diversity in terms of race, ethnicity, age, disability, and sexual orientation serve as role models and mentors; and establishing self-help, job-seeking groups as a support network to help clients deal with the ups and downs of job searches. The power of these groups cannot be overestimated in helping women take the risks involved in finding employment. Working with the local state unemployment office to use its employment network and computers is also useful, as is setting aside time each week for a "resume roundup." During this time women can learn to develop job histories and to translate their life skills into data for their resumes.

It may be possible to have a representative of the local office of the department of labor or a vocational rehabilitation center assigned to the program to assist in vocational assessment and placements at the appropriate time in treatment. A representative of a local department of education and training may be available to evaluate needs, develop appropriate educational plans, and make arrangements for meeting the educational and training needs of clients. In addition, representatives from local financial institutions are often willing to conduct workshops about basic money management—budgeting, paying bills, saving money, and obtaining loans. Another effective approach is to hold training sessions on how to balance checkbooks, secure insurance coverage, find quality medical and child care, and shop wisely.

An example of a woman with economic difficulties presenting for treatment and strategies designed to address those difficulties is shown on the following page.

Example of Presenting Problem

Economic Status

A 40-year-old woman who is a single head of household with three children is referred to the program by the District Court. In lieu of incarceration for petty larceny, she is required to be in treatment for heroin addiction for 30 inpatient days with follow-up treatment for 6 months. The woman, who has a 20-year history of substance abuse, presents with symptoms of chronic obstructive lung disease and undifferentiated "women's problems."

Alternative Strategies

In addition to treating the woman's substance abuse problem itself, program staff should consider the following strategies to address other issues:

- The program should immediately arrange for care of the three children while the woman is in the inpatient program, preferably by the woman's family (if the living situation is positive), but otherwise through Foster Care.
- The program should ensure that the woman's health issues are immediately addressed. For example, a thorough physical exam should be conducted, including testing for TB, cardiovascular disorders, and STDs (in response to the complaint of "women's problems"). The program must ensure that all treatment procedures ordered by medical personnel are followed (e.g., medications).
- Before discharge from inpatient care, the program should arrange for economic assistance (e.g., SSI, AFDC, worker's compensation). The staff person should also arrange for housing, food stamps (or other access to food), and for the woman to be responsible for the care of her children, if this is appropriate.
- In the inpatient program, particular attention should be paid to economic self-sufficiency. This includes arranging for the woman to complete high school or her GED, if necessary, and/or to participate in other skills/job training, job readiness training, or job referral programs.

5.3.3 Addressing Relationships and Related Issues

The client's relationships with family, significant others, and friends can be critical to her recovery. Her sexuality is also important although often neglected by treatment programs.

The client's relationships with family, significant others, and friends can be critical to her recovery. Her sexuality (including sexual functioning and sexual orientation) is also important although often neglected by treatment programs. These issues have been addressed in Chapter 3. Strategies to address relationship and sexuality issues include the following:

- Provide time each day for women to talk among themselves about their grief; to share issues of grief related to giving up both alcohol and/or other drugs and the lifestyle associated with these; and grief related to their children, homes, and partners. Encourage women to talk about grief related to losing loved ones when they were drinking or using other drugs and to air feelings of loss that may have been buried during years of substance abuse. Develop a list of the stages of the grieving process for clients;

- Encourage clients to keep a journal to reflect on relationship and sexuality issues as well as on their substance abuse; this can help the client to disclose these issues during individual and group counseling. However, it is critical that these journals be protected to prevent disclosure;

- Arrange for the services of a member of the clergy or spiritual leader, preferably a woman, to act as a resource to the staff and clients to help diminish denial, fear, and poor self-esteem. This may be particularly important for women who have a history of sexual or physical abuse or poor family relationships (including with their own children or their parents);

- Help clients to view assertiveness as a social skill relevant to recovery. Emphasize that life can be easier if one knows how to get what one needs from others without hurting

them or becoming anxious. Conduct classes on assertiveness so that women learn to share, to make their needs known, and to protect themselves. Encourage women to identify and discuss well-known assertive women whom they admire;

- Advise women to take on more responsibilities as they move through the program to build self-esteem and to promote their ability to function independently of the program;

- Arrange for groups in the treatment program to meet regularly to address relationship and sexuality issues. During these sessions, encourage clients to accept that the treatment program is a safe place to explore relationship and sexuality issues, even if there is a threat of domestic violence at home;

- Arrange for clients to receive counseling from mental health professionals specifically trained and experienced in working with women's relationship and/or sexuality issues, including posttraumatic stress disorder (PTSD) resulting from child and/or adult sexual or physical abuse; arrange for clients to participate in self-help groups that address these issues; and

- Help women learn how to express and begin to trust their anger, and how to deal with it in stressful situations.

5.3.4 Addressing the Client's Spiritual Needs

Increasingly, the need to address the spiritual needs of the client is seen as an important aspect of substance abuse treatment. The concept of spirituality should not be confused with that of religion, which is the way we attempt to systematize belief in a higher power through specific definition and through rituals, rules of conduct and philosophical frameworks. In contrast, spirituality is not defined nor constrained by specific parameters. In the context of this manual, spirituality may be considered in terms of one's journey toward increasing awareness of oneself and one's relation-

ship to the rest of the world. It is an empowering and healing process. Bjorklund has noted the variations in spiritual journeys, suggesting that "spiritual relationships evolve from how a person has experienced life and how he or she has come to deal with life situations."[7] Experience with alcohol and other drugs as a destructive force alters the degree to which one can address our basic human needs, including relationships with other people. The following is a definition of spirituality that has been used in substance abuse treatment:

> Spirituality has to do with the quality of our relationship to whatever or whomever is most important in our life.[8]

Given a broad-based concept of spirituality as focusing on personal empowerment and crossing cultural and religious boundaries, treatment programs can provide an environment that facilitates the clients' spiritual journeys. In fact, the psychotherapist Moore suggested that "psychology is incomplete if it doesn't include spirituality ... in a fully integrated way."[9] The important relationship between spirituality and substance abuse treatment was described by Bjorklund:

> Spirituality, because it has to do with what (whom) is important to us, is closely related to values, priorities, goals, and preoccupations. It has to do with whatever is at the center of our life.[10]

Spirituality, because it has to do with what (whom) is important to us, is closely related to values, priorities, goals, and pre-occupations. It has to do with whatever is at the center of our life.

In fact, he suggests, "Just to stop [alcohol and other drug use] without other growth and change would simply frustrate a person who has not learned any other way to meet basic human needs... spirituality takes its place with the physical and emotional aspects of a recovery program as a necessary foundation for building a new way of life."[11]

Programs that implement the Comprehensive Model described in Chapter 3 (including attending to the woman's physical, psychological,

social and spiritual needs) help the woman to move from a sense of fear, despair, hopelessness and isolation to one of trust and belief; improve her self-knowledge and self-esteem; and empower her to be self-sufficient and interdependent upon completion of treatment. These goals can be an important part of the recovery process.

5.3.5 Retaining Women in Treatment

To retain women in treatment, the most important task is to ensure that the program is gender sensitive and that the broad spectrum of women's bio-psycho-social needs are met. This includes, for example, addressing their physical and mental health, housing, child care, and legal needs. These topics are addressed throughout this manual. Other specific approaches for retaining women in treatment include the following:

- Ensure that, if possible, women have their own "private space" in the treatment setting. This could be, for example, a separate recreation room or meeting area;
- Involve partners and family members as appropriate to enhance women's recovery and reduce sabotage;
- Recognize the reality of women's lives and responsibilities;
- Find ways to help women take control of their own treatment so that they become invested in it;
- Help women feel successful as they move from one phase of treatment to another;
- Provide positive female and male role models; and
- Eliminate barriers to retaining women in treatment that are identified within the program itself. Feedback from clients—particularly from those who leave treatment early—can provide useful information to identify such barriers.

5.3.6 Discharge

The discharge plan should be prepared before the woman completes or leaves treatment.

In the treatment process, the discharge plan is as important as the initial assessment and treatment plan because this phase serves as a bridge between the treatment process (whatever the modality of care or duration) and continuing care. The discharge plan should be prepared before the woman completes or leaves treatment. The determination about whether a client is ready for discharge should be made jointly by the client and her counselor, or with the treatment team, if the program uses such an arrangement.

The discharge plan should include the following:

- an evaluation of the woman's progress in treatment, specifically
  - her treatment goals and the extent to which they were met;
  - reason(s) for discharge;
  - summary of successes and problems encountered during treatment; and
  - factors that facilitated and/or hindered her progress.
- a discussion of the woman's current status with respect to
  - alcohol and other drug use;
  - physiological health in general;
  - mental health;
  - employment;
  - living arrangements;

- vocational and educational needs;
- parenting ability and status of her children;
- other emotional support needs; and
- financial support needs.

- a summary of unresolved problems, which may include referrals for
  - substance abuse counseling;
  - medical and mental health services;
  - family therapy, child care, housing, financial and other services; and
  - sobriety support groups.

The program should make specific arrangements for continued contact with the client, including periodic visits to the program. This will reassure her that there is a "safe place" to visit in times of emotional, psychological, or physical distress and will also facilitate the follow-up process.

5.4 Cultural Sensitivity/Competence

All treatment program components and procedures should be reviewed regularly to ensure that they are culturally sensitive and culturally relevant. This includes outreach, initial contact, intake, the treatment process, discharge, and follow-up. Cultural competence and sensitivity as related to different ethnic and racial groups, age groups, disability groups, and sexual orientations should be reviewed so that appropriate responses can be ensured. For example, during client case presentations made to staff, issues raised by different population groups in treatment should be

discussed. Staff should be trained to avoid discriminatory language and behaviors. Moreover, specific rules should be established and enforced with respect to such language and behavior on the part of clients and staff members.

To help ensure that the clients' culturally specific needs are met, the program should offer clients the opportunity to attend 12-step or other self-help meetings that are population-specific (e.g., for women of color or lesbian women). This could be accomplished through referral, by scheduling regular meetings at the treatment program's location, or by listing these meetings as part of the program's regular activities.

To help ensure that the clients' culturally specific needs are met, the program should offer clients the opportunity to attend 12-Step or other self-help meetings that are population-specific.

Examples of strategies that relate to specific populations of women follow. They are grouped within the following categories:

- Age groups (adolescent and older women);
- Ethnic and racial minority group populations; and
- Other specific groups of women.

5.4.1 Age Groups

Adolescents

- Arrange for role models and provide materials specifically geared to adolescent girls. Identification with appropriate role models is critical for adolescents to gain hope and to progress through treatment. It is also helpful to compile a book that will foster a sense of hope using letters written by young women in recovery.

- Conduct home assessments and encourage family involvement in the treatment process where appropriate. Meet various persons who are involved in the adolescent's life,

including parents, grandparents, children, partners, other family members, probation or parole officers, social workers, guidance counselors, and teachers. During these meetings, program staff should try to ascertain if there appears to be sexual or physical abuse as well as substance abuse in the family. If possible, visit the young woman's last place of residence and meet the people; this should be done only with the knowledge and consent of the person in treatment.

- Pregnant teenage girls require special support while they are in treatment to help ensure that they remain in school. Strategies include day care services and special attention to nutrition.[12] In addition, girls who became pregnant as a result of rape also need to receive psychological counseling while they are in treatment.[13] Provision of services to address sexual abuse concurrent with treatment for the client's substance abuse "ensures that the young women are better able to remain drug and alcohol free." [14]

Pregnant teenage girls require special support while they are in treatment to help ensure that they remain in school.

- Keep on hand personal care items (e.g., nail and hair care supplies, stationery, and pens) as incentives or rewards for the adolescent girls.

Older Women

- Work with appropriate senior service agencies to provide safe, inexpensive, and accessible transportation options that bring older clients to the treatment facility for scheduled treatment activities. This is a critical first step in providing care to this population. Schedule groups during the hours that these agencies offer transportation.

- Work with a local senior center or an adult day care center to arrange for space to hold groups at that facility. Establish a relationship with the administrative personnel of the local hospital to arrange for space to hold groups within the hospital setting. The senior transportation program may provide regularly scheduled transportation to these locations, and the scheduling of groups can be coordinated around the