



Behavioral Health is Essential To Health



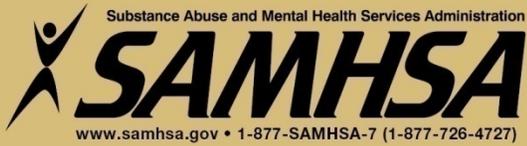
Prevention Works



Treatment is Effective



People Recover



health



Women Matter!

An Introduction to Women, Addiction, and Recovery



Women in the Mirror:

*Addressing Co-Occurring Mental Health Issues
and Trauma in Women with Substance Use
Disorders*

March 5, 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

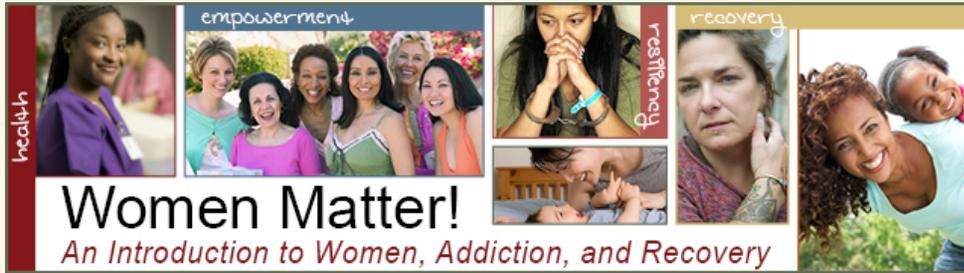
- This webinar is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Health and Human Services (DHHS).
- The contents of this presentation do not necessarily reflect the views or policies of SAMHSA or DHHS.
- This webinar should not be considered 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**, April 7, 2015, 3:00–4:30 PM ET
- ❖ **Women's Health, Wellness, and Recovery: An Introduction to Women's Substance Use Disorders and Health**, May 6, 2015, 3:00–4:30 PM ET
- ❖ **Gender-Responsive Co-Ed Treatment and Recovery for Women**, June 9, 2015, 3:00–4:30 PM ET
- ❖ **Women Unbarred: Recovery and Supports for Women Involved with Criminal Justice**, July 23, 2015, 3:00–4:30 PM ET



Today's Feature:

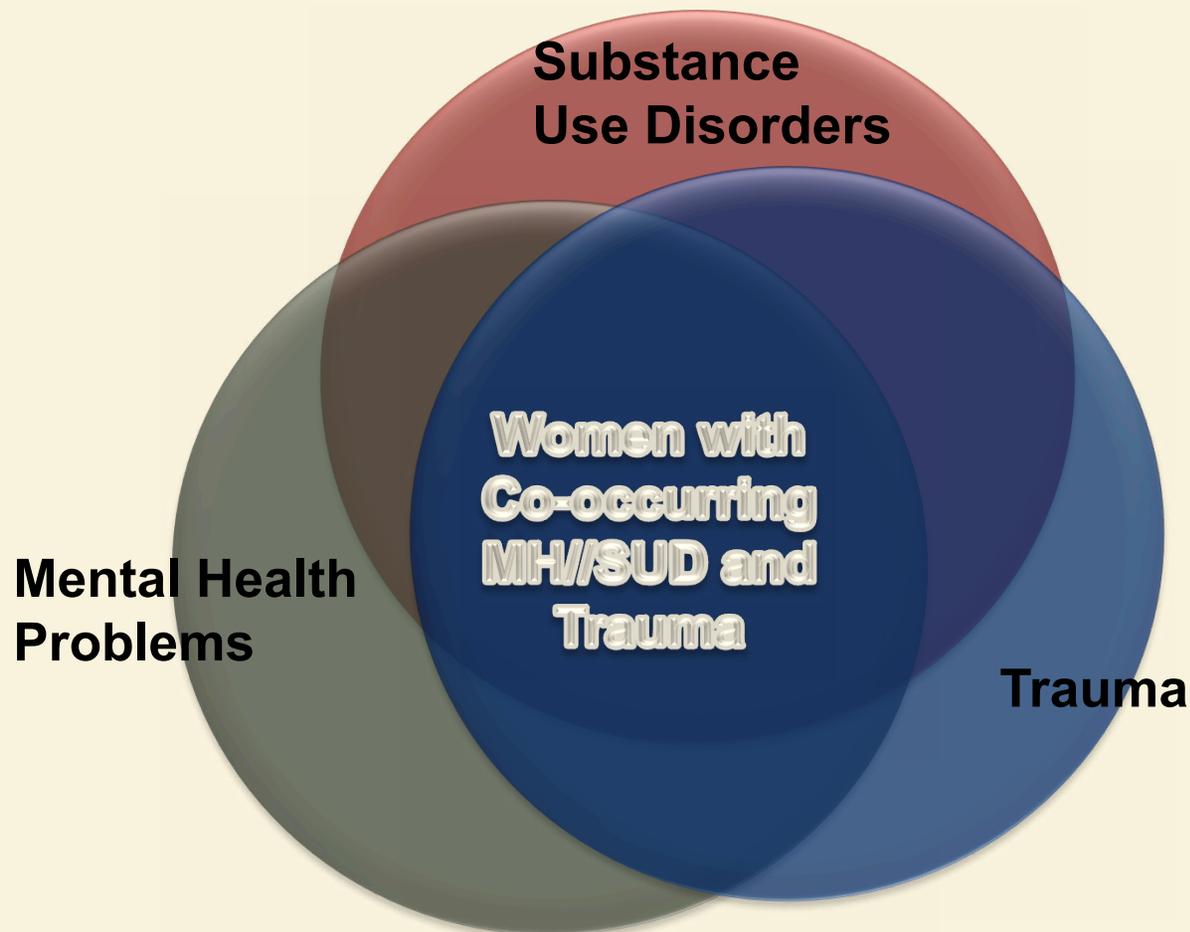


**Women in the Mirror:
Addressing Co-Occurring Mental Health
Issues and Trauma in Women with
Substance Use Disorders**

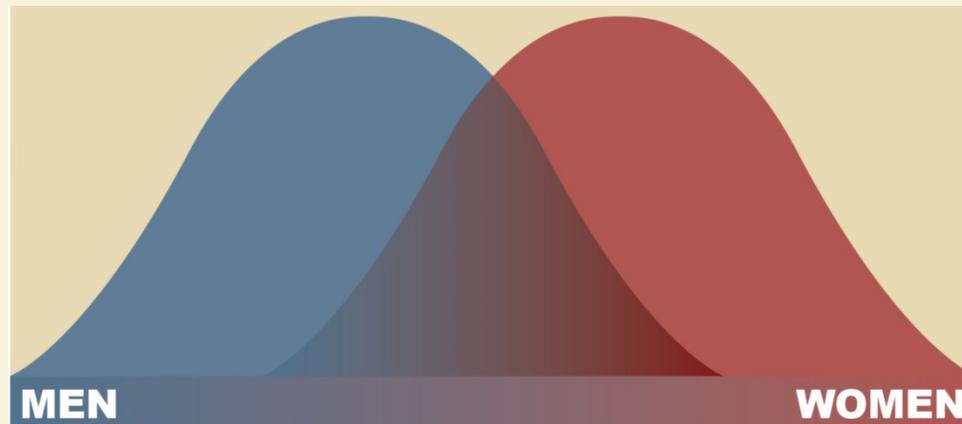
Today's Webinar

- **Look at substance use, trauma, and mental health problems through a gendered lens**
- **Discuss considerations to help address the complex needs of women in behavioral health programs.**

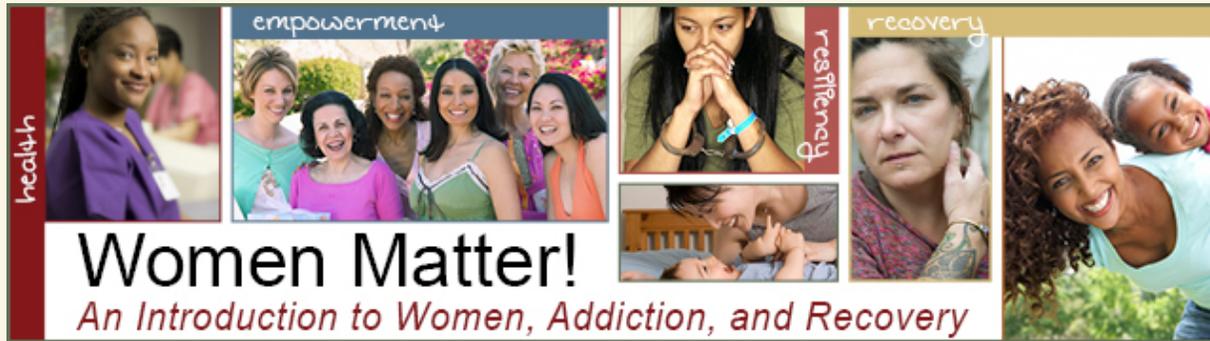
Women in Behavioral Health Programs



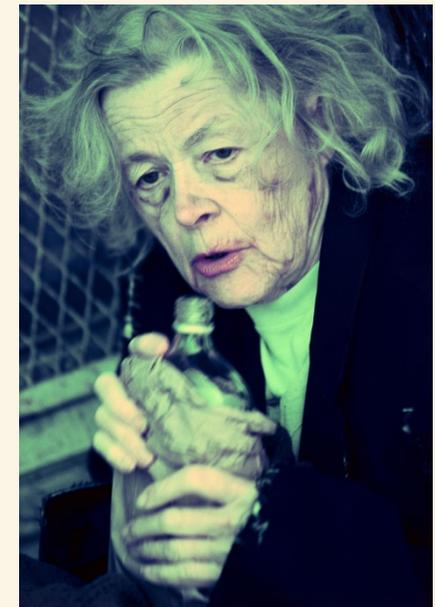
A Note on Language and Generalizations



- ✓ 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



Kathleen O'Leary, M.S.W.



Kathleen O'Leary,
***Mental Health
Consultant***

**Former Chief of the NIMH
Women's Program**

Women's Mental Health – What Everyone Needs to Know

Kathleen M. O'Leary, M.S.W.



Women in the Mirror: Addressing Co-Occurring Mental Health Issues and Trauma in Women with Substance Use Disorders

Women Matter!

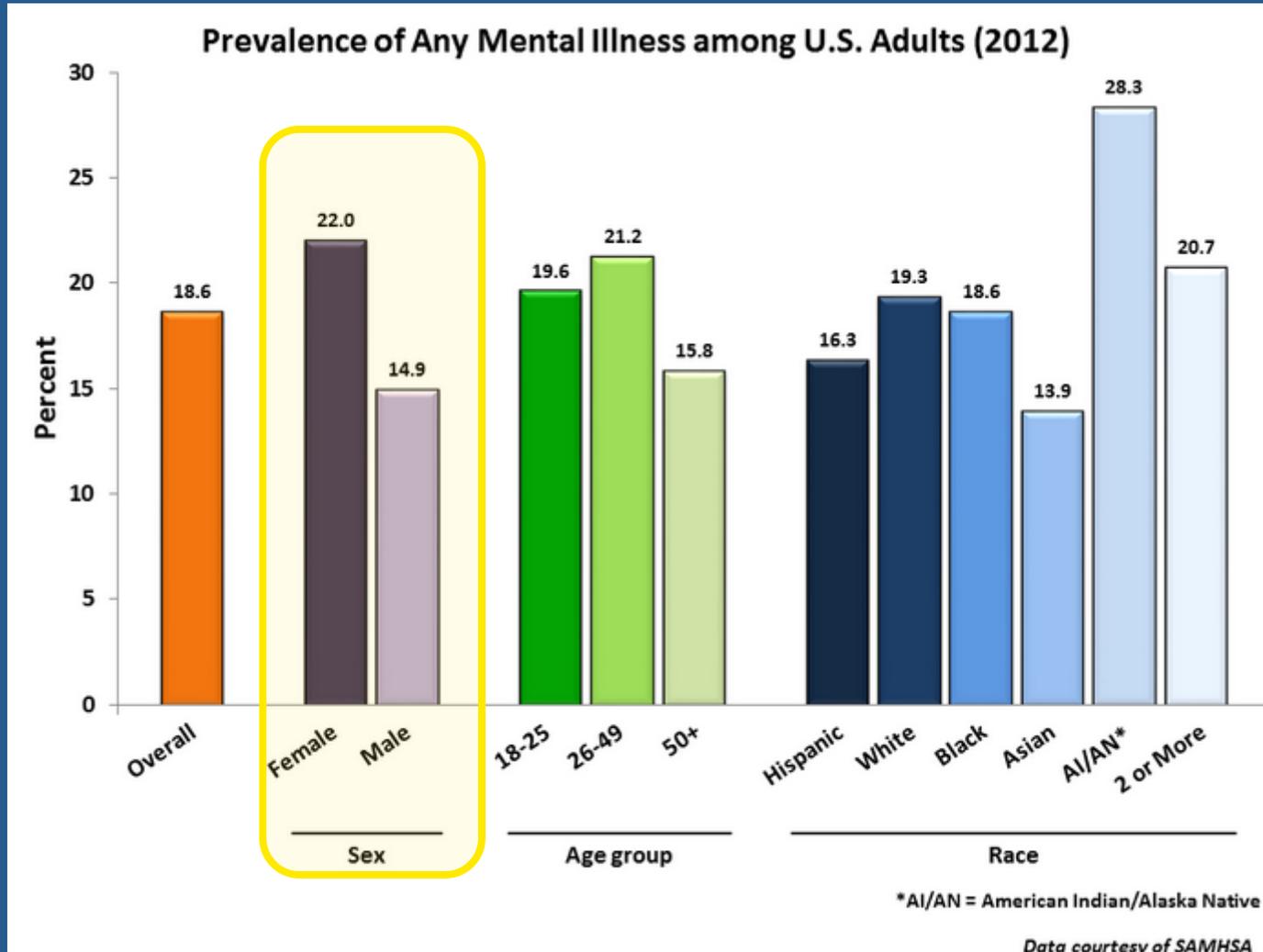
An Introduction to Women, Addiction, and Recovery

March 5, 2015

Women's Mental Health Matters because...

- There is no health without mental health
- Mental illnesses are wide-spread and under-treated
- There is significant co-morbidity between mental illness (MI) and substance use disorders (SUD)
- Risk for SUD is elevated among those with MI
- Mental health affects other health outcomes
- Women are generally the gatekeepers for family's health
- Women are generally the caregivers for ill family members
- Maternal health strongly affects the developing child's health
- Pregnancy often provides an input opportunity for health guidance to a woman and family

How common are mental disorders?



Source: NIMH website

To reiterate...1 in 5 women in any given year will have a diagnosable mental disorder



Many mental disorders show significant female-male differences in prevalence, course &/or pattern of onset



- Depression
- Anxiety disorders
- Eating disorders

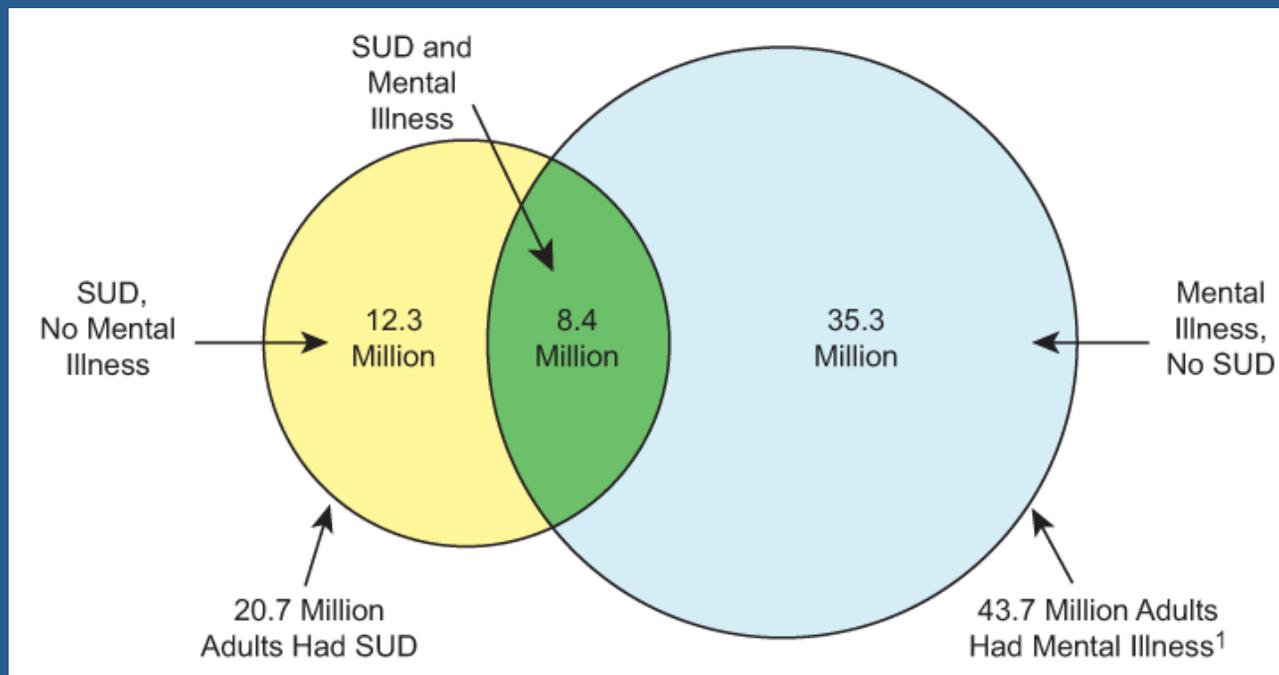
- Bipolar disorder
- Schizophrenia

- Autism
- ADHD
- Substance use disorders



Risk for Substance Use Disorders (SUD) among those w/Mental Illness (MI) Risk for MI among those w/SUD

- Past Year SUD and MI in US Adults 2012



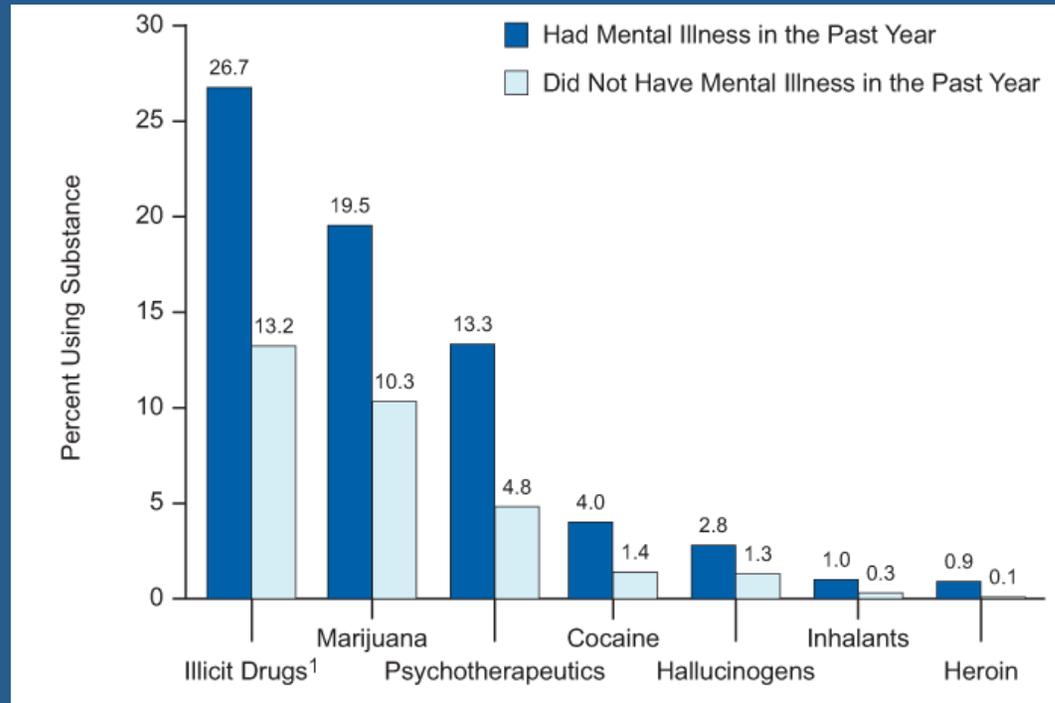
- Findings

Results from the 2012 National Survey on Drug Use and Health: Mental Health

- SAMHSA website

People w/MI are significantly more likely to have substance use disorders

- Past Year Drug Use among those w/MI - US Adults 2012



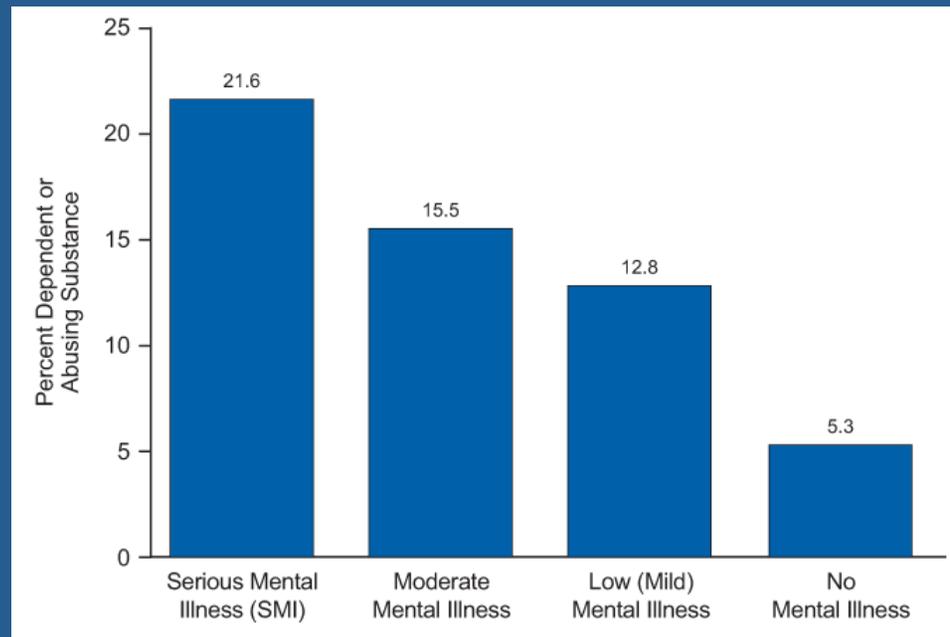
- Findings

Results from the 2012 National Survey on Drug Use and Health: Mental Health

SAMHSA website

People w/MI are significantly more likely to have alcohol abuse and/or dependence

- Past Year Alcohol Use/Dependence among those w/MI - US Adults



- Findings

Results from the 2012 National Survey on Drug Use and Health: Mental Health

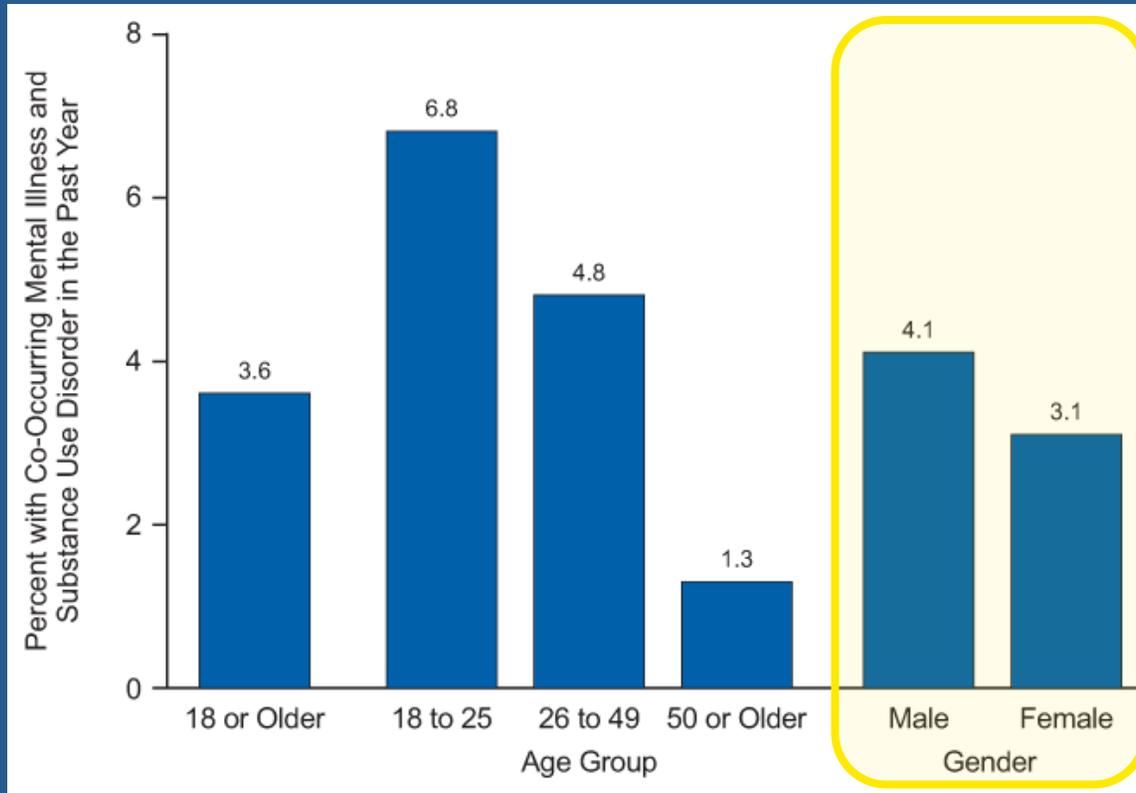
- *SAMHSA website*

Mental Health Problems among those Receiving Treatment for SUDs

- In SAMHSA's 2012 Treatment Episode Data Set, psychiatric status was reported for about 1.3 million admissions.
- Of these admissions, about one-third (32.5%) had a psychiatric problem in addition to a substance use problem.

(SAMHSA, 2014)

Demographic risks of co-occurring disorders: Age and Gender



-
- *Results from the 2012 National Survey on Drug Use and Health: Mental Health Findings*
- *SAMHSA website*

Overview of Mood & Anxiety Disorders

Mood (affective) disorders include:

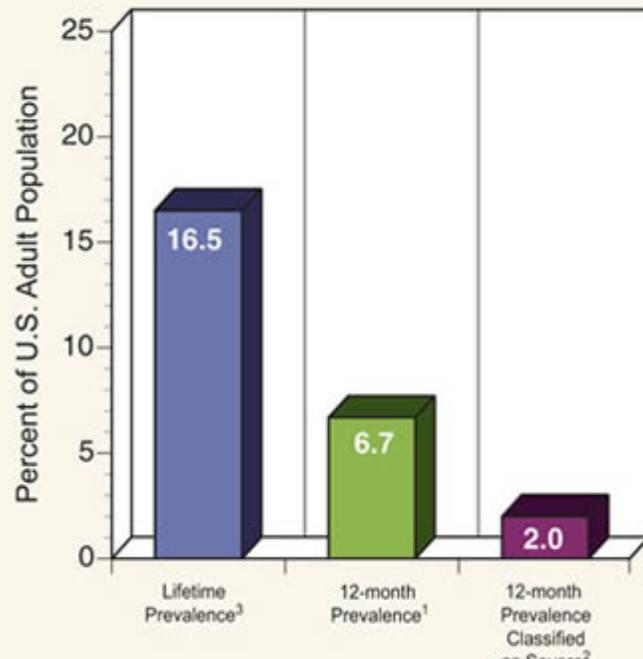
- Depressive Disorders such as
 - **Major Depressive Disorder**
 - Persistent Depressive Disorder (Dysthymia) – “minor depression”
 - Premenstrual Dysphoric Disorder (PMDD a very severe variant of PMS)
- Bipolar Disorders such as
 - **Bipolar I Disorder** (w/full-fledged mania)
 - Bipolar II Disorder (w/lesser hypomania)
 - Cyclothymic disorder (mood lability, sub-threshold)
- Mood Disorders Due to ..Medical Conditions, Substance Use
- Other modifiers: w/Postpartum Onset, w/Seasonal Pattern, w/Rapid Cycling, w/Melancholic Features....

Depression - - - - - the most common single MI

Most studies show almost 2x as many women as men experience depression.

Prevalence

- **12-month Prevalence:** 6.7% of U.S. adult population¹
- **Severe:** 30.4% of these cases (e.g., 2.0% of U.S. adult population) are classified as "severe"²



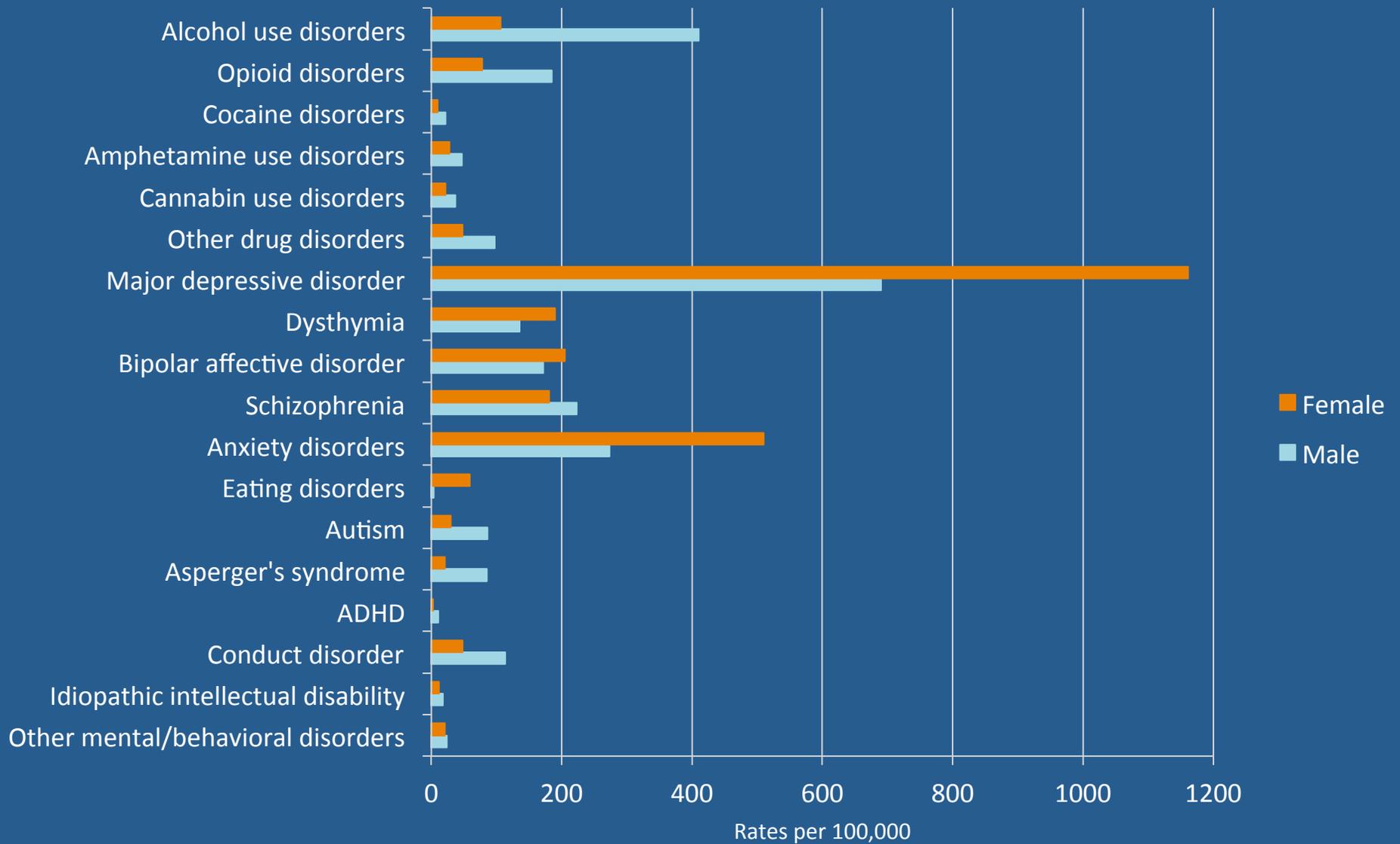
Demographics

(for lifetime prevalence)⁵

- **Sex:** Women are 70% more likely than men to experience depression during their lifetime

Source: NIMH website

Age-Standardized DALY Rates Attributable to Mental and Substance Use Disorders, by Gender, 2010



Source: Whiteford, PLoS One 2015

Depression – not just sadness



... but described by some as “flatness,” “emptiness,” “blankness,” “a diminished feeling.”

Some people experience an increase in irritability; some experience a restriction of emotion.

Major Depressive Disorder

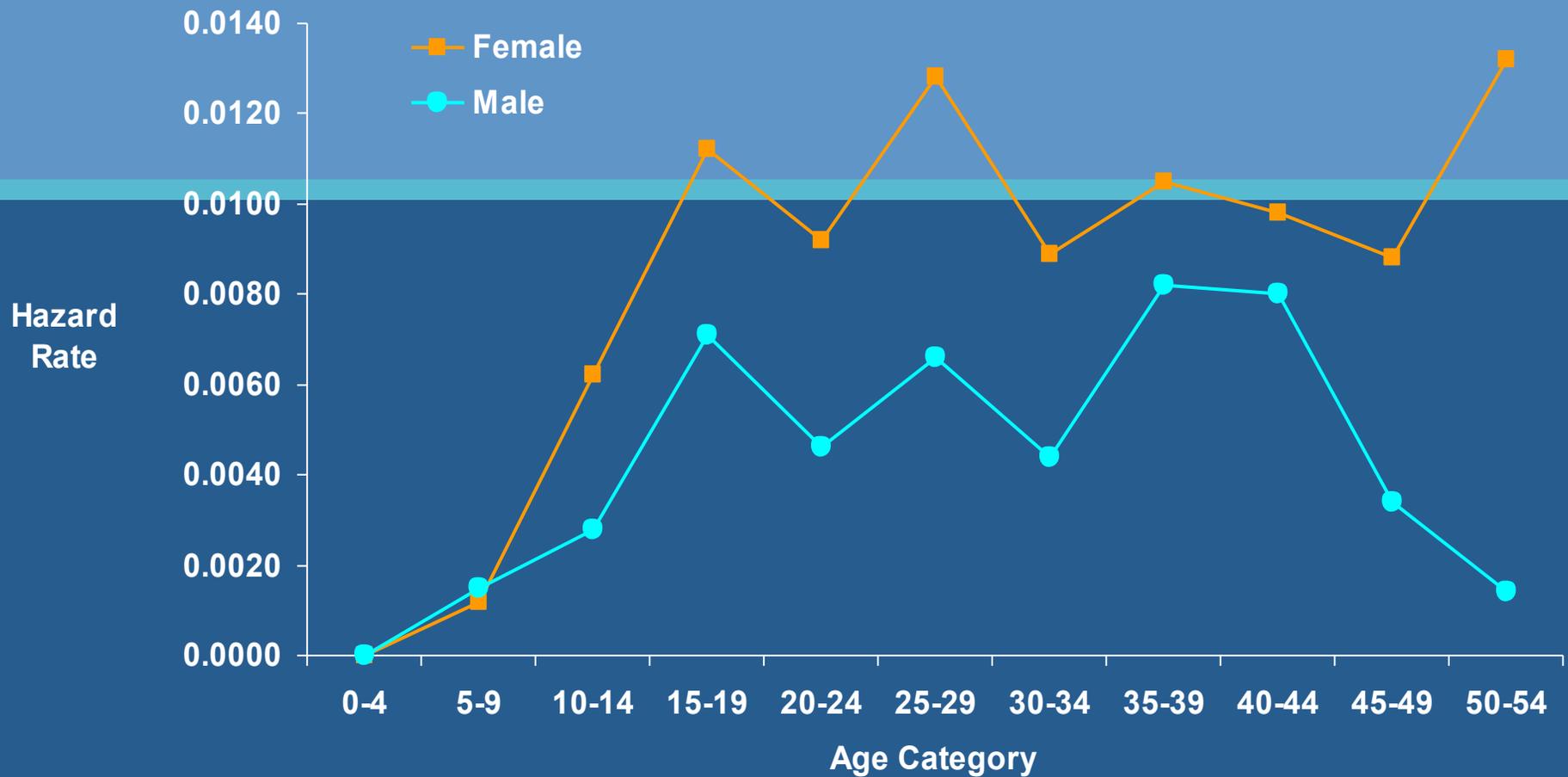
- 5 or more – same 2-week period – change from previous functioning. * Must include either:
 - *Depressed mood most of day, nearly every day
 - *Diminished interest or pleasure
 - Significant change in appetite
 - Significant change in sleep pattern
 - Psychomotor agitation or retardation
 - Fatigue/loss of energy nearly every day
 - Feelings of worthlessness or inappropriate guilt
 - Diminished ability to think or concentrate or indecisiveness nearly every day
 - Recurrent thoughts of death

DSM V, American Psychiatric Assn., 2013

Why more common in women?

Etiology

Major Depressive Episode Hazard Rates By Age And Sex



Kessler et al. *J Affect Disord.* 1993;29:85.

Risk periods for depression for some women:

Etiology

- Hormonal transitions & times of life change:
 - Puberty
 - During and following pregnancy – i.e. postpartum depression
 - Peri-menopause

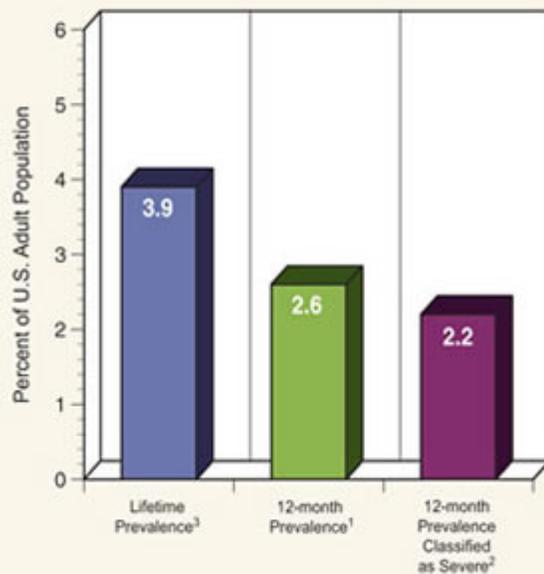


Health Resources & Services Administration

Prevalence of Bipolar Disorder – No difference between men & women

Prevalence

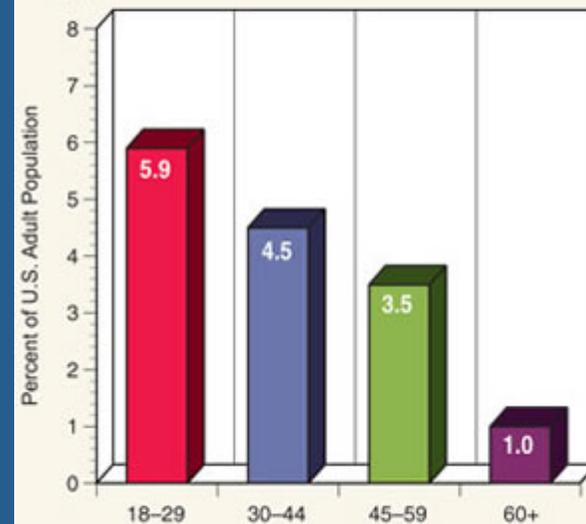
- **12-month Prevalence:** 2.6% of U.S. adult population¹
- **Severe:** 82.9% of these cases (e.g., 2.2% of U.S. adult population) are classified as "severe"²



Demographics

(for lifetime prevalence)⁵

- **Sex:** Not Reported
- **Race:** Not Reported
- **Age:**



Bipolar disorder among adults. Demographics (for lifetime prevalence) in terms of percent of U.S. adult population.
Average Age-of-Onset: 25 years old⁴

Source: NIMH website

Eating Disorders – the MI w/the highest mortality rate

- Anorexia nervosa (AN)
- Bulimia
- Binge eating disorder



Source:
NIMH
website

- Disturbed eating patterns that sometimes accompany SUD can mask an Eating Disorder
- 1 of most successful treatments for AN has been the Maudsley model family-based therapy.
- Cognitive-based therapy has been shown effective in treating bulimia and binge-eating.
- Antidepressant treatment can be effective w/all 3 types, although care must be taken w/ adolescents & young adults.

ED & SUD:

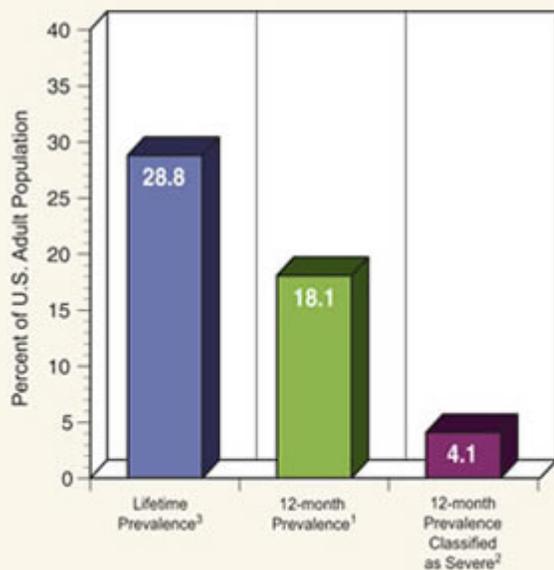
<http://store.samhsa.gov/shin/content/SMA10-4617/SMA10-4617.pdf>

Anxiety Disorders include Generalized Anxiety, PTSD, Phobias, Obsessive-Compulsive Disorder

These are the most common class of mental disorders

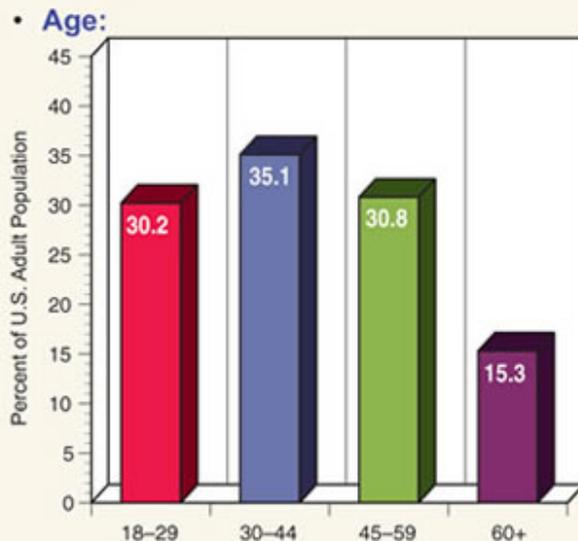
Prevalence

- **12-month Prevalence:** 18.1% of U.S. adult population¹
- **Severe:** 22.8% of these cases (e.g., 4.1% of U.S. adult population) are classified as "severe"²



Demographics (for lifetime prevalence)⁵

- **Sex:** Women are 60% more likely than men to experience an anxiety disorder over their lifetime
- **Race:** Non-Hispanic blacks are 20% less likely, and Hispanics are 30% less likely, than non-Hispanic whites to experience an anxiety disorder during their lifetime



Source: NIMH website

PTSD – differences between men & women

- Men are more likely to experience trauma in their lifetimes.



- Women, when traumatized, are 2x as likely to develop PTSD.

Ressler, Science 2011



Nature and nurture: genetic risk + trauma in PTSD in women

Science Update • December 01, 2011

Suspect Gene Variants Boost PTSD Risk after Mass Shooting

Profile of Risk Emerging for Trauma-triggered Molecular Scars

College students exposed to a mass shooting were 20-30 percent more likely to later develop post traumatic stress disorder (PTSD) symptoms if they harbored a risk version of a gene, NIMH-funded researchers have discovered. This boost in risk, traced to common variants of the gene that controls recycling of serotonin, was comparable to the risk conferred by close proximity to the shooting – for example, being in the room with the shooter versus just being on campus.

The discovery is the latest of several recently reported that collectively profile heightened biological vulnerability to developing PTSD following trauma – and the molecular scars it leaves in the brain.

For example, early this year, researchers linked high levels of a stress-triggered, estrogen-related hormone to PTSD symptoms in women, with certain versions of the hormone receptor's gene conferring higher risk. A PET scan study in September traced increased PTSD symptoms to heightened levels of a serotonin receptor. Both studies suggest potential new drug targets for treating the disorder. Evidence is also mounting that trauma – particularly if experienced very early in life – can adversely alter the set-points of gene expression in brain stress circuits and compromise immune and inflammatory system function.

Gene-by-environment – caught in the act

By chance, researchers at Northern Illinois University (NIU) had already collected data on students' PTSD symptoms prior to the 2008 murder-suicide that killed six on the Dekalb, Illinois campus.*

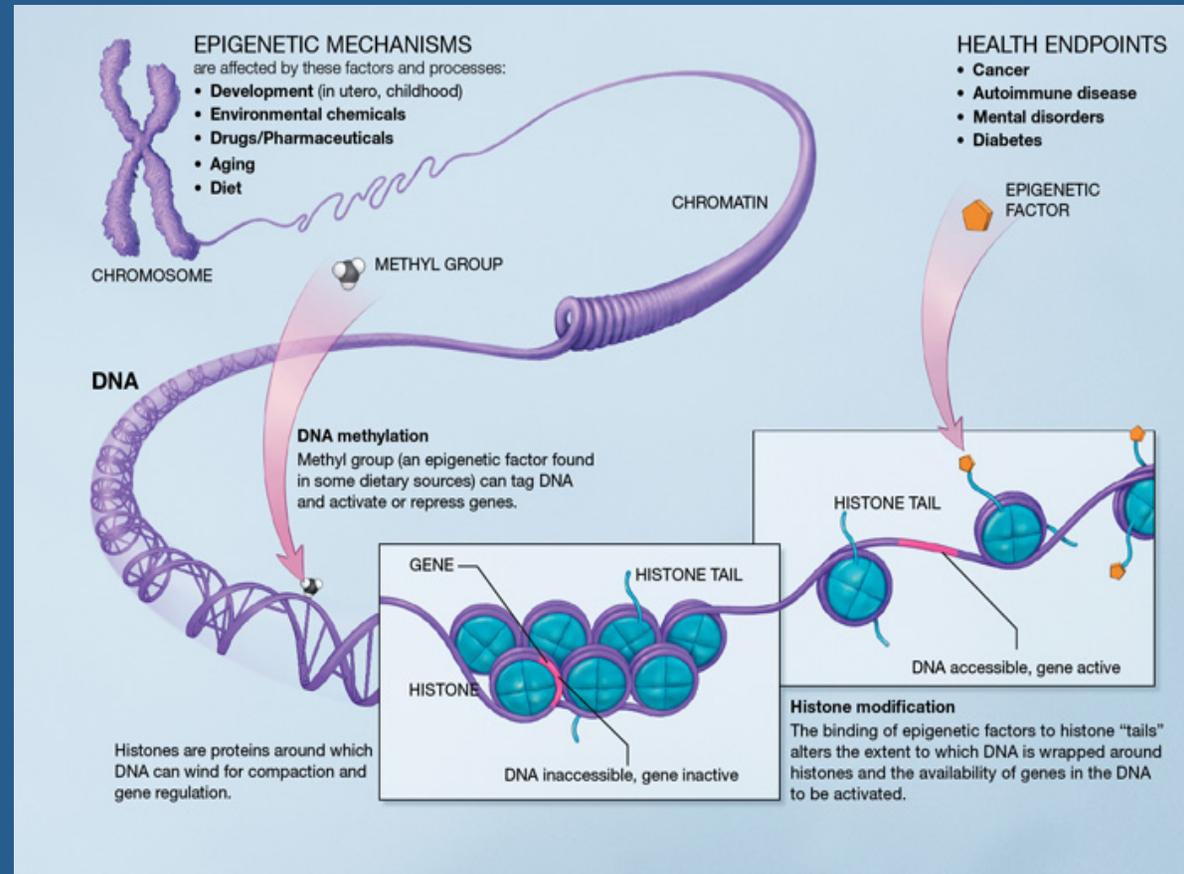
Ressler. Arch Gen Psy Sept 5, 2011

Epigenetics: “Why Your DNA isn’t your Destiny” – TIME magazine Jan. 6, 2010

“Nurture” affects genetic expression (“nature”). Changes in gene expression are caused by chemical-cellular mechanisms other than changes in the underlying DNA sequence.

****Heritable****

(Adapted from Nature – Scitable)



Etiology

In assessing risk of mental disorders, keep in mind:

- Family history
- Adverse childhood experiences, e.g. separation from parent, abuse, neglect, family alcoholism (see Felitti, Am J Prev Med, 1998; ACE study on CDC website)
- Exposure to trauma and stress:
 - Routine stress related to the pressures of work, family and other daily responsibilities.
 - Stress brought about by a sudden negative change, such as losing a job, divorce, or illness.
 - Traumatic stress, experienced in an event like a major accident, war, assault, or a natural disaster where one may be seriously hurt or in danger of being killed.

Etiology

In assessing risk of mental disorders, keep in mind: **The role of chronic stress*

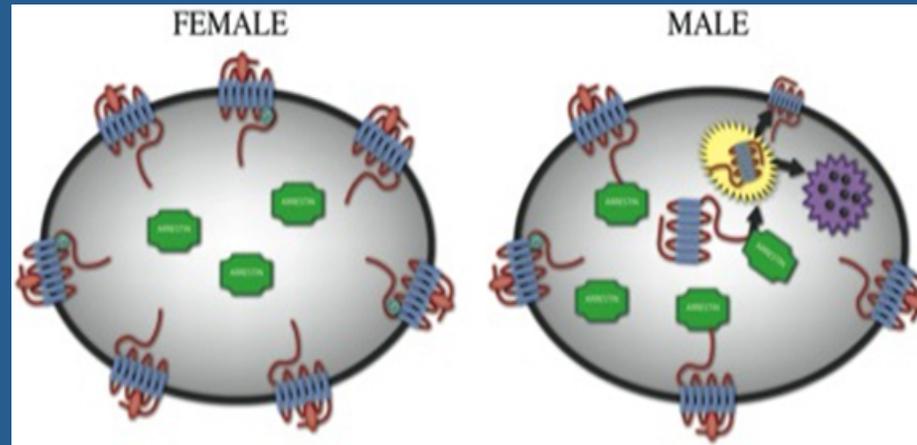
Research has shown in animal studies:

- how individual cells adapt to cope with sudden or extreme stress, and how repeated exposure to stress may be related to many physical and mental illnesses (the glucocorticoid system in the HPA axis) (Wang, PNAS, 2009)
- unpredictable, chronic, mild stress affects brain circuitry differently than severe, short-term stress in animal studies (Chaudhury, Nature 2012; Tye, Nature 2012)
- Repeated defeat leaves a “molecular scar” that raises the risk for depression (Tsankova, Nature Neuroscience 2006)
- stress hormone receptors may be more sensitive/less adaptive in the female brain (Valentino, Molecular Psychiatry 2010)

Sex differences in stress circuitry

Etiology

- Molecular Dance of CRF Receptors



- *When the going gets tough inside a locus ceruleus neuron, it's the female brain that acts "macho." In response to a stressor, receptors for the stress hormone CRF remained exposed on the neuronal membrane in the female rat — taking the full hit. This increased CRF binding heightened the brain's stress reactivity. By contrast, in the stressed male rat, CRF receptors danced with internal proteins called arrestins (green), which enabled some to retreat into the cell's interior, where they couldn't bind with CRF. This adaptation — unique to the male brain — toned-down the neuron's stress sensitivity. Lack of such receptor internalization in the female brain could translate into impaired ability to cope with high levels of CRF — as occurs in depression and PTSD.*

Source: Debra Bangasser, Ph.D., The Children's Hospital of Philadelphia, NIMH Website

Ex. of Links between Mental & Physical health

- Depression linked to bone-thinning in pre-menopausal women

Cizza, Arch Int Med 2007

- Depression is predictor of mortality following heart attack

Michelson, N Engl Med 1996

- Girls born with low birthweight have a higher risk of depression

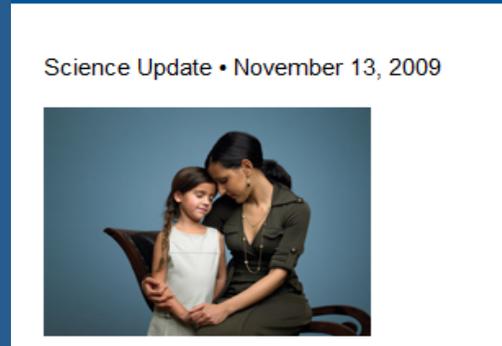
Costello, Arch Genl Psychiatry 2007

- Antidepressants appear to protect the heart against mental stress

Jiang, JAMA 2013

Ex. of ways mother's mental health affects child

- Children of depressed parents are 2–3 times likely to develop depression as compared to children who do not have a family history
(Weissman, Am J Psychiatry 2006)
- Remission of depression in mothers is associated with improvements in psychiatric symptoms in their children
(Pilowsky, Am J Psychiatry 2008)
- Health teen daughters of depressed women show significantly reduced telomere length, which is associated with cellular aging
(Gotlib, Molecular Psychiatry 2014)



Source: NIMH website

Suicide = an immediate & chronic risk of MI

Risk factors:

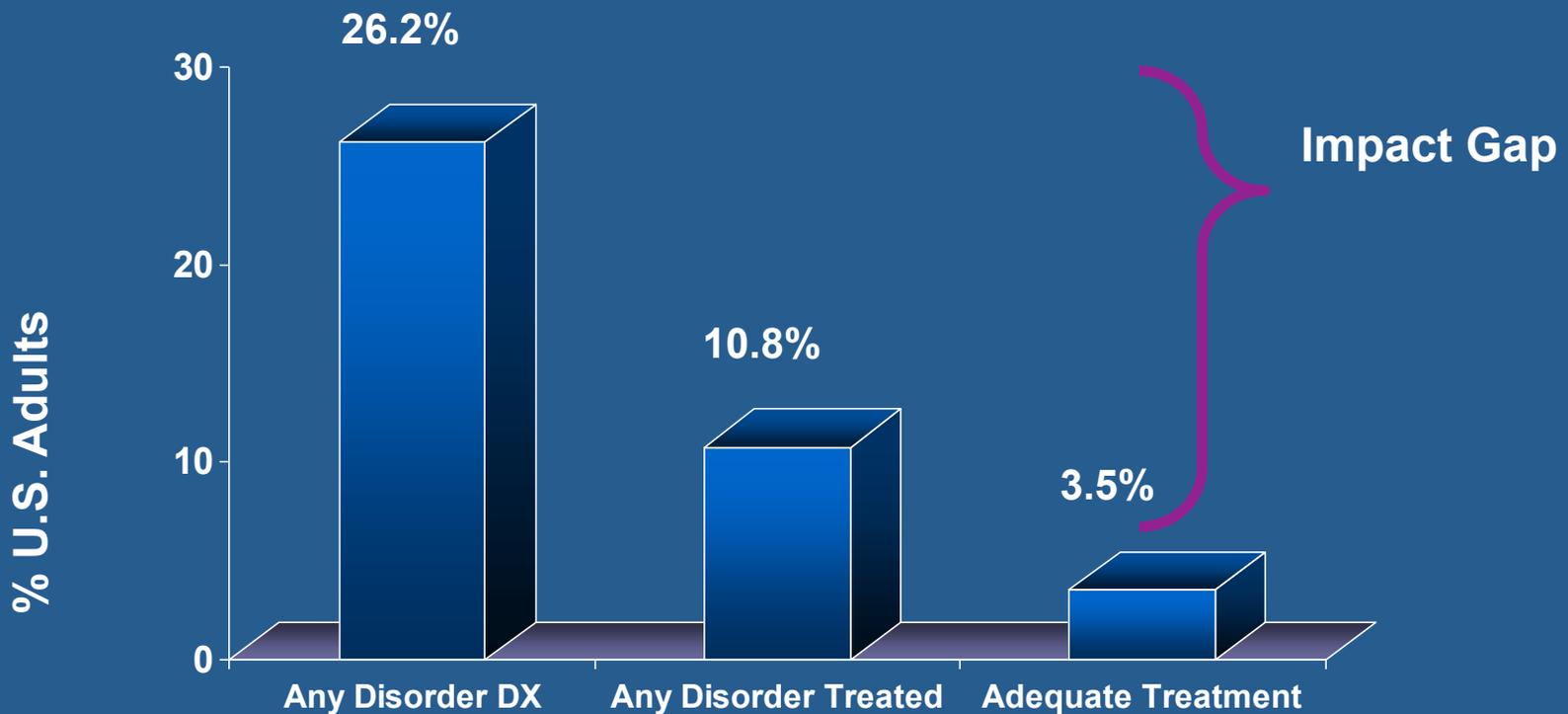
- Depression, other mental disorders, or **substance abuse disorder**
- A **prior suicide attempt**
- **Family history** of a mental disorder or **substance abuse**
- Family history of suicide
- Family violence, including physical or sexual abuse
- Having guns or other firearms in the home
- Incarceration, being in prison or jail
- Being exposed to others' suicidal behavior, such as that of family members, peers, or media figures.

Source: NIMH website

Screening for suicide should be part of any assessment. It requires:

- Agency procedures that are based on “best practices” and communicated to staff <http://www.suicidepreventionlifeline.org/crisiscenters/bestpractices.aspx>
- Knowledge of local community resources/to whom to refer, if risk appears elevated
- Agreement on risk assessment tool to use/
questions to ask <http://www.integration.samhsa.gov/clinical-practice/screening-tools#suicide>
- Training; resources
<http://www.nimh.nih.gov/health/publications/suicide-in-america/index.shtml>
<http://www.nimh.nih.gov/news/media/index-suicide-prevention.shtml>

Treatment for mental illness/mental health disorders: Discrepancy between prevalence & treatment



Adapted from: Kessler et al., *Arch Gen Psychiatry*, 2005 & Wang et al., *Arch Gen Psychiatry*, 2005

Treatment: Cognitive Behavioral Therapy (CBT) proven effective for:

- Depression & Anxiety Disorders (NIMH website: Psychotherapies)
- Children & adolescents exposed to trauma (Task Force on Community Preventive Services. *Am J Preventive Med* 2008 Sep)
- And other disorders

Treatment: Medications proven effective in large NIMH clinical trials (CATIE, STEP-BD) and numerous funded studies.

<http://www.nimh.nih.gov/health/publications/mental-health-medications/index.shtml>

<http://www.nlm.nih.gov/medlineplus/> to look up medications

Other effective treatment approaches

- Motivational Interviewing
 - <http://www.integration.samhsa.gov/clinical-practice/motivational-interviewing>
 - <http://www.ncbi.nlm.nih.gov/books/NBK64964>
 - <http://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction>
- Dialectical behavioral treatment - differs from CBT in that it seeks a balance between changing and accepting beliefs and behaviors.
 - http://nrepp.samhsa.gov/pdfs/DBT_Fact%20Sheet_Final.pdf
 - <http://www.nimh.nih.gov/health/topics/borderline-personality-disorder/index.shtml>
- Mindfulness-Based Stress Reduction
 - <https://nccih.nih.gov/taxonomy/term/228>
- Medication treatment, proven effective many times but a great deal of variation in individual response. New research with brain scans may lead to prediction of selective response.
 - <http://www.nimh.nih.gov/news/science-news/2013/scan-predicts-whether-therapy-or-meds-will-best-lift-depression.shtml>

Resources for Clinicians and Consumers

NIMH: www.nimh.nih.gov

NIH National Institute of Mental Health | Transforming the understanding and treatment of mental illnesses.

HEALTH & EDUCATION | OUTREACH | RESEARCH PRIORITIES | FUNDING | LABS AT NIMH | NEWS | ABOUT US

Twitter Chat on Binge Eating Disorder

Miss the chat on binge eating disorder with NIMH grantee Dr. Cynthia Bulik? View the transcript. #NIMHchats

[Read More](#)

Healthtopics*

Anxiety Disorders	ADHD/ADD
Autism Spectrum Disorder	Bipolar Disorder
Borderline Personality Disorder	Depression
Eating Disorders	Prevention
Research on HIV and AIDS	Schizophrenia
Suicide Prevention	More Topics

Despite Risks, Benzodiazepine Use Highest in Older People
December 17, 2014

Medications May Not Meet Guidelines
December 12, 2014

Soldiers at High Suicide Risk after Hospitalization
December 12, 2014

[More Science News](#)
Read More

Questions and Discussion



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

Francine Feinberg, Psy.D., LCSW



Francine Feinberg, ***Mental Health Consultant***

**Former Executive
Director of Meta House**



Women in the Mirror: Addressing Co-Occurring Mental Health Issues and Trauma in Women with Substance Use Disorders

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

Women with Co-Occurring Substance Use & Mental Health Disorders & A History of Trauma

Francine Feinberg, Psy.D., LCSW

March 5, 2015

Prevalence



Overall rate of co-occurring substance dependence and mental illness is 3.2%, with a rate of 2.8% for females (SAMHSA, 2014).

More than half (52.2%) of young adults ages 18-25 with co-occurring mental illness and SUD are female (SAMHSA, 2014).

Between 55% and 90% of women with substance use disorders have experienced physical, sexual or emotional abuse in their life time. (*Najavits, Weiss, Shaw, 1997*)



Profile

- A high incidence of family of origin dysfunction:
 - Parental deprivation or rejection
 - Violence in the family of origin
 - Early separation from parents through divorce or death
 - Parental addiction is much higher for the women

-Forth-Finnegan, 1991; Lisansky-Gomberg & Liasansky, 1984; Wilsnack & Chelcha, 1987; Miller, 1987; Van Den Bergh, 1991; Boyd, 1993; Goldberg, 1995; Lex, 1991

Profile

- Family of Origin – Impact on female child when her mother is addicted
 - She takes on role of caretaker at young age.
 - She believes it is her fault that the family is dysfunctional.
 - She is often exposed to sexual & physical abuse.

- Forth-Finnegan, 1991; Lisansky-Gomberg & Liasansky, 1984; Wilsnack & Chelcha, 1987; Miller, 1987; Van Den Bergh, 1991; Boyd, 1993; Goldberg, 1995; Lex, 1991

Profile

- Women use substances used to maintain connections:
 - To cope with the pain of non-mutual relationships
 - Intended to help develop more intimate relationships
 - Response to emotional pain – mental health symptoms, stress and trauma

- Wilsnack & Cheloha, 1987, Liansky-Gomberg & Liansky, 1984, Blume, 1992



Profile

- Likely to Be
 - Poor with fewer job opportunities
 - Caring for children
 - Carrying on multiple roles and juggling their lives without the support of a significant other

- *Van den Bergh, 1991, Forth-Finnegan, 1991*

Profile

- High incidence of co-occurring mental health disorders
- Problems and consequences of substance for women tend to be personal and self-destructive. *(Mejta, 1999)*

Women that abuse substances are:

- At great risk of developing health problems *(Van Den Burgh, 1991; Forth-Finnegan, 1991; Wisnack, et al, 1984; Longenecker, et al, 1988)*
- More likely to experience victimization in adulthood *(Miller, et al, 1989)*
- Three times more likely to be victims of partner violence *(El-Bassel, 2003)*

Profile

- Women's use of substances usually occurs within the context of their relationships with men.
- Through their relationships with men who purchase, prepare and dispense drugs that women continue use.

(Liansky-Gomberg & Liansky, 1984)

- Intro & access for lesbian woman tends to bars & clubs.

Men	Women
Introduced to drugs by male peers.	Introduced to drugs by spouse, boyfriend, partner.
Buy own drugs, from people they do not know well.	Have drugs supplied to them by male partner or physician.
Use IV drugs alone and inject drugs themselves.	Use drugs with male partner who has prepared drugs for use and dispenses or injects them for the woman.
Control access to and distribution of drugs.	Depend on partner to provide drugs.



Trauma and Substance Use

Why Do Women Use Drugs?

***“It was either kill the pain
or kill myself.”***

- Earlean, Meta House graduate

Trauma: Associations with Substance Use and Mental Health Disorders

- There is mounting evidence of the relationship between the exposure to traumatic events and behavioral health disorders.
- Women with mental health and/or substance use disorders have high rates of physical and sexual abuse.

- Tjadem, P. & Thoennes, N. 2000; McLaughlin, K.A., et al. 200; Myers, B., et.al. 2014; Alexander, M. 1996; Carmen, E. et.al. 1984; Basile, K. C., et.at. 2004; Brady, K. T., et. al. 2000; Jordan, C. E., et.al. 2010; Najavits, L. M., et.al. 1997

Correlation does not equal causation



What is Trauma?

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.



Understanding Trauma: Impact on Treatment





Why Address Trauma in the Behavioral Health Setting

- If unattended, trauma increases the risk of mental health and substance use disorders. (*Felitti, G., et al., 1998; Anda, R.F., et.al. 2008; Dube, S.R., et.al. 2003*)
- Once in treatment for individual or co-occurring behavioral health disorders, symptoms and self-protective strategies from trauma can interfere with **SUCCESS**. (*Brown, P.J., & Stout, R. 1997*)
- The co-occurrence of trauma, substance use, and mental health disorders has a negative impact on each condition. (*Ouimette, P.C., et.al., 1997*)

Interpersonal Trauma and Attachment

- Interpersonal trauma (IT)
 - Occurs when there is a betrayal of trust such as childhood sexual or physical abuse or adult domestic violence (infliction by those we rely on for survival)
- **Women report a much higher level of IT than men.** *Goldberg, L. & Freyd, J. 2006*
- IT defines the internal working model of self-perception and perception about others. *Cicchetti, D., & Toth, S. L. 1995, Cole, P. M., & Putnam, F. W. 1992*
- Because IT a violation of trust it is highly associated with insecure attachment. *Freyd, J. 1994, Freyd, J. J. 2009*

Interpersonal Trauma and Relationships



- Studies on childhood maltreatment showed that between 70% and 100% of survivors show signs of insecure attachments. (*Carlson, V., et.al. 1989; Cicchetti, D. et. al. 1990; Crittenden, P.M., 1997*)
- Survivors have frequently been observed to suffer from an impaired sense of self concurrent with difficulty or inability to relate to others. (*Briere, J.N. & Elliot, D.M., 1994; Gold, S.R., et.al. ,1999*)
- When IT occurs at adult age it may manifest as some symptoms described in PTSD or Dissociative Identity Disorder.



Trauma Can be Self-Defining

- Sense of self
- Sense of efficacy
- World view
- Coping skills
- Relationships with others
- Ability to regulate emotions
- How one approaches services
- How one approaches the culture of the treatment agencies, work environments, and life in general



Interpersonal Trauma and the Internal Working Model

Belief About Self

- **I am:**
 - Worthless
 - Impotent
 - Unsafe

Belief About Others

- **They are:**
 - Unresponsive
 - Unreliable
 - Dangerous
 - Rejecting

Interpersonal Trauma and the Internal Working Model

Beliefs

- I feel empty.
- I am different from everyone else in a bad way.
- No one can help me.
- Life is meaningless.
- I am losing my mind.
- The world is a dangerous place.
- I cannot protect myself from the dangers around me.
- I cannot manage my life.
- If I don't feel pain, I am not sure that I exist.

Feinberg, 2007

Interpersonal Trauma & the Internal Working Model

- Misreading of cues:
 - Under-reacts to real danger
 - Over-reacts to innocent exchanges
- Relationships are characterized by victim-victimizer dynamic
- Someone is the controller and someone controls

“I need you, but I know you will betray me.”

Implications for the therapeutic relationship



Women and Relationships

Theory of Women's Development:

The ability to make and maintain affiliations and relationships forms the sense of self and well-being.



Women and Relationships

Relationships and mutuality within relationships are core elements:

- Women's sense of self organization around making & maintaining affiliations
- Stresses emotional development through connections
- Connections fundamental to psychological growth and healing
- Carol Gilligan—moral development in women is rooted in relationships and attachments

- Baker, J.M. ,1986; Gilligan, C. 1982.



Interpersonal Trauma & the Development of Healthy, Mutual Relationships

- Interpersonal trauma causes a fundamental breakdown of relational connections.
- Women grow and develop within relationships:
 - Most of the women we serve have histories of intimate trauma.
 - They have grown up with damaged relationships.

What You Can Do

Understand the treatment/recovery experience from the woman's viewpoint.



Provide integrated services.



Be trauma-informed in every interaction you have with the women you are serving.

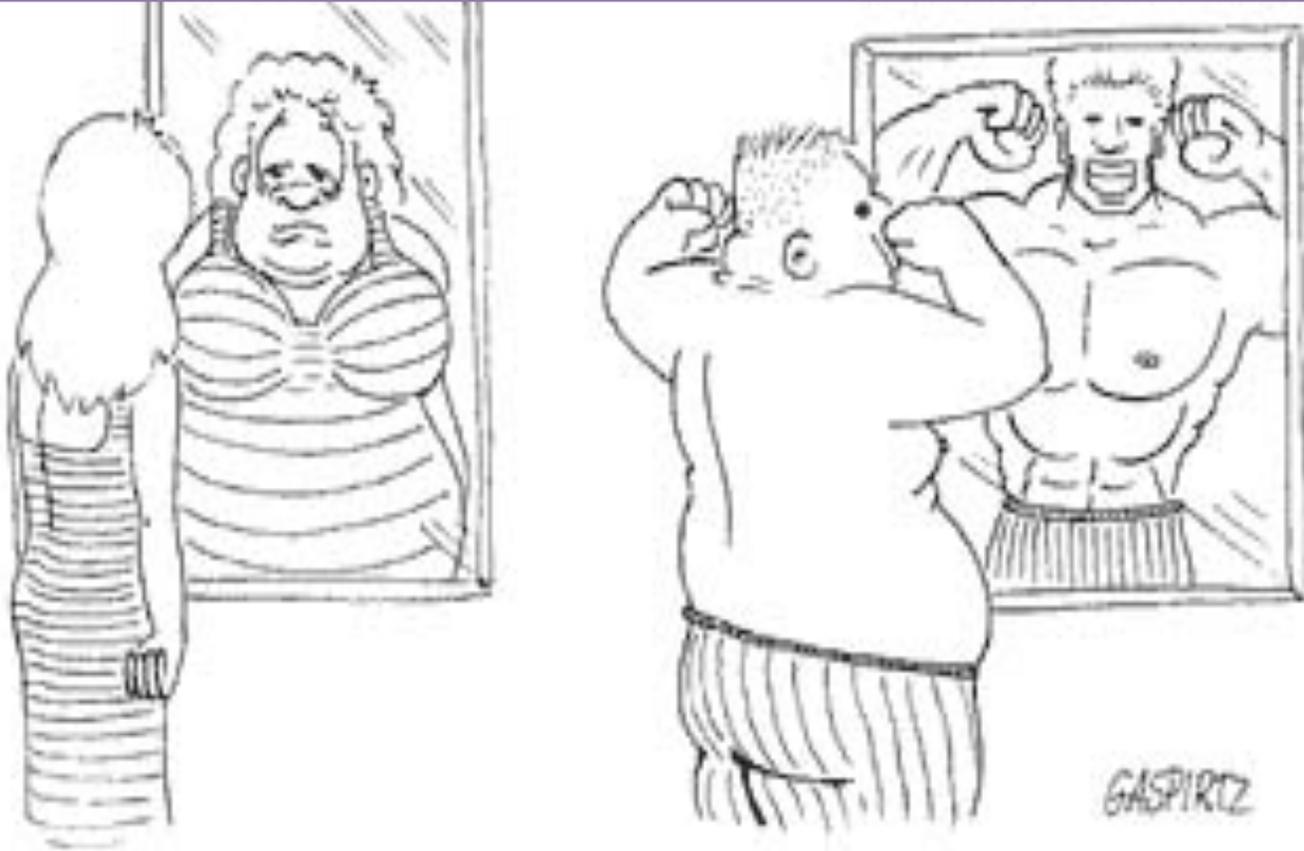


The Treatment Experience for Women

A major focus of treatment is helping women believe that something they do can actually make a difference in their own lives.

The Self-Efficacy Factor

Gender Difference



<http://www.gaspirtz.com/>



Gender Differences in Substance Abuse Treatment

- Pre-disposing factors or characteristics do not predict whether women will stay in treatment.
- The predictor of treatment retention for men is the perception that the treatment experience is doing something for them.

- Fiorentine, R., et.al. 1997

The Therapeutic Relationship

- The therapy relationship makes the substantial and consistent contributions to outcomes regardless of the type of treatment.
- The therapy relationship accounts for why clients improve (or fail to improve).

- Norcross & Wampold, 2011



What Women Want From You

Men and women do describe the primary therapeutic relationship as very important.



- Men like relationships that are utilitarian & aimed at problem solving.
- Women like relationships based on trust and warmth. They want to feel genuine concern that is not judgmental.

- *Fiorentine,*

R., 1997



Integrated Treatment for Women

Provision of services by a multi-disciplinary team to simultaneously address:

- Substance abuse
- Mental Health/Psychiatric Disorders
- Trauma
- Relative to the lives of women

What is Integrated Treatment?

“The literature from both the substance abuse and mental health fields has evolved to describe integrated treatment as a unified treatment approach to meet the substance abuse, mental health, and related needs of a client”.

SAMHSA, 2005



Integrated Treatment

- Multi-disciplinary team from multiple agencies
 - Substance Abuse, Mental Health, Trauma
 - Health care
 - Parenting and children
 - Vocational
- One treatment plan
- Holistic approach
- Values alignment
 - Communication
 - Coordination
 - Philosophical consistency



Integrated Treatment for Women

- Detoxification and “stabilization” (includes pharmacology)
- Motivation and engagement
- On-going assessment and treatment planning
- Skill-building programming to develop:
 - Drug resistance skills
 - Avoid triggers & cravings
 - Problem-solving skills
 - Coping skills
 - Pursuing goals
 - Psycho-social education
- Interpersonal and Community/Recovery Supports



Recovery Supports

SAMHSA's 4 Dimensions that support of Recovery

- ❖ Health
- ❖ Home
- ❖ Purpose
- ❖ Community

SAMHSA, 2015

For women often includes:

- ✓ Family and children
- ✓ Economics
- ✓ Legal issues
- ✓ Safety
- ✓ Friendships/Connections



Addressing Trauma

- Women with substance use disorders often benefit from cognitive-behavioral coping skills models that focus on the present:
 - Psychoeducational
 - Teach how to decrease symptoms using coping skill approaches
 - Stays present focused

- Keane, 1995, Solomon, et.al., 1992, Zayfert and Becker, 2000.

Sample Trauma Programs

- **Triad Women's Project: Group Facilitators Manual -**
Colleen Clark, cclark@fmhi.usf.edu
- **Beyond Trauma: A Healing Journey for Women**
Stephanie Covington, www.stephaniecovington.com
- **Trauma Adaptive Recovery Group Education and Therapy (TARGET -** Julian Ford, www.ptsdfreedom.org
- **Trauma, Recovery and Empowerment Model (TREM)**
– Maxine Harris,
www.communityconnectionsdc.org

Sample Trauma Programs Continued

- **Addictions and Trauma Recovery: Healing the Mind, Body, and Spirit** – Dusty Miller,
dustymi@valinet .com
- **Seeking Safety: Cognitive-Behavioral Therapy for PTSD and Substance Abuse** - Lisa Najavits,
www.seekingsafety.org
- **Risking Connection: A Training Curriculum for Working with Survivors of Childhood Abuse** – Sidran,
www.sidran.org



Being Trauma-Informed in the Therapeutic Relationship

***“When I got there
(treatment), I was a handful.
All attitude. They called me
out, but they never made me
feel small.”***

-Shirley, Meta House Graduate



Take a Look

SAMHSA's Concept of Trauma and
Guidance for a Trauma-Informed
Approach

**THE FOUR "R'S: KEY ASSUMPTIONS
IN A TRAUMA-INFORMED APPROACH**

[http://store.samhsa.gov/shin/content/
SMA14-4884/SMA14-4884.pdf](http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf)



Being Trauma-Informed in the Therapeutic Relationship

- Provide the maximum level of choice, autonomy, self-determination, dignity, and respect with every interaction.
- Regard the woman as your equal during the entire process. She is the expert about herself and you are the expert about how to help people discover what they want to change and how to help them do that.
- Understand that the thoughts and feelings you are seeing are interrelated responses to overwhelming feelings.



Being Trauma-Informed in the Therapeutic Relationship

- Understand that the function of behavior is often to cope with underlying issue related to past maltreatment or trauma (not intentional provocation).
- View healing as healthy adjustments to cope with trauma.
- The goal is to build skills, not manage symptoms.
- If the woman is not successful in the treatment, view your service as an inappropriate fit, or an opportunity to learn and improve – don't blame her.

Trauma-Sensitive vs. Trauma-Insensitive Approaches

Trauma-sensitive services/approaches	Trauma-insensitive services/approaches
<ul style="list-style-type: none"> • Recognition of culture and practices that re-traumatize 	<ul style="list-style-type: none"> • “Tradition of toughness” valued as best-care approach
<ul style="list-style-type: none"> • Power/Control minimized 	<ul style="list-style-type: none"> • Expert vs. client – (e.g., keys, security uniforms, staff demeanor, tone of voice)
<ul style="list-style-type: none"> • Caregivers/Supporters 	<ul style="list-style-type: none"> • Rule enforcers
<ul style="list-style-type: none"> • Collaboration-focused 	<ul style="list-style-type: none"> • Compliance-focused
<ul style="list-style-type: none"> • Staff training builds awareness, sensitivity 	<ul style="list-style-type: none"> • “Client-blaming” as fallback position without training
<ul style="list-style-type: none"> • Understand function of behavior as coping and survival. (e.g., attitude, rage, repetition-compulsion, self-injury) 	<ul style="list-style-type: none"> • Behavior seen as intentionally provocative and volitional

Adapted from FalLOT & Harris, 2002; Cook et al., 2005; Ford, 2003

Trauma-Sensitive vs. Trauma- Insensitive Approaches

Trauma-sensitive workers	Trauma-insensitive workers
• Objective, neutral language	• Labeling language: manipulative, needy, gamey, “attention-seeking”
• “Let’s talk and find you something to do that will help.”	• “If I have to tell you one more time”
• Focus is on person – eye contact	• Focus on task, not person
• Says hello and goodbye	• Comes and leaves with little acknowledgement

Adapted from *Fallot & Harris, 2002; Cook et al., 2005; Ford, 2003*



A Rewarding Process for You

Women with co-occurring disorders offer you the opportunity to stretch your imagination, be creative and see the world through a different lens.

It's complicated - and it is worth it!!!!

References 1

- Alexander, M. (1996). Women with co-occurring addictive and mental disorders: An emerging profile of vulnerability. *American Journal of Orthopsychiatry*, 66(1), Jan, 1996. pp. 61-70.
- Anda, R.F., Brown, D.W., Dube, S.R., Bremner, J.D., Felitti, V.J, and Giles, W.H. (2008). Adverse childhood experiences and chronic obstructive pulmonary disease in adults. *American Journal of Preventive Medicine*, 34(5), 396-403
- Baker, J.M. (1986). *Toward a new psychology of women*. Boston, MA: Beacon Press
- Basile, K. C., Arias, I., Desai, S., & Thompson, M. P. (2004). The differential association of intimate partner physical, sexual, psychological, and stalking violence and posttraumatic stress symptoms in a nationally representative sample of women, *Journal of Traumatic Stress*, 17, 413–421.
- Brady, K. T., Killeen, T. K., Brewerton, T., & Lucerini, S. (2000). Comorbidity of psychiatric disorders and posttraumatic stress disorder, *Journal of Clinical Psychiatry*, 61, 22–32.
- Briere, J. N., & Elliott, D. M. (1994). Immediate and long-term impacts of child sexual abuse. *Future of Children*, 4, 54-69.
- Brown, P.J., & Stout, R. (1997). Six-month posttreatment outcomes of substance use disordered patients with and without comorbid PTSD: Preliminary findings. Paper presented at the annual meeting of the International Society for Traumatic Stress Studies, Montreal, Canada, November.
- Carlson, V., Cicchetti, D., Barnett, D., & Braunwald, K. (1989). Disorganized/disoriented attachment relationships in maltreated infants. *Developmental Psychology*, 24, 525-531.
- Carmen, E. H., Rieker, P. P., & Mills, T. (1984). Victims of violence and psychiatric illness. *American Journal of Psychiatry*, 141, 378–383.
- Cicchetti, D., & Toth, S. L. (1995). Child maltreatment and attachment organization: Implications for intervention. In S. Goldberg, R. Muir, & J. Kerr (Eds.), *Attachment theory: Social, developmental, and clinical perspectives* (pp. 279-308). Hillsdale, NJ: Analytic Press.
- Cicchetti, D., Cummings, E. M., Greenberg, M. T., & Marvin, R. S. (1990). An organizational perspective on attachment beyond infancy: Implications for theory, measurement, and research. In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the preschool years: Theory, research and intervention* (pp.3-49). Chicago, IL: University of Chicago Press.

References 2

- Cole, P. M., & Putnam, F. W. (1992). Effect of incest on self and social functioning: A developmental psychopathology perspective. *Journal of Consulting and Clinical Psychology*, 60, pp. 174-184.
- Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., ... DeRoda, R. (2005). Complex trauma in children and adolescents. *Psychiatric Annals*, 35(5), 390 –398.
- Crittenden, P. M. (1997). Patterns of attachment and sexual behavior: Risk of dysfunction versus opportunity for creative integration. In L. Atkinson & J. Zucker(Eds.), *Attachment and psychopathology* (pp. 47-93). New York, NY: Guilford.
- Cusack, K. J., Frueh, B. C., & Brady, K. T. (2004). Trauma history screening in a community mental health center. *Psychiatric Services*, 55, 157–162.
- Dube, S.R., Felitti, V.J., Dong, M., Chapman, D.P., Giles, W.H., and Anda, R.F. (2003). Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: The Adverse Childhood Experiences Study. *Pediatrics*, 111(3), 564- Fallot, R. D., & Harris, M. (2002). The Trauma Recovery and Empowerment Model (TREM): Conceptual and practical issues in a group intervention for women. *Community Mental Health Journal*, 38(6), 475-485/72.
- Felitti, G., Anda, R., Nordenberg, D., et al., (1998). Relationship of child abuse and household dysfunction to many of the leading cause of death in adults: The Adverse Childhood Experiences Study. *American Journal of Preventive Medicine*, 14, 245-258.a
- Ford, J. (2003). Trauma adaptive recovery group education and therapy (TARGET). Retrieved from: www.traumamatters.org/documents/TARGET--JulianFord.pdf.
- Forth-Finnegan, J.L. (1991). Sugar and spice and everything nice: Gender socialization and women's addiction – A literature review. In M. Barrett & T. Trepper (Eds.), *Feminism and addiction* (pp. 19-48). New York: The Haworth Press.
- Freyd, J. (1994). Betrayal trauma: Traumatic amnesia as an adaptive response to childhood abuse. *Ethics & Behavior*, 4, 307-329
- Freyd, J. J. (2009). What is a betrayal trauma? What is betrayal trauma theory? Retrieved from <http://dynamic.uoregon.edu/~jjf/defineBT.html>. February 1, 2015
- Gilligan, C. 1982. *In a Different Voice Psychological Theory and Women's Development* Harvard University Press, Cambridge, Massachusetts.

References 3

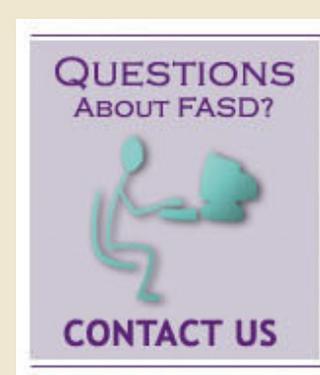
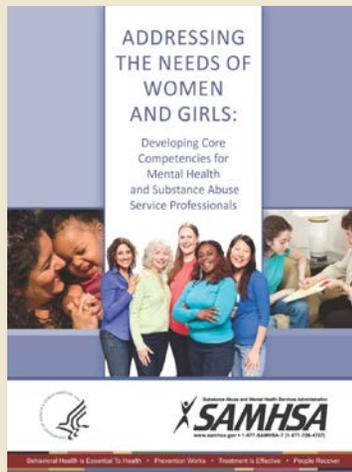
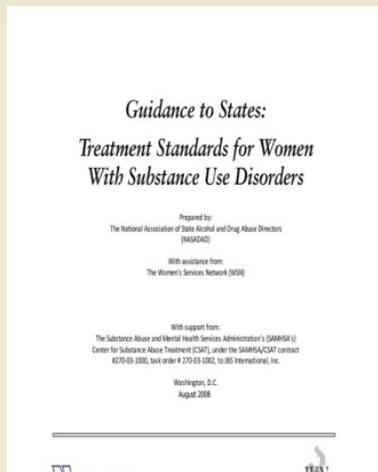
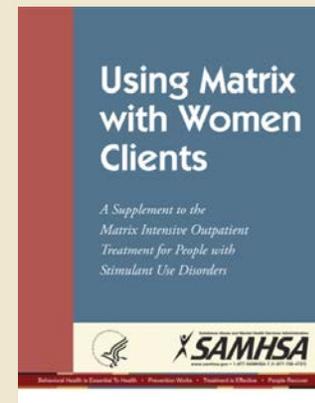
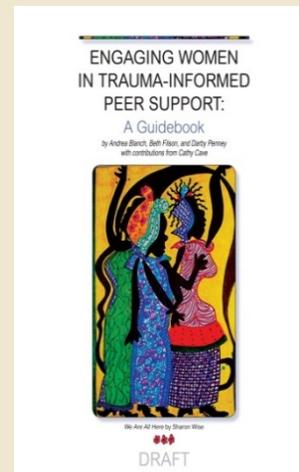
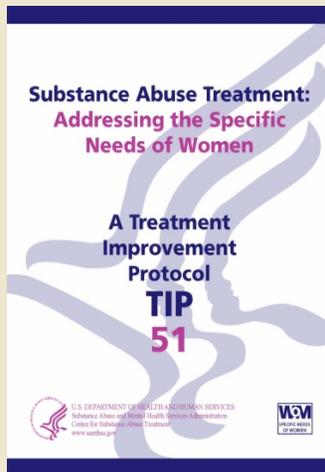
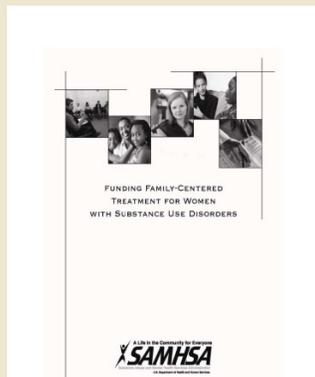
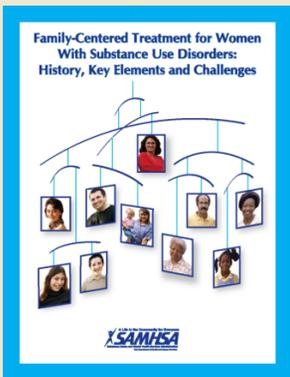
- Gold, S. R., Sinclair, B. B., & Bulge, K. A. (1999). Risk of sexual revictimization: A theoretical model. *Aggression and Violent Behavior, 4*, 457-470
- Goldberg, L. & Freyd, J. (2006). Self-reports of Potentially traumatic experiences in adult community sample: Gender differences and test-retest Stabilities of the items in a brief Betrayal Trauma Survey. *Journal of Trauma & Dissociation, 7*(3).
- Jordan, C. E., Campbell, R., & Follingstad, D. (2010). Violence and women's mental health: The impact of physical, sexual, and psychological aggression, *Annual Review of Clinical Psychology, 6*, 607–628.
- Lisansky-Gomberg, E.S., and Lisansky, J.M. (1984). Antecedents of alcohol problems in women. In S. Wilsnack & L. Beckman (Eds.), *Alcohol problems in women* (pp. 233-259). NY: The Guilford Press.
- McLaughlin, K.A., Green, J.G., Kessler, R.C., et al. (2009). Childhood adversity and adult psychiatric disorder in the US National Comorbidity Survey. *Psychological Medicine, 40*(4), 847-59.
- Myers, B., McLaughlin, K., Wang, S., Blanco, C., Stein, D. (2014). Associations between childhood adversity, adult stressful events, and past-year drug use disorders in the National Epidemiological Study of Alcohol and Related Conditions. *Psychology of Addictive Behaviors, 28*(4), pp. 1117-1126.
- Najavits, L. M., Weiss, R. D., & Shaw, S. R. (1997). The link between substance abuse and posttraumatic stress disorder in women: A research review. *American Journal of Addictions, 4*, 273–283.
- Norcross, J.C. & Wampold, B. E., (2011) Evidence-Based therapy relationships: Research conclusions and clinical practices. *American Psychological Association 48*, (1), 98 –102
- Ouimette, P.C., Ahrens, C., Moos, R.H., & Finney, J.W. (1997). Posttraumatic stress disorder in substance abuse patients: Relationship to one-year posttreatment outcomes. *Psychology of Addictive Behaviors, 11*, 34-47.
- Substance Abuse and Mental Health Services Administration, (2014). Serious mental health challenges among older adolescents and young adults. The CBHSQ Report. <http://www.samhsa.gov/data/sites/default/files/sr173-mh-challenges-young-adults-2014/sr173-mh-challenges-young-adults-2014/sr173-mh-challenges-young-adults-2014.htm>. Retrieved March 2, 2015. Substance Abuse and Mental Health Services Administration. Retrieved March 1, 2015. <http://www.samhsa.gov/recovery>

References 4

- Substance Abuse and Mental Health Services Administration. Substance Abuse Treatment for Persons with Co-Occurring Disorders. Treatment Improvement Protocol (TIP) Series, No. 42. HHS Publication No. (SMA) 13-3992. Rockville, MD.
- Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
- Solomon, S. D., Gerrity, E. T., & Muff, A. M. (1992). Efficacy of treatments for posttraumatic stress disorder. *Journal of the American Medical Association*, 268, 633–638.
- Substance Abuse and Mental Health Services Administration. Integrated Treatment for Co-Occurring Disorders Evidence – Based Practice. DHHS Pub. No. SMA-08-4366, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009.
- Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
- Tjadem, P. & Thoennes, N. (2000). Full report of the prevalence, incidence, and consequences of violence against women. Findings from the National Violence Against Women Survey. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- U.S. Department Of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Behavioral Health Statistics and Quality. Results from the 2012 National Survey on Drug Use and Health: Mental Health Findings.
- U.S. Department of Health and Quality and Human Services Substance Abuse and Mental Health Services Administration Center for Behavioral Health Statistics. Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings.
- Zayfert, C., & Becker, C. B. (2000). Implementation of empirically supported treatment for PTSD: Obstacles and innovations. *The Behavior Therapist*, 23, 161–168.

Questions and Discussion

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



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



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 Institute on Drug Abuse Women and Sex /Gender Differences Work Group**

<http://www.drugabuse.gov/about-nida/organization/workgroups-interest-groups-consortia/women-sexgender-differences-research-group>

- **National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC)**

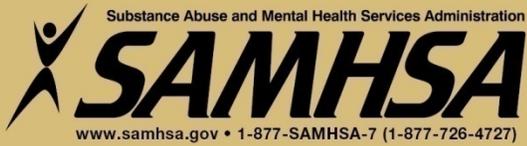
<http://www.samhsa.gov/nctic>

Selected Resources

- **Addressing the Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Service Professionals**
<http://store.samhsa.gov/shin/content/SMA11-4657/SMA11-4657.pdf>
- **Treatment Improvement Protocol 57: Trauma-Informed Care in Behavioral Health Services**
<http://store.samhsa.gov/shin/content//SMA14-4816/SMA14-4816.pdf>
- **SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach**
<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>
- **Engaging Women in Trauma-Informed Peer Support: A Guidebook**
<http://www.nasmhpd.org/Publications/EngagingWomen.aspx>
- **Women in America: Indicators of Social and Economic Well-Being**
http://www.whitehouse.gov/sites/default/files/rss_viewer/Women_in_America.pdf

Announcements

- Please complete a brief satisfaction survey at <https://www.surveymonkey.com/r/Womeninmirror>
- 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 March 12. 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 March 27.



Women Matter!

An Introduction to Women, Addiction, and Recovery

Join us for the Next Women Matter! Webinar:

Women Connected: Families and Relationships in Women's Substance Use and Recovery

April 9, 2015

