

Gender Specific Treatment for Women and Why it Works

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Question: What do they all have in common?



Answer: They all say that they are in Recovery

What about them?



Differences between Men and Women with addiction disorders

- Physiology
- Psychologically
- Socio-culturally

Drug Abuse: Men vs. Women

Physiology:

- Women absorb, distribute, eliminate, and metabolize alcohol differently than men (Brady & Ashley, 2000). When compared to men, women have higher level of alcohol in their blood when drinking the same amount. Researcher shows that women do not have as much dehydrogenase (an enzyme that helps breakdown alcohol) as men
- Females are diagnosed with liver diseases (such as hepatitis and cirrhosis) with comparatively shorter periods of time of drinking and less intense amounts of alcohol when compared to men (Brady & Ashley, 2000).
- Research has also found that alcoholic women are more likely to have adverse neurological damage to the brain and higher chance of an alcohol related cardiac problem (Brady & Ashley, 2000).

Drug Abuse: Men vs. Women

Psychologically

- Women are significantly more likely to have recent physical, sexual, emotional abuse when compared to men (Brady & Ashley, 2005)
- Females have higher rates of co-occurring psychological disorders: depression, anxiety, bipolar, affective disorders, psychosexual disorders, eating disorders, PTSD.
 - Research concluded that the age of onset of the mental health disorders **preceded** the age of first use (Brady & Ashley, 2005)
- One study shows men and women relapse due to differing reasons: females tend to relapse because of more situational reasons, such as visual spatial memory and high risk situations; men tend to relapse due to mental health issues such as depression (Hodgins, El-Guebaly & Addington, 1997)

[Drug Abuse: Men vs. Women]

Socio-Culturally

- Addicted women often have been the overly responsible child in their family of origin (Nelson-Zupko, Kauffman & Dore, 1995).
- Female addicts are more likely than their counterparts to be with a using partner. Many of these women begin their use because of their using partner, making their motivation socially embedded (Fenrich, Hubbell & Lurigio, 2006). Females often have a high level of codependency as well (Brady & Ashley, 2005)
- Chemically addicted women are more likely than men to isolate in their drinking (i.e. using at home vs. the bar) (Nelson-Zupko et al., 1995)

[Drug Abuse: Men vs. Women]

Socio-Culturally (continued)

- Men tend to express that employment and legal issues bring them to treatment, contrasting women who cite health and family problems (Hodgins, et al., 1997)
- As a group women who struggle with addiction have less education, fewer marketable skills, fewer work experiences and fewer financial resources (Nelson-Zupko et al., 1995)
- Male addicts who are involved in criminal activity report robbery, con games, burglary. Women participate in larceny and prostitution (Nelson-Zupko et al., 1995)
- One researcher stated that low self esteem and poor coping mechanisms in junior high can be an indicator of future alcohol problems for girls, but not for boys (Hodgins et al., 1997)

[Do You Know...]

In 2002, according to Substance Abuse and Mental Health Services Administration (SAMHSA, 2004) about 30 percent or 565,000 of admissions to Substance Abuse Treatment Facilities were females, up from about 28 percent in 1992.



Barriers to Treatment



Mental Health Barriers

- Women come to treatment with higher levels of guilt, and not as many support systems or interactions with others when compared to men in treatment (Brady & Ashley, 2005).
- In mixed gender treatment women have a tendency to provide support and encouragement to the males in the group instead of processing their feelings (Kaskutas, Zhang, French & Witbroadt, 2004).
- Many women have co-occurring disorders. These consumers need a more comprehensive program in order for stability and sobriety (Fendrich et al., 2006).

Trauma Barriers

- Many males with substance abuse disorders also have sociopathic behaviors (Nelson-Zlupko, 1995). Sociopathic disorders need more confrontational interventions, which can be detrimental for women with a history of trauma and abuse
- Because men make up a majority of the treatment population, a woman who has trauma may feel threatened and unsafe (Nelson-Zlupko et al., 1995).

[Trauma Barriers (continued)]

- Often times groups are majority male participants who cannot always relate with women's issues in addiction (Nelson-Zlupko et al., 1995).
- Sexual orientation issues appear to more comfortable for women in a gender specific setting to discuss (Copeland & Hall 1992).

[Childcare Barriers]

Childcare and family caretaking are the **Biggest** barriers for women who struggle with addiction



[Childcare Barriers]



- Many treatment programs do not have the capabilities to house and/or treat children (Nelson-Zlupko et al., 1995).
- Women who have lower socio economic status do not have resources for their children. Childcare is either unavailable or unaffordable (Nelson-Zlupko et al., 1995).

Childcare Barriers (continued)

- Even when women have placement for their children with family, the family either wants the woman home as soon as possible to take care of the children or resistant and hostile (Fendrich et al., 2006; Nelson-Zlupko, 1995).
- Because women are most often the primary caretaker for children; they have specialized needs while in treatment (Fendrich et al., 2006)
 - Childcare services
 - Parenting classes/groups
 - Stigma and shame of being a parent and using
 - Prenatal and postnatal health services

Financial and Educational Barriers

- Female substance abuse treatment consumers tend to be younger, have lower education levels and higher unemployment rate when compared to their male counterparts (Brady & Ashley, 2005).
- Recent studies have estimated that between 5-35% of women receiving Temporary Aid to Needy Families (TANF) have a substance abuse problem (Brady & Ashley, 2005).
 - Although these women need services, they do not always present to receive it.
- For TANF recipients who are addicted, have a difficult time maintaining eligibility for their benefits

Stigma of women who struggle with addiction



Pregnancy and Addiction

- SAMHSA (2004) published that an estimated 4 percent of females admitted to treatment were known to be pregnant upon admission (Brady & Ashley, 2005).
- Many pregnant women avoid seeking treatment and even prenatal care due to fear of consequences such as losing the child (Brady & Ashley, 2005)
- Stigma: many men in treatment label and stigmatize women who struggle with addiction (Brady & Ashley, 2005).
- Often times, treatment facilities are scared of the liabilities of pregnant women (Fendrich et al., 2006).

Gender Specific Treatment

How barriers are addressed in Women Specific Treatment Programs



Gender Specific Treatment

Should consist of many, many ancillary services specific to women's needs...

- Parenting groups/classes
- Children's activities
- Pediatric, prenatal, and/or postpartum services
- Job readiness group/classes
- Trauma groups
- Transitional Housing
- Life Skills Training
- Co-dependency/Self Esteem Activities

Benefits of Gender Specific Treatment

- Women and their children can receive services in order to begin the healing process with the whole family
- Women in treatment can address trauma issues and not feel threatened by male dominated group
- Women can relate to other women regarding their co-occurring disorders
- The consumers do not have to be stigmatized regarding their addiction and being primary caretaker to children
- The groups can focus on many issues that women face in higher numbers when compared to men, such as low self esteem and co-dependency.
- Consumers can address their needs for more wrap around and aftercare services such as housing and obtaining employment.

Georgia's Ready for Work Programs

26 Providers in Georgia
39 Programs: 21 Residential
18 Outpatient



RFW Substance Abuse Program

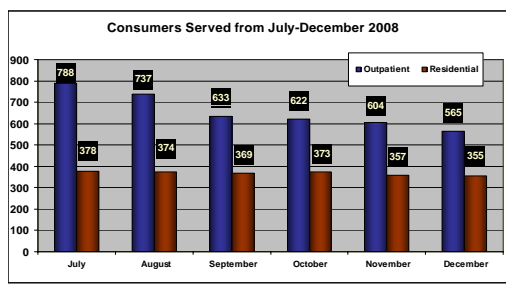
- The goal of RFW Programming is to remove Substance Abuse as a barrier to employment
 - This goal is twofold, allowing the women to be successful as parents as well as an employee
- RFW Programs are comprehensive and have different levels of care (ASAM levels 3.5-1) in residential and outpatient programs

Target Population

- Highest priority is given to women who meet the “needy family”
- Preference is given to those women who are in the condition to benefit most from the services and opportunities provided by this program.
- Pregnant women will be give priority status for admission to this program.
- TANF recipients and women who have CPS involvement and who are working towards reunification with their children.



RFW Consumers served July-December 08



Services Provided to Consumers

- Comprehensive assessment to determine appropriate American Society of Addiction Medicine (ASAM) Level of Care.
- ASAM Levels 3.5-Level I, depending on type of program (residential or outpatient).
- Continuing Care
- Case Management/Service Coordination
- Outreach Services
- CSI
- Individualized Service Plan
- Work Activity
- Drug Testing
- Counseling, Training/Support in SA related issue
- Self help groups
- HIV/AIDS services
- Consumer and family education, i.e. parenting skills training
- Relapse Prevention
- Personal support and skills training
- Nursing/Dr. Assessment

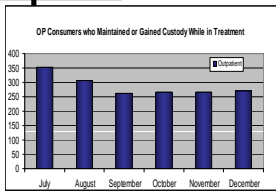
Services Provided to Children



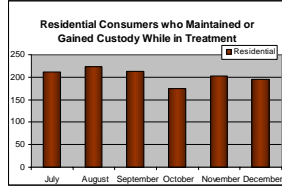
- The Ready for Work Programs serve a specialized population of consumers who oftentimes have their children involved in our services as well.
- The Therapeutic Childcare component that is offered in conjunction with the residential facilities provides a nurturing environment that addresses and resolves behavioral issues from a therapeutic perspective.
- Therapeutic Childcare offers a holistic approach to children in that it provides the necessary resources to address physical, mental, emotional, and social development. TCC utilizes nurturing parenting techniques
- These children are at a high-risk for substance abuse and this program gives us the opportunity to address this issue early.



Consumers who Maintained/Gained Custody While in Treatment



Jul	Aug	Sep	Oct	Nov	Dec
353	307	262	267	266	270



Jul	Aug	Sep	Oct	Nov	Dec
211	224	213	174	203	195

RFW Programs Keep Families Together!

Needing to Sustain and Promote Gender Specific Programs

- Women have unique and challenging barriers to recovery and employment; these consumers needs programs that are gender specific and can address their particular needs
- Gender Specific Programs are comprehensive and utilizes step down services
- Women Treatment Services offer a holistic approach to treating addiction by treating both women and their children
- Gender Specific Programs are effective and helps
 - arrests the cycle of addiction,
 - Strengthen Georgia's Families
 - Empower women to be self sufficient and supportive of their children



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