

## Chapter 8

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# Reflections



Photo by Walter Philips

*From the perspective of the staff member of the treatment program, the millions of American women who have substance abuse problems become the one woman in treatment.*



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## Reflections

**T**his manual was developed in response to an awareness at CSAT that women's needs have not been adequately addressed by most substance abuse treatment providers. The underlying assumption of this manual is that women have, to some degree, different physical, psychological, social, economic, legal, and behavioral treatment issues than those experienced by men. As a result, substance abuse treatment modalities and strategies have to be adapted and/or developed to meet the needs of women. It is also important to recognize that differences among women in ethnicity, culture, race, age, ability/disability, economic status, educational attainment, and sexual orientation necessitate different treatment strategies.

The manual described strategies for three stages of the treatment process: outreach when the program attracts the woman to treatment, comprehensive care when the program must address the woman's needs and retain her through the full course of treatment, and continuing care when the program helps to ensure that the recovering client's needs are met, as much as possible. Many of the strategies presented in the individual chapters (e.g., discussion of comprehensive services) apply across the continuum of care, as do discussions of particular issues related to special populations (e.g., older women). Moreover, because addiction is a chronic condition that is characterized by relapse on the part of many clients, many of the basic premises apply across the stages of care. Some of these have been highlighted in one section of the manual (e.g., the need to use screening and assessment tools that are gender-specific and culturally sensitive) rather than being repeated throughout the stages of care.

### 8.1 Two Key Themes: Comprehensive Services and Linkages

The issues addressed in this manual have been varied, reflecting the complex nature of substance abuse and many of the problems faced by women in treatment. Increasingly, substance abuse treatment programs

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must address the physical and mental health problems of women in treatment for which they may have received little attention, if any, prior to treatment. The consistent theme of the manual has been recognition of the need to provide comprehensive services for women in treatment. However, few programs have sufficient resources to provide a complete range of services in-house, nor should they be expected to do so. Most communities have public and/or private sector organizations which provide services directly or which facilitate access to them. Treatment programs, therefore, need to establish strong contacts with other organizations to refer clients for services and to receive referred clients.

Contacts and linkages are another theme of the manual. The ability of treatment program staff to establish successful relationships with the staff of health and social service agencies is critical to meeting the comprehensive needs of women in treatment. It is also essential to establish linkages with community-based organizations which represent women of color, adolescent and older women, lesbians, women in the criminal justice system, and women who have differing physical and mental abilities. These linkages help to ensure that treatment program staff have an increasing understanding of and sensitivity to the wide range of differences in women needing treatment; they also serve as an important source of referrals and resources for speakers and facilitators.

A number of sensitive issues that need to be addressed directly in the treatment process have been raised in the manual. These include for example, the increasing incidence and prevalence of HIV, AIDS, and sexually transmitted diseases among substance-abusing women, and the connection between sexual and physical violence and addiction. However, as has been noted in the manual, there are a variety of approaches to providing services to women who present with these problems. For example, opinion varies regarding the point at which counseling regarding prior history of sexual abuse should be initiated during the treatment process and

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how it should be addressed. Moreover, cultural and other values play an important role in terms of what is acceptable to the female client and what is permissible by local norms as expressed in public policy or the law. An example of the impact of cultural values is the divergent opinion concerning HIV and AIDS (e.g., counseling concerning safe sex practices and ensuring that condoms are available for clients). Although these are difficult and contentious issues, programs need to face them directly if their services are to meet the needs of their female clients. Program management and clinical staff should be sufficiently knowledgeable about the advantages and disadvantages of alternative strategies in terms of their client population. It is important for the staff to discuss these strategies with their clients and delineate a clear rationale for selecting the approach which is recommended for each client. If changes are made, all staff need to be made aware of the changes and the treatment protocol should be adjusted accordingly.

## **8.2 Do We Know What Works for Women?**

The manual was prepared using both published and unpublished research and the experiential knowledge of women who are noted experts on the treatment of women for alcohol and other drug problems. However, it must be emphasized that there are many theories and approaches to the treatment of alcohol and other drug use in women and that the wide range of treatment programs reflects that diversity. Do we know with any certainty what works for women in treatment? If we think certain specific strategies work, are they more effective for certain populations under different circumstances? These questions apply in general to the treatment for alcohol and other drug abuse as well as the treatment of women specifically. It is important to coordinate efforts between funding sources, programs, and researchers to evaluate empirically approaches to engage and retain women in treatment. To facilitate recovery, research and evaluation

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The diversity of theoretical views and biases hampers the development and implementation of research and evaluation studies that could identify differences in treatment outcome. For example, the underlying concept of addiction serves as an explicit or implicit foundation for the design of research and evaluation. Many in the general public (and some in positions of leadership) still support the view that in general, alcohol and other drug abuse is a moral condition, particularly where women are concerned. Many others support the medical model perspective, defining substance abuse as a disease in the physical sense. But if the field is to address successfully the complex problems of alcohol and other drug abuse among women and to evaluate the success of treatment programs, it must develop successful, replicable treatment models. The focus should be on what treatment models and specific services are effective for which group of women in a variety of physical, psychological, social, and cultural circumstances.

In identifying what treatment approaches successfully engage and retain women in treatment and result in their recovery, it is important to look at specific aspects of the treatment process, examining the combination of treatment modalities and services that is most effective under different circumstances for diverse populations. For example, to consider the appropriateness of requirements (or standards) for the duration of residential treatment and frequency of outpatient visits for women in varying circumstances, the following types of questions should be addressed:

- Are twice weekly outpatient counseling sessions sufficient for a poor mother of four children without a job or job skills who is living in a temporary shelter?
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- Will long-term residential treatment work best for a pregnant mother currently living with a violent spouse, whose children are in foster care under order of child protective services?
- Will a five to seven day inpatient detoxification treatment work best for a married woman with two children who is experiencing co-occurring symptoms of post traumatic stress syndrome, depression, and alcohol abuse?

The treatment program should consider these issues in defining its treatment philosophy and determining the scope and level of services, including treatment modalities. It should also consider these types of questions when preparing or reviewing the program's policies and procedures manuals and when reviewing the program's achievements.

### 8.3 Other Treatment Design Considerations

In addition to the issues raised in this manual, there are other important concerns in the design and adaptation of services for women. While some of these are applicable to both female and male clients, there are particular aspects that impact specifically on women. These issues are not addressed in detail, but are listed for consideration by the programs:

- Treatment programs are operating in a health care system that is in the midst of major changes and reform. How will alcohol and other drug programs fit into the overall plan? What is the current financial impact on the programs of the changing health care industry?
- Process and outcome evaluation are increasingly important to the viability of alcohol and other drug abuse programs for women. Programs that are funded in the future may be those which can document successful outcomes that are replicable in different environments. How can treatment programs serving women with complex health and socio-

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economic problems document activities and outcome and for what outcomes will they be held accountable, whether or not they have “control” over the outcome (e.g., employment)?

- Programs must have community partnerships and must receive funding from sources other than the government in order to survive. However, there is increasing competition for scarce resources in both the public and private sectors. This can result in a competitive environment rather than a cooperative one. What are the possibilities for generating income on joint fund-raising efforts and for sharing of services to make the best use of scarce resources?
  - Cultural competence does not just mean having racial and ethnic diversity among the staff and board members. It means ensuring attitudinal and behavioral change, incorporating understanding, and respecting a diverse client population and target group. It must be acknowledged that there is no consensus regarding cultural “norms” and accepted practices and language, even among a particular group of women. Program staff must be aware of the diversity within and among their particular client and target populations. In this regard, staff training is critical.
  - Participatory decision-making is key to ensuring that a program meets client needs and is well managed. These programs will more than likely identify, target, and treat clients using strategies that have been successful with that client population. Feedback from staff and clients is part of an on-going program assessment and is an important part of program operations.
  - Safety of the treatment environment is important for all clients, but particularly for women and their children, if the children are living with their mothers. However, for a number of reasons, substance abuse treatment programs are often located in areas that are not safe: they are accessible to potential clients, the facility is affordable, or other communities are not amenable to having substance abuse treatment
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facilities in their neighborhood. To protect client safety, some treatment programs take precautions that make them appear to be impenetrable and therefore uninviting. Programs need to strike a balance between client safety and accessibility.

#### **8.4 We Do This Because...**

In reflecting on the strategies for providing treatment services, it is often easy to get lost in the detail, to lose sight of the fact that those who provide substance abuse treatment services for women do so because there is the possibility of recovery. However, on a daily basis, from the perspective of the staff member of the treatment program, the millions of American women who have substance abuse problems become the one woman in treatment for whom services are provided, care is demonstrated, and in whom hope is invested.

The following case study is the true story of a woman who completed treatment in a program funded by the CSAT Division of Clinical Programs' Women and Children's Branch. "Anita's" story is a reminder of why we devote our energies to each woman who is in our care.

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