

Behavioral Health is Essential To Health



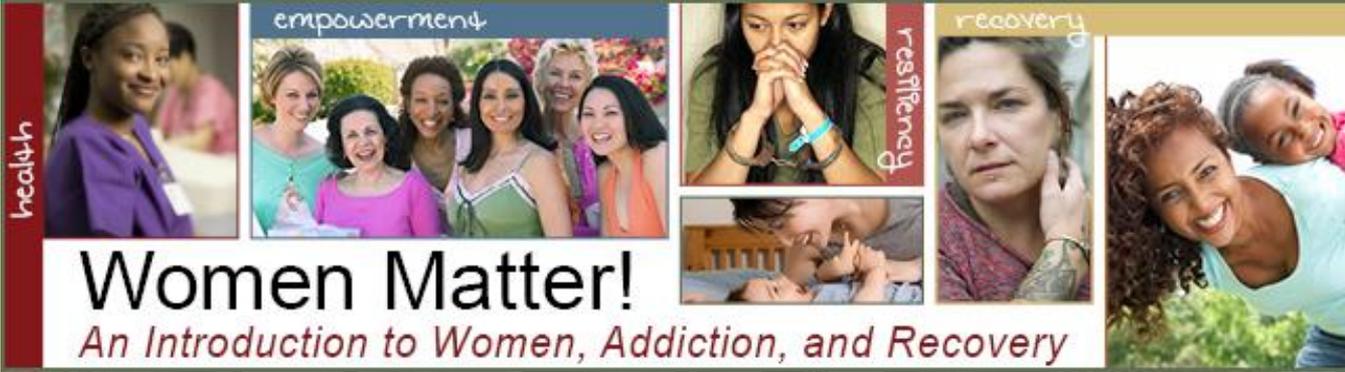
Prevention Works



Treatment is Effective



People Recover



Gender Responsive Co-Ed Treatment and Recovery for Women

June 9, 2015



Deborah Werner, M.A., PMP



Deborah Werner,
Project Director

**SAMHSA's TA and
Training on Women
and Families Impacted
by Substance Abuse
and Mental Health
Problems**

Logistics

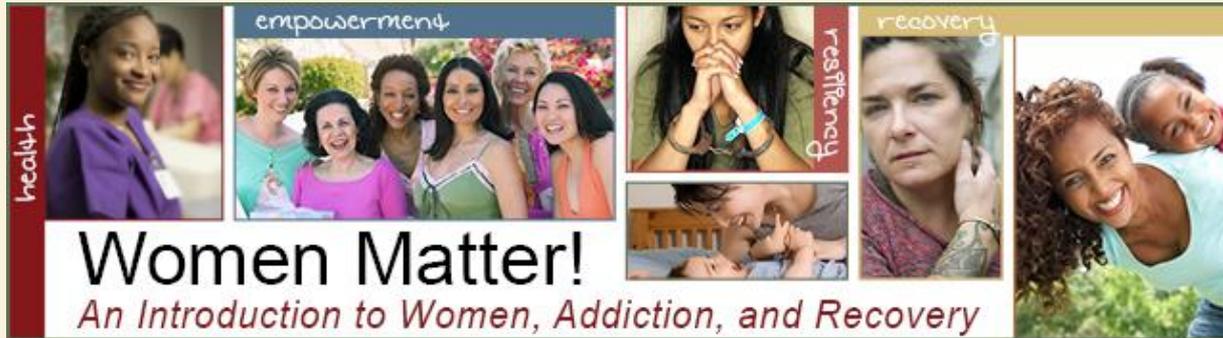
- Your lines will be muted for the duration of the call.
- Today's webinar is being recorded and will be posted online.
- If you experience technical difficulties, put a question in the question box.
- Content questions may also be submitted through the question box.
- To open the question box, click the go-to menu (the four small boxes on the right).



CEH Information



- NAADAC and NBCC CEHs are available for this webinar through the Addiction Technology Transfer Center Network (ATTC) Coordinating Office.
- To receive CEH credits, the webinar screen must be primary for the duration of the webinar.
- If you are watching with a group, email the names and email addresses of all those participating to GBH@ahpnet.com. Each person in the group must fill out the post-evaluation survey individually.



Join the Conversation

- During and after this webinar, join the conversation about Women Matter! and women's addiction on Facebook and Twitter with the hashtag #womenmatter2015

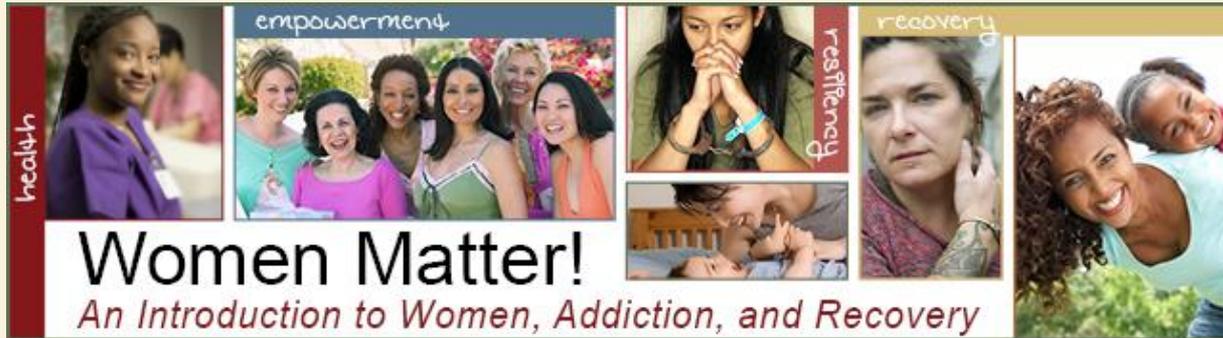


SAMHSA 
@samhsagov

Official Twitter account of SAMHSA. Behavioral Health Treatment Referrals:
1-800-662-HELP or 1.usa.gov/1fn5Eq6. Following & RT doesn't imply
endorsement.
samhsa.gov

Disclaimers

- This webinar is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Health and Human Services (DHHS).
- The contents of this presentation do not necessarily reflect the views or policies of SAMHSA or DHHS.
- This webinar should not be considered a substitute for individualized client care and treatment decisions.



Purpose of Women Matter!

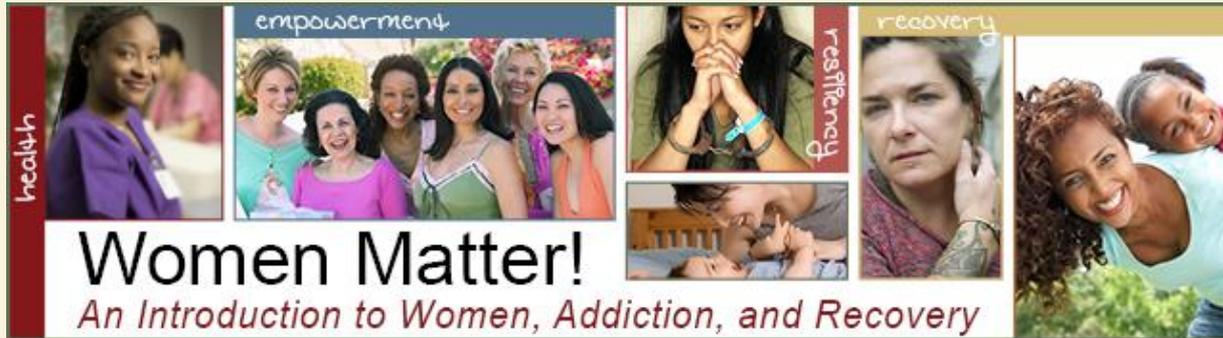
SAMHSA created this series to:

- Build the workforce's capacity to address the specific needs of women and provide gender-sensitive care; and
- Increase the national focus on, and understanding of, women's unique substance use and co-occurring disorders while offering concrete resources about the specific recovery needs of women.



Webinars

- ❖ **Women in the Mirror: Addressing Co-Occurring Mental Health Issues and Trauma in Women with Substance Use Disorders**
- ❖ **Women Connected: Families and Relationships in Women's Substance Use and Recovery**
- ❖ **Women's Health, Wellness, and Recovery: An Introduction to Women's Substance Use Disorders and Health**
- ❖ **Gender-Responsive Co-Ed Treatment and Recovery for Women**
- ❖ **Women Unbarred: Recovery and Supports for Women Involved with Criminal Justice, July 23, 2015, 3:00–4:30 PM ET**



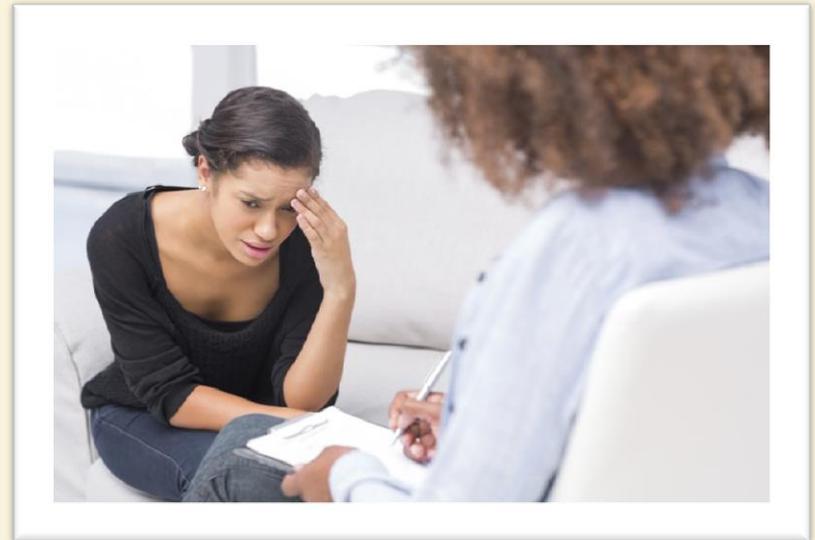
Today's Feature:

*Gender Responsive
Co-Ed Treatment and
Recovery for Women*



Today's Webinar

- **Discuss why and how co-ed programs can address the treatment and recovery needs of women.**



Agenda



- **Background, *Deb Werner***
- **The MHS Story, *Kim Bond***
- **Gender Dynamics, *Lonnetta Albright***
- **Group Dynamics, *Kim Bond***
- **SAMHSA Expert Panel and Guidance Document on Serving Women in Co-Ed Programs, *Deb Werner***

Why Address Serving Women in Co-ed Settings?

In 2011, about 609,000 of the 1.84 million admissions to substance abuse treatment were female (33.1 percent), and 1.23 million were male (66.9 percent). (TEDS)

Fewer than half of programs (44%) offer any program components specifically for women. (N-SSATS)

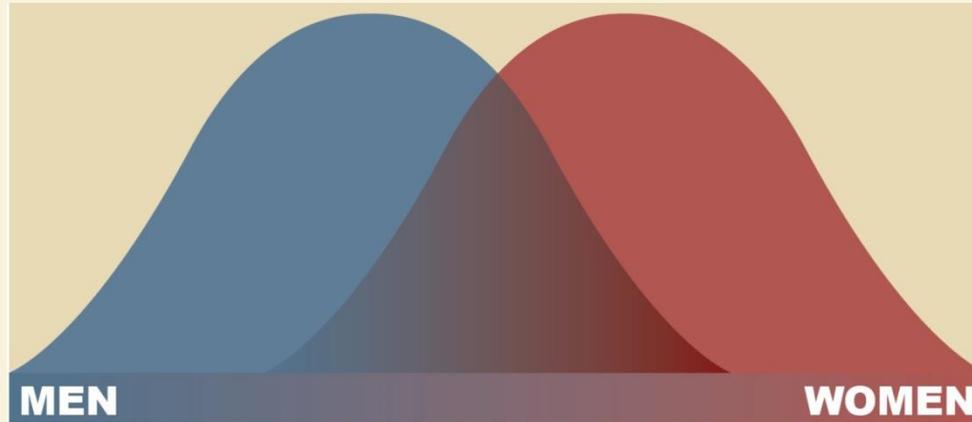
The majority of women receiving substance abuse treatment services receive them in co-ed programs.

Why Women as a Sub-Population

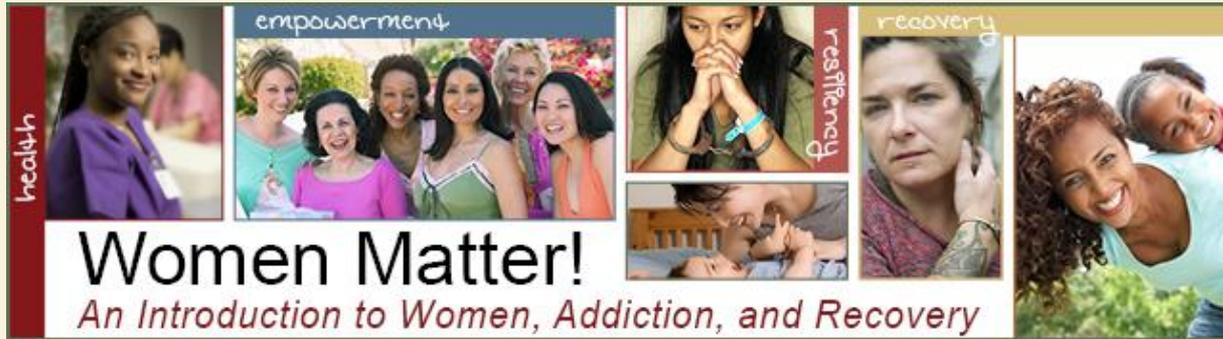
- **Women with SUDs/CODs have specialized needs**
- **Health care decision makers and care takers for their families**
- **Pregnant and parenting women – increased risks and opportunities**



A Note on Language and Generalizations



- ✓ **There are sex differences and gender differences.**
- ✓ **You can look at differences on a bell curve.**
- ✓ **Avoiding generalizations but discussing characteristics that are often more common among women.**
- ✓ **Women and men also have much in common.**
- ✓ **Women are diverse.**



Think of a Woman



Kimberly Bond, MFT



Kimberly Bond, MFT

*President and CEO of Mental
Health Systems (MHS)*

Gender Matters: Supporting Women with SUDs/CODs In Co-Ed Settings

Kim Bond, Mental Health Systems, Inc.





**Mental Health Systems, Inc.
takes on gender
competency!**

The Struggle

The Decision

The Staff

The “Whys”

The Exhaustion

Does it really matter?

Yes!

Changes We Found:

- Clients
- Outcomes
- Staff

What Can You Do Where You Work?

TALK about gender

- With clients in group
- With current staff
- During treatment plan meetings

Environment

- Safety
- Art work and color
- Sanctuary

What Can You Do Where You Work?

Curriculum

- Gender responsive
- Talk about differences

Staff

- Part of evaluation
- Part of hiring interview

Some topics that have come up for us:

- Observed UA testing
- Dress code
- Children/parenting
- Child support



Some group dynamics that are important to monitor:

- Caretaking
- “Red Flags”
- Intimidation



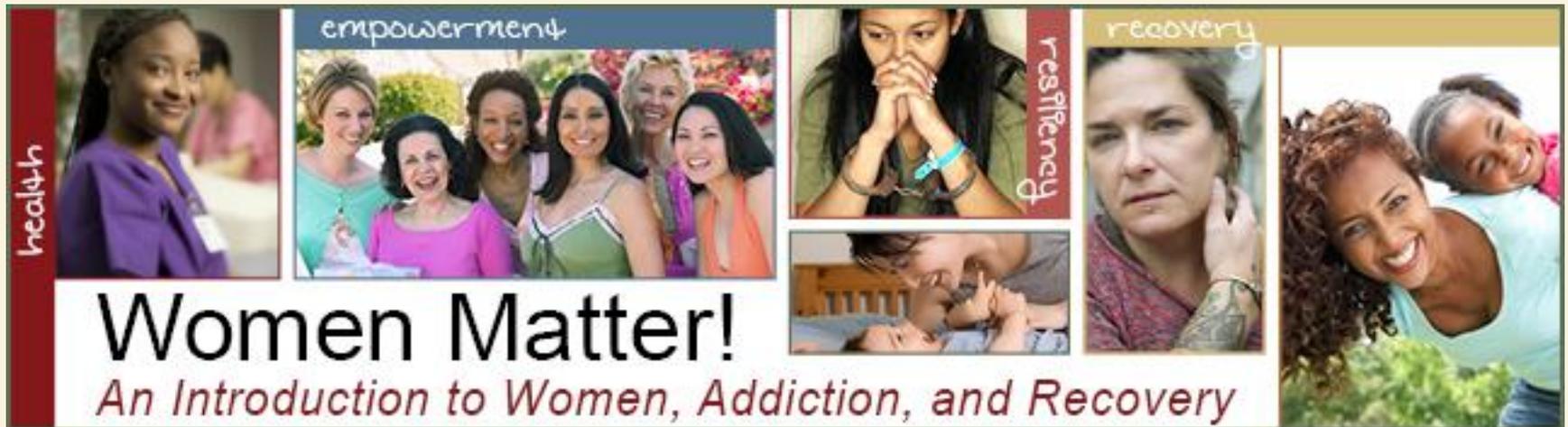
For More Information, Contact:



Kim Bond, MFT

kbond@mhsinc.org

Questions and Discussion



Lonnetta Albright, BS, CPEC



Lonnetta Albright, BS, CPEC

***Executive Director of the
Great Lakes Addiction
Technology Transfer Center
(ATTC) at the University of
Illinois***

“Re-recovery” or “Un-recovery”

Differences and Points of Transformation:
Feminine and Masculine



Lonnetta Albright
Executive Director, Great Lakes ATTC;
President, Forward Movement Inc.

Today's Focus Areas

- What influenced our understanding of addiction and recovery?
- Traditional Frameworks: Cultural Empowerment
- Emergence of Women's Ways of Healing
- *Powerlessness versus Empowerment*
- *Focused Attention versus Divided Attention*
- Breaking Silence – a powerful metaphor for recovering women
- *Recovery versus Discovery*
- ROSC as a framework for supporting women in treatment settings



Looking back, makes you smart.

Looking forward, makes you mature.

Looking down, makes you wise.

Looking UP, makes you strong.

-- Quotes21.com

35 Years with Models Based on Culturally Empowered Men

- A caution re: generalizations
- The Male Treatment and Recovery Paradigm
- “Adam’s Rib Syndrome”
- Different recovery pathways for women & men
- Setting the stage for reassessing our mainstream philosophies and techniques

What Does the Research Tell Us?



Differences in drinking and other drug consumption patterns between women and men

- Etiology of Alcoholism
- Speed of Progression
- Stages and Symptoms
- Stage of Intervention
- Barriers to Treatment
- Drawing on methods effectively used to advance the science of mental disorders



Women's Ways of Healing



Language

**Alternative
Recovery Models**

Symbols

Breaking the
Silence

Research

Constructs

Powerlessness vs. Empowerment

“The admission of powerlessness over anything for culturally empowered men would constitute a major clinical milestone”

~White & Chaney 2010

“Women have been programmed culturally to respond to decreasing competence via passivity, helplessness, hopelessness and dependency. In the face of such cultural assault, neither the admission of powerlessness and unmanageability nor the experience of surrender would constitute an emotional breakthrough”

~Women for Sobriety

What is Recovery?

From National Focus Groups

- Getting involved with things I enjoy (e.g. church, friends, dating, support groups, etc.)
- Learning what I have to offer
- Seeing myself as a person with strengths
- Taking one day at a time
- Knowing my illness is only a small part of who I am
- Having a sense that my life can get better
- Having dreams again
- Believing I can manage my life and reach my goals (bravery and hope)
- Being able to tackle everyday
- Having people I can count on



Clinical Assessments

CHANGING OUR QUESTIONS: EXAMPLES

- Can you tell me a bit about your hopes or dreams for the future?
- What kind of dreams did you have before you started having problems with alcohol or drug use, depression, etc.?
- What are some things in your life that you hope you can do and change in the future?
- If you went to bed and a miracle happened while you were sleeping, what would be different when you woke up? How would you know things were different?

Leads to Recover Plans vs. Treatment Plans.



Focused Attention vs. Divided Attention

Men

- Set aside diversions
- 90 meetings 90 days
- Free of caretaking responsibilities

Women

- Sustained Divided Attention
- Rarely free to pursue singular purpose
- "Circularity"

For Poor Women with Children

- Childcare & Transportation
- Church as primary support structure
- A process of living a whole life that is meaningful

Achieving Silence vs. Breaking Silence



“We live in a culture where “women cultivate their capacities for listening while encouraging men to speak”

Silence can be the act of homage & surrender to external authority:

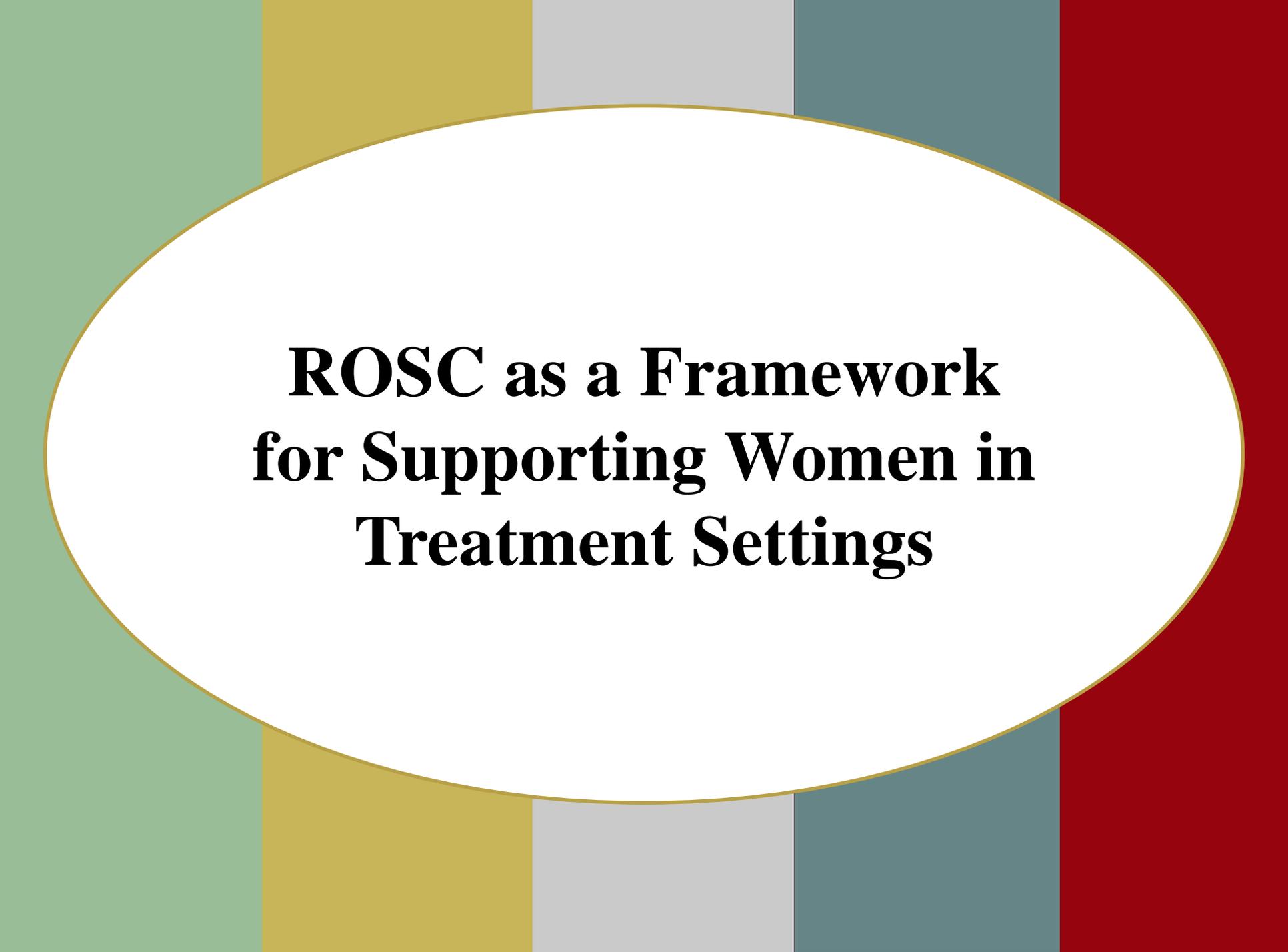
- Like children; seen not heard
- Systematic devaluation
- The seal that hides victimization
- Words have been weapons used against her
- Fear of losing children

“Breaking Silence” is a powerful metaphor for recovering women:

- Liberation, the act of telling the truth to one another
- Discovery of voice, not just words and speech
- It is the experience of being heard, believed and understood; the beginnings of empowerment

Recovery vs. Discovery

- **Recovery** – Implies that one can get back what one has lost. “I didn’t lose it, I never had it” (a female client)
- **Discovery** – May be a more apt depiction of women’s experience of movement into health, “I am discovery”
- **Definitions:**
 - “*recover*” connotes covering something up—hiding again that which has been hidden before. ~ *Many Roads One Journey*
 - “*un-discovery*” –a getting out from under addiction
 - *discovery* – an opening up to growth and moving forward



**ROSC as a Framework
for Supporting Women in
Treatment Settings**

Recovery-Oriented Systems of Care Shifts the Question from...



*“How do we get the client into
treatment?”*

to

**“How do we support the process of
recovery within the person’s life and
environment?”**

Comparison of Values

PERSON-CENTERED	CONVENTIONAL
Collaborative	Provider-driven, compliance is valued
Preferences, life goals, choices define scope of services	Deficits, disabilities, and illness drive focus of services
Quality of life	Maintenance, Safety, stabilization, symptom reduction
Empowerment	Dependence
Community-based	Facility-based
Long-term planning for life in the community	Planning for treatment/service episode
Self-determination is a fundamental civil right	Self determination follows peoples demonstration that they are equipped with certain skills, or clinically stable

Comparison of Values

PERSON-CENTERED	CONVENTIONAL
High expectations	Low expectations
People choose from a flexible menu of services including natural and professional supports	Professional services only are selected for the person
Promotes trial and error growth in the context of responsible risk-taking	Paternalistic approach avoids risk taking
Focuses on building positive sense of self, competence and confidence	Can be punitive, shaming
Evolving, living plan adjusts over time	Static plan
Encourages inclusion of family members/and/or natural supports	Typically engages only the person receiving services
Process	Product

Recommended Readings

- Kasl, Charlotte Davis *Many Roads, One Journey* New York: Harper Perennial, 1992.
- Women For Sobriety, *Sober Times*, October 1990.
- Bambara, Toni Cade in Tate, Claudia *Black Women Writers at Work* England: Oldcastle Books, 1983, p. 20.
- Women for Sobriety, *Sober Times* October, 1990.
- Fulani, Lenora *The Psychopathology of Everyday Racism and Sexism*, New York: Harrington Park Press, 1988, p.113.
- Tannen, Deborah *You Just Don't Understand: Women and Men in Conversation* New York: Ballantine Books, 1990, p.16.
- William L. White, M.A., and Rita A. Chaney, M.S., *Metaphors of Transformation: Feminine and Masculine*



Thank you!

Lonnetta Albright
coach@lonnettaalbright.com

Questions and Discussion



The collage features several images: a woman in a purple lab coat, a group of smiling women, a woman with hands clasped in prayer, a woman looking thoughtful, and a woman smiling with a child. Text labels include 'health', 'empowerment', 'resilience', and 'recovery'.

Women Matter!
An Introduction to Women, Addiction, and Recovery

Kimberly Bond, MFT



Kimberly Bond, MFT

*President and CEO of Mental
Health Systems (MHS)*

Managing
Co-Ed
Treatment Groups
and Dynamics

Kim Bond, Mental Health Systems, Inc.



- Most substance abuse treatment occurs in co-ed treatment groups.
- In fact, more than half of SUD programs do not offer any services or groups specifically for women.

So how do we make sure that services in co-ed settings are gender responsive for women?

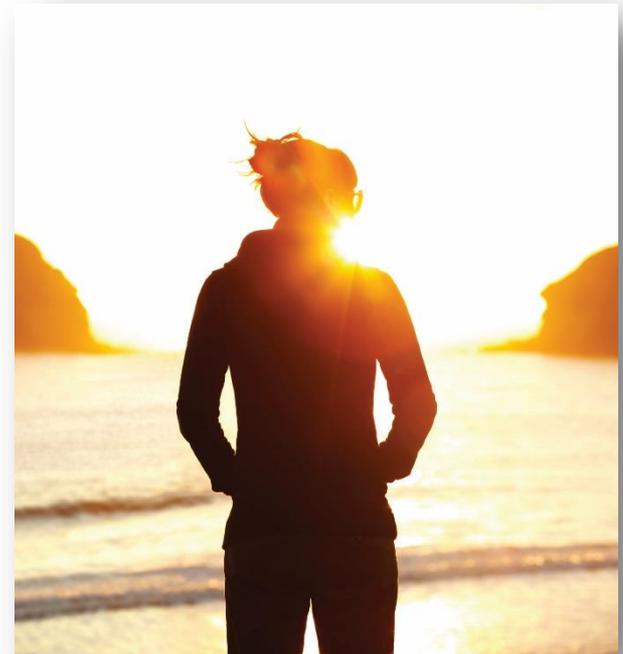
Crucial Components

- DO NOT TOLERATE
 - Harassment
 - Sexualization
 - Objectification
 - Infantilizing of women anywhere in your agency



Crucial Components

- Staff that like and respect women
- Staff that are trained in gender responsive services and understand:
 - Women may not be accustomed to speaking up in front of men
 - Women may not initially be able to speak up for themselves
 - Women may be hostile to other women
 - Women may be hostile to men



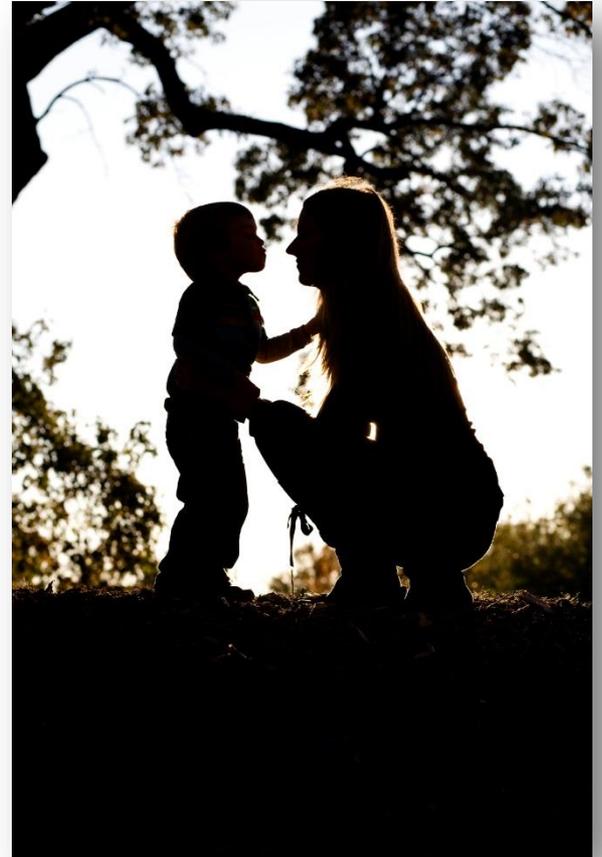
Crucial Components

- Create a “sanctuary space”



Crucial Components

- Have child care options



Setting up groups:

- When possible, group women into one or two groups so they make up close to 50% of the group
- Try to have women-only groups even in co-ed programs
- Pay attention to which staff facilitates each group

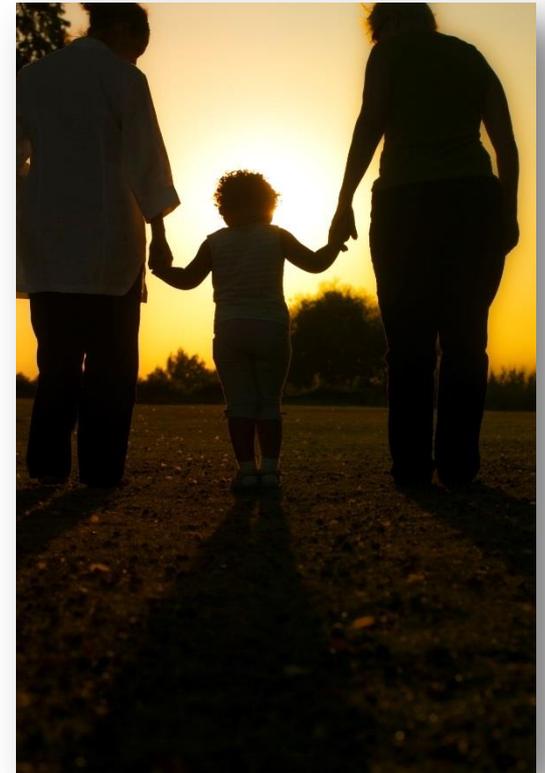
Bring gender into the group right away:



- Talk about the gender dynamics in the group with the group.

Bring gender into the group right away:

- Talk about relationships both within the group and outside of the group and how gender plays a role.
 - Romantic relationships
 - Friendships
 - Family



Recovery Support Services

- Pay attention to the “requirements”. 90 meetings in 90 days may be impossible for a single parent to accomplish.
- Establish female only support groups.



Support Services

- Make sure to include ancillary and social supports.



Perhaps Most Important:

- Tell your clients that returning to you for help is the highest compliment they can give you.

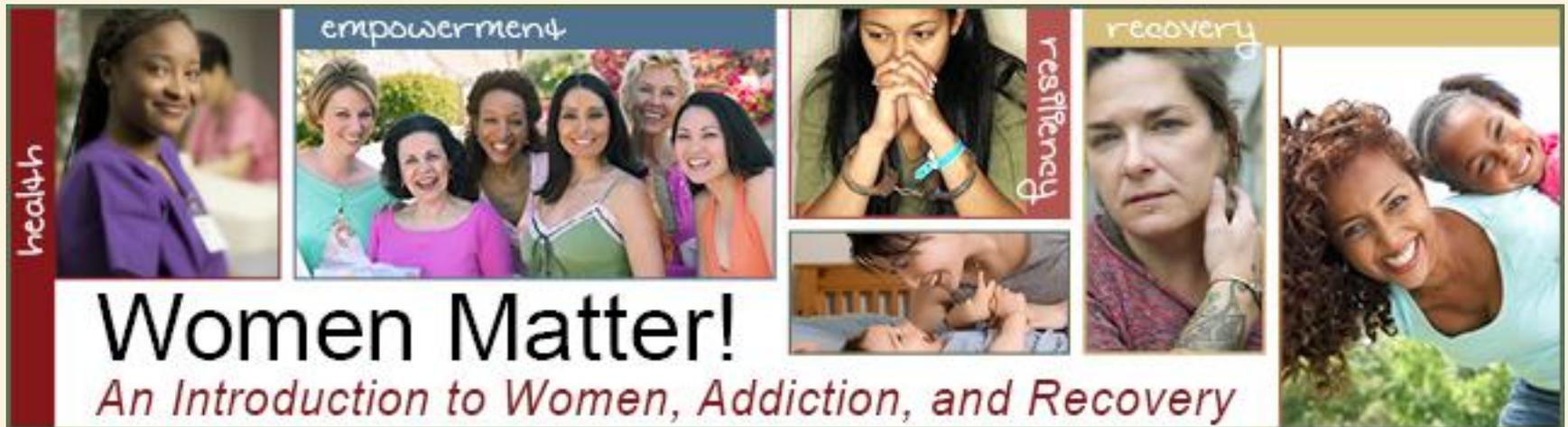


“I am only one, but I am one. I cannot do everything, but I can do something. And I will not let what I cannot do interfere with what I CAN do.”

- Edward Hale



Questions and Discussion



**SAMHSA's Expert Panel and
Guidance Document for
Supporting Women in Co-Ed
Settings *(in clearance)***



Family-Centered Treatment for Women With Substance Use Disorders: History, Key Elements and Challenges

SAMHSA

FUNDING FAMILY-CENTERED TREATMENT FOR WOMEN WITH SUBSTANCE USE DISORDERS

SAMHSA

Substance Abuse Treatment: Addressing the Specific Needs of Women

A Treatment Improvement Protocol TIP 51

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

WOMEN

ENGAGING WOMEN IN TRAUMA-INFORMED PEER SUPPORT: A Guidebook

By Andrea Ehrlich, Beth Filson, and Darby Fleming
with contributions from Cathy Case

DRIFT

Using Matrix with Women Clients

A Supplement to the Matrix Intensive Outpatient Treatment for People with Stimulant Use Disorders

SAMHSA

Guidance to States: Treatment Standards for Women With Substance Use Disorders

Prepared by:
The National Association of State Alcohol and Drug Abuse Directors (NASADAD)

With assistance from:
The Women's Services Network (WSN)

With support from:
The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment (CSAT), under the SAMHSA/CSAT contract #07-09-3000, task order # 27018-0002, to IBI International, Inc.

Washington, D.C.
August 2008

ADDRESSING THE NEEDS OF WOMEN AND GIRLS:
Developing Core Competencies for Mental Health and Substance Abuse Service Professionals

SAMHSA

The TEDS Report

Female Substance Abuse Treatment Admissions Age 12 to 17

In Brief

- In 2007, adolescent female admissions comprised less than one-third (29 percent) of the nearly 132,000 substance abuse treatment admissions aged 12 to 17.
- Marijuana and alcohol accounted for 80 percent of all primary substances of abuse reported by adolescent female admissions.
- The majority (80 percent) of adolescent female admissions reported first using their primary substance of abuse between the ages of 12 and 14.

In Brief

- Combined 2006 and 2007 data indicate that the rate of past-month alcohol use among women aged 15 to 44 was lower for those who were pregnant (19.4 percent) than for recent mothers (42.1 percent), who were pregnant (46.9 percent) than those who were not pregnant and not recent mothers (54.6 percent).
- Past-month alcohol use among pregnant and nonpregnant women and recent mothers aged 15 to 44 did not change significantly between 2002-2003 and 2006-2007.
- Nearly 56 percent of pregnant women aged 15 to 17 used alcohol in the past month, and they consumed an average of 26 drinks in the past month (i.e., they drank on an average of 6 days during the past month and had an average of about four drinks on the days that they drank).

National Survey on Drug Use and Health

The NSDUH Report

September 11, 2008

Alcohol Use among Pregnant Women and Recent Mothers: 2002 to 2007

In Brief

Prenatal alcohol exposure increases the risk of birth defects, including physical, intellectual, and behavioral disorders. Research also shows a link between alcohol use during pregnancy and increased risk of genetic links. In 2005-2006, an estimated 11.8 percent of pregnant women aged 15 to 44 reported using alcohol in the past month. A recent report based on data from the National Survey on Drug Use and Health (NSDUH) found that 56.1 percent of pregnant women, particularly during their second and third trimesters, had reported their past-month or nonpregnant counterparts. The study also found evidence of an increase in substance use after pregnancy.

The study also found that the prevalence of alcohol use during pregnancy, data from population-based studies such as NSDUH are needed to assess the scope of the problem and to identify strategies that may be most effective. NSDUH asks female respondents aged 12 to 14 whether they use alcohol in the past month, and also asks pregnant age 12 or older to report on their alcohol use.

SAMHSA

QUESTIONS ABOUT FASD?

CONTACT US

Introduction to Women with SUDs online course
<http://healthknowledge.org/>

Substance Abuse and Mental Health Services Administration

SAMHSA

www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

SAMHSA's Central Question

Given what we know about high-quality women's programs, what guidance can we provide for serving women in co-ed settings?

- Literature review
- Expert panel
- Stakeholder review

Guidance Statements

- **Addressing Women's Unique Needs and Experiences**
- **Gender Dynamics**
- **Health**
- **Mental Health**
- **Trauma**
- **Relationships**



Addressing Women's Unique Needs and Experiences

- **Women's pathways to substance use, abuse and dependence can be different than men.**
- **Motivation for treatment is different.**
- **Recovery supports are different.**



Gender Dynamics

- **Women may be accustomed to not speaking up for themselves or deferring to men in groups.**
- **Women may feel unsafe in disclosing certain information in mixed groups.**
- **Sexual advances or harassment may disrupt a sense of safety and detract from treatment.**
- **Staff training and clinical supervision can address this.**



Trauma

- **Physical and psychological safety is of paramount importance.**
- **Treatment services avoid punitive approaches and are strength based.**
- **Services adhere to trauma-informed principles.**



Health

- **Women's physical health care needs are integrated into treatment.**
- **Pregnancy requires specialized treatment services and staff knowledge:**
 - *MAT for opioids*
 - *FASD education*
 - *Smoking cessation*



Mental Health

- **Women have more co-occurring mental health issues.**
 - Risk for mental illness is elevated among those with SUD.
- **Integration of mental health and substance abuse treatment services for women.**



Relationships

- **Women's relationships are central to their lives and need to be accounted for in treatment.**
- **Treatment can provide opportunities for women to build supportive relationships with other women.**
- **Therapeutic alliance is critical for women and men.**



Staffing Issues

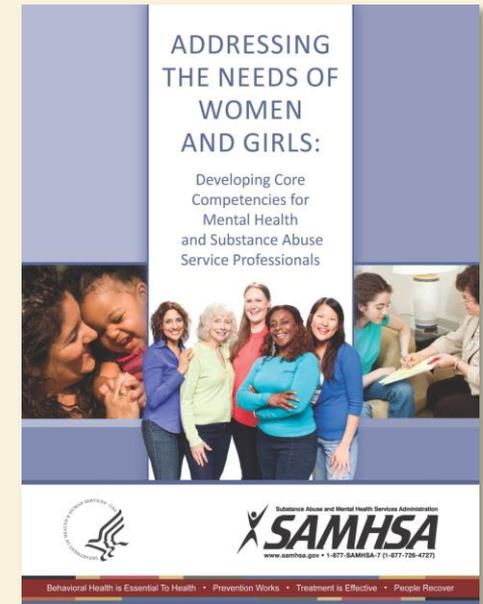


- **Match women with primary women counselors.**
- **Importance of clinical supervision.**
- **Core competencies for working with women.**
- **Include women in leadership positions within provider organizations.**



Staff Training – Core Competencies

- **Sex and Gender Differences**
- **Relational Approaches**
- **Understanding Trauma in Women and Girls**
- **Family-centered Needs of Women and Girls**
- **Special Considerations During Pregnancy**
- **Women’s Health and Health Care**
- **Collaboration and Interdisciplinary Skills**



Environment/Facilities

Physical Safety

- **External:** Location, transportation, parking, lighting
- **Inside:** Clean, children's area, women-only area

Personal Safety

- Welcoming
- Warm reception
- Snacks
- Non-threatening rules

Assessment and Treatment Planning

Must address women's experiences:

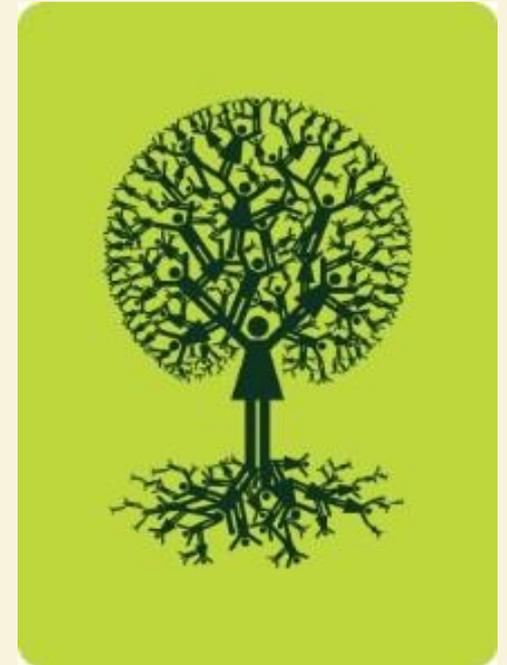
- Recognize shame and grief that women may experience by answering questions during assessment
 - *Use trauma-informed and sensitive approaches*
- Recognize and prioritize women's family responsibilities and relationships
 - *Don't assume all women are mothers*
 - *Don't assume family members are active supports for the woman*
 - *Understand the complexities in partner relationships*
- Address women's health and mental health risks
- Identify a women's strengths for treatment planning

Interventions and Groups

- **Consider gender in array of services offered.**
- **Try grouping women together so they make up close to 50% of the group.**
 - *Set guidelines about dominating discussions, use of teasing and sarcasm, encourage strength-based talk, etc.*
- **Wide range of interventions have been adapted or supplemented for women.**
- **Women's only-groups even in co-ed programs.**
 - *If not possible, combine co-ed programming with individual sessions with a women's counselor.*

Recovery Support Services

- **Flexibility in scheduling**
- **Peer support**
- **Women-only self help and mutual support groups**
- **Connections with ancillary/social supports**
 - *Housing, financial, child welfare, children's services, education, food programs, legal assistance, etc.*



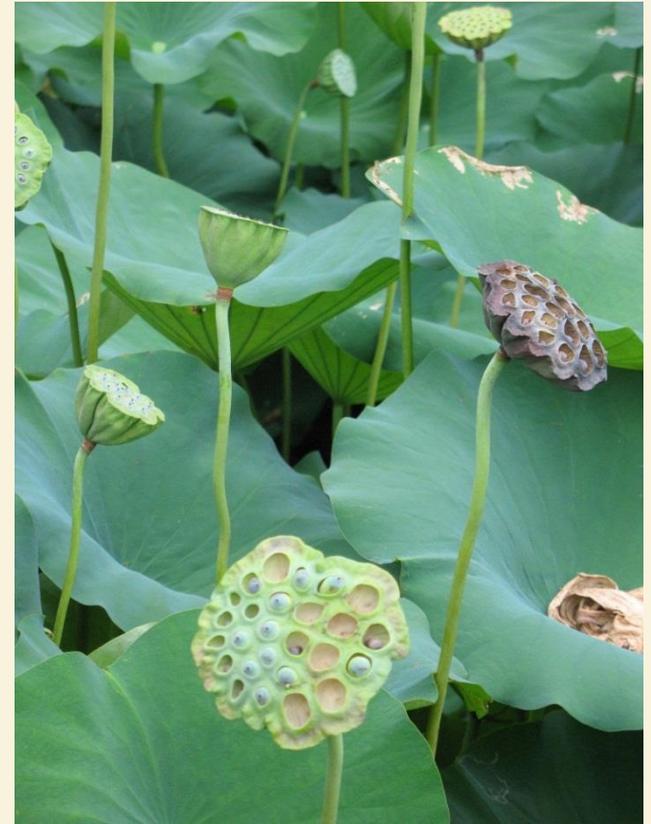
Co-Ed Guidance Document: Self-Assessment Tool

- Operationalizes the Guidance Statements and Practices and Strategies.
- **Programs can score themselves:**
 - *U = Unable (Do not do this or do it very rarely)*
 - *A = Aware (Do this some of the time)*
 - *C = Committed (Do this most of the time)*
- Acknowledge strengths and identify ideas for improvement.

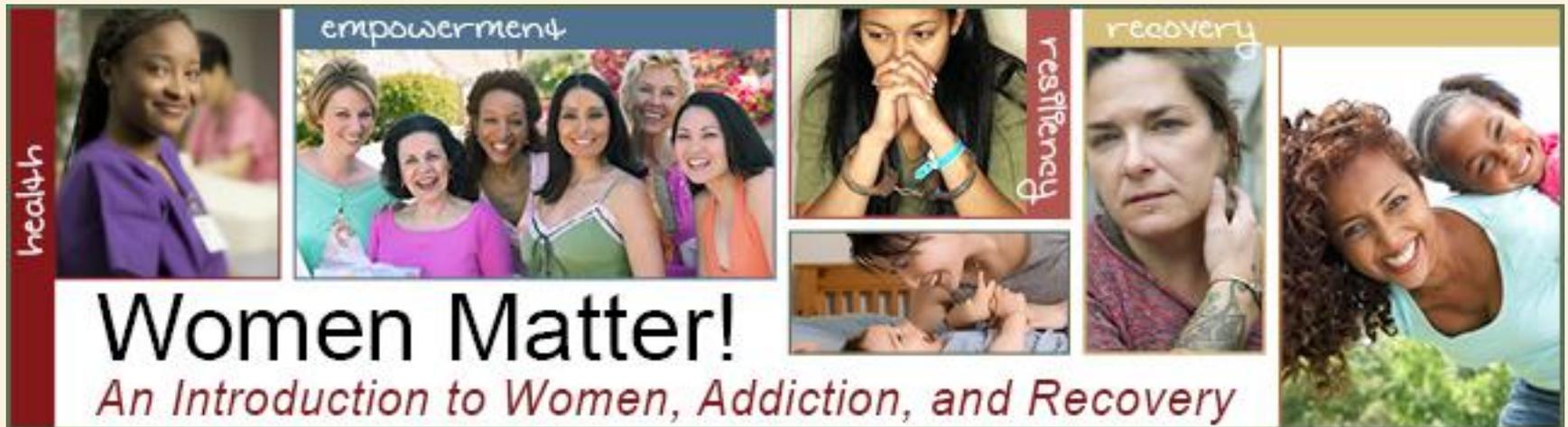


"Words are important. If you want to care for something, you call it a flower, if you want to kill something, you call it a weed."

**~ Don Coyhis, Founder of White
Bison**



Questions and Discussion



Family-Centered Treatment for Women With Substance Use Disorders: History, Key Elements and Challenges

SAMHSA

FUNDING FAMILY-CENTERED TREATMENT FOR WOMEN WITH SUBSTANCE USE DISORDERS

SAMHSA

Substance Abuse Treatment: Addressing the Specific Needs of Women

A Treatment Improvement Protocol TIP 51

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

MCM

ENGAGING WOMEN IN TRAUMA-INFORMED PEER SUPPORT: A Guidebook

By Andrea Blum, Beth Filson, and Dany Penney
with contributions from Cathy Case

See Also At Home by Sharon Blue

DRIFT

Using Matrix with Women Clients

A Supplement to the Matrix Intensive Outpatient Treatment for People with Stimulant Use Disorders

SAMHSA

Guidance to States: Treatment Standards for Women With Substance Use Disorders

Prepared by:
The National Association of State Alcohol and Drug Abuse Directors (NASADAD)

With assistance from:
The Women's Services Network (WSN)

With support from:
The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment (CSAT), under the SAMHSA/CSAT contract #07-03-3000, task order # 27018-0002, to IBI International, Inc.

Washington, D.C.
August 2008

ADDRESSING THE NEEDS OF WOMEN AND GIRLS: Developing Core Competencies for Mental Health and Substance Abuse Service Professionals

SAMHSA

National Survey on Drug Use and Health

The NSDUH Report

September 15, 2008

Alcohol Use among Pregnant Women and Recent Mothers: 2002 to 2007

Treatment Episode Data Set

The TEDS Report

Female Substance Abuse Treatment Admissions Aged 12 to 17

In Brief

- Combined 2006 and 2007 data indicate that the rate of past-month alcohol use among women aged 15 to 44 was lower for those who were pregnant (14.3 percent) than for recent mothers (42.1 percent), who were pregnant at a lower rate than those who were not pregnant and not recent mothers (54.6 percent).
- Past-month alcohol use among pregnant and nonpregnant women and recent mothers aged 15 to 44 did not change significantly between 2002-2003 and 2006-2007.
- Nearly 56 percent of pregnant women aged 15 to 17 used alcohol in the past month, and they consumed an average of 26 drinks in the past month (i.e., they drank on an average of 6 days during the past month and had an average of about four drinks on the days that they drank).
- Nearly 60 percent of adolescent female admissions reported first using their primary substance of abuse between the ages of 12 and 14.

SAMHSA

QUESTIONS ABOUT FASD?

CONTACT US

Introduction to Women with SUDs online course
<http://healthknowledge.org/>

Substance Abuse and Mental Health Services Administration

SAMHSA

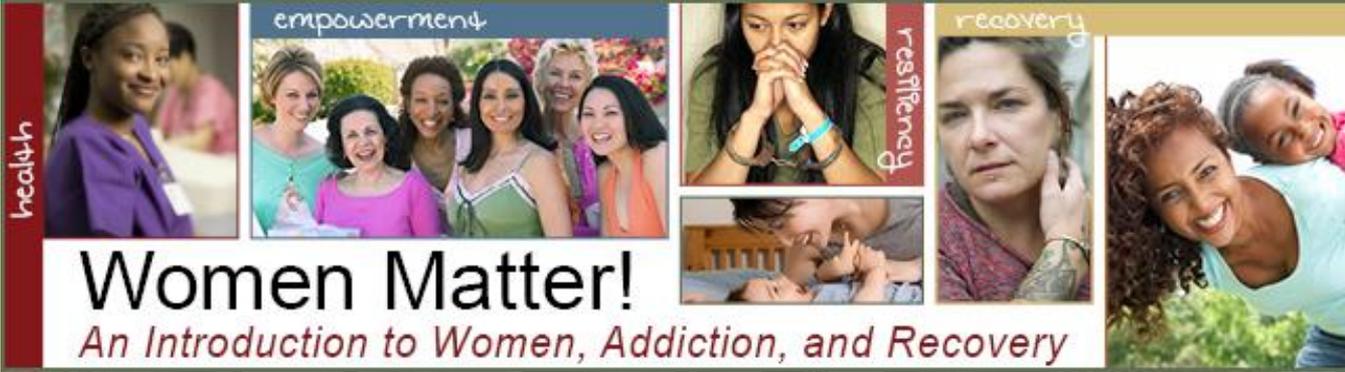
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

Selected Resources

- **Women Children and Families Training and Technical Assistance Site**
<http://www.samhsa.gov/women-children-families>
- **Introduction to Women and Substance Use Disorders online course**
<http://www.healthknowledge.org>
- **National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC)**
<http://www.samhsa.gov/nctic>

Announcements

- Please complete a brief satisfaction survey at:
<https://www.surveymonkey.com/r/GenderResponsiveCoed>
- You will receive an email from Go to Webinar in the next hour that contains this link. It is also available in the chat box.
- The survey will be available for completion until Wednesday, June 16. If you are seeking CEU credits, you must complete it by close of business on that day.
- All qualified attendees for today's training will receive an email with instructions for obtaining your certificate of attendance by June 30.



Join us for the Next Women Matter! Webinar:



Women Unbarred: Recovery and Supports for Women Involved with Criminal Justice

July 23, 2015

