Gender Matters:

Effective Interventions for Women with SUDs

Provided with support from SAMHSA's TA and Training on Women and Families Impacted by Substance Abuse and Mental Health Problems

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Agenda

- Yes Gender Matters!

- What does Gender Responsive mean?

- Café Conversations

- Addressing Women's Needs

- Action Planning

Yes Gender Matters!

The Roots of Our System

- Treatment services today evolved from three sources:

  - alcohol services which emerged through Alcoholics Anonymous and followed a social model approach,

  - drug abuse services which evolved from early therapeutic communities, and

  - clinical approaches which were initiated through privately funded hospital based programs.

- All three approaches created a male-centered model of services and then adapted it to serve women.

Sex and Gender Differences

- **There are sex differences and gender differences.**
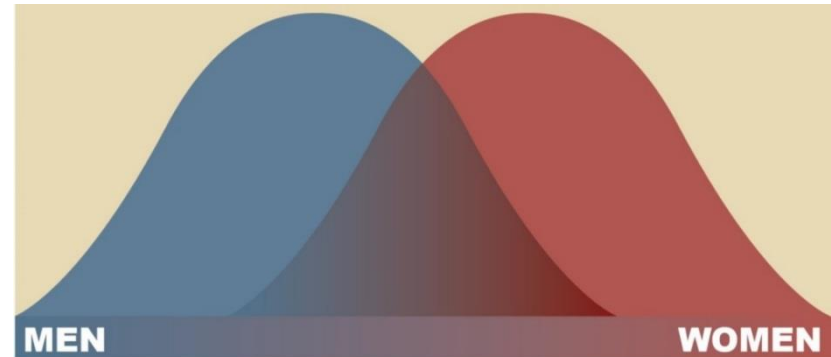
- Women and men also have much in common.

- Avoiding generalizations, but discussing characteristics that are often more common among women.

- Women are also diverse.

Women are …

creative … capable … empathetic … resilient … able to multi-task … nurturing … smart … nice … fair … sexual … generous … dedicated … strong … energetic … diverse … colorful
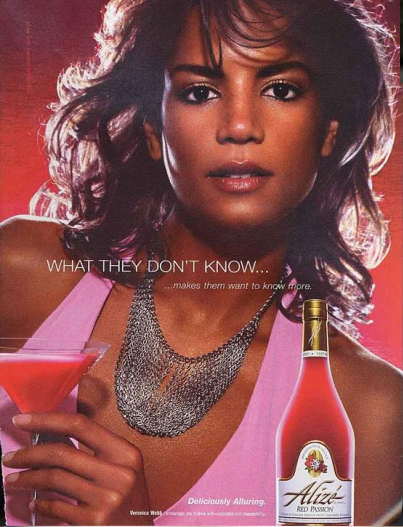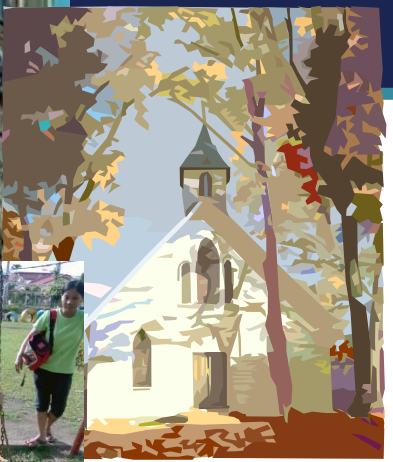
Women are also ...

- **Sexualized**
- **More likely to be in poverty**
- **Responsible for family members**
- **More stigma and shame for addictions**
- **Vulnerable to violence**
- **Under-represented in business and government leadership**
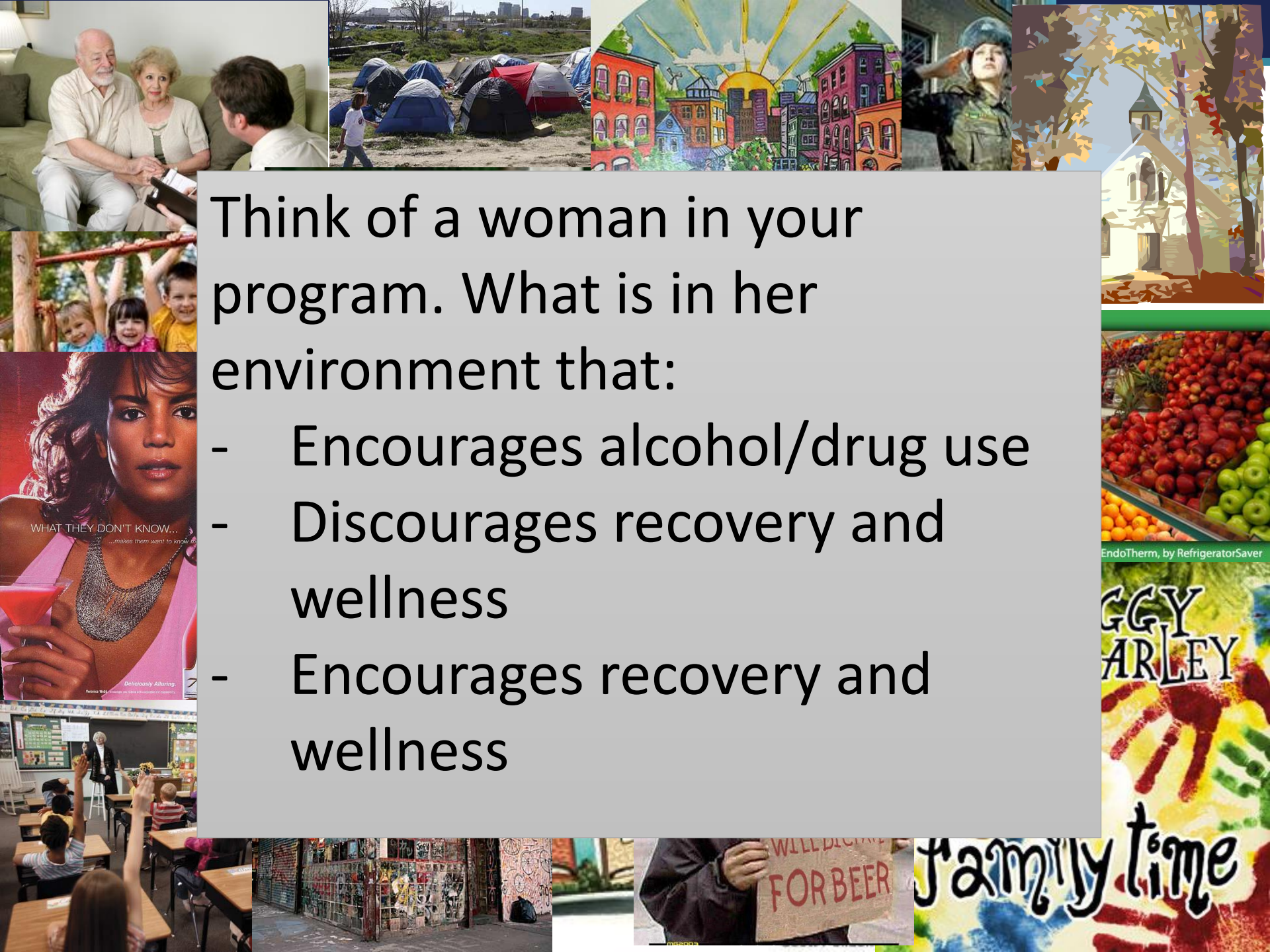
Public Health Model

Problem exists when an Agent interacts with a Host in an Environment.

- **Agent**– alcohol or other drugs

- **Host** - Individual who is susceptible to an AOD problem. Often surrounded by families.

- **Environment** – family, social and community environment including media and peers.

Strategies to prevent, reduce and treat alcohol and other drug problems address all three areas.

WHAT THEY DON'T KNOW...

...makes them want to know more.

Alizé
RED PASSION

Deliciously Alluring.

Grand OPENING

CHECKS CASHED

ZIGGY MARLEY

family time

WILL DICTATE FOR BEER

I ♥ NY

Think of a woman in your program. What is in her environment that:

- Encourages alcohol/drug use
- Discourages recovery and wellness
- Encourages recovery and wellness

Population Health: Consider Women as a Sub-Population

- Women with SUDs have specialized needs

- Health care decision makers and care takers for their families

- Pregnant and parenting women – increased risks and opportunities
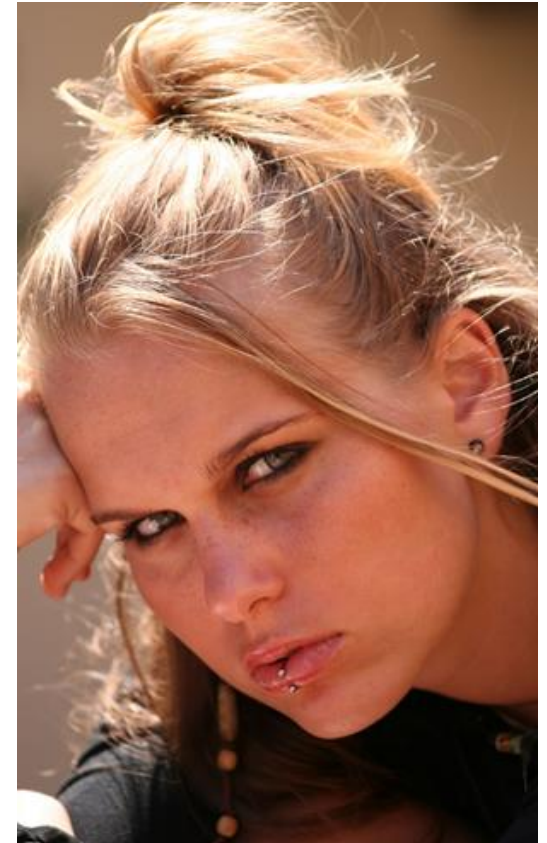
Steve Hinshaw: The Triple Bind

#1: Girls must be nurturing, kind, caregiving

#2: Girls must now compete, academically and athletically, and show assertiveness and ambition

#3: Girls must conform to narrow, unrealistic standards, effortlessly, with appearance crucial

- i.e., Girls must do #1 and #2, a double bind, while "looking hot" and "without sweat"
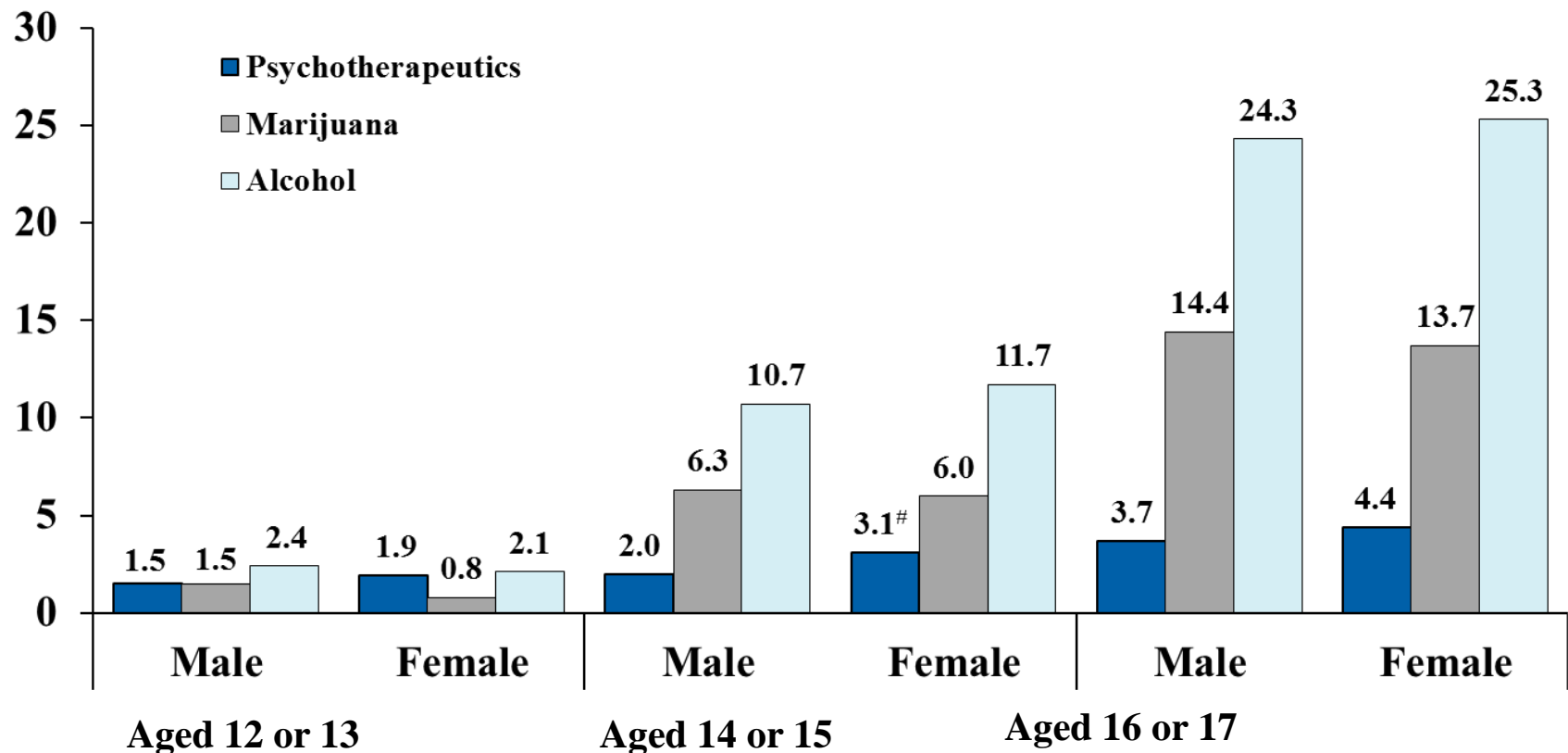
Women's Pathways to Use

- Co-Occurring Disorders

- Influence of Relationships

- Trauma History

- Prescription Medications

- Increasing Rates of Drug Use Among Adolescent Girls, Women

Past Month Use of Selected Illicit Drugs and Alcohol among Youths Aged 12 to 17, by Gender and Age Group: 2012

Percent Using in Past Month

Risk Factors for Girls

- Easy access
- Positive effects
- Abuse, trauma, violence
- Improving mood or helping mood disorders
- Prescription medication
- Eating disorders and body image concerns
- Lack of positive activities
- External locus of control

Problems & Consequences

- The problems and consequences of substance for women tend to be personal and self-destructive.

- The problems and consequences of substance use for men tend to be societal and destructive to others.

Differences in Potential Consequences with SUDs

- Women with SUDs are more likely than men to:
  - Risk losing children
  - Risk losing relationship with partner due to seeking treatment
  - Have reproductive consequences: pregnancy complications and potential effect on fetus; hormonal issues
  - Telescoping effect – health consequences faster.
  - Be exposed to violence (e.g., rape, sexual assault, IPV)

Main Barriers to Treatment

- Many barriers to treatment exist for women who are ready to stop using. **The top two are:**
    - Cost (socioeconomic hardship)
    - Stigma (feelings of shame and guilt)

- **Other barriers:**
    - Family
    - Self
    - Partner
    - Systemic
    - Practical

Main Motivators for Treatment

Many potential motivating factors, including:

- Referral by social services, child welfare, and criminal justice systems

- Women's SUD intervention

- Self-referral from fears about mental health, losing relationships

- Pregnancy and concern for baby

- Women more likely to engage in help-seeking behavior and attend treatment after admission.

May be motivated but also often feel hopelessness, lack self-efficacy and expect to fail.

Gender-Responsive Practices

What does it mean to be gender responsive?

Woman Responsive Treatment

- Addresses women's experiences

- Trauma-informed

- Relational

- Strength-based, motivational

- Comprehensive

- Provided in an environment in which women feel safe and comfortable

Addresses Women's Unique Needs and Experiences

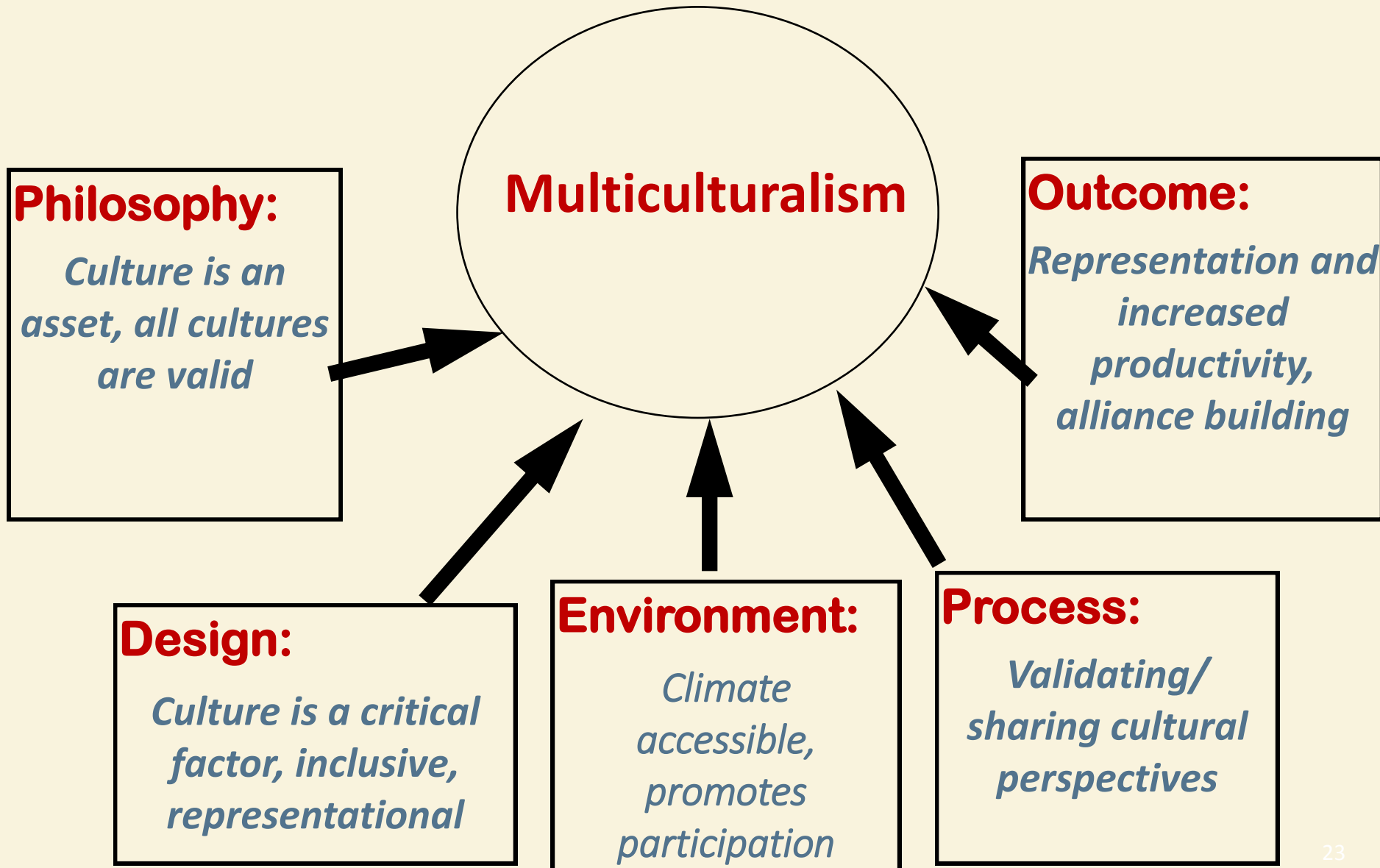Person-centered and relevant to her experiences

Considers treatment environment

Gender and culturally responsive; respectful

Considers sexual history and sexuality (including sexual orientation)

Considers socioeconomic reality of the woman

Multiculturalism: Concept Model

Multiculturalism

Philosophy:

Culture is an asset, all cultures are valid

Outcome:

Representation and increased productivity, alliance building

Design:

Culture is a critical factor, inclusive, representational

Environment:

Climate accessible, promotes participation

Process:

Validating/ sharing cultural perspectives

Byron Kunisawa

Approach Is Trauma-Informed

- Physical and psychological safety is of paramount importance.

- Treatment services avoid punitive approaches and are strength based.

- Services adhere to trauma-informed principles.

Trauma Can be Self-Defining

- Sense of self
- Sense of efficacy
- World view
- Coping skills
- Relationships with others
- Ability to regulate emotions
- How one approaches services
- How one approaches the culture of the treatment agencies, work environments, and life in general

The Internal Working Model

- **World is frightening**

  - Shouldn't trust others

  - Feels vulnerable

- **Misreads cues**

  - Under-reacts to real danger

  - Over-reacts to innocent exchanges

- **Victim - victimizer dynamic.**

  Someone is the controller and someone controls.

Photo: aryche @ flicker.com

The Internal Working Model

- **No ability to affect the situation.**

This world view is carried through all relationships including treatment, social services and employment.

Photo: aryche @ flicker.com

Being Trauma-Informed
in the Therapeutic Relationship

- Provide the maximum level of choice, autonomy, self-determination, dignity, and respect with every interaction.

- Regard the woman as your equal during the entire process. She is the expert about herself and you are the expert about how to help people discover what they want to change and how to help them do that.

- Understand that the thoughts and feelings you are seeing are interrelated responses to overwhelming feelings.

Being Trauma-Informed in the Therapeutic Relationship

- Understand that the function of behavior is often to cope with underlying issue related to past maltreatment or trauma (not intentional provocation).

- View healing as healthy adjustments to cope with trauma.

- The goal is to build skills, not manage symptoms.

- If the woman is not successful in the treatment, view your service as an inappropriate fit, or an opportunity to learn and improve – don't blame her.

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Trauma-Sensitive vs. Trauma- Insensitive Approaches

Trauma-sensitive services/approaches	Trauma-insensitive services/approaches
• Recognition of culture and practices that re-traumatize	• "Tradition of toughness" valued as best-care approach
• Power/Control minimized	• Expert vs. client – (e.g., keys, security uniforms, staff demeanor, tone of voice)
• Caregivers/Supporters	• Rule enforcers
• Collaboration-focused	• Compliance-focused
• Staff training builds awareness, sensitivity	• "Client-blaming" as fallback position without training
• Understand function of behavior as coping and survival. (e.g., attitude, rage, repetition-compulsion, self-injury)	• Behavior seen as intentionally provocative and volitional

Adapted from Fallot & Harris, 2002; *Cook* et al., 2005; *Ford*, 2003

Trauma-Sensitive vs. Trauma- Insensitive Approaches

Trauma-sensitive workers	Trauma-insensitive workers
• **Objective, neutral language**	• **Labeling language: manipulative, needy, gamey, "attention-seeking"**
• **"Let's talk and find you something to do that will help."**	• **"If I have to tell you one more time …."**
• **Focus is on person – eye contact**	• **Focus on task, not person**
• **Says hello and goodbye**	• **Comes and leaves with little acknowledgement**

Adapted from *Fallot & Harris*, 2002; *Cook* et al., 2005; *Ford*, 2003

Approach is Relational

- Women's sense of self organization around making & maintaining affiliations

- Connections fundamental to psychological growth and healing

- Treatment can provide opportunities for women to build supportive relationships with other women.

- Therapeutic alliance is critical.

Strength Based

- Low self efficacy
- Expect to fail
- Change is hard for everyone
- Pacing
- Praise

Women need to learn new self talk and add supportive voices to their "committees"

Three steps to helping women to develop new skills or habits (often while meeting other service needs such as getting a child's birth certificate.)

1. Do for
2. Do with
3. Cheer on

Success begets success

Comprehensive

- Physical health care
- Wellness approach
- Mental health care
- Survival needs
- Child and family services
- Housing
- Recovery supports

Collaborations

Effective collaboration is often required in order to support women and girls to address their own multiple and complex needs, as well as those of their families.

- Understanding each other
- Developing trust and relationships
- Communication
- Daily practices
- Tools and resources
- Involving family

Safe Environment

Physical Safety
- **External**: Location, transportation, parking, lighting
- **Inside**: Clean, children's area, women-only area

Personal Safety
- Welcoming
- Warm reception
- Snacks
- Non-threatening rules

Addressing Women's Needs

Considerations in Treatment and Recovery

Gender-Responsive Engagement/Interventions

Many engagement and intervention approaches and practices significantly improve women's outcomes

Elements of Treatment

- **Detoxification / Stabilization** (includes pharmacology)

- **Motivation and Engagement**

- **Assessment, Placement, & Treatment Planning** (includes physical health, mental health, violence, priorities)

- **Skill-building Programming** (includes drug resistance, problem solving, decision making, trauma/SUD coping skills)

- **Lifestyle and Support** (interpersonal, replace drug activities, safe and health environments, family recovery)

- **Case Management / Establishing Recovery Supports** (child welfare/family support, criminal justice, community support, housing, economic needs)

Consider women's specific needs in each area – some are the same as men; some are different

Outreach and Engagement to Women with SUDs

- Culturally fluid, nonjudgmental, respectful, and trauma sensitive

- Considerations for woman's children and family

- Addresses personal and systemic barriers to seeking treatment

- Pregnancy/perinatal considerations

Gender-Sensitive Screening & Assessment

- Process of becoming familiar with a woman's culture, beliefs, values, and experiences, along with individual and family needs, priorities, and resources.

- Addresses personal and systemic barriers; health, mental health and trauma

- Ongoing

- Trauma-sensitive assessment

- Uses Motivational Interviewing

Assessment and Treatment Planning for Women

- Recognize and prioritize women's family responsibilities and relationships

  - Don't assume all women are mothers
  - Don't assume family members are active supports for the woman
  - Understand the complexities in partner relationships

What message and experiences do we ask women to focus on … are we problem focused or resource focused?

Evidence Based Programs

- Medication assisted recovery
- Cognitive behavioral approaches
    - Women's supplement to Matrix program
- Trauma related curricula
- Cognitive behavioral approaches
- Dialectical Behavior Therapy
- Motivational Interviewing and Enhancements
- SBIRT

Therapeutic Alliance and connection to others directly related to success for women

Interventions and Groups

- Consider gender in array of services offered.

- Wide range of interventions have been adapted or supplemented for women.

- Women's only-groups even in co-ed programs.

  - If not possible, combine co-ed

    programming with individual

    sessions with a women's counselor.

Gender Dynamics

- Women may be accustomed to not speaking up for themselves or deferring to men in groups.

- Women may feel unsafe in disclosing certain information in mixed groups.

- Sexual advances or harassment may disrupt a sense of safety and detract from treatment.

Solutions for Co-Ed Groups

- Try grouping women together so they make up close to 50% of the group.

- Set guidelines about dominating discussions, use of teasing and sarcasm, encourage strength-based talk, etc.

- Staff training and clinical supervision can address this.

Factors in Women's Recovery

- Peer support

- Connections with ancillary/social supports

  - Housing, financial, child welfare, children's services, education, food programs, legal assistance, victim assistance etc.

- Ongoing

- Flexibility in scheduling

SAMHSA Recovery Support Initiative

Four Essentials
- Health
- Home
- Community
- Purpose

Kate on Health

Cynthia on Home

Darlene on Purpose

Constance on Community

FOCUS ON WELLNESS

EMOTIONAL
Coping effectively with life and creating satisfying relationships.

FINANCIAL
Satisfaction with current and future financial situations.

ENVIRONMENTAL
Good health by occupying pleasant, stimulating environments that support well-being.

INTELLECTUAL
Recognizing creative abilities and finding ways to expand knowledge and skills.

SOCIAL
Developing a sense of connection, belonging, and a well-developed support system.

WELLNESS

PHYSICAL
Recognizing the need for physical activity, diet, sleep, and nutrition.

SPIRITUAL
Expanding our sense of purpose and meaning in life.

OCCUPATIONAL
Personal satisfaction and enrichment derived from one's work.

•Adapted from Swarbrick, M. (2006). A wellness approach. Psychiatric Rehabilitation Journal, 29,(4) 311–314.

Common Barriers to Meeting Recovery or Life Goals

- **Human Capital Barriers**
- **Personal Health Barriers**
- **Family Responsibility Barriers**
- **Material Hardship Barriers**
- **Access Barriers**

LISTEN AND LEARN

Recovery Principles

- Recovery emerges from hope.

- Recovery is person-driven.

- Recovery occurs via many pathways.

- Recovery is holistic.

- Recovery is supported by peers and allies.

- Recovery is supported through relationships and social networks.

- Recovery is culturally based and influenced.

- Recovery is supported by addressing trauma.

- Recovery involves individual, family, and community strengths and responsibility.

- Recovery is based on respect.

SAMHSA's Working Definition of Recovery Resource Guide

"Words are important. If you want to care for something, you call it a flower, if you want to kill something, you call it a weed."

~ Don Coyhis, Founder of White Bison
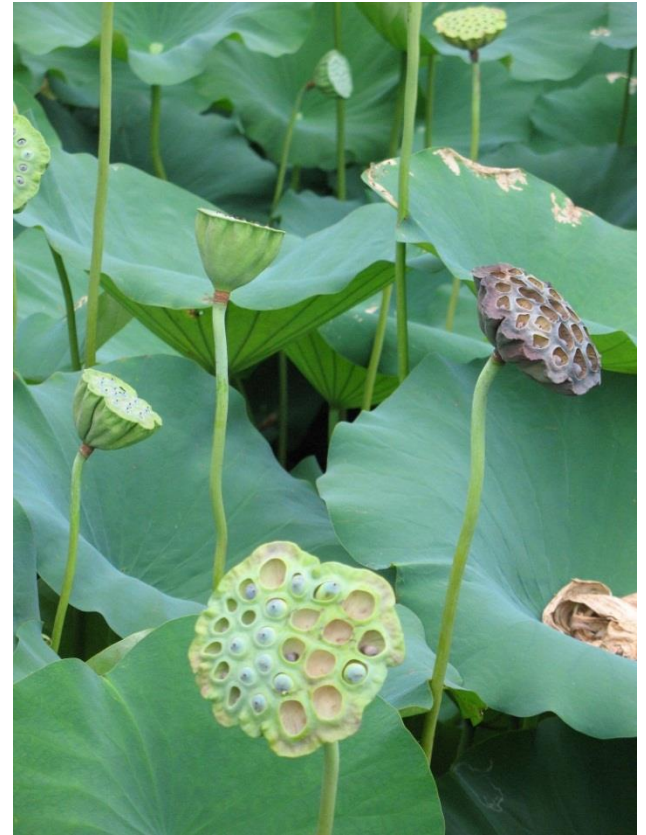
Action Planning

Mental Health Systems, Inc.

Gender Responsive Initiative across agency

Changes We Found:

- ➢ Clients
- ➢ Outcomes
- ➢ Staff

How MHS brought gender responsiveness to scale. You can do it too!

TALK about gender
- With clients in group
  - With current staff
  - During treatment plan meetings

Environment
- Safety
- Art work and color
- Sanctuary

How MHS brought gender responsiveness to scale. You can do it too!

Curriculum
- Gender responsive
- Talk about differences

Staff
- Part of evaluation
- Part of hiring interview

Mental Health

a mentally healthy woman has a positive self-image and is able to manage the challenges of everyday life such as work, family, traffic and relationships as well as periodic significant events (e.g., marriage, trauma, death)

Mental health occurs on a continuum

The Life Balance Wheel

Is your life in balance? Add spokes to the wheel for each of your activities to take care of yourself in each area.

Do you have at least two spokes in each area? When a wheel goes flat, it does not just go flat in one area, the whole wheel goes flat.

Spiritual

Social/Emotional

Physical

Mental

Introduction to Women with SUDs online course
  http://healtheknowledge.org/

There are powers inside of you which,

if you could discover and use,

would make of you everything

you ever dreamed or imagined

you could become.

Orison Swett Marden

For More Information Contact:

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