	Learner Outcomes
Session 1: Introduction to the Program	To introduce the program <i>Beyond Trauma: A Healing Journey for Women</i>	At the end of this session, participants will be able to <ul style="list-style-type: none"> • describe the goals and structure of the program. • define trauma. • explain the prevalence of trauma. • demonstrate some grounding and self-soothing activities.
Session 2: The Connections between Violence, Abuse, and Trauma	To understand the connections between violence, abuse, and trauma.	At the end of this session, participants will be able to <ul style="list-style-type: none"> • describe examples of traumatic events in a woman's life. • explain the different responses to trauma.
Session 3: Power and Abuse	To recognize the connection between power and abuse in our society.	At the end of this session, participants will be able to <ul style="list-style-type: none"> • explain how social messages impact women's lives. • compare and contrast gender roles and expectations. • explain the connection between power and abuse.
Session 4: The Process of Trauma and Reactions to Trauma	To understand different types of abuse, the process of trauma, and common reactions to trauma.	At the end of this session, participants will be able to <ul style="list-style-type: none"> • identify the different types of interpersonal abuse (emotional, physical, and sexual). • explain the process of trauma. • describe the biological nature of reactions to trauma. • identify the responses associated with trauma.

Session Title	Session Description	Learner Outcomes
Session 5: How Trauma Affects Our Lives	<ol style="list-style-type: none">1. To increase understanding of the effects of trauma on physical health2. To increase understanding of the effects of trauma on mental health	<p>At the end of this session, participants will be able to</p> <ul style="list-style-type: none">• describe how traumatic events affect women's lives.• define what a trigger is.• explain how trauma has affected their lives.
Session 6: Abuse and the Family	<ol style="list-style-type: none">1. To understand some typical family dynamics2. To recognize the effects of abuse in families	<p>At the end of this session, participants will be able to</p> <ul style="list-style-type: none">• describe the types of abuse in families.• explain how family dynamics influence children.• identify the little girl/child within.
Session 7: The Connection between Trauma and Addiction: Spirals of Recovery and Healing	<ol style="list-style-type: none">1. To understand the connection between trauma and addiction2. To understand the similarities between the process of healing from trauma and the process of recovery from addiction	<p>At the end of this session, participants will be able to</p> <ul style="list-style-type: none">• explain why some women use substances after trauma.• describe the spirals of addiction and trauma.• define what emotional and physical safety are.• explain the importance of self-care.
Session 8: Grounding and Self-Soothing	To be able to use grounding and self-soothing activities	<p>At the end of this session, participants will be able to</p> <ul style="list-style-type: none">• explain what feeling grounded means.• demonstrate grounding activities.• demonstrate self-soothing activities.

Session Title	Session Description	Learner Outcomes
Session 9: The Mind and Body Connection	To understand the connection between the mind and the body	At the end of this session, participants will be able to <ul style="list-style-type: none">• give examples of emotional wellness.• recognize feelings in the body.• demonstrate how to express and contain feelings.• demonstrate how to communicate more effectively.
Session 10: Our Feelings	To allow women to experience their feelings	At the end of this session, participants will be able to <ul style="list-style-type: none">• identify their feelings.• demonstrate how to share feelings.• define what <i>empathy</i> and <i>compassion</i> mean.
Session 11: Healthy Relationships	<ol style="list-style-type: none">1. To learn the elements of a healthy relationship2. To realize the healing power of healthy relationships	At the end of this session, participants will be able to <ul style="list-style-type: none">• define a healthy relationship.• explain how respect, mutuality, and compassion are at the core of a loving relationship.
Session 12: Endings and Beginnings	To understand the importance of connection in women's lives	At the end of this session, participants will be able to <ul style="list-style-type: none">• explain how to end relationships respectfully.• identify the important women in their lives.• describe the importance of connection and spirituality.