



# ***Women Matter! – SAMHSA's Training Tool Box***

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Advocates for Human Potential, Inc.**

*This presentation supported by SAMHSA's  
Women and Families Training and Technical  
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# ***Women Matter!* – SAMHSA's Training Tool Box: Train the Trainer**

**Saturday, February 24, 2018**

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# Presenters



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# Presenters



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# INTRODUCTIONS

*Let Us Know What Brings You  
Here Today*

# DRAFT Training Tool Box

## **Acknowledgment**

This Training Tool Box was developed for the Substance Abuse and Mental Health Services Administration (SAMHSA) by Advocates for Human Potential, Inc. (AHP) under contract number 283-07-3807 with SAMHSA, U.S. Department of Health and Human Services (HHS). The contents do not necessarily reflect the views or policies of SAMHSA or HHS.

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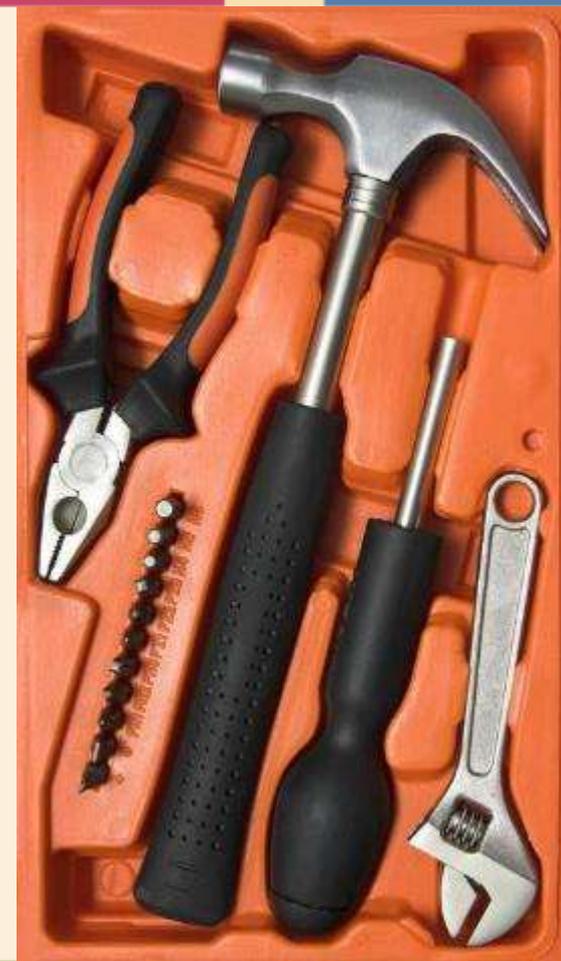
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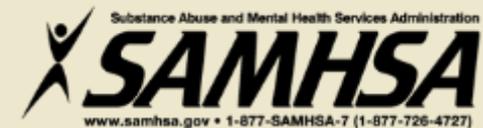
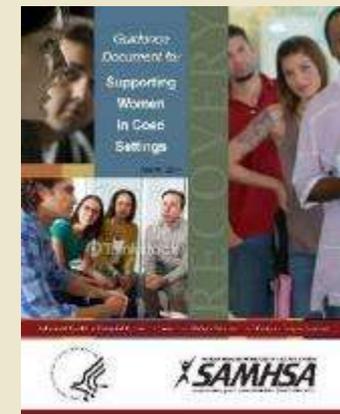
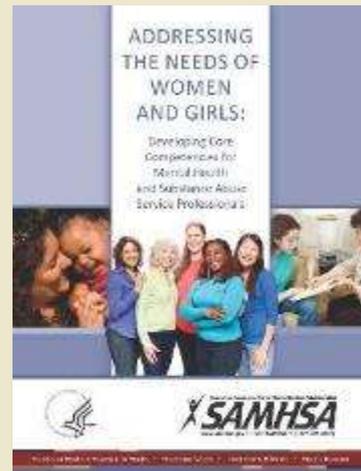
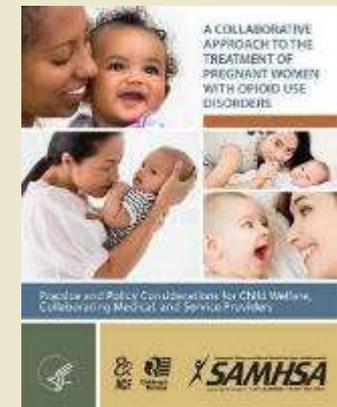
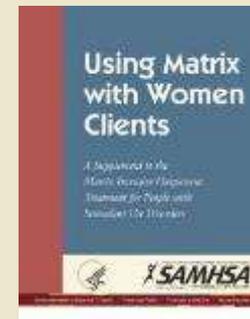
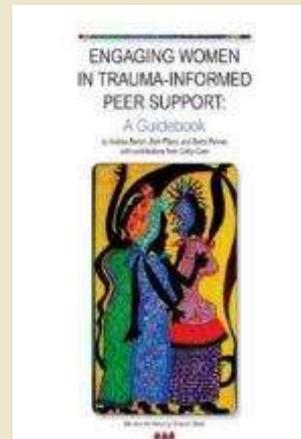
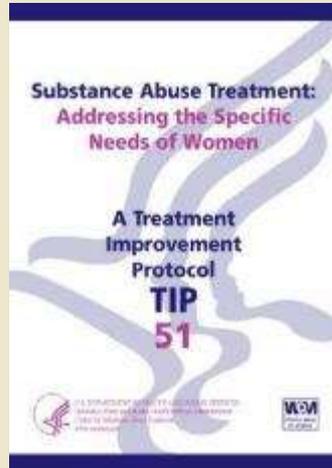
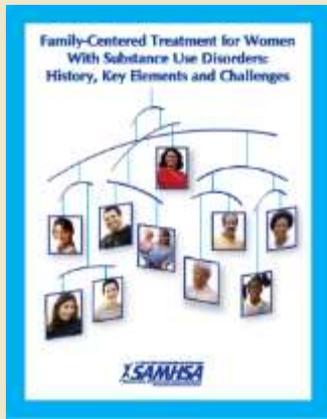
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# What is the Training Tool Box?

- ***Addressing the Gender-Specific Substance Use Disorder (SUD) Service Needs of Women*** offers sample training content that presenters can draw upon and tailor to offer trainings and presentations to a variety of audiences.
- Content is available for download at: <https://www.samhsa.gov/women-children-families/trainings/training-tool-box>





# Trainer's Tool Box Modules

**1.** Women,  
Substance Use,  
and Substance  
Use Disorders

**2.** Gender-  
Responsive  
Services for Women:  
Principles & Core  
Components

**3.** Treatment/  
Recovery  
Considerations for  
Women

**4.** Co-Occurring  
Disorders Impacting  
Women

**5.** Pregnancy  
and  
Parenting

**6.** Moving  
Forward From  
Here

# Use As Is or Modify the Slides

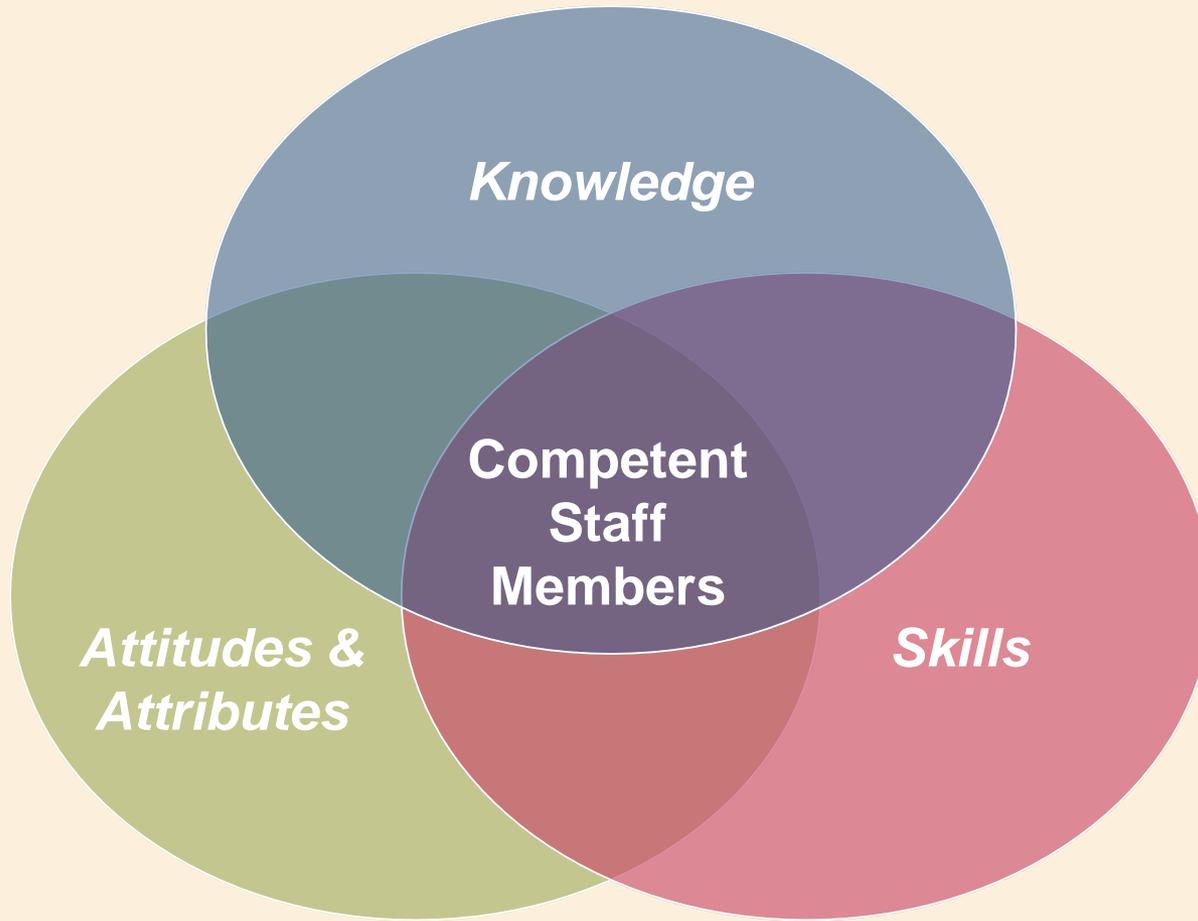
- Fit the trainer, audience, and purpose of the presentation
- Selecting slides from a few different modules and combining them together into one presentation
- Presenting one or two modules from the series
- Adding slides that are specific to your audience, locality organization, and population served
- Adding data, case studies, example, and activities
- Adding slides with local data and resources.

# Developing a Training/Presentation

- Who is the audience?
- Who am I and what do I know?
- What is the goal and length of time?



# KSAA Framework





# Discussion Questions

- Who might my target audiences be?
- What do I know or value that I can draw upon for my presentation/training?





## MODULE 1

# *Women, Substance Use, and Substance Use Disorders (SUDs)*



# Learning Objectives

Participants will be able to:

- **Define sex and gender differences** that affect women's experience with substance use, substance use disorder (SUD) services, and recovery
- **Identify common reasons that women initiate substance use**, along with **risk factors and protective factors** for women and girls
- **Identify three common barriers** women have to seeking and accessing treatment

# Module 1 Content

- Overview of Modules
- Sex and Gender Differences
- Telescoping and Other Sex-related Differences
- Culture and SUDs
- Across the Lifespan
- Protective Factors
- Pregnancy, Opioids
- Risk for Initiation of Use
- Consequences/Risks of Use and SUDs
- Barriers to Accessing Care

# Module 1 Activities:

1. Women Are.....
2. Women and Men
3. Case Scenario Jenna
4. Turning Barriers into Motivators
5. Case Scenario Marta



# Sex and Gender Differences

- “Sex” and “gender” do not mean the same thing.
- Sex differences are related to biology.
- Gender is part of a person’s self-representation. It relates to culturally defined characteristics of masculinity and femininity.
- There are both sex and gender differences that relate to SUDs and SUD treatment for men and women.

Clipboard Slides Font Paragraph Drawing Editing Pickit

31 **Activity 1**  
Women are ...

32 **Sex and Gender Differences**

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34 **Telescoping and Other Sex-related Differences**

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Slide 7

- The terms sex and gender are often used interchangeably in today’s world, but their root meanings are not the same.
- **Sex differences** relate to biology.
  - Differences between males and females include reproductive organs, hormones, body size, metabolism, and bone mass.
  - Sex differences are not absolutes, and many are on a spectrum. For example, men as a whole have more physical strength than women. Yet there are women who are physically stronger than most men, and men who are physically weaker than many women.
  - Another example is hormones. Though testosterone (an androgen) is thought of as a “male” hormone, and estrogen is thought of as a “female” hormone, both hormones are present in both males and females. The levels of these hormones in the body differs by person.
- **Gender differences** refer to the characteristics, roles, and expectations constructed by culture and social norms related to what it means to be *masculine* or *feminine*, or to be a *man* or *woman*.
- Gender differences will be discussed in a moment.

**Note to Trainer.** No matter what sex a person was assigned at birth, that person may identify as a woman, man, transgender man or woman, gender non-conforming, or another gender identity. The terms “woman/girl” are used in this presentation to refer to anyone who identifies as female. If a client identifies as a girl or woman, she should be considered as such by center staff.

**DISCUSSION QUESTION:**

- *What are some of the ways that women and men are the same?*
- *What are some ways women and men are different?*

**RESOURCES**

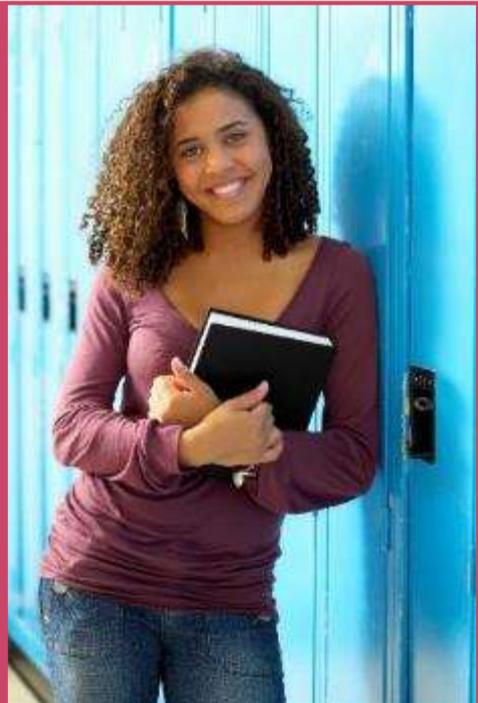
*For more information about sex differences, see:*

- TIP 51: Chapter 3, “Physiological Effects of Alcohol, Drugs, and Tobacco on Women” (pp. 37-56) and “Biological and Psychological” (pp. 7-9) (SAMHSA, 2009)
- National Institutes of Health’s Office of Research on Women’s Health website “A to Z Guide: Sex and Gender Influences on Health” at <http://orwh.od.nih.gov/resources/sexgenderhealth/index.asp>

Slide 20

# Activity – Sex vs. Gender

Is it a sex or gender difference?

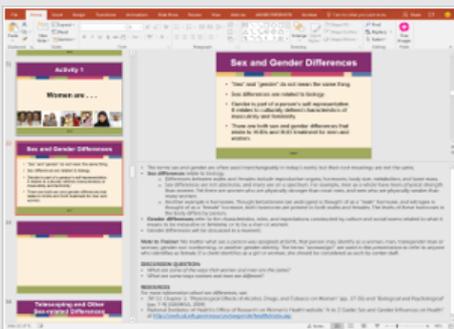


# Telescoping and Other Sex-related Differences

Telescoping, in this use of the term, refers to an effect whereby women “progress faster than men from initial use to alcohol- and drug-related problems, even when using a similar or lesser amount of substances.”

(Substance Abuse and Mental Health Services Administration [SAMHSA], 2009, p. 27; Piazza et al., 1989)

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Slide 8

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Slide 8

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## Gender Differences

- Factors such as culture, age, socioeconomic status, religion, disability, race/ethnicity, and sexual orientation all influence gender roles and

- Telescoping, in this instance, is related to sex differences. Far more studies exist about the effects of alcohol on women, versus men, than about illicit drugs. However, there is evidence suggesting women are more vulnerable than men to the negative health effects of illicit drugs (SAMHSA, 2009).
- Examples of sex-related differences related to alcohol use include:
  - In general, women develop alcohol-related physical health problems at lower levels of consumption over shorter periods of time than men (Antai-Otong, 2006; Van Thiel, 1989; SAMHSA, 2009, p. 41). They also have increased severity, greater numbers of, and faster development of alcohol-related health complications (SAMHSA, 2009, p. 40; Blum et al. 1998; Greenfield, 1996)
  - Women become more cognitively impaired than men by alcohol consumption (SAMHSA, 2009).
  - When women and men of the same weight have the same amount of alcohol, the women end up with higher concentrations of blood alcohol (SAMHSA, 2009). This is because women have proportionately more body fat and a lower volume of body water to dilute alcohol (Romach and Sellers, 1998).
  - At a rate of drinking two to three standard drinks each day, women have a higher mortality rate than men who drink the same amount (Holman et al., 1996).
  - Women develop other alcohol-related diseases at lower total lifetime exposures than men, such as liver disease, cardiac damage, and breast cancer (Van Thiel et al., 1989).
  - Telescoping also applies to nicotine. Smoking alters dopamine in the brain at different rates and in different locations in men and women; women have the response in the brain region associated with habit formation (NIH, 2016). Women metabolize nicotine faster than men, so nicotine replacement therapies can be less effective in women (NIH, 2016).

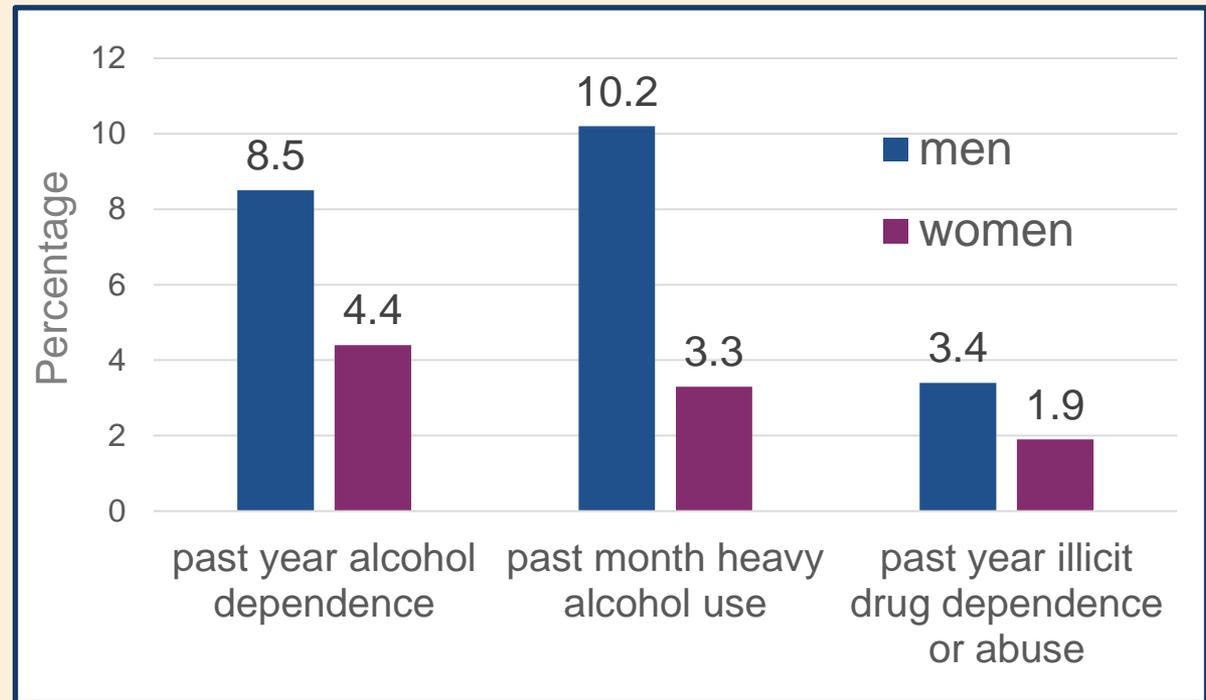
**RESOURCES**

- SAMHSA's *TIP 51* (2009), lists various journal articles, studies, and information related to telescoping and substance use on pages 27, and 40-48.

Slide 23

# Substance Use: Women vs. Men

Women have lower rates of substance use and SUDs than men.



**Source:** Substance Abuse and Mental Health Services Administration. (2015a). *Behavioral health barometer: United States, 2015*. HHS Publication No. SMA-16-Baro-2015. Rockville, MD: Substance Abuse and Mental Health Services Administration.

# Across the Life Span

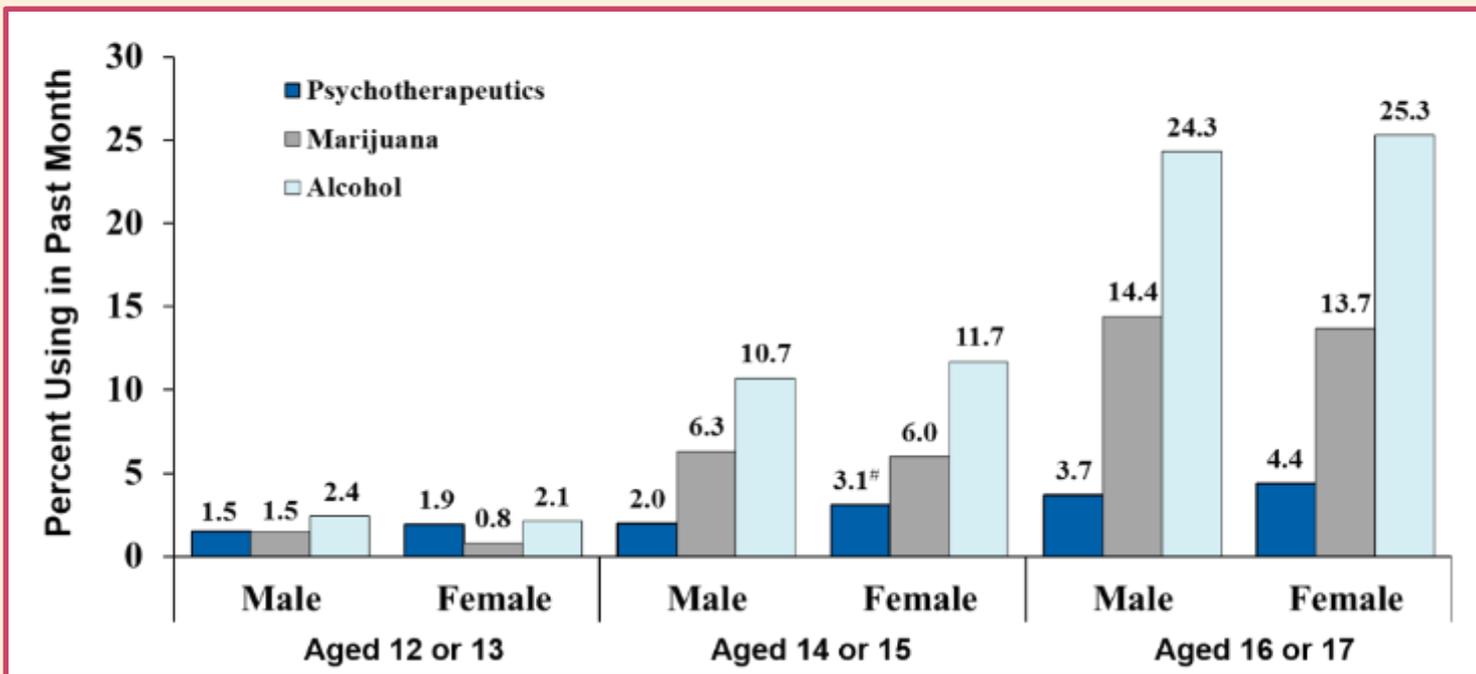
- Suzi is 15 and smoking marijuana.
- Joanne is 22 and using opioids.
- Jessica is a 40-year-old mother of three who is a poly drug user.
- Charlisa is a 70-year-old widow who is dependent on alcohol.

***Each woman has different assessment, treatment, and recovery needs.***



# Substance Use: Adolescents

## Past Month Use of Selected Illicit Drugs and Alcohol among Youths Aged 12 to 17, by Gender and Age Group: 2012



# Difference between this estimate and the male estimate is statistically significant at the .05 level.

Source: SAMHSA. (2013c). *Results from the 2012 National Survey on Drug Use and Health: Mental health findings, NSDUH Series H-47.*



## MODULE 2

# Gender-responsive Services for Women: Principles and Core Components



# Learning Objectives

- Define what it means for services to be gender responsive for women
- Describe the core elements of gender-responsive services for women
- Describe the importance of addressing women's specific needs



# Module 2 Content

- History of Women's Services
- Definition of Gender Responsive
- Overview of five core components of gender-responsive principles
- Addressing Gender Dynamics in Treatment Settings



# Module 2 Activities

- Grounding Exercises
- Trauma and Opposites
- Connection vs. Disconnection
- Building a Therapeutic Alliance
- Positive Relationships
- Walking Through Your Facility
- Case Scenario Mary



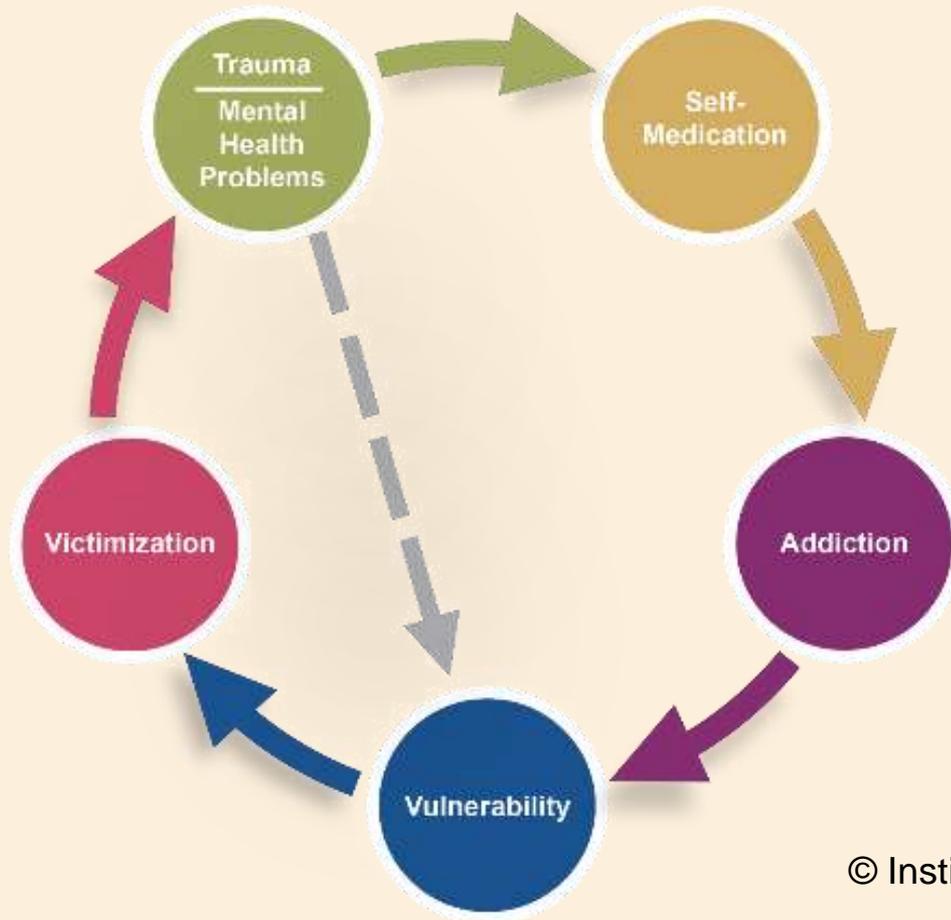
# Gender-responsive Principles

The knowledge, models, and strategies of gender-responsive principles are grounded in five core components:

- Addresses women's unique experiences
- Is trauma informed
- Uses relational approaches
- Is comprehensive to address women's multiple needs
- Provides a healing environment



# Substance Use, Trauma, and Mental Health Cycle



© Institute for Health and Recovery

# Component 2: *Trauma-Informed Approach*

SAMHSA's four Rs of a **trauma-informed approach**:

**Realizes** the widespread impact of trauma and understands potential paths for recovery

**Recognizes** the signs and symptoms of trauma

**Responds** by fully integrating knowledge about trauma into policies, procedures, and practices

**Resists** re-traumatization

# Component 2:

## *Trauma-Informed Principles*

**SAMHSA's six principles of trauma-informed care:**

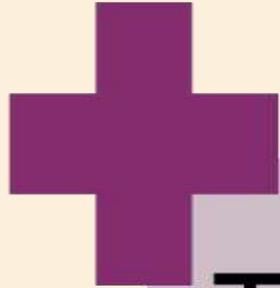
1. Safety
2. Trustworthiness and transparency
3. Peer support and mutual self-help
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Cultural, historical, and gender issues

# Handout: Trauma-informed Principles – Opposites

Trauma-informed Principle	Opposite
Safety	
Trustworthiness	
Peer support	
Collaboration and mutuality	
Empowerment, voice, and choice	
Cultural, historical, and gender issues	

**Module 2: Gender-responsive Services**

# Activity 2



Trauma-  
informed

Opposites

# Component 3:

## *Relational – Overall*

- Many women are relational and tend to prioritize relationships as a means of growth and development.
- Relational model = focus on connections
- Women recover in connection, not isolation. Relationships play a significant role in both the development and recovery from SUDs.
- Relationships or connections are central in women's lives as:
  - Part of their identities
  - Sources of self-esteem
  - The context for decision-making and choices
  - Support for day-to-day living and growth

# Activity 3

## CONNECTION vs DISCONNECTION



# Recovery-oriented Systems of Care

**A Recovery-oriented System of Care is a coordinated network of community-based services and supports that is person centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems. (SAMHSA, 2010c)**



# Activity 6

Your  
Facility





# MODULE 3

## Women's Treatment and Recovery Considerations



# Learning Objectives

- Identify issues to consider when working with women with substance use disorders (SUDs)
- Understand how to apply gender-responsive care in the delivery of traditional SUD treatment and recovery services
- Identify how to overlay gender-responsive principles onto SUD treatment/recovery processes to make them responsive to women's issues

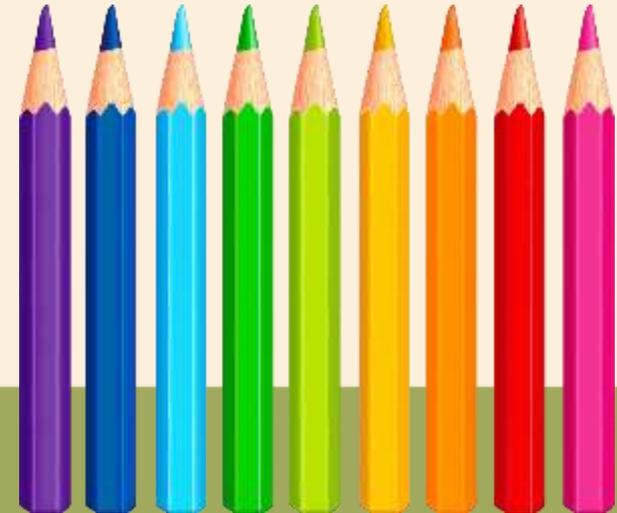
# Module 3 Content

- SAMHSA Recovery Definition
- Comprehensive Treatment Model
- Outreach and Engagement
- Screening and Assessment
- Withdrawal Management
- Treatment Planning
- Community Support Services
- Evidence Based Practices
- Recovery Supports



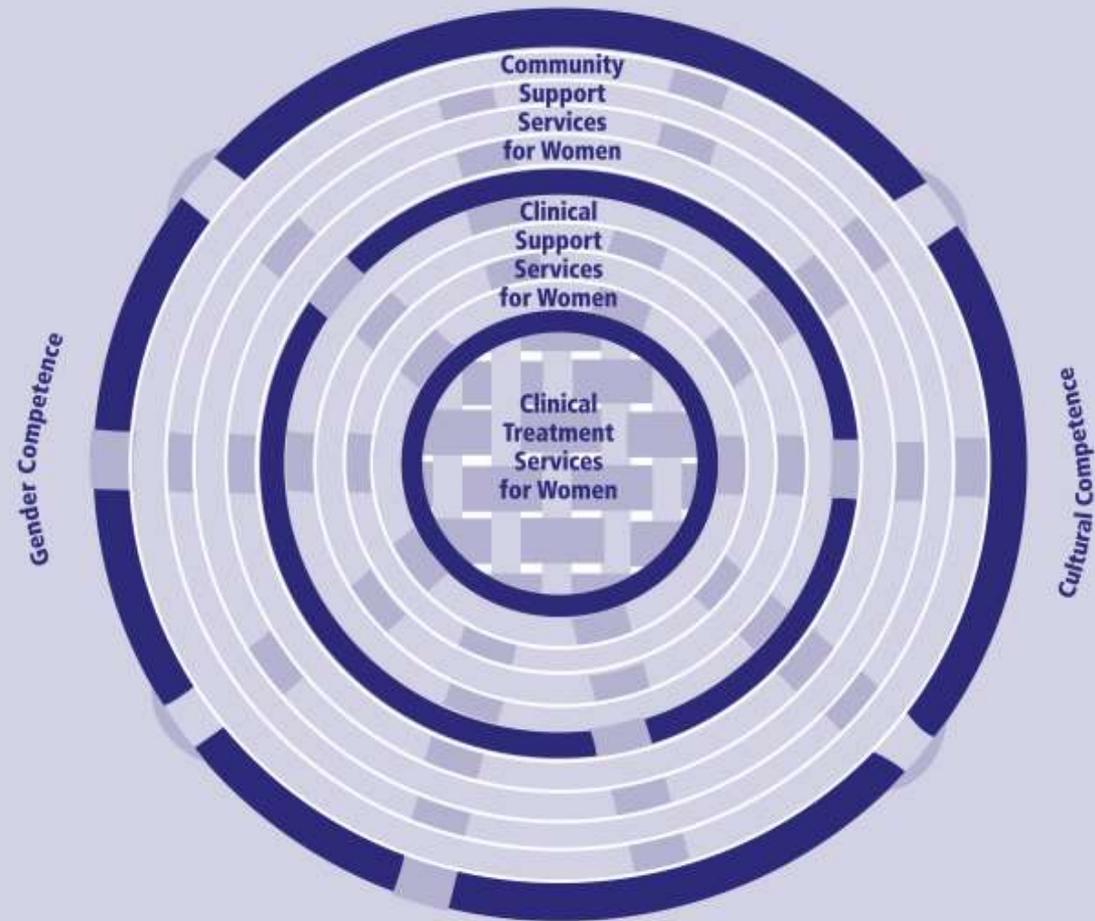
# Module 3 Activities

- Outreach
- Engagement – Client Engagement Role Play
- Case Study – Treatment planning
- Case Study – Treatment Planning for Families
- Case Management Matrix
- Medication-assisted Treatment (MAT) Quiz
- Life Balance Wheel



# SAMHSA Comprehensive Treatment Model

- Clinical treatment services
- Clinical support services
- Community support services



# Clinical Treatment Services

- Outreach, engagement, and pre-treatment services
- Screening
- Detoxification/withdrawal management
- Crisis intervention
- Assessment
- Treatment planning
- Case management
- Substance use counseling and education
- Trauma-informed and trauma-specific services
- Pharmacotherapies
- Mental health services
- Drug use monitoring
- Continuing care

# Clinical Support Services

- Primary healthcare services
- Life skills
- Parenting and child development
- Family programs
- Educational remediation and support
- Employment readiness services
- Linkages with legal and child welfare systems
- Housing support services
- Advocacy
- Recovery community support services

# Community Support Services

- Recovery management and recovery community support services
- Housing services
- Family strengthening
- Child care
- Transportation
- Temporary Assistance to Needy Families (TANF) linkages
- Employer support services
- Vocational and academic education services
- Faith-based organization support

# Activity 1 – Outreach



**What makes  
outreach  
materials  
effective?**

# Service Planning

## Person-centered, gender-responsive service planning:

- Is a collaborative process between a woman and her counselor for developing specific action steps that help her address problems.
- Is customized to address her unique needs and interests, recognizing that she is the expert on her life.
- Integrates psychiatric, health, and other service goals.
- Considers parenting and relationships.

# Service Planning *(con.)*

## Person-centered, gender-responsive service planning *(con.)*:

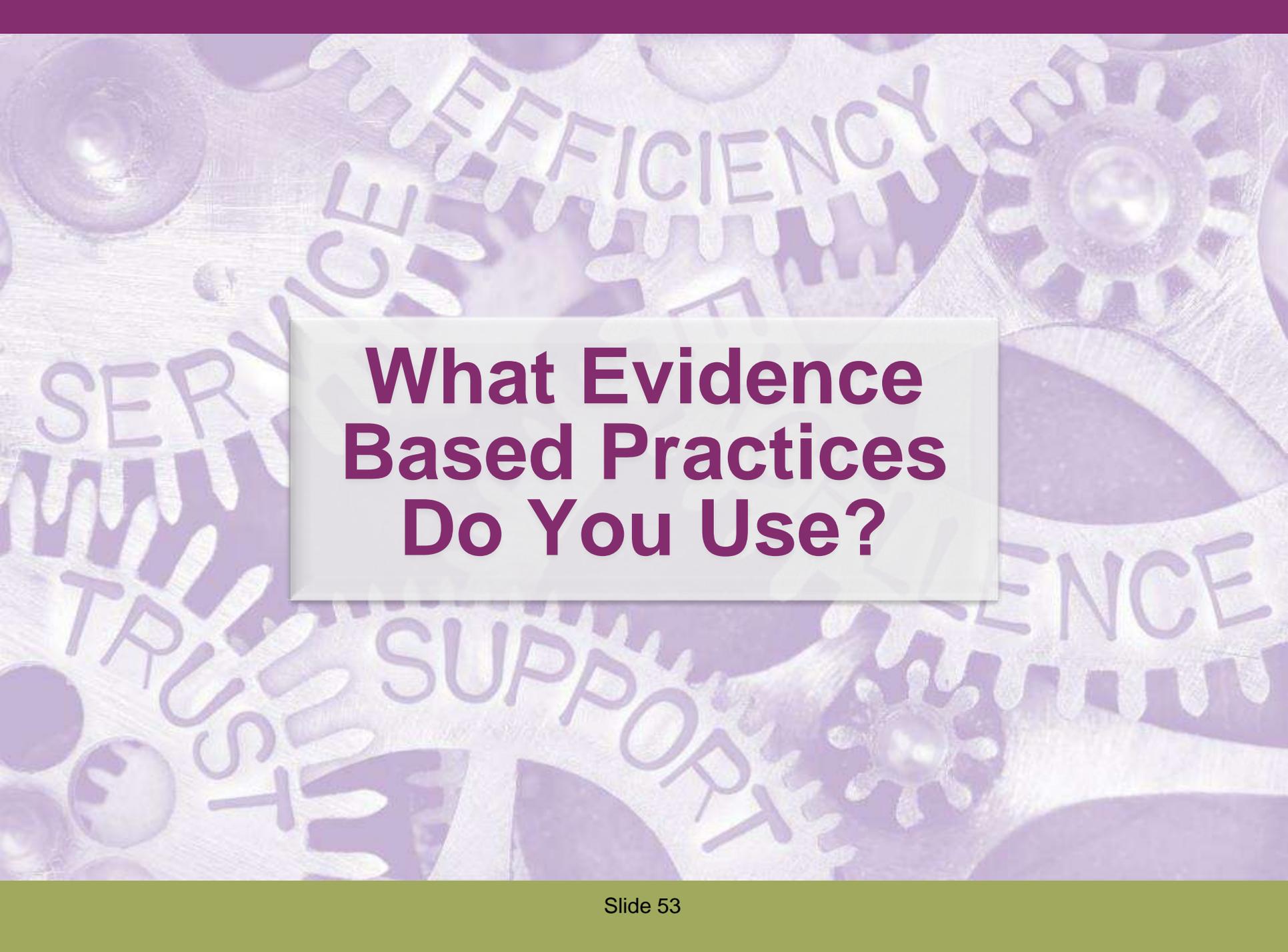
- Is trauma-informed and may include trauma-specific services.
- Addresses self-efficacy and uses strengths and creative outlets.
- Includes tools to help her celebrate accomplishments.
- Is comprehensive, integrating cross-system requirements as needed.



# Selected Evidence-based Practices

- Pharmacotherapies
- Motivational approaches
- Cognitive behavioral therapies/  
dialectic behavioral therapy
- Contingency management
- Manualized curricula with sufficient research
- Telehealth and technological applications
- Peer support





**What Evidence  
Based Practices  
Do You Use?**

# SUDs and Women's Health

SUDs can cause adverse effects on women's physical health, particularly on their reproductive, gastrointestinal, neuromuscular, and cardiac systems.



# Potential Health Issues with SUDs

## Potential health issues include increased risks of:

- Liver and other GI disorders
- Cardiac-related conditions
- Breast and other cancers; osteoporosis
- Nutritional deficiencies or malnutrition
- Cognitive and other neurological effects
- Infections (e.g., HIV/AIDS, TB, pneumonia)

# Potential Health Issues with SUDs (con.)

- **Risk of substance-related oral health issues**
- **Tobacco-related health risks include:**
  - Cancers, including lung, larynx, and esophagus cancers
  - Peptic ulcers and Chron's disease
  - Reproductive issues
  - Ischemic stroke, peripheral vascular atherosclerosis, abdominal aortic aneurysm rupture
  - Premature decline in lung function, chronic obstructive pulmonary disease (COPD), and coronary heart disease

# Reproductive/Gynecology Issues and SUDs

- Women with SUDs tend to have more gynecological and reproductive problems.
- Women with SUDs are less likely to receive routine gynecological exams and mammograms.
- Many medical issues result from substance use during pregnancy, as well as from detoxification and medications used to treat SUDs.
- Women with SUDs often need access to family planning services.

# Integrating with Health Providers

## When integrating care for women with SUDs with health providers, it is helpful to:

- Screen women for pregnancy and other health issues.
- Assist women with finding resources for addressing their health needs.
- Encourage women to talk openly and honestly with health providers.
- Establish links with primary care providers and specialists.
- Communicate with health providers.



## MODULE 4

# *Co-occurring Disorders Impacting Women*

*(Psychiatric/Primary Health)*





# Learning Objectives

- Identify the most common co-occurring mental disorders in women with substance use disorders (SUDs)
- Identify common co-occurring physical disorders in women with SUDs
- Explain the potential impact of co-occurring disorders on treatment/recovery and quality of life
- Describe the importance of integrated treatment and how to best work with a team of providers



# Module 4 Content

- What are Co-occurring Disorders
- Common Mental Health Issues
- Integrated Treatment
- Making Accommodations
- Discrimination and Access to Services
- SUDs and Women's Health
- Reproductive and Nutritional Health
- Chronic Pain and SUDs
- Integrating Services With Health Care Providers



# Modules 4 Activities

- Co-occurring Mental Disorder Scenarios
- Making Accommodations
- Prevalence and Impact of Chronic Pain
- Co-occurring Physical Disorder Scenarios
- Wellness Brainstorming Exercise



# Most Common Psychiatric CODs for Women with SUDs

**Most common co-occurring psychiatric disorders in women with SUDs** (Agrawal et al., 2005):

- Mood disorders, particularly major depressive disorder
- Anxiety disorders
- Post-traumatic stress disorder (PTSD)
- Eating disorders

**Other psychiatric disorders common in women with SUDs** (SAMHSA, 2009):

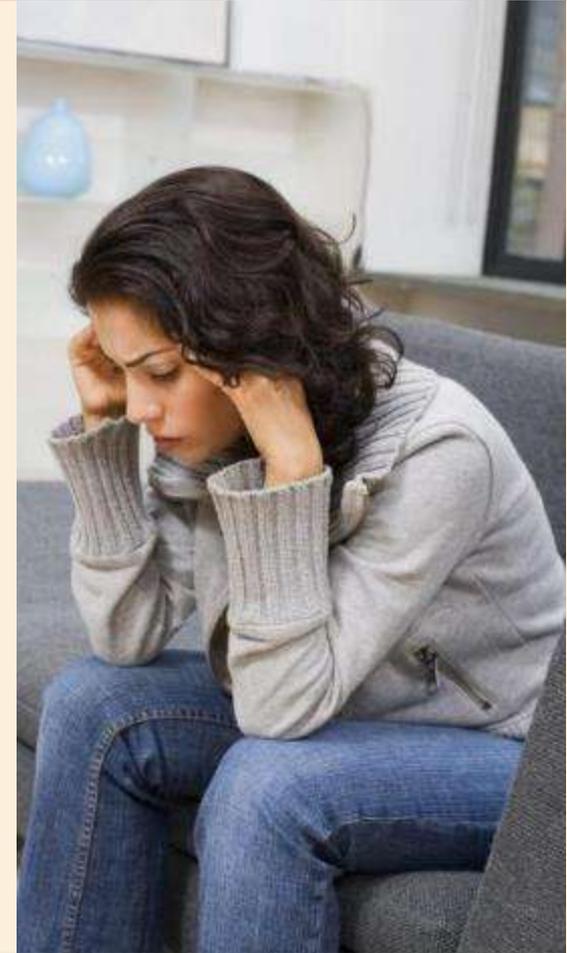
- Personality disorders
- Psychotic disorders

# Depression and SUDs

- Women are nearly twice as likely to suffer from major depression as men. (Office on Women's Health [OWH], 2009)
- Depression can increase the risk of suicide. (OWH, 2009; SAMHSA, 2009)
- Both depression and the SUD need to be identified and addressed concurrently to minimize relapse and improve quality of life.
- Depressive symptoms may increase or decrease with both substance use and withdrawal.

# Anxiety Disorders and SUDs

- Rates of anxiety are two to three times higher in women than men. (OWH, 2009)
- Symptoms of anxiety and substance use are easily confused because both can cause trembling, palpitations, dizziness, sweating, sleeping and eating problems, fatigue, and irritability. (SAMHSA, 2009)
- Both substance use and withdrawal can intensify symptoms of anxiety.



# PTSD/Trauma and SUDs

- “55 and 99% of women in substance [use] treatment report a history of trauma . . . with the abuse most commonly having occurred in childhood.” (OWH, 2009, p. 10)
- Women are two to three times more likely to have PTSD than men. (Kesler et al., 2005)
- Women with SUDs have higher rates of PTSD than men with SUDs.

# Eating Disorders and SUDs

- 15–35% of women with SUDs have an eating disorder, and women represent 90–95% of all eating disorder cases. (OWH, 2009, p., 6; SAMHSA, 2009, p. 72; NCASA, 2003, p. ii)
- Not all treatment programs screen for eating disorders.
- Women diagnosed with eating disorders are more likely to develop alcohol use disorders. (SAMHSA, *TIP 42*, p. 24)
- Eating disorders can become a barrier to successful SUD treatment if they go undetected or untreated.

# Integrated Treatment

**Addressing the needs of women with co-occurring psychiatric and substance use disorders is most effective through integrated treatment, which:**

- Is “a unified treatment approach to meet the substance [use], mental health, and related needs of a client.”  
(SAMHSA, 2005, pp. 44, 319)
- Uses a collaborative multidisciplinary team and treats CODs at the same time.
- Uses motivational interventions, strength-based services, and skill building.
- Integrates medication services with psychosocial services.

# Making Accommodations

Treatment/recovery centers can help women by considering the impact of psychiatric disorders when developing treatment plans and service programming and by making accommodations when possible.



# Activity

**Suzette:** *“When I went to residential treatment, I thought I would finally be able to change my life and get my kids home. We were required to get up, get ready, and be at a house meeting at 7:30 a.m. ...but no matter how hard I tried, I could not get out of bed in the morning. I just lay there knowing I was missing the house meeting and wishing I was there, but I was paralyzed. This proved I was a failure. I could not get out of Level 1.”*

**Selma:** *“In group, whenever Jonathan looked at me, I could tell he wanted me. I was mad because this was supposed to be a safe place. But I felt his eyes searing into me until I couldn’t stand it anymore. No one else was paying attention. I yelled at him and left. The program has a rule about staying in group and not leaving. They told me I had to leave.”*

**Lorraine:** *“We have a new security door at the program. Every time it closes behind me, I hear it lock. My heart races and I feel trapped. I forget where I am and that I can open the door from the inside.”*

**Joelle:** *“Sometimes I’m just paralyzed with fear. I know I should feel safe here, but there is something wrong with the air. I can’t breathe.”*

**Marta:** *“I wanted to be thin, but I was always a little too chunky, or I thought I was. I started puking as a way to keep my weight down, until I found meth. Meth let me go and go without having to eat. Now, in treatment, I’ve gained so much weight that I’m secretly purging again.”*

**Monique:** *“I was diagnosed as bipolar when I left my last foster home. They sent me to a group home and gave me medicines that made me feel dead inside. I started using oxy’s because it’s the only thing that makes me feel normal.”*

# Recovery-oriented Systems of Care

**A Recovery-oriented System of Care is a coordinated network of community-based services and supports that is person centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems. (SAMHSA, 2010c)**



# Ongoing Connections and Recovery Supports

**SAMHSA has identified four pillars to ongoing recovery:**

- Home
- Health
- Purpose
- Community



# Purpose

*Purpose* refers to meaningful daily activities, such as a job, school, volunteering, family caretaking, or creative endeavors, as well as the independence, income, and resources to participate in society. (SAMHSA, 2012b)

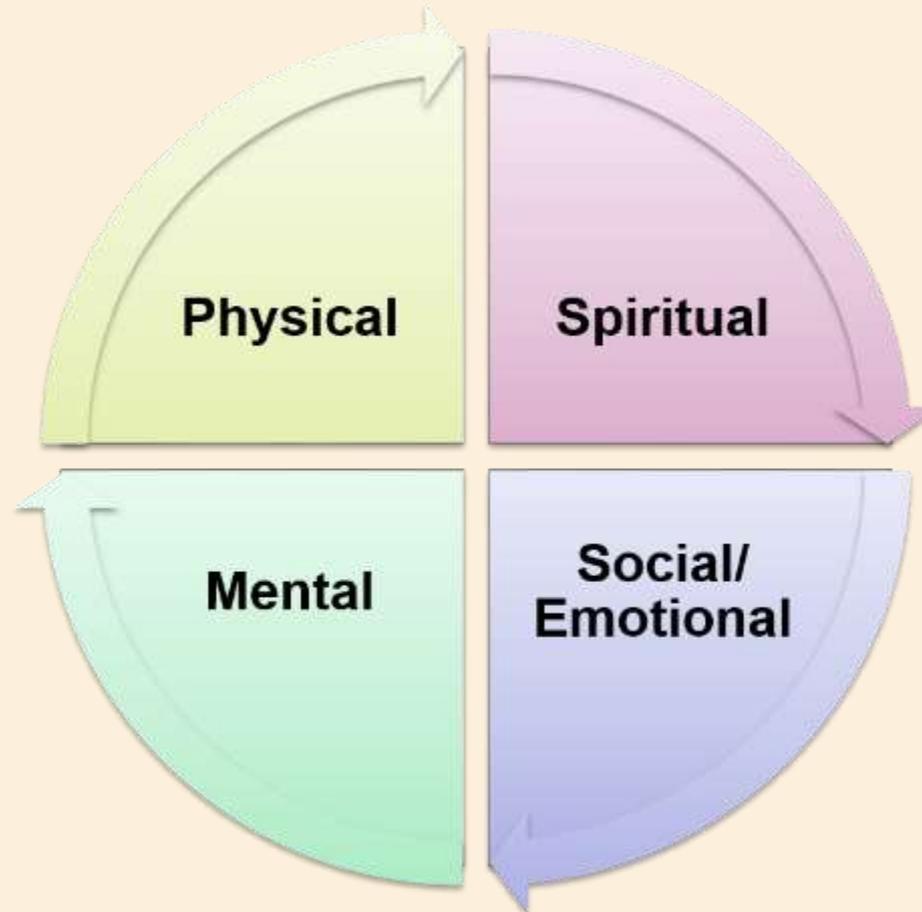


# Wellness



\* Source: Swarbrick, M. (2006). A wellness approach. *Psychiatric Rehabilitation Journal*, 29(4), 311–314.

# Activity 7 – Life Balance Wheel

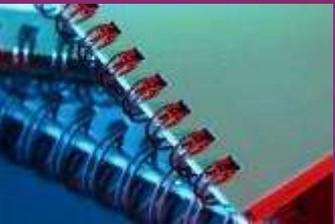




# MODULE 5

# Pregnant and Parenting Women





# Learning Objectives

- Explain the risks of substance use in pregnant women and why pregnant women are a priority population
- Describe fetal alcohol spectrum disorder (FASD) and neonatal abstinence syndrome (NAS)
- Discuss three services that pregnant or parenting women may need and why
- Identify three of the elements of family-centered treatment and the comprehensive model





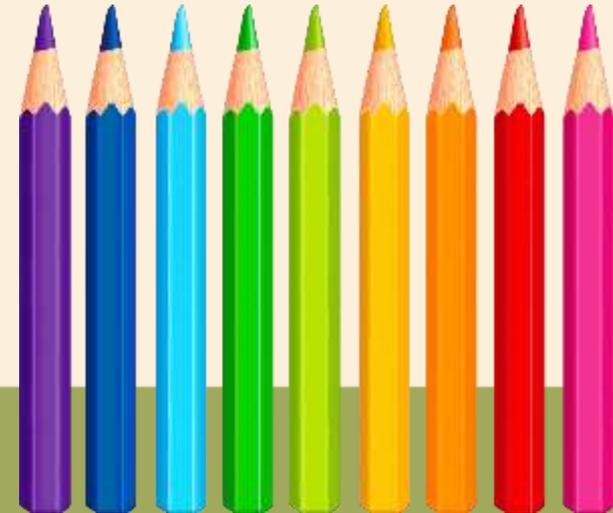
# Module 5 Content



- Prevalence of SUDs during Pregnancy
- Outreach
- Risks for Pregnant Women and their Babies
- Screening and Support
- CAPTA
- Barriers to Treatment
- Engagement in Services
- MAT/MATR
- Treatment/Recovery Planning
- Family-centered Approaches
- Comprehensive Model For Women And Children
- Attachment and Parenting
- Family Centered Recovery Supports

# Module 5 Activities

- How do you feel?
- Support for Pregnant Women – Darlene
- Draw Your Family
- Think of a Family You have Worked With
- Comprehensive Services for Pregnant Women
- How Families can Influence Treatment and Recovery
- Family Case Study: Keisha and Obi



# Activity 1

**How do you feel when you see a pregnant woman drinking or smoking?**



# Pregnant Women

- Pregnancy presents a unique window of time to reach a woman with a substance use disorder (SUD).
- The earlier in her pregnancy a woman is able to stop or reduce her substance use, the more likely there is to be a good outcome for the woman and her infant.
- SUD services during pregnancy have the greatest potential for a positive impact on children, families, and communities.

# Priority for Services

- Pregnant women with SUDs have priority admission status for SUD services in block-grant funded programs.
- Pregnant women need timely access to prenatal care, either by the program or by referral to the appropriate healthcare providers.



# FASD

- Fetal alcohol spectrum disorder (FASD) is a term describing the range of effects caused by neonatal exposure to alcohol.
- FASD is an umbrella term referring to conditions such as:
  - Prenatal alcohol exposure (PAE)
  - Fetal alcohol syndrome (FAS)
  - Partial FAS (pFAS)
  - Alcohol-related neurodevelopmental disorder (ARND)
  - Alcohol-related birth defects (ARBDs)
  - Neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE)

# Long-term Effects of FASD

- Of all commonly used substances, alcohol produces the most serious lasting neurobehavioral effects in the fetus.
- Children exposed to alcohol in the womb can have a range of serious life-long issues, including delayed developmental outcomes.
- Lifetime costs **for one individual** with FASD are estimated to be up to \$244 million.  
(CDC, 2015b; Williams & Smith, 2015)

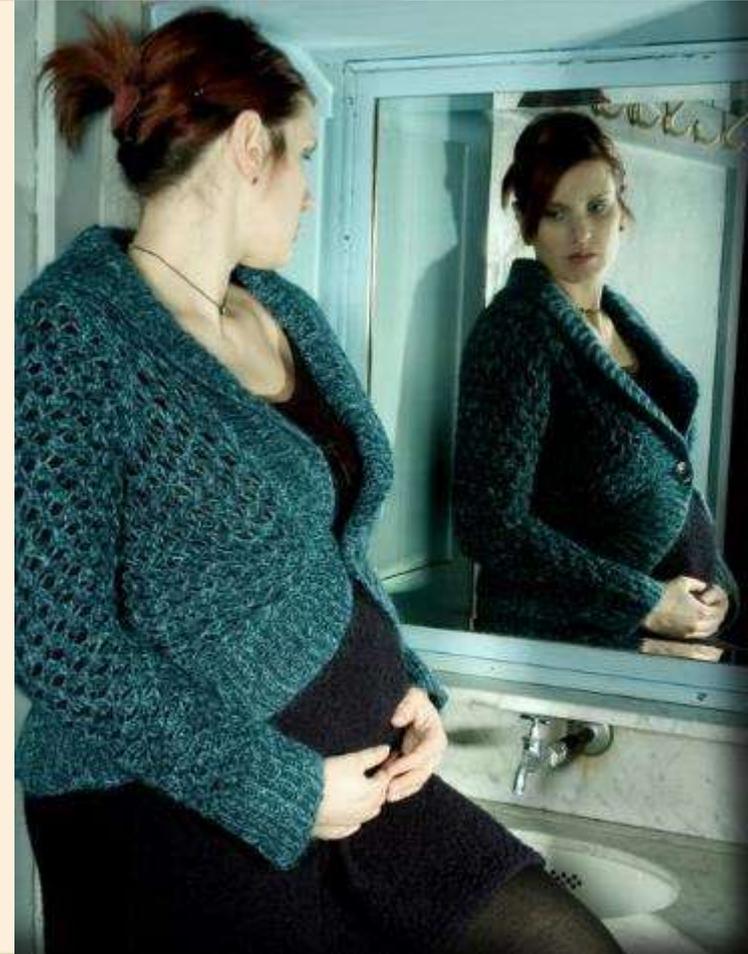


# NAS/NOW

- Neonatal abstinence syndrome (NAS) is a postnatal drug withdrawal syndrome, mainly caused by maternal opioid use. It most is most often evident between 24–48 hours after birth.
- The term neonatal opioid withdrawal (NOW) is also commonly used.
- NAS is treatable. Medication-assisted treatment (MAT) is most often recommended for pregnant women rather than withdrawal or abstinence, which can result in premature labor, fetal distress, or miscarriage. (SAMHSA, in press)
- Treatment for NAS/NOW may be pharmacological or non-pharmacological.

# Clinical Features/Outcomes of NAS/NOW

- NAS/NOW has a variety of possible symptoms, which typically develop in the first few days of birth.
- Infants with NAS/NOW have an average hospital stay of 17 days overall; 23 days when treatment is needed.
- Long-term adverse outcomes are possible.
- Early intervention is recommended for children with NAS/NOW.



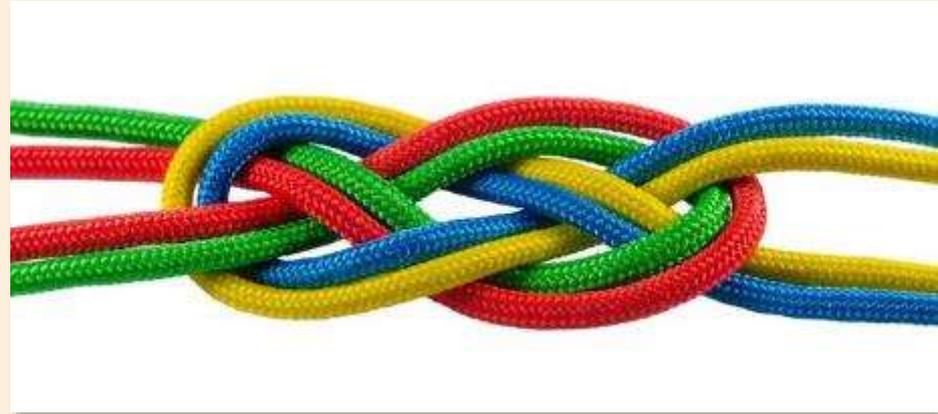
# Anxiety and Fear about Seeking Treatment

- Pregnant women with SUDs often feel anxiety and fear that if they admit to having a substance use problem, they will lose their children.
- Pregnant women may also have anxiety that their infant will be born healthy and that they will be able to be good parents or anxiety regarding changes in the family or economics.

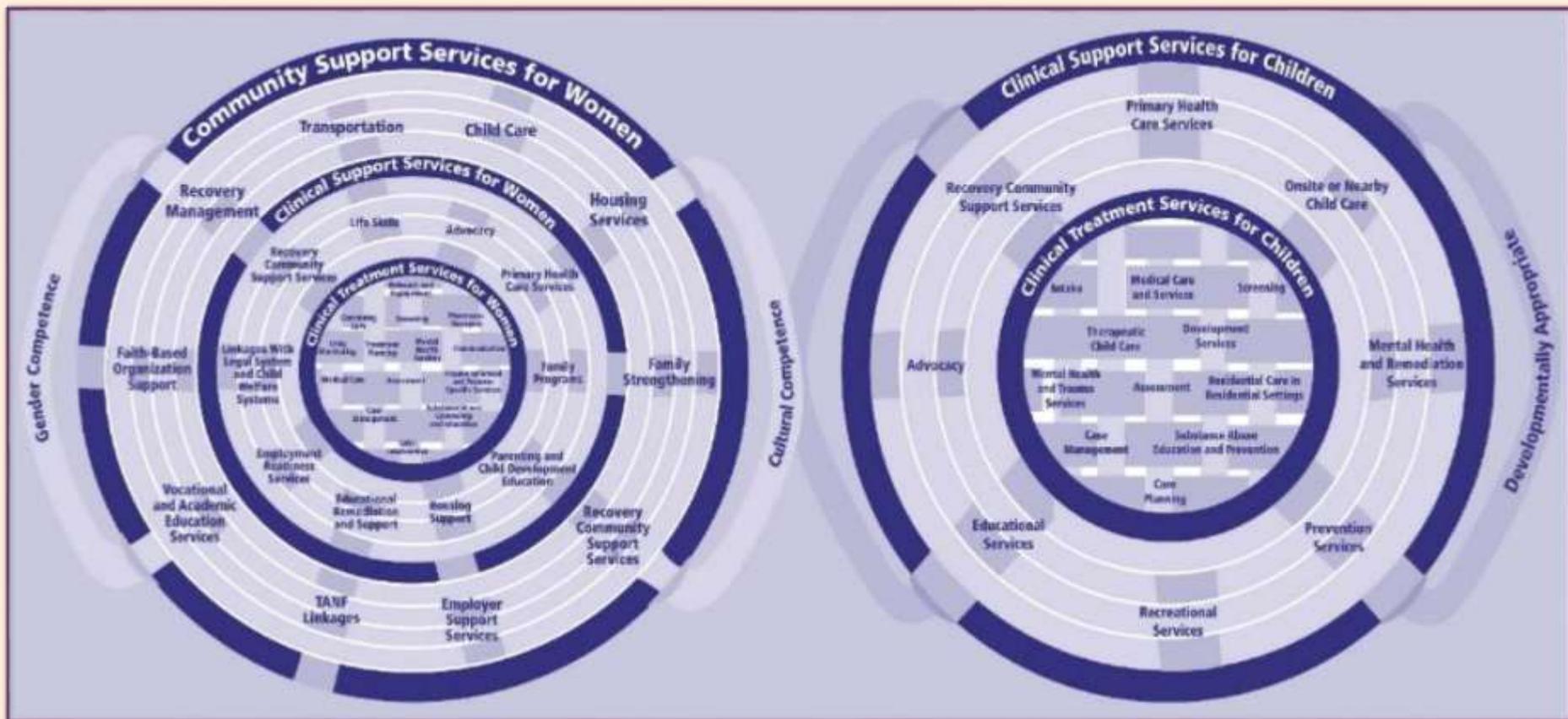


# Engagement in Services

- Women with SUDs have a range of feelings related to pregnancy:
  - Love
  - Ambivalence
  - Guilt and shame
  - Fear of losing their child
  - Hope for the future
- Pregnant women need supportive relationships to address SUD problems, access other supports, and prepare for pregnancy.
- Engagement can occur in a lot of settings and through many different relationships.



# Comprehensive Model for Women and Children



Center for Substance Abuse Treatment. (2009). *Substance abuse treatment: Addressing the specific needs of women*. Treatment Improvement Protocol (TIP) Series, No. 51. HHS Publication No. (SMA) 15-4426. Rockville, MD: Center for Substance Abuse Treatment. p. 284

# Intimate Partner Violence

- Programs can assess the risk of intimate partner violence (IPV), discuss risks and safety with women, and help with safety planning.
- Women with histories of trauma need support to avoid re-traumatization and develop healthy coping skills.
- Training is available to teach women how to specifically handle situations with, or with risk of, IPV.





# *Moving Forward from Here*

MODULE 6





# Learning Objectives

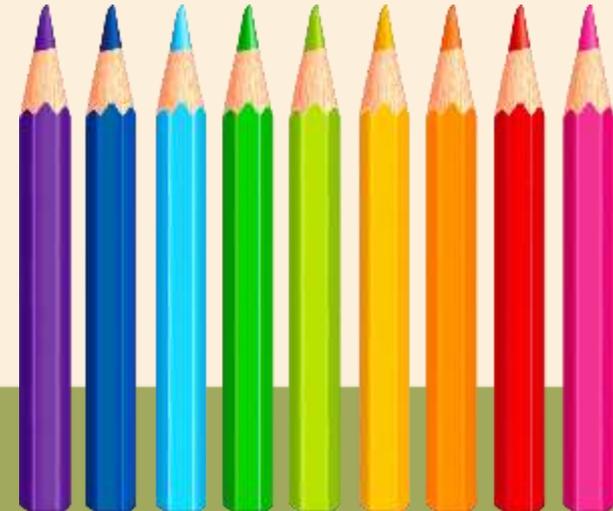
- Identify ways to create a woman-responsive organizational culture
- Describe some of the attitudes and attributes that promote gender-responsive treatment
- Identify two strengths in how they work with women
- Identify two ways they can improve on their work with women and be more gender responsive

# Module 6 Content

- Course Review and Module Refresher
- Building Gender Responsive
- Organizational Culture
- Attitudes and Attributes
- Collaborating with Other Agencies
- Learning More – Resources
- What Now – Action Planning  
Self-assessment and Goal Setting
- Celebration/Graduation

# Module 6 Activities

1. Self-care Resources  
Self-reflection
2. A Walk in Her Shoes  
– Small group discussion



# Organizational Culture

**An organizational culture that respects women and takes gender into account is more likely to:**

- Help female participants engage and actively participate in their recovery services.
- Help staff feel supported as they put gender-responsive principles into practice.
- Create a welcoming and safe environment for women being served and for female staff.
- Help staff keep positive attitudes about their work and the women they serve.

# Creating a Woman-responsive Organizational Culture

**Ways to create a gender-responsive organizational culture include the following:**

- Discuss gender dynamics as they arise.
- Offer training about trauma-informed approaches.
- Actively work to prevent re-traumatization of the women being served.
- Provide support and training around preventing and addressing secondary trauma in staff.
- Provide a safe, strengths-based supportive work environment.

# Creating a Woman-responsive Organizational Culture (con.)

- Have facilitated discussions about working with women as part of staff and supervisory meetings.
- Have enough staff and a staffing plan that prevents burnout and allows strong therapeutic alliances.
- Train supervisors about gender-responsive treatment and offer regular clinical supervision.
- Involve women in leadership roles.



# Attitudes and Attributes

## Attitudes and attributes that promote gender-responsive services include:

- Showing respect and having empathy toward the women being served and the women in their lives.
- Having a recovery orientation.
- Having self-awareness and a desire for professional development.



# Activity 1

## Self-care Resources Self-reflection



# Collaborating with Other Agencies

- Effective collaboration with other service providers is often required to support women and address their multiple and complex needs, as well as the needs of their families.
- Many agencies/organizations are appropriate for collaborations and linkages.
- SUD treatment/recovery centers can identify daily practices that will build collaborations and help agencies work together.

# Collaborating with Other Agencies 2

## When working with other agencies, try:

- Working to understand the different priorities, goals, and challenges of the various agencies and systems involved with addressing the diverse needs of women.
- Partnering with service providers from different orientations and disciplines to facilitate woman- and family-centered decision-making.



# Collaborating with Other Agencies 3

When working with other agencies, try:

- Offering techniques to motivate collaborators to consistently follow up on issues of recovery from SUDs and work effectively within an interdisciplinary team.
- Matching resources to women's needs (e.g., bilingual resources).



# Collaborating with Other Agencies 4

## When working with other agencies, try:

- Assisting women with navigating court systems, other legal systems, and processes with which they may be involved, including child welfare, intimate partner violence, incarceration, probation, parole, and victim assistance.
- Educating other healthcare providers about the special needs of women, especially women who have experienced trauma, mental health conditions, SUDs, or a combination of these issues.

# What Now?

## Reflect on what you have learned today and answer the following:

- Which areas of gender-responsive principles are your greatest strengths?
- Which areas do you need to work on the most?
- What is the most important thing you learned today?
- What is one thing you can do immediately that would make a positive impact to improve gender-responsive services?
- What is one longer-term goal you can set for your work or your organization to improve gender-responsive services?

# Process Improvements and Take Aways

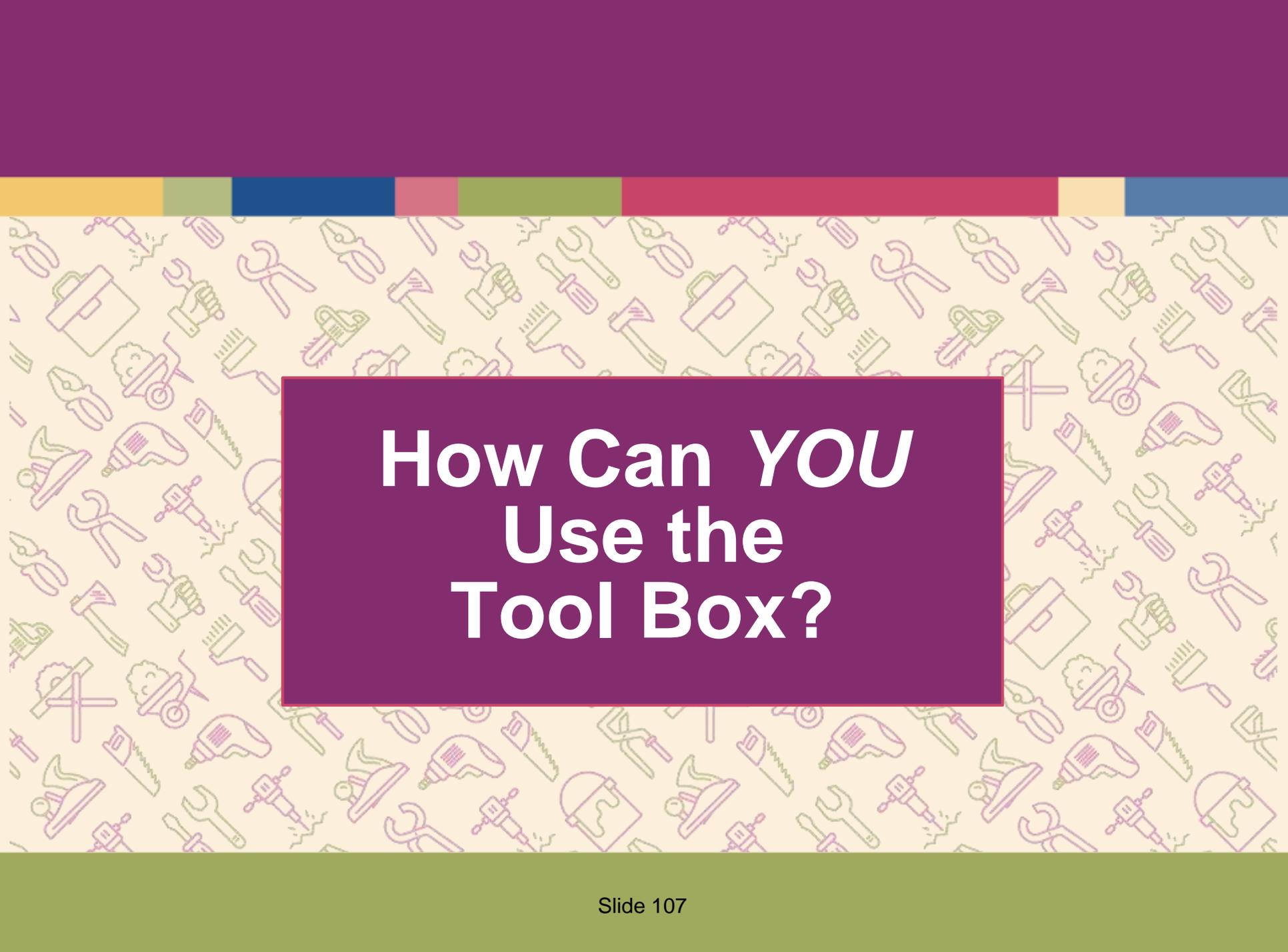
1. Keep in mind your audience
2. Keep in mind what do you want your participants to do as a result of the presentation
3. Help your participants plan how to implement their plan
4. Toolkit can be used all at once or in segments



**WHAT IS YOUR GOAL?**

# Preparing for a Training

1. Prepare ahead of time.
2. Know your strength and weakness but design a training that maximize your strengths, knowledge and skills.
3. Assess your participants and get to know a few of them.
4. Learn something new about the subject.
5. Become familiar with technology used to deliver the training.
6. Manage stress.
7. Drink water.
8. Build in opportunities to receive feedback.
9. Have fun!

The slide features a decorative header with a purple top bar and a multi-colored bar below it. The background is a repeating pattern of various tools like wrenches, pliers, hammers, and saws. A central purple box contains the main text.

# How Can *YOU* Use the Tool Box?

# Tool Box Possibilities



**Why be Woman Responsive?**

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**Woman Responsive Defined**

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**Treatment and Recovery**

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**Action Planning**

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**Other ideas?**

# Contact Information



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# WOMEN MATTER! SAMHSA's Training Toolbox: Delivering Effective Gender-Specific Treatment

**PRESENTERS:** Deborah (Deb) Werner ([dwerner@ahpnet.com](mailto:dwerner@ahpnet.com)) and Niki Miller ([nmiller@ahphet.com](mailto:nmiller@ahphet.com))

Presenters will email an electronic copy of the slides and workshop materials to each attendee.

## DRUG COURTS: A UNIQUE OPPORTUNITY TO MAKE A DIFFERENCE FOR WOMEN...

**Justice-involved Women:** In 2015, women accounted for 27 percent of all arrestees<sup>1</sup>; 85 percent of them were initially disposed to a term of probation supervision. Women now comprise 25 percent all probationers<sup>4</sup>, but probation “failure” is becoming the pathway to incarceration for increasing numbers of women<sup>5</sup> charged with non-violent offenses (82 percent) who pose little or no risk to public safety. Jailed females are the fastest growing of any segment of the criminal justice population. At least 60 percent have not been convicted<sup>2</sup>, and the highest proportion (39 percent) were arrested for low-level property crimes, which more than two-thirds of women report committing for money to get drugs. More than 80 percent are mothers, many with sole responsibility for minor children.<sup>3</sup> They are more likely than their male counterparts to:

- Have substance use disorders (that are overall more severe on every measure);
- Use drugs rather than alcohol, to use harder drugs, and to be under the influence at the time of their offense;
- Be unemployed/underemployed, living in poverty, and receiving welfare or other assistance; and
- Have at least one co-occurring mental health disorder, usually posttraumatic stress disorder plus a serious mood disorder.<sup>6</sup>

Maximum impact on justice-involved women can be achieved at intercepts two and three, but the drug court model tends to be more compatible with the principles of **gender-responsive treatment**: 1) Addresses women’s unique experiences, 2) is trauma-informed, 3) uses relational approaches, 4) offers a healing environment, and 5) is comprehensive to meet women’s needs.<sup>7</sup>

Women are even more successful in drug court programs that offer gender-responsive enhancements: Studies that compare women in drug court programs to those on probation as usual have shown better outcomes in drug courts, but outcomes improve significantly when programs offer enhancements such as single-sex groups, integrated treatment for addiction and trauma, assistance with transportation and child care, referrals to domestic violence, and treatment plans that address parenting, relationships, and housing safety.<sup>8</sup>

*“[Without] comprehensive training workshops and ongoing supervision...outcomes are unlikely to improve for women...”*

—NADCP Adult Drug Court Best Practice Standards, Vol. 1, pp. 14–15

## SAMHSA'S TRAINING TOOLBOX: DELIVERING EFFECTIVE GENDER-SPECIFIC SERVICES...

Offers drug court professionals information, resources, and training tools to improve outcomes for women. Toolbox content is available for download: [www.samhsa.gov/women-children-families/trainings/training-tool-box](http://www.samhsa.gov/women-children-families/trainings/training-tool-box).

### Selected SAMHSA Publications

(Additional resources available from SAMHSA’s Women, Children, and Families Program website [www.samhsa.gov/women-children-families](http://www.samhsa.gov/women-children-families).)

**Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants** (2018). Provides comprehensive, national guidance for optimal management of pregnant and parenting women with opioid use disorder and their infants.

**Guidance Document for Supporting Women in Co-Ed Settings** (2016). Focuses on best practices for treating women who have substance use disorder and are being served in co-ed treatment and recovery settings. It includes a self-assessment tool.

**A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders** (2016). Explores the scope of the problem of pregnant women with opioid use disorder and includes guidelines for supporting collaborative policy and practice, a comprehensive framework for intervention, and a guide for collaborative planning.

**Treatment Improvement Protocol (TIP) 51, Substance Abuse Treatment: Addressing the Specific Needs of Women** (2015). Reviews gender-specific research and best practices regarding the specific substance use treatment needs of women and provides practical clinical and administrative information to help respond to these treatment needs.

**Treatment Improvement Protocol (TIP) 57, Trauma-Informed Care in Behavioral Health Services** (2014). Assists behavioral health professionals in understanding the impact and consequences for those who experience trauma. It discusses patient assessment, treatment planning strategies that support recovery, and building a trauma-informed care workforce.

*“Better outcomes have been achieved...in drug courts and other substance abuse treatment programs that developed specialized groups for women with trauma histories.”*

—NADCP Adult Drug Court Best Practice Standards, Vol. 1, p. 14

<sup>1</sup> FBI Uniform Crime Report. (2016). *Crime in the United States, 2015*. Ten-year arrest trends by sex, 2006–2015. Retrieved from <https://ucr.fbi.gov/crime-in-the-u.s/2015/crime-in-the-u.s.-2015/tables/table-33>

<sup>2</sup> Swavola, E., Riley, K., & Subramanian, R. (2016). *Overlooked: Women and jails in an era of reform*. New York: Vera Institute of Justice. Retrieved from <https://www.vera.org/publications/overlooked-women-and-jails-report>

<sup>3</sup> Kajstura, A. (2017). *Women’s mass incarceration: The whole pie, 2017*. ACLU Smart Justice/Prison Policy Initiative. Retrieved from [https://www.prisonpolicy.org/factsheets/women\\_pie\\_chart\\_report\\_2017.pdf](https://www.prisonpolicy.org/factsheets/women_pie_chart_report_2017.pdf)

<sup>4</sup> Herberman, E.R., & Bonczar, T. P. (2015). *Probation and parole in the United States, 2013*. Washington, DC: Bureau of Justice Statistics (BJS). Retrieved from <http://www.bjs.gov/content/pub/pdf/ppus13.pdf>

<sup>5</sup> Swavola, E., Riley, K., & Subramanian, R. (2016). *Overlooked: Women and jails in an era of reform*. New York: Vera Institute of Justice. Retrieved from <https://www.vera.org/publications/overlooked-women-and-jails-report>

<sup>6</sup> Messina, N., Calhoun, S., & Warda, U. (2012). Gender-responsive drug court treatment: A randomized controlled trial. *Criminal Justice and Behavior, 39*(12), 1539–1558. Retrieved from <http://gap.hks.harvard.edu/gender-responsive-drug-court-treatment-randomized-controlled-trial>

<sup>7</sup> Center for Substance Abuse Treatment. (2009). *Substance abuse treatment: Addressing the specific needs of women*. Treatment Improvement Protocol (TIP) Series, No. 51. HHS Publication No. (SMA) 15-4426. Rockville, MD: Center for Substance Abuse Treatment. Retrieved from <https://store.samhsa.gov/shin/content/SMA15-4426/SMA15-4426.pdf>

<sup>8</sup> Messina, N., Calhoun, S., & Warda, U. (2012). Gender-responsive drug court treatment: A randomized controlled trial. *Criminal Justice and Behavior, 39*(12), 1539–1558. Retrieved from <http://gap.hks.harvard.edu/gender-responsive-drug-court-treatment-randomized-controlled-trial>; Shaffer, D., Hartman, J., & Listwan, S. (2009). Drug abusing women in the community: The impact of drug court involvement of recidivism. *Journal of Drug Issues, 22*:04/09/04, 803–828.