Clinical Challenges: Working with Men in Recovery

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OBJECTIVES OF TRAINING

1. Understand a gendered view of what it means to be a man.
2. Learn techniques for engaging with men
3. Identify how the disparate roles men play can be challenge and reward sobriety at the same time.

Special Thanks to…

* Rus Funk, Executive Director of MensWork, Inc: Eliminating Violence Against Women.
* Recovering Masculinity program of MensWork, Inc.

So, Who is this guy, anyway?

* Mark Miller
* Licensed Marriage and Family Therapist
* Program Director for Center for Behavioral Health for the last 9 years
* CARF Surveyor (5 years)
* President of the Board of MensWork, Inc. (8 years)
* Community Council member of SJNP (13 years)
* Husband and father of one super cute soon to be 8 year old

By the Numbers: Gender & Addiction

* Per SAMSHA, 66% of all substance abuse admissions are men.
* Men age 18 or older are diagnosed with substance use disorder nearly double that of their female counterparts.
* However, rates of substance abuse from 12-18 for both genders is approximately the same.
* What do you think may have changed from 12-18 to 18 on up that might cause that shift?

* Prrimary Substance of Abuse across Age Groups, SAMSHA, April 2014

By the Numbers: Gender & Addiction

* More men entered treatment reporting their primary drug of choice was alcohol then women.
* Again, the numbers were pretty similar for those aged 12-17 across the genders, but that changed from 18 on up.
* More men then women entered treatment primarily for marijuana use.
* More women between the ages of 18-24 reported methamphetamine use then their male counterparts. Why might that be?

By the Numbers: Gender & Addiction

* Prescription pain relievers was the same across genders, until you get to women 65 and over. Nearly 3 times as many women 65 and over than their male counterparts reported prescription pain reliever use.
* So, what are the numbers of women and men at your facility?
* What is the primary drug of choice you are seeing at your facility?
* Is there a difference between what the men are using and what the women are using?

Treating for Specific Drugs

* Assuming you do not start off with a "one size fits all approach" to treatment, what are some of the approaches that may differ working with those who use the following:
* Methamphetamines
* Prescription pain relievers
* Prescription non-pain relievers (benzodiazepines)
* Heroin
* Cocaine
* Alcohol
* Other?

Alcohol

* It is legal, easily available, and you do not have to hide your use.
* A “rite of passage” for many once they turn 21. For many, even before that!
* Culturally, we celebrate most of our holidays with…
* Curiously, if marijuana gets legalized…

Prescription Pain Relievers

* May get started due to legitimate pain issues.
* Might still have legitimate pain issues even after get "hooked" and definitely as go into recovery.
* May have started due to recreational use—provides that super caffeinated rush, get everything done, make everything work, on top of the world.
* Prescribed by a doctor, so what, really, is the problem?

Non-pain reliever Prescription Drug use

* Benzodiazepines, barbiturates.
* “Nerve pills.”
* Also prescribed by a doctor, so, really, what’s the big deal?
* Danger of ceasing use if at a therapeutic dose…
* Withdrawals from medication look like the reasons got on the medication in the first place: anxiety, depression, panic attacks, seizures.

Heroin

* Illegal, so automatically part of the use is the "lifestyle" and the inherent rejection of the perceived primary culture.
* Track marks/abscesses can be common—scars and visible cues showing use.
* Higher rates of criminal justice or child welfare involvement than with the previous opiate using crowd.
* With intravenous use, there is a secondary component of the needle prick which can be as stimulating/addictive as the process of shooting the heroin in the first place.
* The embrace of heroin is so powerful—like feeling "Loved, man" or in the womb.

Methamphetamine

* Amphetamines (Adderall, Concerta, Ritalin,etc)—speed me up to get things done.
  * Traditionally, "Mommy's little helper", but how is that any different from using them as "smart pills" to help students study?
  * Also used for weight loss.
  * Take the edge off, stay on top of things.
  * Leads to…
* Methamphetamines
  * Start using because of one of the above reasons until tolerance builds.
  * Start using for recreational purposes.
  * More you use, the greater the impact on your ability to "hold it all together": methamphetamine runs for days (weeks?) at a time until collapse.

Cocaine

* Like Heroin, immediately in an “illegal” lifestyle or one that rejects the dominant culture.
* Using to get energy, to feel powerful, to feel potent.
* Towards the end, looks a lot like the methamphetamine “runs”—spin down to complete entrophy.
* How is this different if one uses cocaine versus crack?

So, if add a Gender Lens to those drugs, what challenges do we get?

* Methamphetamines
  * What does it mean if I'm using methamphetamine to get smarter, look better, get everything done?
* Prescription pain relievers
  * As a man, asking for help for a doctor then getting "hooked" by Dr. Feelgood—am I likely to ask for additional help?
  * As a woman, if I trusted this doctor, does that change how I view my problem?

Crossroads of Gender and Addiction

* Prescription non-pain relievers (benzodiazepines)
  * Women: my "nerve pills", can't possibly be OK without them.
  * Men: possibly similar, but are men going to admit the can't get by without them or put the "tough guy" on… before seizing and almost dying?
* Heroin
  * Women: shame and guilt at falling as far as they did.
  * Men: possibly same, but tinged with a "I should have been able to handle it" versus a "I can't believe I let myself fall that far."

Crossroads of Gender and Addiction

* Cocaine
  * Men: makes me feel all powerful, potent!
  * Women: makes me feel sexy, fun, disinhibited.
* Alcohol
  * Men: I should be able to handle my liquor. And escalating levels of violence associated with this drug use toward the women in their lives.
  * Women: traditionally, much more “sneaky” about this, drinking on their own, behind closed doors, use not deemed “ladylike”.

Who are the Treatment Providers?

* Think for a second about the peers you work with.
* What gender are they?
* What age are they?
* What implications does this have for women they work with?
* What implications does this have for men they work with?

Who are the Treatment Providers?

* Primarily women, primarily post-college or graduate school so in their mid-to-late 20's.
* How does that play with the women we are seeing in care?
  * Fear of judgment
  * Transference issues: mother/sister/daughter.
* How does that play with the men we are seeing in care?
  * Fear of sharing—how can I share with this person I'm attracted to?
  * Transference issues: mother/sister/lover/daughter

What are some of the issues you all have working with men?

* Inpatient providers?
* Outpatient providers?
* CPS workers?
* Probation/Parole/Criminal Justice?
* Youth versus adults?

Let's Deconstruct the Idea of "What it Means to Be a Man"

* Manhood Box
* Womanhood Box
* What does this mean for treatment?

Manhood Box

* Off the top of your head, what are some of the desired qualities or idealized qualities of a man?

Manhood Box

* Now what do we call those who don't fit into our box?

What do we call those outside of the box?

Manhood Box

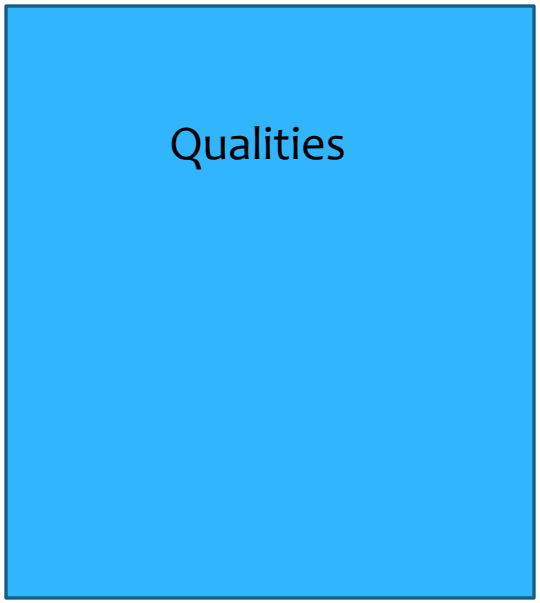
* Now what do we do to those who don't fit into our box?

What do we call those outside of the box?

What do we do to those who step outside the box?

Womanhood Box

* Off the top of your head, what are some of the desired qualities or idealized qualities of a woman?



Womanhood Box

* Now what do we call those who don't fit into our box?

What do we call those outside of the box?

Womanhood Box

* Now what do we do to those who don't fit into our box?

What do we call those outside of the box?

What do we do to those who step outside the box?

In Recovery, what do we…

* Tell our patients, sponsors, peers, whathaveyou to do?
* Man up
* Cowboy up
* Grow a pair
* Pull your big boy underwear on
* What else?

* Now—what is that telling us about counting on women? Or about us being able to acknowledge let alone allow a feminine side?

Now, what impact will we what we talked about have on…

* Step work:
  * If the first step is admitting I have a problem and I'm powerless over it… where does that fit in the Manhood box?
  * How can we discuss this with men and make it OK to have a tough go at this?

…not to mention…

* If the Manhood box has any validity:
  * How do we recover working with women?
  * How are we going to act with women as our counselors?
  * Is this denial or cultural?

An all too brief word on Male Privilege

* First time I heard the phrase Male Privilege I did not get it.
* First time I heard it in relation to a mass shooting but in the mainstream media: In relation to the slaughter of women and men in Santa Barbara this past May.
* What is male privilege?
  * Per Wikepedia: "**Male privilege** refers to the social theory which argues that men have unearned social, economic, and political advantages or rights that are granted to them solely on the basis of their sex, and which are usually denied to women. A man's access to these benefits may also depend on other characteristics such as race, sexual orientation and social class.[1][2][3]"

… ok, another word on…

* How might male privilege affect our ability to work with men?
* How might it affect men's ability to work with us?

Recovering Masculinity

* A project myself and Rus Funk did with MensWork at the Louisville Metro Department of Corrections.
* We were fortunate to work with the Substance Abuse dorm Ken Wright works with.
* What we found is that, while men in that dorm were given great support at LMDOC while incarcerated and even those who went through an SAP if they moved to prison proper, they would eventually relapse.
* The leading cause of relapse?
* Relationships.

Recovering Masculinity

* Through conversations with staff and clients at The Healing Place, Rus created the Recovering Masculinity program.
* We started with the Manhood/Womanhood box, to get some perspective.
* We then used the work that Ken Wright did with the men in this dorm to continue to focus on what it means to be in recovery as a man, a husband, a father, a son, a lover.

Recovering Masculinity

* The primary advice given to men about relationships while in recovery is:
  * Stay out of them.
* The number of men who enter into a relationship upon being released from jail, prison, inpatient, outpatient, whathaveyou?
  * 99.9%

Recovering Masculinity

* We asked the men we worked with to look at what it means to have used as a man, a father, a husband, a lover, a friend.
* We asked them what it means to be in recovery as all of those things.
* Male privilege kept coming back, generally, in terms of:
  * "I was clean for a few weeks and months and I couldn't get why [partner/daughter/mother/aunt/whoever] didn't get I could stay that way… until I relapsed."
  * The Male privilege of the substance abuser mixes equal parts denial of prior behavior with the belief that no, really, whoever this is owes me because I'm a guy.

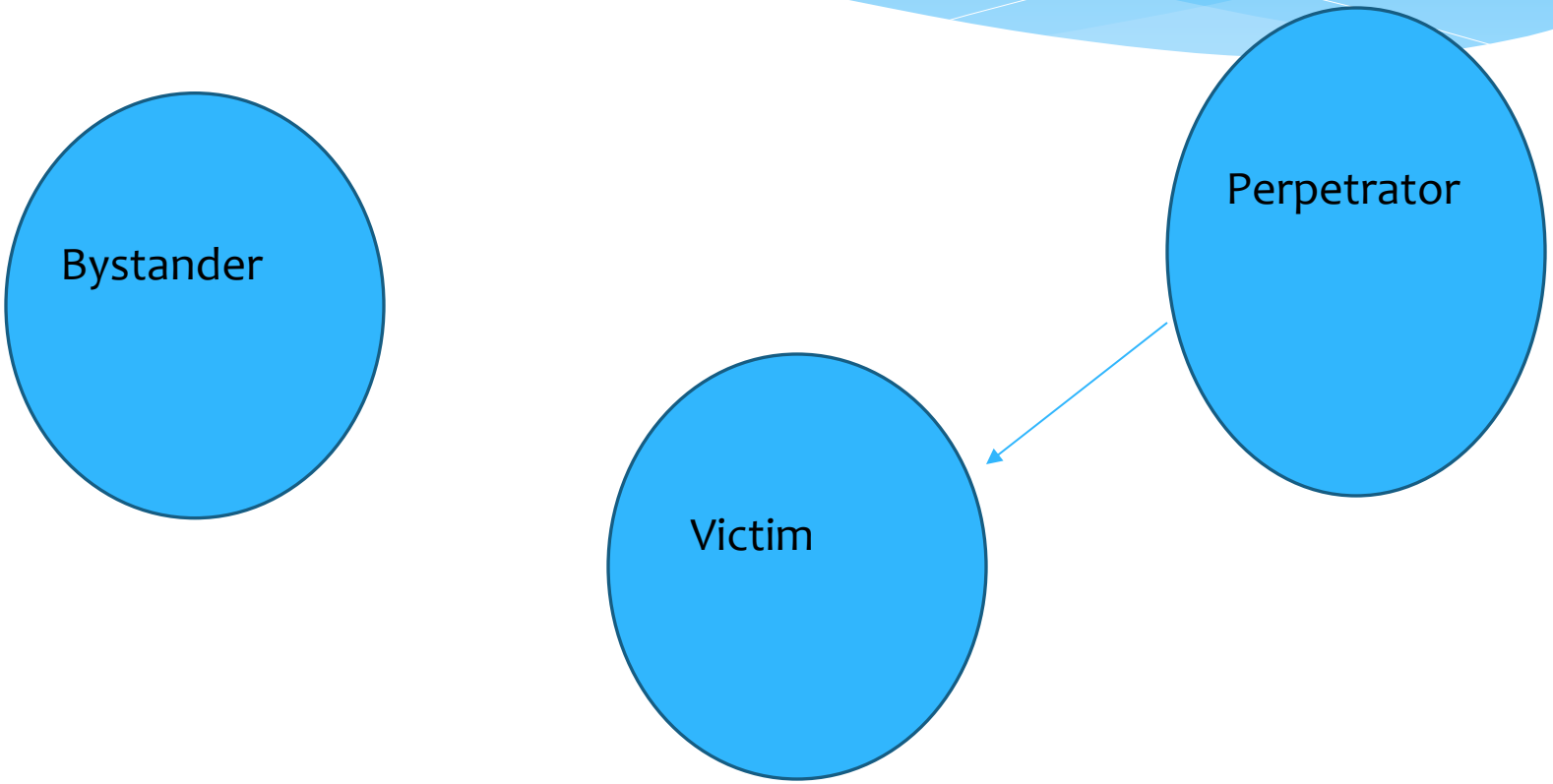
Recovering Masculinity

* After a session or two, the men in the group would discourage their peers from negative attitudes and statements about women and started holding themselves accountable for their own behavior.
* We then helped them identify what type of man they wanted to be, who that man could be in relation to whoever was in their life, and what relationship that man had to recovery.

Recovering Masculinity

* Great program with a (literally) captive audience. This was a pro and a con.
* As we did this at community corrections where men could come and go as they please, even men who were the most outspoken in the prior program would be more closed down.
* So, we learned to encourage men to be Allies and support each other in considering and challenging male privilege and entitlement, much as you do in 12 step recovery communities.

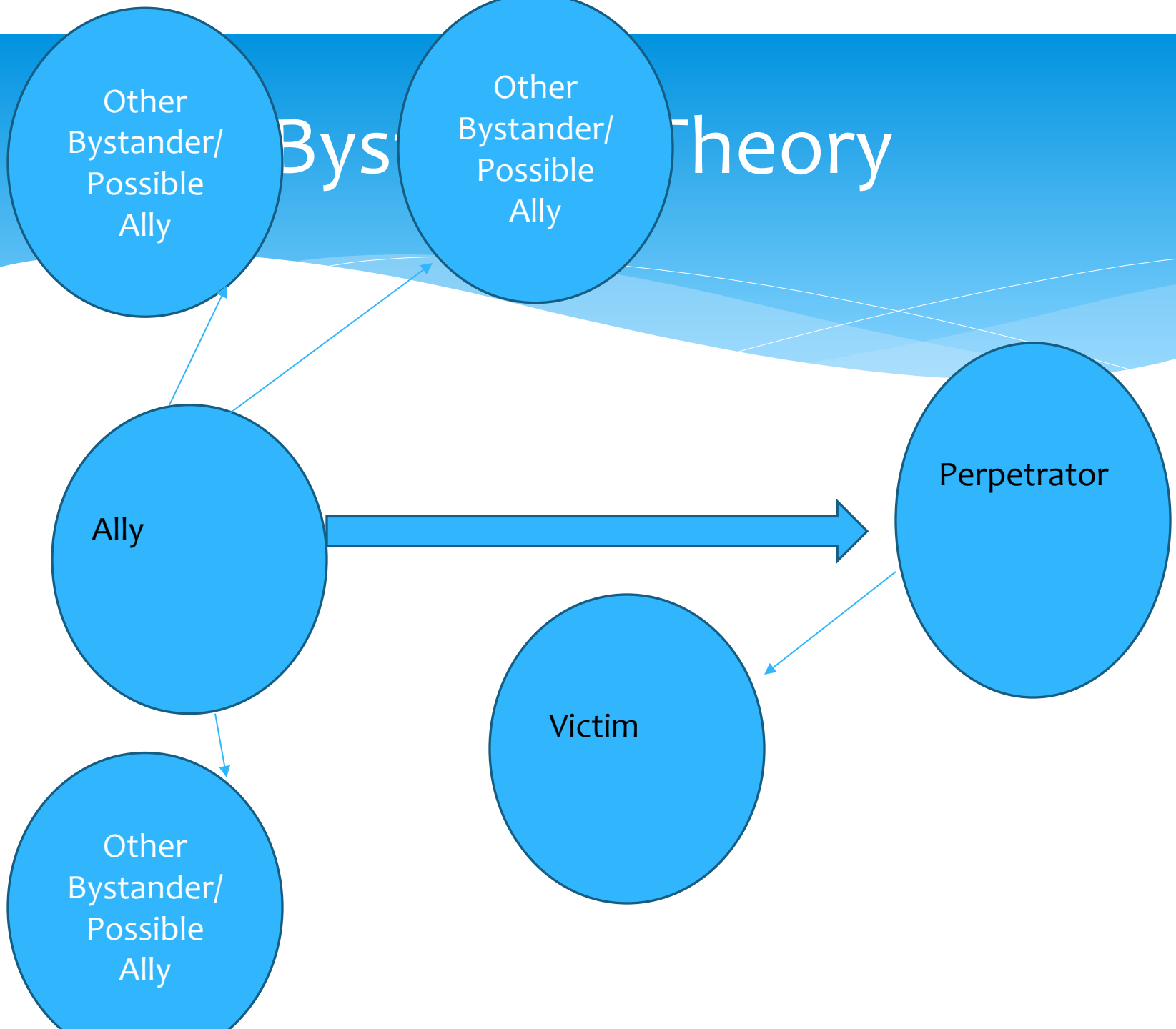
Bystander Theory



Bystander Theory

* In this situation, there's one perpetrator, one victim, and a bystander or ally watching what the perpetrator is doing to the victim.

Bys Theory


Other Bystander/ Possible Ally
Other Bystander/ Possible Ally
Ally
Perpetrator
Victim
Other Bystander/ Possible Ally

Bystander to Ally

* In this example, there are multiple Bystanders who can all Ally with the Victim and encourage rational, more appropriate behavior from the Perpetrator.
* This slide changes the concept of Bystander to someone who is actively helping or intervening.

Allying with…

* This doesn't mean you have to step up and take a swing. No, this is post-manhood box territory where you can support that person who is being threatened by making a joke, by exiting with the possible victim or perpetrator, or by standing there silently in support of the victim.
* Reverand Tuck's example

Allying With…

* A more advanced ally will join with the perpetrator and try to encourage them to see the error of their ways—and that is not a euphemism!
* Most of our initial responses to domestic or sexual violence?
  * We get really, really angry and want to start hitting someone!
* Most of our responses to harassment of a peer/coworker/family member?
  * Duck and cover…

Now, this shouldn't be an "I Hate Men" moment

* No, we celebrate and should celebrate being a man! Recovering masculinity is about encouraging men to be better at being a man then they were able to be previously.
* The "traditional" role of men was limiting, stifling, and didn't allow men to access non-manly roles, feelings, and features.
* Recovering masculinity means we can do all that and engage with our best selves.
* Recovering masculinity allows us to look at all aspects of the person in front of us: the biological, the emotional, the mental, the spiritual, and the relational.

PTSD and Substances of Abuse

Substance users experienced more traumatic events than non-users

* The experience of a qualifying PTSD event varies by type of substance used
  * Nearly 50% of those who are polydrug or cocaine/opiate users
  * Just over 20% of pill/hallucinogen users
  * Approximately 18% of marijuana users
  * About 16% of heavy alcohol users
    * Cottler et al, Am J Psychiatry 149:664-670 (1992)

Example of Trauma and Substance Abuse: Post 9/11 Survey

* Vlahov et al reported that over 3 of respondents started using cigarettes in the week after the 9/11 attacks, but did not use the week before.
  * Nearly 20% started drinking alcohol the week after, but did not use the week before.
  * Almost 3% began using marijuana the week after, but did not use the week before.
  * Nearly 50% of respondents reported increased nicotine and alcohol use after the attacks.
    * Am J Epidemiol 2002;155:988-96

Confluence of Trauma and Substance Abuse

* Adolescents with alcohol dependence or alcohol abuse had higher trauma occurrence rates than controls
* Gender was associated with sexual abuse, which was more common in females, and violent victimization, which was more common in males.
* Not to minimize sexual abuse against women, but if culturally we encourage our men to “man up” and deal with violent victimization by themselves, then we risk leaving traumas unresolved.

Confluence of Trauma and Substance Abuse

* In the Recovering Masculinity group, we found that nearly 100% of the men we worked with had experienced a form of trauma at some point in their lives.
* Most people have experienced a car accident, death of a loved one, or other incidence of trauma.
* However, the extraordinary traumas that the Recovery Masculinity group reported went further than that.

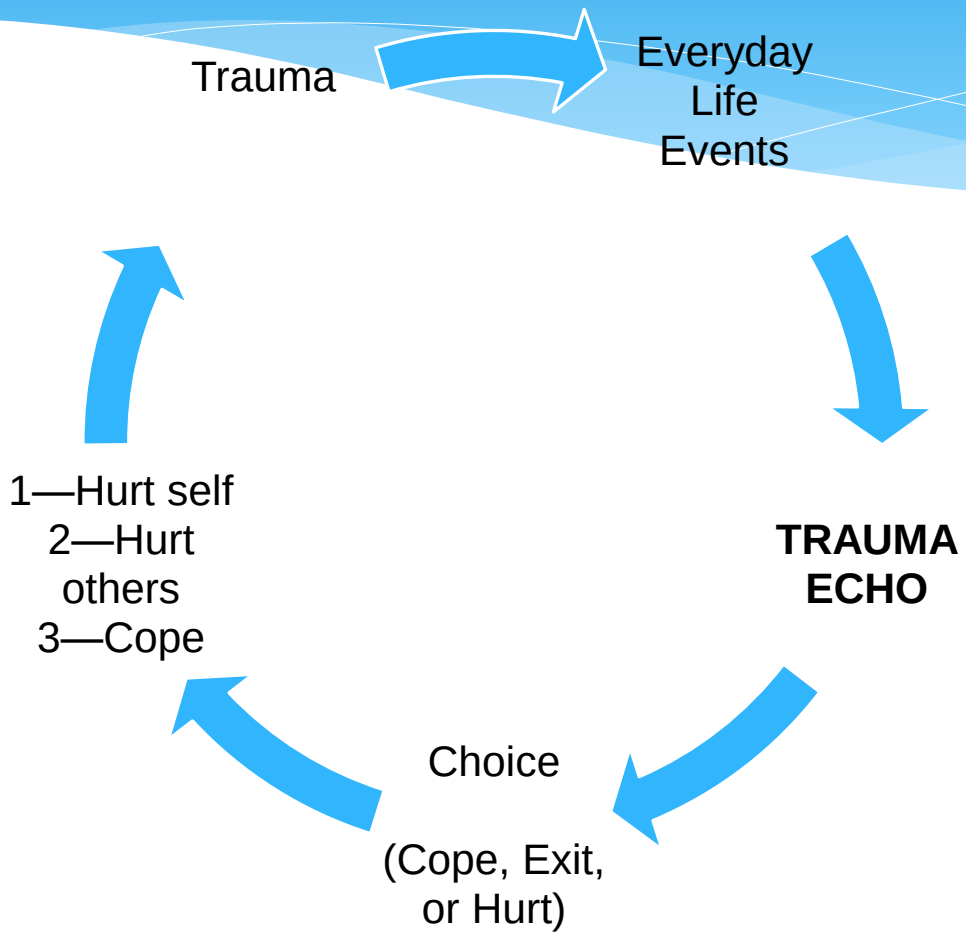
Extraordinary Trauma

* Although there is no such thing as an “ordinary” trauma, many types of trauma can be understood by a wide variety of people (car accidents, death of a loved one, etc).
* Extraordinary trauma are those types of trauma that only a select few experience, making it difficult, at best, for individuals to relate to others.

Extraordinary Trauma

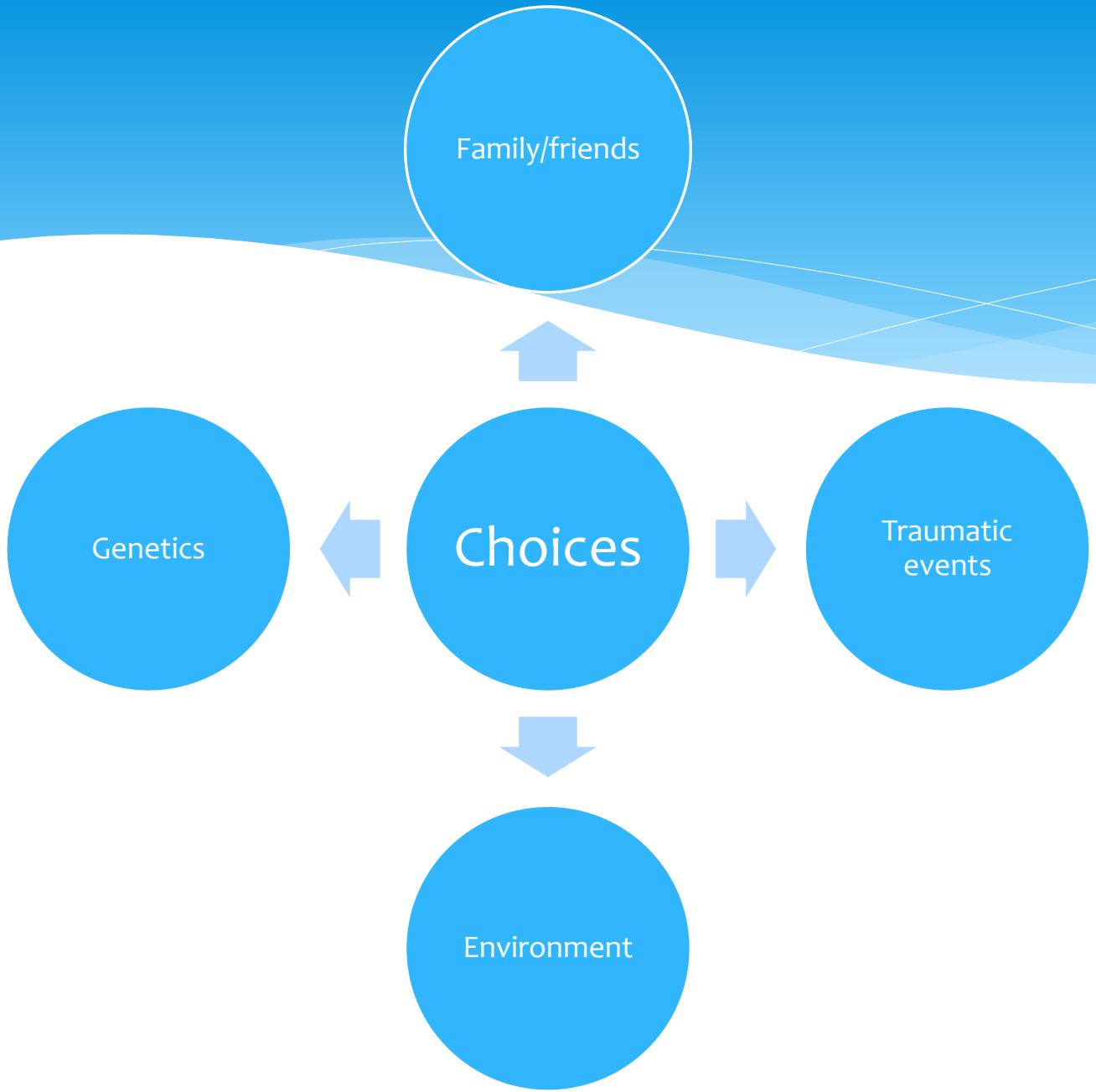
* Watching one's father severely beat one's mother every single night.
* Using illicit substances with one's parents.
* Getting "rolled" for your stash of drugs and money—can't exactly call the police…
* Having to subject yourself to various indignities to obtain cash for drugs or drugs themselves.
* Experience of waking up and not remembering anything that happened the previous night. Or nights.
* Being prostituted out by your parents to earn money for the family…and so they could use illicit substances.

Trauma Outcome Process



Trauma Outcome Process

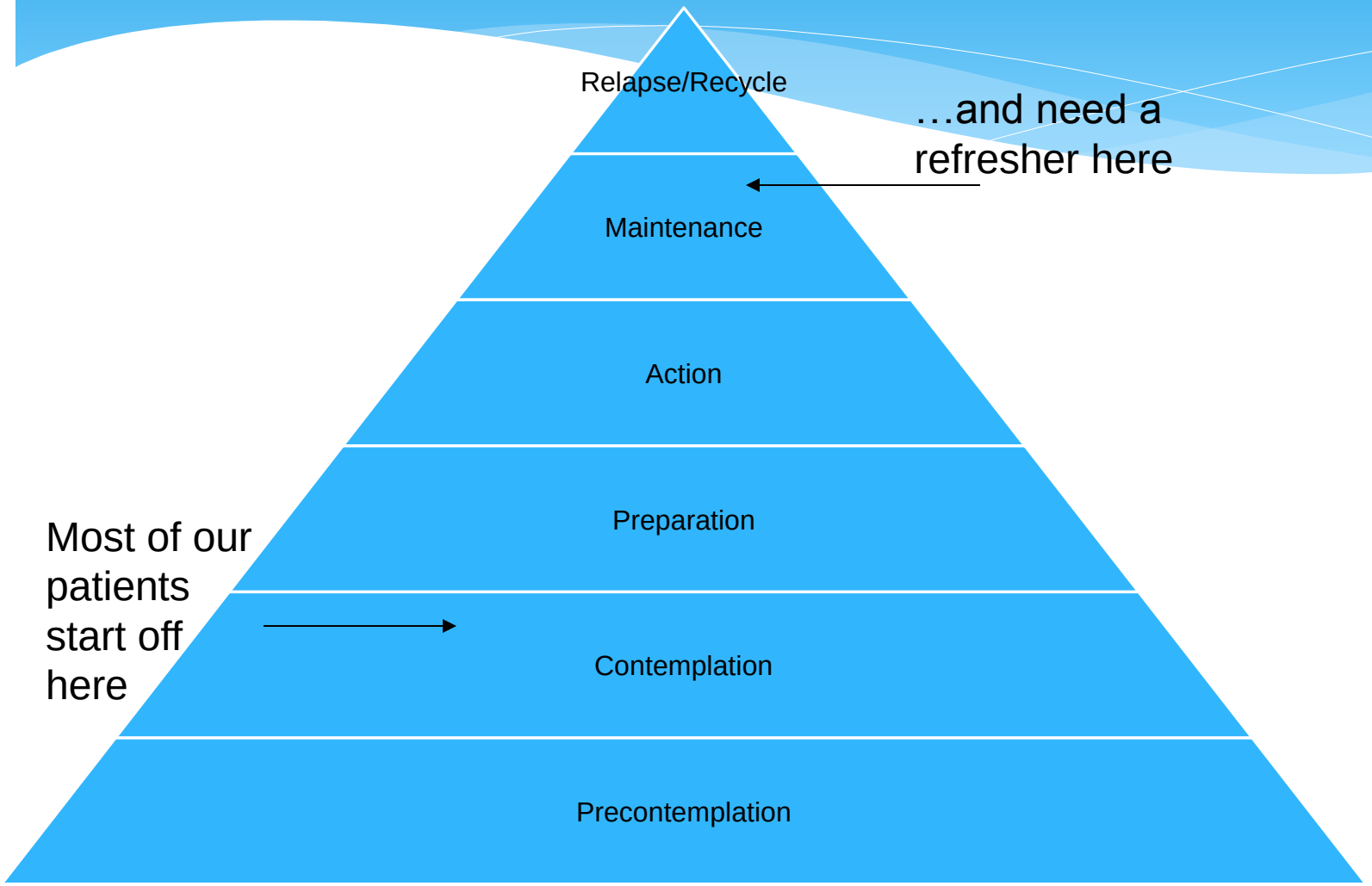
* The really important part of the cycle for anyone who is dealing with trauma is:
* The CHOICE.
  * Helping someone to see that they have the choice to exit and cope with their past or current trauma, to hurt oneself, or to hurt someone else, can be extremely powerful and empowering. Allows someone to consider their own options and not feel so caught up in a cycle that cannot end.


Family/friends
Genetics
Choices
Traumatic events
Environment

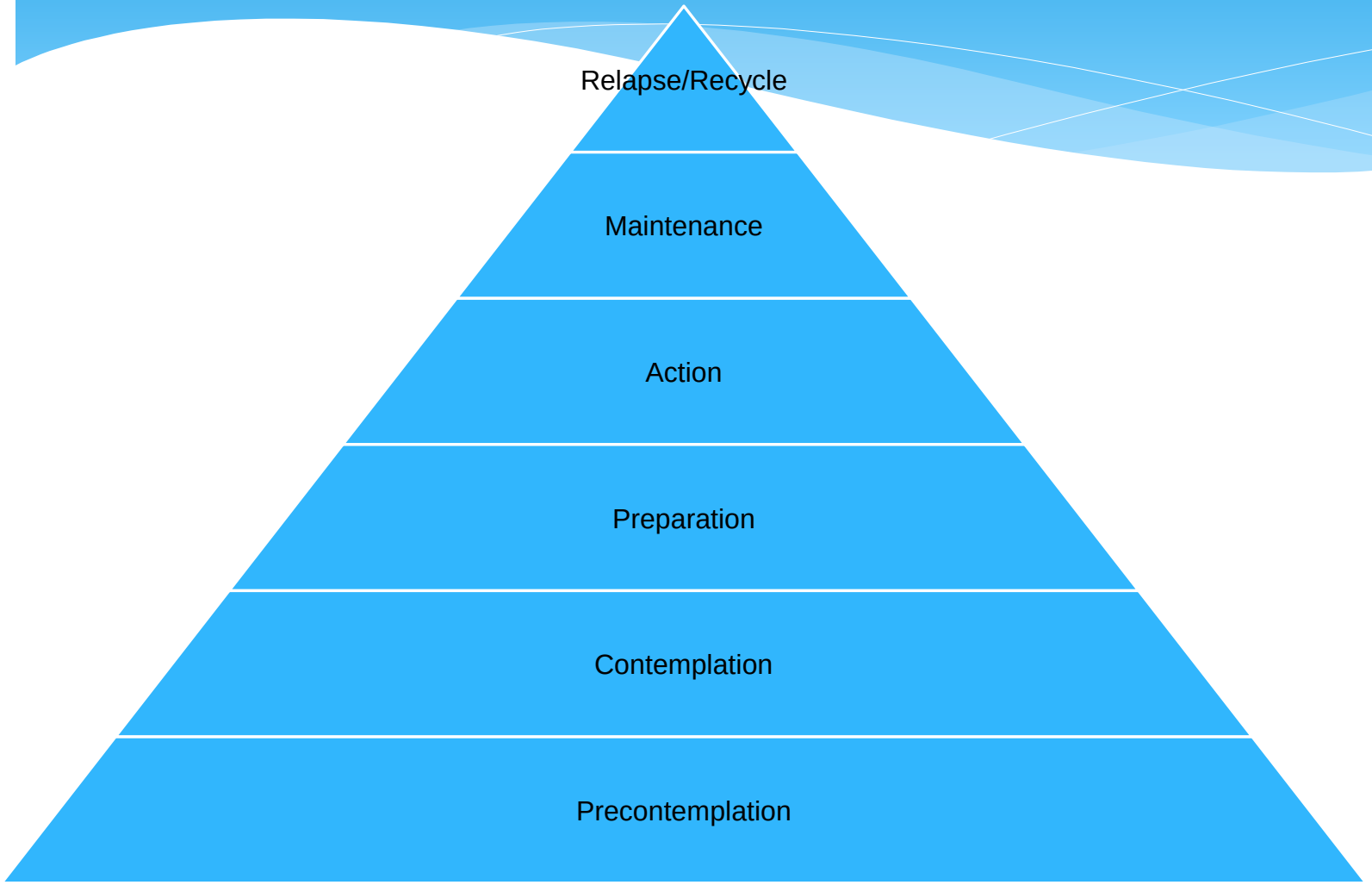
Trauma Outcome Process

* One of the fantastic benefits of the TOP is that you can both hold men (and women) accountable for their choices while allow them to step outside of their process of making those choices.
* Semi-gestalt in that you can externalize and rethink how you approach dealing with one's issues.

Model of change (Prochaska, Diclemente, & Norcross, 1992)



Where would you put the men you see?



Treatment Environment

* What effect does the treatment environment have on patients and on patients accessing treatment?
* Both men and women want to feel safe, they want to feel as if the environment is friendly and inviting.
* Is the environment one they are proud to be a part of or one in which “oh man I gotta go there again?!”
* How do we treat our patients when they walk in the door, call on the phone, attempt to engage with us?

Treatment Environment

* Family therapy clinic example.
* Think about your programs:
  * What is inviting about them?
  * How do your patients/people served feel about coming to it?
  * Is there a gender bias in some way?
    * That bias could be photos of men/women, quotes of men/women, Women's only groups but not Men's only groups, any number of things.

Now, how can you adopt this in your work…?

* Tips:
  * Need to have buy in from the top down and the bottom up: one of the things we have run across via MensWork is when those who work in the community and context don't get it, neither will those we are trying to help "get it".
  * Give permission to get it wrong! Not everyone is going to get this right all the time. Let folks screw up, hold them accountable, and encourage the opportunity to get it right the next time.
  * Accountability—means both holding someone to doing what they say they were going to do and how to provide them with the tools to do it.

Tips (continued)

* Be aware of the trauma that the men you work with have experienced.
* How are they working through their trauma?
* How is their trauma working through them?
* Is the environment conducive to men? To women? To both? What can we do to make that happen?

Questions…?