

**UNC School of Social Work
Clinical Lecture Series**

**Gender Responsive
Substance Use
Disorder Treatment**

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Learning Objectives:

- 1) Describe the evolution of gender responsive treatment.
- 2) Identify biological, social, and psychological factors that are unique to women and their experience of addiction and recovery.
- 3) Describe the influence of these factors on addiction treatment for women.
- 4) Identify and discuss existing gender responsive evidence based and promising practices.

Gender As...

<p style="text-align: center;">BIOLOGY</p> <ul style="list-style-type: none"> • Genitalia • Hormones • Body size • Body shape • Brain (structure/function) 	<p style="text-align: center;">SOCIAL CONSTRUCTION</p> <ul style="list-style-type: none"> • Social roles • Power and hierarchy • Language • Making meaning • Context variable
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Stereotypes & Generalizations

...What to Keep in Mind

Brainstorm a list of FIVE to TEN things that you know about women...
Women Are...

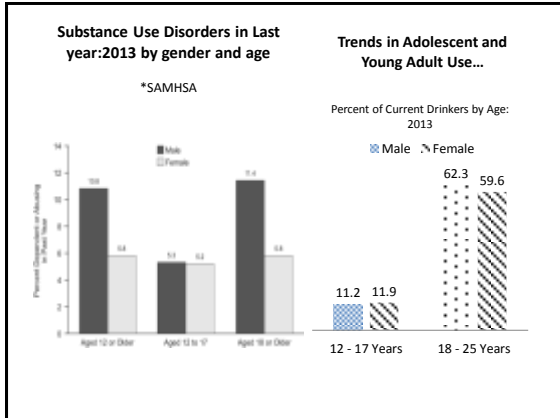
- Emotional
- Outspoken
- Not good at math
- Concerned with appearances
- Good at cleaning
- Naturally inclined to parent and nurture
- Romantic
- Not physically aggressive
- Not into sports
- Weaker than men
- Naturally sweet and kind
- Obsessed with being thin
- Interested in marriage
- And the list goes on.....



Graphic: Canadian Government's Gender Based Analysis Plus (GBA+)

Why "Gender Responsive"?

- Prior to the 1990s substance use disorder and treatment research focused on all male samples, likely due to higher rates of substance use among men and availability of male subjects.
- Early treatment relied on mutual-aid organizations such as Alcoholics Anonymous which were disproportionately male.
- Early treatment was designed by males, for males.
- Public funding history – block grant funding was available in the early 1980s but federal requirements did not increase mandatory percentage spending until the early 1990s following the "crack baby epidemic" and Anti-Drug Abuse Act of 1988.



Why Gender Responsive?

- Rates of current use for females >age 12:
 - 7.3% illicit drugs
 - 47.5% alcohol
 - 20.2% tobacco
- Rates of current use for pregnant females (age15-44):
 - 5.4% illicit drugs (lower rate in 3rd trimester)
 - 9.4% alcohol (lower rate in 2nd and 3rd trimester)
 - 15.4% tobacco (slight reduction in rate in 2nd and 3rd)

SAMHSA estimates that only 10.9% (2.5 million people) of the 22.7 million people (8.6% of population) in need of treatment in 2013 received it.



Why “Gender Responsive”?

FIRST - We need to understand the factors that are unique to women’s experience of addiction and recovery.

SECOND - We need to adjust prevention and treatment efforts to reflect these unique factors.

THIRD - We need to develop a system of care that does the same.

WHAT DO WE KNOW ABOUT SUBSTANCE USE RELATED FACTORS THAT DIFFERENTIATE WOMEN FROM MEN?

- Biological
- Psychological
- Social

Biological Factors

- Higher body fat, lower volume of body water, less gastric dehydrogenase, and smaller organ sizes contributes to higher blood alcohol levels and more severe physical consequences.
- Women tend to experience a “telescoping effect”, a rapid progression from initiation of use to development of substance use disorder.
- Hormonal variations experienced by women can influence the reinforcing effects of substances, as well as contribute to behavioral patterns that support drug use.

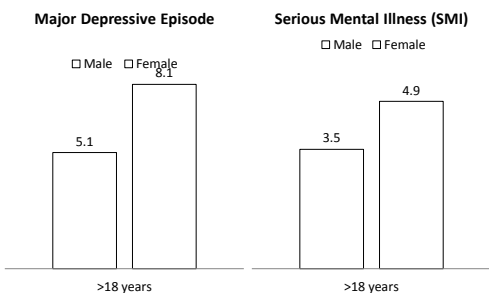
Biological Factors

- Women exhibit a greater subjective sense of well-being following cocaine, and more responsive brain activity to nicotine exposure, indicating a heightened sensitivity
- Brain imaging suggests that women have a larger hippocampus and more reactive anterior cingulate cortex, indicating a unique emotional and relational capacity.
- Women are more likely to express broad health concerns rather than substance use specific concerns. They are more likely than men to seek treatment for physical and mental health needs.

Psychological Factors

- Higher rates of co-occurring psychiatric disorders, especially depression and anxiety, and including eating disorders.
- More likely to report prior sexual, physical, and emotional abuse – 55-99% of women in treatment for substance use disorder.
- High rates of PTSD – 30-60% of women in treatment for substance use disorder.
- Approximately 15% of women in SA treatment have had an eating disorder in their lifetimes.
- Express lower self-esteem and self-efficacy.
- Express higher levels of substance use associated guilt and shame.
- Sociocultural contributions to risk of use and pattern of treatment engagement including discrimination experiences.

Prevalence of Psychiatric Disorders according to Gender in 2013



Social Factors

- Women are more likely to be in a relationship with a substance user and get drugs through relational ties rather than dealers.
- Women with SUD are more likely to have partners with SUD and often perceive drug use as a means to connect.
- Rituals and high-risk behaviors with drug injection are influenced by significant relationships.
- Prevalence of interpersonal stress, including violence, can influence substance use and treatment engagement.
- Social contexts generally place a disproportionate share of family responsibilities on women,
 - Presenting a barrier to care AND
 - Resulting in increased social stigma related to femininity and caretaking.
- Social isolation and lack of social networks.
- Fear of loss of children and lack of childcare.

Social Factors

- Pregnancy, parenting and childcare influence consumption of drugs & alcohol and impact treatment entrance and completion.
- Societal myth that women do not use drugs or lose control results in under diagnosis and referral for care.
- Historically substance abusing women have received harsher castigation than men – taking the form of critical words or overt violence.
- Drug use during pregnancy or after delivery is met with scorn, disdain, or disgust.
- Cost of treatment disproportionately effects women due to unequal wages and poverty rates. Socioeconomic status can influence use pattern and treatment engagement.

Case Study: ALICE

- 36 year old African American female
- Mandated referral by Child Protective Services for neglect of 6 year old
- 7 years prior - termination of rights of twins and eldest daughter chose other family member
- Transitioned from marijuana to cocaine use by relationship, uses in relationship, with sex
- Co-occurring Bipolar Disorder; finds mood stabilizers very helpful
- Sexual trauma history beginning at age 3 and repeated
- Shame related to loss of custody, loss of control over substance and sex behavior

HOW DOES THIS KNOWLEDGE INFORM TREATMENT?

- Addressing Women’s Barriers to Treatment
 - An Empowerment Approach
 - Trauma Informed Care
- Integrated Mother/Child Services
 - Perinatal Specifics
- Addressing Co-occurring Disorders

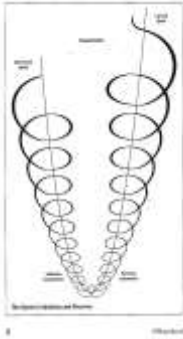
Addressing Barriers to Treatment A Comprehensive Service...

- Childcare
- Transportation
- Healthcare services including pregnancy-related
- Housing needs
- Vocational and educational services
- Parenting skills training
- Legal services
- Outreach

On-site services OR coordination of referrals to other providers.

Use of an “Empowerment” Approach

- Supportive rather than confrontational (although still maintaining assertion of accountability).
- Collaborative approach to encourage self-efficacy through full participation in decision making.
- Focus on the internal– address the psychological and psychiatric issues that women present with. Attempt to improve self-esteem and reduce shame.
- Focus on the interpersonal– address the influence and impact of relationships. Attempt to improve interpersonal functioning and make meaning of societal messages.



**Dr. Stephanie Covington's
Spiral of Addiction
and Recovery :**

"The process is not merely one of turning around and ascending the same spiral but one of transformation so that one ascends a different spiral."

**"Healing Neen"
a film about Tonier Cain**



healingneen.com

Trauma Informed Care

"To understand the role that violence and victimization play in the lives of most of our consumers of mental health and substance abuse services and to use that understanding to design service systems that accommodate the vulnerabilities of trauma survivors and allow services to be delivered in a way that will facilitate consumer participation in treatment."

(Harris & Fallot, 2001)

- Integrated Approach
 - Program Milieu
 - Crossover Skills
- Avoid Contraindicated Approaches
 - Ancillary Services
- Empowerment and Strengths-Based Approach
 - Relationship Building
 - Cultural Competence

A “Women’s Only” Space

<p>PROS</p> <ul style="list-style-type: none"> • Women report feeling less intimidated and less concerned with stigma in a women’s only setting. • Women with past trauma report feeling safer from intimate partner violence in this setting. • Less sexism tends to be displayed in such groups and women feel more freedom to speak openly. • Client/counselor matching has been suggested as a culturally sensitive practice for many populations. 	<p>CONS</p> <ul style="list-style-type: none"> • Women in such settings may miss out on positive, non-sexual, male relationships. • Important transference materials related to men may be avoided with no male contact. • Male counselors may offer role modeling opportunities for establishing supportive relationships.
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Integrated Mother-Child Services

“Ghosts in the Nursery” (Fraiberg S, Adelson E, Shapiro V, 1975)

A classic article addressing the generational recreation of insecure mother/child attachment.

Active addiction often prevents mothers from forming secure attachment, this can impact a child’s development and functioning.

Access to child services is vital to any substance abuse program serving women with children.

Perinatal Period

Provide accurate and **nonjudgmental** education about potential effects of drug use and treatment options...

Prenatal care counts...

Postpartum is a high-risk time for relapse due to postpartum triggers...

Maintain awareness of postpartum depression and/or psychosis symptoms...

Postpartum relapse prevention needs to be addressed...

Referral to perinatal specific substance use treatment programs may be indicated...

Addiction, Sexuality, and Family Planning

How BIG a family does she WANT??

Co-Occurring Disorders

• Screen for and address co-occurring mental health conditions including:

- PTSD and other anxiety disorders
- Postpartum depression and other mood disorders
- Eating Disorders

Do you remember ALICE?

- 36 year old African American female
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Case Study: ALICE

- Motivational interviewing, with discussion of historic barriers to change
- Psychoeducation – integrated explanation of pattern and effects of trauma
- Ascribe legitimate blame as needed while respecting familial love
- Role models maintaining safety with pacing of disclosures in session and initiates Seeking Safety with patient buy-in
- Weekly discussion in support of safe choices, with any set-back we explore it and understand it in context of her path, increasing deferral to Alice for decision making
- Support and emotion regulation skills with grief
- Considers housing, job, dating, and reunification with daughter through lens of safe choices
- Termination based on clinician encouragement and patient statement of preparedness

EXISTING EVIDENCE BASED AND PROMISING PRACTICES

National Registry of Evidence-based Programs and Practices
nrepp.samhsa.gov

- A Woman’s Path to Recovery (Based on A Woman’s Addiction Workbook)
- Alcohol Behavioral Couple Therapy (ABCT)
- Boston Consortium Model: Trauma-Informed Substance Abuse Treatment for Women
- Forever Free
- Helping Women Recover and Beyond Trauma
- Seeking Safety
- Trauma Recovery and Empowerment Model

**A Woman’s path to recovery
(based on a woman’s addiction workbook)**

- A clinician led program that uses the woman’s addiction workbook...
 - 12, 90 minute sessions provided over 8 weeks
 - “Exploration” section provides psychoeducation specific to women in addiction and supports identification of personal themes within topics of body/sexuality, stress, relationships, trauma/violence, and thrill-seeking.
 - “Healing” section guides women through recovery with exercises in four domains of relationships, beliefs, actions, and feelings.
- Research conducted specific to opiate users. Also used for nonsubstance addictions.

Alcohol behavioral couple therapy

- An outpatient treatment for individuals with alcohol use disorders and their intimate partners.
- The model assumes couple interactions can be triggers, and positive relationship is key source of motivation.
- CBT based model that attempts to
 - Identify and decrease the partner’s behaviors that reinforce the drinking;
 - Strengthen the partner’s support of the client’s efforts to change;
 - Improving interpersonal communication and problem-solving skills as a couple;
 - Improve client coping skills and relapse prevention techniques

Alcohol behavioral couple therapy – cont'

- 2-3 hours of assessment for treatment planning, 12-20 weekly, 90-minute therapy sessions for the client with his or her partner.
- Treatment follows cognitive-behavioral principles applied to couples therapy and specific therapeutic interventions for alcohol use disorders.
- Optimally provided in context of practice with certified/licensed mental health or addictions professionals who have a background in treating alcohol use disorders and knowledge of cognitive-behavioral therapy.

Boston Consortium Model (BCM): Trauma-Informed Substance Abuse Treatment for Women

- Integrated treatment designed for low-income, minority women with co-occurring alcohol/drug addiction, mental disorders, and trauma histories.
- An enhancement to existing treatment based on the Trauma Recovery and Empowerment Model (TREM). See details for TREM below.
- Includes diagnostic administered by a trained mental health/trauma service (MHTS) coordinator/case manager, then develop a treatment plan, provides links to appropriate mental health services, and works collaboratively as the primary point of contact with the client's service teams.
- BCM can be delivered in English and Spanish by trained bilingual staff

Boston Consortium Model (BCM): Trauma-Informed Substance Abuse Treatment for Women – cont'

- 5 manual-driven, skills-building group modules:
 1. Modified TREM curriculum with 3 group sessions on HIV/AIDS prevention for a total of 25 sessions.
 2. Women's Leadership Training Institute (3 sessions, 15 hours total), peer led, focus leadership and communication skills
 3. Economic Success in Recovery (8 sessions, 16 hours total, skills to effectively manage money issues and draw associations between economics and addiction
 4. Pathways to Family Reunification and Recovery (10 sessions, 15 hours total) builds skills, knowledge, and support related to child custody issues.
 5. Nurturing Program for Families in Substance Abuse Treatment and Recovery (12 sessions, 24 hours total) parenting skills and family communication.

Forever Free

- Drug treatment intervention to reduce drug use and improve behavior during incarceration and parole.
- Includes individual substance abuse counseling, special workshops, educational seminars, 12-step programs, parole planning, and urine testing.
- Topics include self-esteem, anger management, assertiveness training, information about healthy versus dysfunctional relationships, abuse, posttraumatic stress disorder, codependency, parenting, and sex and health.
- 4-6 month program with 4 hours of program activities 5 days per week.
- Following graduation and discharge to parole, women may voluntarily enter community residential treatment to include family counseling, vocational training/rehabilitation, and recreational or social activities.

**Helping Women Recover and Beyond Trauma
(Women’s Integrated Treatment: WIT)**

- Manual-driven treatment programs designed originally for criminal justice or correctional settings, community version also available.
- The two programs can be delivered conjointly as one intervention or separately as independent, stand-alone treatments.
- Goals to reduce substance use, encourage enrollment in voluntary aftercare treatment upon parole, and reduce the probability of reincarceration following parole.
- Delivered by female counseling staff (who may be assisted by peer mentors) to groups of 8-12 female inmates, in a nonconfrontational and nonhierarchical manner.

**Helping Women Recover and Beyond Trauma
(Women’s Integrated Treatment: WIT) – cont’**

- 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.
- 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.
- CBT skills training, mindfulness meditation, experiential therapies, psychoeducation, and relational techniques
- 17 90 minute sessions to be given 1-2 X per week

Trauma Recovery and Empowerment Model (TREM)

TREM is a fully manualized group-based intervention:

- Designed to facilitate trauma recovery among women with histories of exposure to sexual and physical abuse
- Draws on cognitive restructuring, psychoeducational, and skills-training techniques
- Gender-specific 24- to 29-session group
- Emphasizes coping skills and social support.
- Addresses short- and long-term consequences of violent victimization
- Includes mental health symptoms, especially posttraumatic stress disorder, depression, and substance abuse

TREM has been successfully implemented in a wide range of service settings (mental health, substance abuse, criminal justice) and among diverse racial and ethnic populations.

Seeking Safety: A Treatment Manual for PTSD and Substance Abuse

- Present-focused treatment for clients with a history of trauma and substance abuse.
- The treatment was designed for flexible use: group or individual format, 25 topics, male and female clients, and a variety of settings (e.g., outpatient, inpatient, residential).
- Researched across a variety of treatment settings and patient populations with evidence of positive outcomes.

Seeking Safety: A Treatment Manual for PTSD and Substance Abuse – cont'

- Seeking Safety focuses on coping skills and psychoeducation and has five key principles:
 - (1) safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions);
 - (2) integrated treatment (working on both posttraumatic stress disorder (PTSD) and substance abuse at the same time);
 - (3) a focus on ideals to counteract the loss of ideals in both PTSD and substance abuse;
 - (4) four content areas: cognitive, behavioral, interpersonal, and case management; and
 - (5) attention to clinician processes (helping clinicians work on countertransference, self-care, and other issues).

Outcome Studies

- Treatment participation (including length of stay and completion) is associated with positive post-treatment outcomes among women , including:
 - Abstinence and/or lower substance use
 - Improvements in employment & income
 - Decrease in arrests
 - Decrease in depressive symptoms
 - More positive attitudes towards parenting
 - Improved prenatal and birth outcomes
 - Increased self-esteem
 - HIV risk reduction

Preliminary data on gender-specific programs suggests improved outcomes on many of these indicators as well as greater satisfaction with services.

Plan for Implementation?

- Are your patients being screened for co-occurring mental health and trauma histories? If not, how to incorporate this?
- Is it possible to create single gender groups?
- Have your clinicians been trained in gender responsive treatment?
- Who in your organization would be the gatekeeper for a pilot of any of the EBP's discussed today?
- Can your program purchase the materials needed?
- What barriers might exist to implementation of this approach or curriculums?

Let's brainstorm!

Thank You!

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“Guidance to States: Treatment standards for women with SUDs”

- Counseling will be accessible for women and their families...in a safe, nurturing environment.
- Group size based on therapeutic standards (≤ 10)
- Women will be able to access a gender-specific group on a weekly basis.
- Groups shall integrate a strengths-based, empowerment approach.
- Programs will offer a coordinated trauma and substance use curriculum.

“Guidance to States: Treatment standards for women with SUDs” – cont’

- Groups will be relational, trauma informed, and delivered in a safe environment.
- Counseling will assist individuals/families in reaching treatment objectives via exploration of substance use problems and their ramifications, etc.
- Counseling will include information/referrals about nicotine.
- Education will use curricula that are gender specific and based on current knowledge of addiction, health, and wellness.
- Curricula will be flexible to facilitate different learning styles...such as use of multimedia.

“Guidance to States: Treatment standards for women with SUDs” – cont’

- Education provided in an environment that is safe, accessible and conducive to learning.
- Education will include information about the impact of drug/alcohol use during pregnancy and safe-sex & family-planning.
- Considerations for Children & Family:
 - Childcare will be provided during sessions
 - Client and staff will collaborate to identify appropriate family members to participate in family counseling to address roles/responsibilities, emphasize family strengths, and provide information on impact of substance use.
