

Women and Recovery

RonSonlyn S. Clark, Psy. D., NCC, MAC, CCGC
Senior Director of Substance Abuse Services
RVBH

Who Are We?

- Wives, moms, daughters, granddaughters, sisters, nieces, co-workers, friends, neighbors, classmates...

And we are just like you? Full of feelings, hopes, dreams, pain, guilt, shame, goals and desires.

What Does it Mean to be a Woman?

The body remembers what the mind forgets.

“We believe in recovery that includes health, wellness, and quality of life, not simple abstinence. The path to recovery is different for everyone- one size does not fit all.”

Dr. H. Wesley Clark
Director
SAMHSA's Center for Substance Abuse Treatment

7% of females over the age of 12 are classified as drug abusers

BUT

only 1% receive treatment

SAMHSA, 2005

Women enter treatment with:

- Different bio-psycho-social needs
- Feelings of guilt and shame
- Parenting issues
- Histories of trauma
- Increased stigma
- Low self-esteem and self-efficacy

**Traditional Treatment is MALE
Oriented**

- It does not:
 - Acknowledge role of socioeconomic issues and differences
 - Recognize role of relationships
 - Address specific women’s health issues
 - Address care giver roles
 - Adopt trauma informed perspective
 - Treat gender specifics and cultural specifics

Mixed Gender Groups

- Women begin to shift focus onto the man-playing caretaking role and worrying about men’s recovery and developing relationships
- “hatred” for other women
- Withdraw from sessions that are sexual in nature
- Men will interrupt women. They take more time, and use more hostile words
- Given treatment goal of “low self esteem”

**Why Women Abuse and Women
Treatment is Different**

- Need for relaxing and calming surroundings
- Nutrition towards female needs
- Healing wounds of old trauma
- Support network of fellow women
- Therapist who understands women’s needs

Risk Factors for Women's Substance Abuse

- Often begins after introduction from significant relationship
- Average age is 20
- Genetics
- Emotionally unavailable parents
- History of divorce
- Partner who uses
- Risk seeking personality
- Sexual orientation

Risk Factors

- History of violence, childhood sexual abuse, trauma (PTSD)
- Co-occurring disorders
- Eating disorders
- Lower socioeconomic status
- Less education
- Injecting partner

Protective Factors

- Parental warmth
- Partner support
- Spiritual practices
- Good coping skills
- Obesity
- age

Services Need to be Holistic

- Medical
- Wellness
- Psycho education
- Gender specific
- Life skills
- Family
- Case management
- Mental health

Engagement to Services

- Women offered services during the intake period are more likely to engage in treatment (Confort et al., 2000)
- Identify urgent needs and address first
- Provide empathy for her fears
- Assist her in navigating the human services system
- Consider pre treatment

Women's Drugs of Abuse (Use in Last Year)

- Alcohol 45.2%
- Marijuana 7.7%
- Cocaine 1.7% crack .4%
- Methamphetamine 1.3%
- Sedatives .4%
- Heroin .1%
- Opiates 4.3%
- Tobacco 62.5%

• Women's admissions to all Levels of Treatment: 30%

Physiological Effects

- Telescoping
- Gynecological
- Polysubstance complications (synergistic effect)
- Ethnic backgrounds
- Sexual orientation
- age

Metabolism (Alcohol)

- Alcohol use is risk factor. 60% of alcohol related diseases are chronic
- Proportionally more body fat and lower volume of water
- "For an alcoholic woman to drink alcohol is same as taking the alcohol directly to the vein." (Leiber, 2000)
- Mortality rates
- Greater organ damage (especially liver)
- Decreased bone formation and abnormal vitamin D metabolism (osteoporosis)

Alcohol and the Female Brain

- Develop brain "shrinkage" and damage their memory capabilities faster than men
- Alcoholic women show less activation in brain areas that are needed for spatial tasks
 - Puzzles, maps, math, mechanics
- 11% smaller brain volume for alcoholic women
- Link to dementia

Cancers

- For each 1 daily drink, women increase risk for breast cancer by 7%
- Elevated estrogen levels
- Post menopausal also increases risk, and if using hormone replacements, even more so
- Risks for increased cancers of oral, rectum, ovaries, gastric, endometrial

Neurological Effects (Alcohol)

- More susceptible to toxic effects on brain
- Greater declines in cognitive and motor functions than men
- Brain shrinkage after shorter drinking history
 - Smaller volumes of grey and white matter
 - Less memory (hippocampal volume)
 - Greater peripheral neuropathy
- May increase alzheimer's

Stimulants (cocaine, amphetamine, and methamphetamine)

- Part of menstrual cycle may effect stimulant drugs
- Greater mood altering effect during follicular phase
- Crack and IV drugs increase during luteal phase
- Meth-acute effects- jaw clenching, dry mouth, lack of appetite more common in women, heightened fears and cognitive distortions

Opioids, Including Heroin

- No menstrual cycle differences but there are abnormalities
 - Amenorrhea or irregular cycle
- May take up to one year after use to get regular
- Decrease in sexual desire

Alcohol and Birth Outcomes

- Most common interruption of development
- Increased risk of spontaneous abortion, premature births, stillborn births
- FASD

Cocaine and Birth Outcomes

- Not like previously reported
- Small size, decreased motor performance
- Over time children catch up
- Environmental factors

Opioids and Birth Defects

- Often lack prenatal care
- Fetus is at high risk for morbidity
- MAT
- Lower birth rates, neonatal abstinence syndrome (NAS)
- CNS, gastro, respiratory

Influences on Screening and Assessments

- Diversity
- Past negative experiences with human services
- Language issues
- Expectations based in SES
- PCP less likely to ask about drugs from middle to upper class

Co-occurring Mental Disorders

- 2x as likely to experience mood, bipolar and anxiety disorders
- Depression, ED, PTSD are common
- Assessing risk of harm to self and others
- Plan for safety
- Trauma history
 - Physical, sexual, neglect, DV, crime victim, or threats

History of trauma increases risk for co-occurring disorders.

- Violence against women is more than 101 times the reported new breast cancer rates, and 83 times the number who annually die from heart attacks

Sexual Abuse

- Women in treatment have higher rates, especially poor (82%) and homeless (92%)
- Don't take assessment answers as final answer
- Don't force memories
- Provide safety

IPV

- 50-99% have a history of IPV
- May have to define IPV
- Lesbian relationships
- Plan for safety

Abortion

- Compared to women who deliver their first pregnancies, women who have previously had abortions during subsequent pregnancies
 - 2x as likely to drink
 - 5x as likely to use illicit drugs
 - 10x more likely to smoke marijuana

Journal of OB/GYN

Eating Disorders

- One of highest mortality rates
- 15% of substance abusing women have had an ED in lifetime
 - Anorexia nervosa
 - Bulimia nervosa
 - Compulsive eating (less likely but may appear after a period of abstinence)
- Look for symptoms
- Ask about image issues, satisfaction of body and what diet methods used
- Safety planning

Barriers to Treatment

- Health problems
- Psychological issues
- Treatment readiness
- Relationship issues, including partner reactions
- Role of stigma
- Attitudes of healthcare workers towards women
- Program restrictions
- Legal issues
- Custody issues
- Financial barriers

• Barriers that exist before treatment are often the same obstacles that interfere with successfully completing treatment and maintaining recovery.

SAMHSA Survey:

- 87% of programs accept women
- 41% provide special groups for women
- 17% of treatment facilities take pregnant women
- 4% provide beds for the children
 - Often age and number of kids restricted

Hispanic Women

- 12% report heavy drinking
- 57% abstained from alcohol
- Mexican-American women who drink do so frequently and heavily
- Drug use has increased with acculturation
- Opiates is primary (19%) cocaine/crack (18%) marijuana (14%)
- Level of acculturation increases use

Hispanic Treatment

- Use of psychoeducational groups
- Family systems models
- Assistance with case management
- Role of motherhood
- 14% of all new AIDS/HIV cases are Hispanic women
- Rates of co-occurring problems
- Role of religion

African-American Women

- TEDS date
 - 25% of substance abuse admissions are African American women
 - Women 40-49 have highest alcohol consumption
 - 35% crack/cocaine
 - 70% report problems with food, clothing, housing, employment, medical care, and transportation

African-American Treatment Issues

- Often experience greater emotional distress-higher rates of trauma and abuse
- More relationship issues
- More likely to have children removed
- Higher risk for cirrhosis and cardiovascular disease
- 23x more likely to be diagnosed with HIV
- Use strengths-based approach vs deficit model
- Involve family
- Role of spirituality, meditation, experiential exercises, African culture

Substance Abuse with Lesbian and Bisexual Women

- More likely to use alcohol, less likely to decrease use with age and have more problems (Parks and Hughes, 2005)
- Report greater problems with marijuana, cocaine, and hallucinogens

Treatment Issues for Lesbian and Bisexual Women

- Address positive feelings of alienation from family
- Inclusion of 'friends' support network
- Assess for interpersonal violence
- Management of prejudice and discrimination

Older Women and Substance Abuse

- Difficult to measure
- Greater stigma, less likely to do in public
- Alcohol and prescription drug abuse are top issues for older women
- lots of risk factors
- "maturing out"
- 40% of all benzo's are given to older people

Treatment Issues for Older Women

- Give new coping skills for stressors
- Address grief
- Show recreational, relaxation, healthy alternatives
- Address depressive symptoms
- Education on changes in metabolism
- Non-confrontational

Women's Issues/ Treatment Needs

- Benefit from supportive therapy
- Characteristics of therapist
 - Warmth, empathy, connection
- Environment that is supportive, safe and nurturing
- Confrontation is ineffective
- Primary needs addressed first
- Collaborative, work together as team
- Gender specific

Important Counselor Characteristics

- Trust
- Warmth
- Non-authoritarian approach
- Confidence in their attributes
- Projection of acceptance and care

- Therapeutic alliance is greatest predictor of post-treatment outcomes

Relationship History

- Look at positive and negative
- Extended family
- Adult relationships that mimic childhood dynamic
- Role of girl friends vs females
- Family of choice
- Safety issues
- Healthy sexuality

Parenting Issues

- Children affected by parental abuse have increased vulnerability for physical, social-emotional and academic problems
- Effects of mom's trauma history on child
- Children not in her care

History of Trauma

- Some become resilient
- Often develops disorders such as PTSD, anxiety or mood
- Replicate trauma in parent-child interactions
- At risk for adult abuse

IPV

- Strongest risk factor is being female
- 1 in 6 women forcibly raped
- 25-50% of women will be abused by male partner during lifetime
- When female is violent, it is often from self defense

Trauma Processing

- Coping skills in place
- No major crisis going on
- She wants to do this
- Safety plan in place
- Period of abstinence
- Not suicidal
- Can be provided continuous care

Eating Disorders

- 90% are women
- Bulimia 2-5%
- Anorexia is less common
- 20% binge eating
- Be alert for symptoms
- Binge eating reported more consistently with alcohol consumption
- Dieting and purging reported more consistently with stimulants and pills

Recovery Management

- What happens after treatment?
 - More likely to attend aftercare
 - Relapses more prevalent
 - Is abstinence only benchmark?

Predictors of Women's Relapses

- Interpersonal problems
- Low self worth in intimate relationships
- Untreated trauma
- Depression
- Unable to sever ties with using friends

In conclusion...

- Addiction treatment for women needs to be focused on an integrated and women-centered approach that acknowledges their psychosocial needs (Covington, 2008)
- Where do we go from here?
- What will you do differently?
