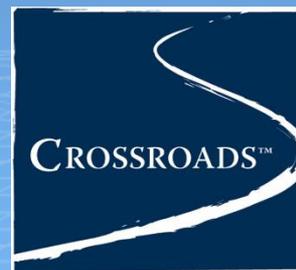




Providing a Gender Responsive Approach Throughout the Continuum of Care

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Objectives

- Explain the unique needs of women in substance use treatment.
- Describe clinical interventions that reinforce a gender responsive treatment approach for women and why they work.
- Discuss trauma informed approaches to further support gender responsive treatment for women.



Shame, Stigma, Guilt





Risk Factors/Emerging Themes

- Familial cycle of addiction
- Chaotic family life
- Mental health
- Generational trauma
- Interaction between substance use and trauma and mental health
- Early onset substance use
- Substance use as a means to cope
- Single parent
- Challenges with healthy attachment
- Lack of sober parenting skills
- Lack of healthy/family supports
- Financially dependent
- Limited to no vocational skills, limited education
- DHHS involvement, loss of custody (grief)
- Desire to get better



Common Themes for Women with SUD

(Women and Addiction: A Trauma-Informed Approach, Covington 2008)

- Shame and stigma
- Physical and sexual abuse
- Relationship issues: fear of losing children or partner, needing partner's permission for tx.
- Treatment issues: lack of services for women, ignorance about women's treatment, long waitlist, lack of childcare services.
- Systemic issues: lack of financial resources, lack of clean/sober housing, poorly coordinated services.



As girls grow and develop, the transitions into adolescence and early adulthood-entering middle school or junior high, entering and graduating from high school or college, or entering the workforce-frequently involve many changes in the social and physical environment that influence their risk for unhealthy behavior. Some aspects of these transitions appear to affect girls and young women differently than boys and young men as they form attitudes, beliefs, and habits that can influence their use of cigarettes, alcohol, and drugs.

(Women
Under the Influence, pg. 2, 2006)



Gender Shapes Context

- Research suggests that social and environmental factors (including gender socialization, gender roles and gender inequality) contribute to the behavioral differences between men and women.
- Its important when developing services for women to acknowledge and understand the impact of living as a female in a male - based society.
- Reflect on the meaning we attach to what it means to be male and what it means to be female.

(Women and Addiction: A Trauma-Informed Approach, Covington 2008)



Gender Differences

- There are unique physiological and psychological differences between men and women in regard to the onset and progression of addiction.
- Women typically become intoxicated faster after consuming smaller amounts of alcohol than men. This has to do with higher alcohol concentrations, more body fat and a lower volume of body water to dilute the alcohol compared to men.
- *Telescoping*: Women develop substance use disorders and experience the health related effects of addiction faster than men.

(Substance Abuse Treatment: Addressing the Specific Needs of Women, TIP 51, 2009)



Gender Differences

- In regard to alcohol consumption, women are at greater risk for developing liver damage, brain damage and heart disease.
- Women who smoke cigarettes are at increased risk for long term health consequences such as lung cancer and heart problems compared to men.
- Some studies have suggested that women may be at increased risk of cardiovascular effects of cocaine compared to men
- Gender differences have also been studied in animals and found that females self administer drugs sooner and in larger quantities than males and female self administration was impacted by hormone levels.

(United Nations Office on Drugs and Crime, 2004)



Gender Differences

- Women are more likely to have chronic pain, be prescribed prescription painkillers, be given higher doses and use them for longer periods than men.
- Women are more likely than men to “doctor shop.”
- Women are more likely than men to die from overdoses of medications prescribed for mental health conditions. Antidepressants and benzodiazepines result in more hospitalizations for women than men.

(Center for Disease Control, 2013)



Gender Differences

- Studies show that women who inject drugs engage in more HIV risk behaviors and may have higher mortality rates than men.
- Once infected with HIV, women progress to AIDS more quickly than men.
- Woman more often than men have a sexual partner who injects drugs.
- Studies have also demonstrated that women share injecting equipment with more people in their social network than men.

(United Nations Office on Drugs and Crime, 2004)



Gender-responsive/woman-centered services are the creation of 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 address and responds to their challenges and strengths.

(Women and Addiction: A Trauma-Informed Approach, Covington 2008)



Principles of Gender Responsive Services

SAMHSA

- 1. Socioeconomic Status:** Biological, cognitive, behavioral and psychological dimensions of women's substance use should be examined through the lens of their SES context which include employment, educational status, transportation, housing, literacy levels and income.
- 2. Cultural Competency:** Providers need to be cognizant of the experiences of women from different ethnic and cultural backgrounds as well as the interaction between gender, culture and substance use to provide effective treatment. (Within the female population, must also pay specific attention to diversity class, race, sexual orientation, age, national origin, marital status, disability and religion.)



Principles Continued

- 3. Relationships:** Acknowledge the significance of relationships in the lives of women, the illusion that substance use helps a woman connect initially but eventually interferes in the relationships. Relational model.
- 4. Health:** Understand the health risks unique to women with addiction.
- 5. Developmental perspective:** Addiction affects women differently at different times in their lives. Consider the achievement of various milestones and where they are at in their lives and how this can impact use.



Principles Continue

- 6. Caregiver roles:** Understand the role of caregiver that women naturally assume and how this impacts not only their addiction, but their ability to seek and participate in treatment.
- 7. Gender roles:** Recognize the stigma women experience in our society and how actions related to their addiction are further compounded by shame and guilt.
- 8. Trauma informed:** Acknowledge the extent of trauma in women's lives. Programing is designed to increase a sense of safety and not recreate the experience of trauma.



Principles Continued

9. Programing is strengths based: Recognizes and reinforces the strengths women present with in treatment. Reinforce what is working and going well. Identify current resources and supports that are supportive.

10. Treatment is integrated and multidisciplinary: Remain current on theory and research across various disciplines to understand women's addiction treatment. Treatment providers must also network and collaborate with one another to provide comprehensive services.

11. Consistent, generalizable and competent: Various settings adhere to gender responsive practices, staff receive specific training and supervision



What it Means to be Trauma Informed

Trauma informed care can be applied in any setting and is an approach that increases sensitivity to the past or present experience of trauma. It is separate from trauma-specific interventions/treatments that are designed to specifically address the consequences of trauma and promote healing.

SAMHSA 2016



According to SAMHSA, a Trauma Informed Approach

- Realizes the impact of trauma and understands paths for recovery
- Recognizes the signs and symptoms of trauma in clients, families, staff and others involved in the system
- Responds by integrating knowledge about trauma into policies, procedures and practices
- Avoids re-traumatization



SAMHSA's Six Key Principles of a Trauma Informed Approach

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, historical and gender issues



Safety

- Provide services in a welcoming, secure, non-judgmental environment that embraces cultural diversity and provides physical and emotional safety.
- Tone of voice and body language
 - Tone and volume of voice are respectful, non-threatening body language, respect for personal space (ex. Don't tap someone on the shoulder from behind, let people know when you are walking into a room if their back is turned).
- Location
 - Well lit, parking



Trustworthiness and Transparency

- Empathic respect for clients rights and individuality. Their choices may not be our choices and that is ok.
 - Releases signed, transparent about expectations of treatment and consultation and collaboration with other treatment providers or supportive others
 - Non-judgmental approach
 - Relationships with clients are non-authoritarian
 - Client boundaries are respected
- Predictability
 - Sessions and groups start on time and end on time, what you say matches up with what you do, importance of consistent scheduling (avoid frequent changes in the schedule)



Peer Support

- Fellowship, 12 step community, alumni support, recovery coaches
- Friends and Family Series provides educational component to supportive others and creates a safe environment where others can learn about and talk about addiction in a non-judgmental environment
- Consider how you include alumni with continued sobriety to support current clients and/or programming



Collaboration and Mutuality

- Clients are the ones seeking treatment and have the basic right to respect at all times.
- Client rights are explained to all clients at the start of treatment.
- Relational Model of treatment. Treatment must build upon and respect people's unique needs to focus on self determination, personal choices, positive relationships and connectedness.
- Completion of treatment plans and review of treatment plans are done with clients in session (this practice isn't always the norm)



Empowerment, Voice and Choice

- Clients are empowered to make informed decisions about the direction of their treatment.
- Respect for the clients choice at all times, even if we do not agree with it.
- Staff model the relational model with each other and with clients.
- Evidence based practices serve to empower clients towards improved well being.



Cultural, Historical and Gender Issues

- Comprehensive assessment asks specific questions pertaining to these topics.
- Asks clients if there are any special accommodations they require to receive services.
- All programs support cultural, historical and gender related issues on a case by case basis.



*“When we deny the story, it defines us.
When we own the story, we can write a
brave new ending.”*

Brene Brown



Residential

- Focus on care is stabilization and sometimes crisis stabilization.
 - May have been referred from a hospital or CSU
 - May have left a DV situation
 - Presents unique safety concerns for program to keep all women and staff safe
- Women may or may not be withdrawing from substances, adjusting to psychotropic medication and physical stabilizing as they settle into the first portion of treatment.



Residential

- The decision to enter residential treatment is often the first action towards disrupting the guilt and shame cycle.
- Shame is explored through processing experiences and receiving empathy and compassion from staff and peers.
- The process of realizing, “I’m not the only one” and learning to separate the person from the disease is crucial to peeling back the layers of shame.



Residential

- Relapse prevention is a focus and centers on trigger identification and learning to recognize and challenge addictive thoughts
 - Experience of trauma can't be ignored
- Affords women a safe structured environment to establish and enhance skills
- Women are learning to establish boundaries with staff and peers
- Family involvement is critical
 - Consider relationship with children



Residential

- Goals focus on increased periods of sobriety
- Tobacco cessation and education is important
 - Women use substances as a means to connect.
- Self esteem development, learning assertive communication skills and boundary setting are crucial
- Connection to 12 step community very important with staff support
 - Women with trauma may have difficulty doing this independently



IOP/PHP

- Increased period of sobriety also a goal of treatment
- Women may have returned to work if previously had taken time off to attend residential
- Women learning to remain abstinent from substances within their home environment
- Must begin practicing early recovery skills in their natural environments, skills put to use immediately



IOP/PHP

- Learning to set boundaries with acquaintances, work, friends and family
 - Remember, women are relational and may have spent years sacrificing their needs for the needs of others
- Women managing temptation, stress, potential access to substances while making room for recovery in their lives
- In IOP/OP women are connecting with fellowship in their own time
 - Consider how to prepare and support a woman who has never attended a 12 step meeting
- May need to evaluate for higher level of care



Outpatient

- This may be and often times is the first point of entrance
- Clients may present in OP level of care and very much need a higher level of care
- Clients may demonstrate the severity in the SUD but may not have financial means or insurance isn't covering a higher level of care
- Importance of developing therapeutic rapport is critical
 - Focus to keep client engaged despite challenges client is facing



Outpatient

- Women may or may not be working full time, may have returned to employment following time away to attend residential or IOP
- Women continuing to evaluate relationships, priorities and expectations about themselves and others
 - Requires an adjustment to preserve recovery time while managing expectations from others and “get back to normal”
- Outpatient tx requires mindfulness planning of daily structure
- Supporting women with making decisions for themselves
 - In comparison to higher levels of care that are more structured



Throughout the Continuum

- Evaluate relationships, decisions and preferences
 - Important to be mindful of cultural and societal influences in the lives of women and how this has shaped their value system
- Activities are assessed and explored to identify variables of alignment with their values and interests.
- Women are looking to understand “who am I” and distinguish aspects of their personalities that made sense in active addiction vs. recovery



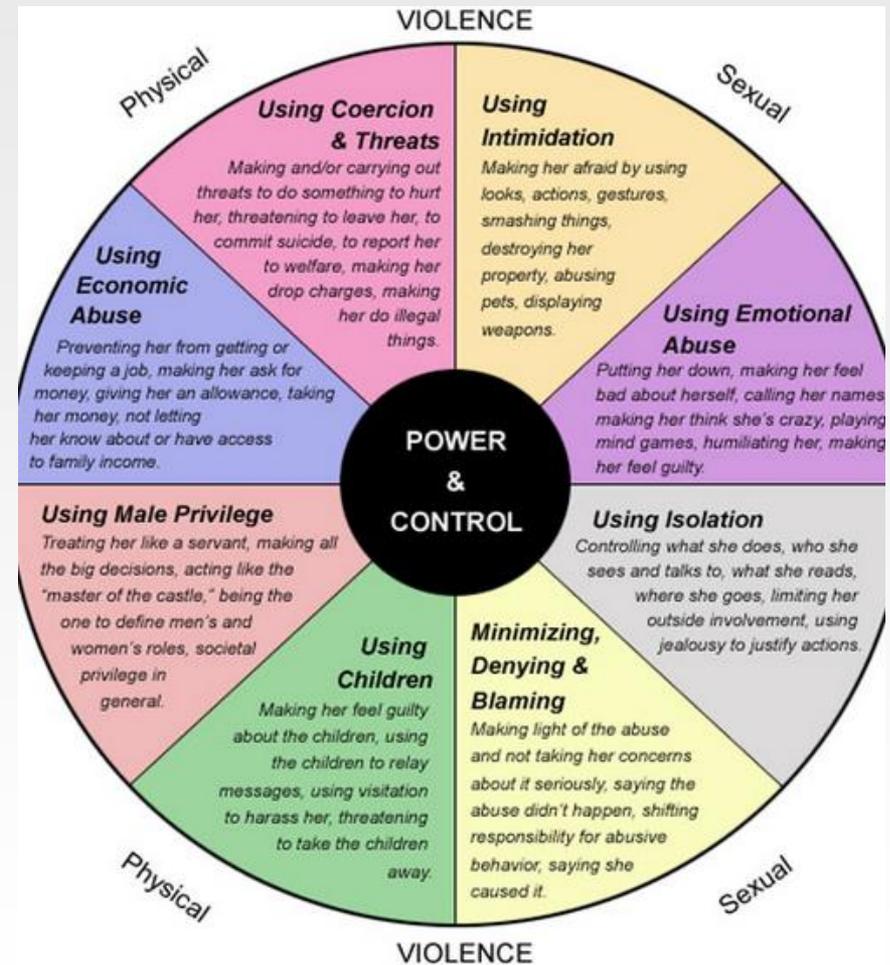
Throughout the Continuum

- Across the continuum women are learning and practicing distress tolerance and emotion regulation skills
- Learning to recognize presenting symptoms as well as specific coping skills to mitigate their affect
- Women are learning to love themselves again. As their self worth, self esteem improve they have a greater opportunity of shifting away from unhealthy people and moving towards healthy, safe relationships.
 - This takes time



Special Considerations

- Through out the continuum of care professionals need to be knowledgeable about DV
- Education about power and control should be provided to all women, don't assume this isn't or hasn't been an issue
- Be knowledgeable about how to ask, support, notice signs and symptoms and direction for further help





Across the continuum, women are managing the various roles they have as well as the relationships they are in as mother, daughter, sister, wife etc.

They are trying to balance expectations versus capacity within their relationships and learning what it means to be a woman in recovery.





Substance Use and Pregnancy

- Pregnancy can be a challenging time when making choices regarding legal and illegal substances.
- Studying effects of prenatal exposure of substances on fetal development isn't clear cut.
- Often times it isn't "just" one substance, its difficult to narrow down the amount and frequency of all substances used during pregnancy in some cases.
- There are multiple variables that can impact a baby's development: maternal nutrition, existing support system, use of other substances, home environment.



Understanding and Support

- Supportively provide education and resources to pregnant women and women planning to become pregnant
- Neonatal abstinence syndrome (NAS) refers to a group of symptoms a baby may experience when withdrawing from substances that they were exposed to in the womb.
- Fetal Alcohol Spectrum Disorder (FASD) describes the range of effects that may occur as a result of prenatal alcohol exposure.
 - May include physical, mental, behavioral and/or learning disabilities and have lifelong consequences



Not every woman who consumes alcohol during pregnancy will give birth to a child with an FASD. However, because science has not determined a safe level of alcohol that may be consumed during pregnancy, the possibility of an FASD is created any time a pregnant woman consumes alcohol while pregnant.

SAMHSA TIP 58, 2014



Language is Important

Refrain from language that states “drug addicted babies.” Babies are not born addicted, they are born exposed.



Additional Thoughts

- The baby's experience to exposure to the substance and withdrawal from the substance, along with the mother's continued dependence or early withdrawal experience may make bonding and attachment more difficult.
- Breastfeeding is encouraged at times while cautioned at others. Women should consult with their doctor on this.
- Postpartum depression must be assessed and treated.
- Opportunities for increased bonding, nurturing attachment are highly recommended
- Importance of integrated treatment emphasized. It truly takes a community of providers that are frequently collaborating with one another.



Impact on Children and Families

- This is a family disease
- These roles may continue into adulthood
- Impact of parental substance use can result in:
 - Low self esteem, poor sense of self, guilt, shame, anxiety, depression, parentified child, challenges with healthy attachment, chronic sense of fear and unknown.
- Maternal substance use may result in:
 - Substance exposed infants may demonstrate a range of developmental disorders, FASD, NAS
 - This may result in additional stigma, shame and guilt.



Involving Families

- Inform client and family that family engagement is part of the treatment process.
- To best help the client, family outreach and involvement in treatment is ideal.
- Ask the client, “Who do you want involved in your treatment.”
 - Keep in mind some family members may not be appropriate, who are supportive others
- Provide family members with additional resources for support.



Family Engagement

- Goals of family engagement
 - Improved communication
 - Decreased stress
 - Improved problem solving
 - Healthier boundary setting
 - Development of healthy supports
 - Introduction to 12 step programs
 - Psychoeducation of the addiction and recovery process
 - Work towards forgiveness



Clinical Programing Review

- Gender Responsive and Trauma Informed Treatment
 - Motivational interviewing, CBT, DBT, ACT, Mindfulness Based Relapse Prevention, Seeking Safety, A Women's Way Through the Twelve Steps, Helping Women Recover, Healing Trauma, Nurturing Parenting, Medical Aspects of Addiction/FASD/NAS, 12 step meetings, co-occurring topics, healthy relationships, expressive therapy, yoga, acupuncture, equine therapy
 - Simply using a cognitive-behavioral approach is too narrowly focused for women. Women's treatment needs to incorporate a holistic model of addiction emphasizing affective, cognitive, and behavioral change (Stephanie Covington)
 - Family therapy and/or education incorporated in all programming



Fostering a Corrective Experience

- Importance of healthy relationships
 - Treatment providers and other supports have an important role in this.
- Addiction treatment *is* co-occurring treatment
 - Mental health needs to be evaluated and treated.
 - Treatment providers need to be trauma informed and trauma responsive.
- Incorporating family work in treatment is a must
 - If not family, identify who the healthy supports are and include them when possible.



Thank you

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