



California Women's Technical Assistance and Training Project
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Relapse and Recovery Support for Women with Methamphetamine Addiction

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This training is provided by the California Women, Children & Families Technical Assistance Project through a contract with the State of California Alcohol & Drug Programs.

Three Frameworks

- **Public Health Model**
- **Chronic Care Model/Recovery Support Model**
- **CSAT Treatment Model for Women and Children**

Public Health Approach

Problem exists when an Agent interacts with a Host in an Environment.

- **Agent** Alcohol, methamphetamine, heroin etc.
- **Host** Individual who is susceptible to an AOD problem. Often surrounded by families.
- **Environment** Family, social and community environment including media and peers.
- Strategies to prevent, reduce and treat alcohol and other drug problems address all three areas.

Public Health Interventions

Agents

* alcohol policy (formal and informal) * interdiction *

Environments

* supportive social networks * healthy community messages *

* safe, affordable drug-free housing, school, work, recreation * community support services * community education * reduce stigma *

Families

* appropriate roles * parenting skills and resources * communication and decision making * support network *

Individuals

* building protective factors * reducing risk factors * building self efficacy * intervention * treatment of substance use disorders *
* treatment of co-occurring problems *

Inter-Generational Cycle of Substance Abuse

- Substance use disorders affect the entire family unit and all the individual members.
- Parental substance abuse increases the likelihood that a family will experience
 - financial problems
 - shifting of adult roles onto children
 - child abuse and neglect, inconsistent parenting
 - violence and disrupted environments
- Children of parents with substance use disorders have a significantly higher likelihood of developing substance use problems themselves.

Healing Approaches

- Individual woman
- Individual woman plus child
- Families
- Extended Family
- Community

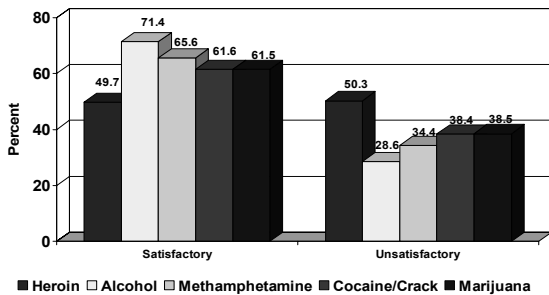
Relapse and Recovery

- Recovery - act of regaining or returning toward a normal or healthy state
- Relapse - slip or fall back into a former worse state (as of illness) after a change for the better.
 - Must first admit have problem
 - Relapse does not occur until after action
- Move from Acute to Chronic Perspective of Treatment

Addiction and Dependency

- Addiction
 - A state in which an organism engages in compulsive behavior
 - Behavior is reinforcing
 - Loss of control in limiting intake
 - Addiction is a cycle driven to use, feel remorse, use again
 - Obsession and Compulsion
- Dependence

Treatment Discharge Status by Primary Drug Problem***



***p<.001

Medical Treatment Compliance

Insulin Dependent Diabetics

- Compliant with medication < 50%
- Compliant with diet & foot care < 30%
- Retreated in 12 months 30 - 50%

Hypertensives

- Compliant with medication < 30%
- Compliant with diet < 30%
- Retreated in 12 months 50 - 60%

Other Chronic Conditions

Compliance with Medical Treatment

- > 50% of "re-occurrence" was due to lack of compliance
- > 50% of medical patients lie about compliance

Reasons for Disease Re-Occurrence

- 1 - Lack of Compliance
- 2 - Socioeconomic Factors
- 3 - Family Support
- 4 - Psychiatric Co-morbidity

Reasons for Disease Re-Occurrence

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AOD Treatment - Predictors of Outcome
Employment
Family Support
Psychiatric Status

Pathways to Substance Abuse Among Girls

- Mothers who smoke or drink alcohol during pregnancy
- Weight concerns, unhealthy dieting increase risk of substance abuse
- Caffeine Connection
- Sexual and Physical Abuse Increase Risk
- Peers Influence a Girl's Substance Use
- Positive Attitudes About Smoking & Drinking Increase Risk
- Marketing and the Media Target Girls

From: National Center on Addiction and Substance Abuse at Columbia University, "The Formative Years: Pathways to Substance Abuse Among Girls and Young Women Ages 9-22" February, 2005.

Gender Differences in Use

- Among youth aged 12-17 rate of illicit drug use for was equal for boys and girls (10.6%) and alcohol use was slightly higher for girls (18.0% compared with 17.2% for boys). (NSDUH, 2004)
- Young women tend to use substances to:
 - improve mood
 - self-medicate mood disturbances
 - increase confidence
 - lose inhibitions
 - enhance sex
 - lose weight

Women Compared to Men At Treatment Entry

- Higher levels of psychological distress – depression, suicidal attempts
- Less likely to have graduated high school
- More problems in social and family functioning
- Almost half as likely to be employed
- More health problems
- Weekly or daily illegal activity (but less likely to be involved with criminal justice system)
- More likely to report physical and/or sexual abuse

Wechsberg et al., 1998; Grella et al., 2005

Predictors of Positive Outcomes

Treatment retention and length of treatment – biggest predictor of positive outcomes

Program Associated Characteristics

- Child care, prenatal care
- Comprehensive programming & mental health services
- Residential programs accommodating children
- Women only programs & programs offering supplemental women-focused services

(Ashley, Marsden & Brady, 2003)

Gender Responsive Treatment

- A substantial body of research identifies unique characteristics of substance abusing women.
- Characteristics of Gender Responsive Services are:
 - Relational
 - Address the different pathways to use, consequences of use, motivation for treatment, treatment issues and relapse prevention needs unique to women
 - Strength-based, motivational
 - Comprehensive
 - Trauma informed
 - Provided in an environment in which women feel safe and comfortable.

Elements of Treatment

- Detoxification and Stabilization
- Motivation and Engagement
- Assessment and Treatment Planning
- Skill Building Programming
 - * Drug Resistance Skills * Avoid Triggers and Walk through Cravings *
 - * Problem Solving Skills * Assertiveness Skills *
- Life Style and Support
 - * Interpersonal Relationships * Replace Drug Using Activities *
 - * Safe and Health Environments * Family Recovery *
- Case Management
 - * Address barriers to economic and social well being * Parenting support
 - * Housing * Multiple Systems *

Comprehensive Development

- Knowledge
- Skills
- Attitude
- Efficacy and Sense of Worth
- New Habits Emerge with Time

do for ... do with ... cheer on

Selected Elements of Women's Treatment

- Engagement
- Trauma
- Co-Occurring Disorders
- Relationships
- Comprehensive Services

Engagement

- Welcoming environment
- Trusting relationship
- Building self efficacy
- Strength-based
- Perceived utility of treatment
- Ancillary services
- Empathetic counseling style (for women)
- Motivational interviewing
- Knowing consequences and alternatives

Addressing Trauma

- Trauma should be treated as present rather than the exception. The majority of women in treatment have experienced substantial trauma--either childhood abuse/neglect and/or sexual traumatic experiences
- Create safe environments
- Support clients to identify triggers, self-soothe, ground and remain in treatment
- Offer specialized, therapeutic trauma services
- Provide mental health services as needed

Trauma Programs

- Clark, C., Fearday, F. (eds) (2003) *Triad Women's Project: Group facilitators manual*. Tampa, FL: Louis de la Parte Florida Mental Health Institute, University of South Florida. (contact Colleen Clark at cclark@fmhi.usf.edu)
- Covington, S. S. (2003) *Beyond Trauma: A Healing Journey for Women*. Center City, MN: Hazleton Press. (Contact Stephanie Covington at sscird@aol.com)
- Ford, J.D., Mahoney, K., Russo, E., Kasimer, N., & MacDonald, M. (2003). *Trauma Adaptive Recovery Group Education and Therapy (TARGET): Revised Composite 9-Session Leader and Participant Guide*. Farmington, CT: University of Connecticut Health Center. (Contact Julian Ford at ford@psychiatry.uhc.org)

Trauma Programs continued

- Harris, M. (1998). *Trauma, Recovery and Empowerment: A Clinician's Guide for Working with Women in Groups*. New York, NY: Free Press. (Contact Rebecca Wolfon Berley at rwolfson@ccdcl.org)
- Miller, D., & Guidry, L. (2001). *Addictions and Trauma Recovery: Healing the Mind, Body, and Spirit*. New York: W.W. Norton. (Contact Dusty Miller at dustymi@valinet.com)
- Najavits, L. (2001). *Seeking Safety: Cognitive-Behavioral Therapy for PTSD and Substance Abuse*. New York: Guilford. (Go to www.seekingsafety.org)
- Saakvitne, K. W., Gamble, S.J., Pearlman, L.A., Lev, B.T. (2000). *Risking Connection: A Training Curriculum for Working with Survivors of Childhood Abuse*. Maryland: Sidran. (Go to www.sidran.org)

Supportive Relationships

- **Women, compared to men, are:**
 - More likely to report that their spouse/partners encouraged initial and current drug use and less likely to pressure them to enter treatment
 - Less likely to report help/support from family or friends
 - More likely to report that family or friends used drugs in the past year (Grella & Joshi, 1999)
- **Treatment effects, participation and sustained recovery outcomes all improve when a partner/family participates in treatment BUT**

From the RWC/PPW Evaluation

- **More than three-fourths of women participating in the RWC/PPW reported that their families were involved in alcohol- or drug-related activities**
- **Almost half of them (42.9%) reported having fewer than two friends who did not use drugs** (Connors et al., 2004).

Relationships

- Therapeutic alliance
- Peer support
- Family (as defined by client)
- Self-esteem building interactions
- Communication skills
- Knowing children are safe
- Filling the “empty hole inside”

3 Selves

- **The Real Self** – contains the true self – the highest potentialities for self realization and the actual self – those elements of personality such as strengths and weaknesses, assets and liabilities
- **The Despised Self**– all of the unacceptable character defects which make one “unlovable” and despicable are stored. Contains shame, hurt, anger, inadequacy and fear.
- **The False Self** – delusion based on how people believe they should be, think, behave and feel. Can be grandiose or self-effacing, Based on others.
- “we are not bad people getting good, we are sick people getting well”.

from Sandel, James "From Self to Self: Making Recovery Real" *The Counselor*, Nov/Dec 1990

Note: Women benefit from nurturing strategies for actualizing the Real Self.

Considerations in Relapse

- Women have more barriers to treatment than men.
- Women are judged more harshly for addiction than men.
- Women take on the addiction patterns of their partners, where men do not.
- Women with addiction have more emotional problems than men.
- Viewed as more difficult to treat – but why?
- Women relapse less often than men – 22% of women (compared to 32% of men) relapsed within 6 months of completed a 6 month treatment program.
- Women are more likely to experience negative feelings prior to relapse. Men are more likely to experience positive experiences and use as a reward.

Areas of Relapse Prevention

- Body and sexuality
- Stress
- Thrill Seeking
- Relationships
- Trauma and Violence
- Isolation

Cravings

4 Phases:

- **Introductory Phase** – no cravings
- **Maintenance Phase** – mild craving when preparing for use
- **Disenchantment Phase** – cravings become powerful, overpowering physical reaction even in situations that are far away from use, craving triggers similar experience to use
- **Disaster Phase** – all the person needs to do to activate the addicted brain is think about the substance. People need to be able to practice thought-stopping in order to interrupt this process

Develop a physiological need for the substance.

Recovery Support

- Recovery requires treatment and on-going maintenance
- Regular follow-up after treatment can address worsening of condition
- Individuals with substance use disorders have prevention, intervention, treatment and maintenance needs throughout their lives.
- Follow-up Calls
- Use of Internet
- Building Social Network Mechanisms
- Supportive Case Management
- Home Visiting
- Accessing 12 Step Programs

Recovery Support

- After Care and Alumni Programs
 - Relapse Prevention
 - Supportive Relationship Network
 - Housing
 - Family Strengthening
 - Employment and vocational support
 - Transportation
 - Safe Communities
 - Child care
 - Income maintenance and emergency needs assistance
 - Vocational, academic education services
 - Faith based organization support
 - Recovery management
 - Crisis Intervention
 - Advocacy
- = Prevention Approaches

Primary Functions of Case Management

- ✓ Assessment
- ✓ Planning
- ✓ Linking
- ✓ Monitoring
- ✓ Advocacy

Self Care - Physical

- Being in a safe place
- Exercise
- Food intake (quantity and quality)
- Health Care
- Enough Rest
- Comfort in skin

Self Care - Mental

- Brain is a muscle – needs exercise to be at peak performance
- Intellectual Challenge
- Ability to Reframe for Positive
- Self-Awareness
- Creative Expression
- Communicating and Relating

Self Care - Spiritual

- Sense of Higher Power
- Belief in Self
- Ritual
- Learning More
- Meditation
- Identification of "true self"
- Faith

Self Care - Emotional

- Permission to feel, identification of feelings
- Healthy emotional expression
- Getting help when needed
- Building and maintaining healthy friendships
- Grounding

Thank You

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