Gender Specific Groups for Women with an Opioid Use Disorder: Theory and Treatment

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Gabriela Zapata-Alma LCSW CADC

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Presenter Information

Gabriela Zapata-Alma, LCSW, CADC
Director of Policy and Practice on Domestic Violence and Substance Use, NCDVTMH
GZapata.Alma@ncdvtmh.org
US DHHS ACF FVPSA-Funded Special Issue Resource Center Dedicated to Addressing the Intersection of Domestic Violence, Trauma, Substance Use and Mental Health

- Comprehensive Array of Training & Technical Assistance Services and Resources
- Research and Evaluation
- Policy Development & Analysis
- Public Awareness
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Our work is informed by...

- Rights and Social Justice
- Cultural, Historical, and Community Context
- Domestic Violence and Sexual Violence Advocacy
- Survivor-Defined Approach
- Physical and Emotional Safety
- Hope and Resilience
- Relationship and Connection
- A Trauma-Informed Approach
Learning Objectives

As a result of participating in this session, attendees will be able to:

▪ Identify at least four gender-specific risk factors for opioid use disorder (OUD).

▪ Become familiar with at least three evidence-supported gender-specific group curricula for the treatment of OUD.

▪ Identify at least two strategies to increase gender responsive services within their setting.
Poll: What’s your current role?
(select which applies the best)

- SUD Tx counselor
- Recovery specialist
- Clinical supervisor
- Administration
- Other
Poll: Do You Currently Offer Women-Specific Groups?

- Not offering women’s groups yet
- Groups temporarily on-hold
- Offering women’s general treatment groups
- Offering women’s OUD groups
- Other
Women-Specific Groups

Numerous studies have found improved outcomes associated with women-specific groups

- Retention
- Treatment completion
- Engagement in more services
- Satisfaction and sense of progress

CSAT/SAMHSA 2015
Why might women experience better outcomes in women-specific groups?
Many women only feel comfortable discussing important but sensitive topics in women-specific groups, including:

- Sexuality and intimacy
- Traumatic experiences
- Parenting concerns
- Body image, and more
Women often differ from men in their:

- **Introduction to substances**
- **Risk factors** for developing substance use disorders (SUD)
- **Negative effects** of substance use
- **Access** to resources
- **Recovery** needs
Sex-Related Risk Factors

- Neurological changes and responses to substances can lead to quicker development of substance use disorders (SUDs).
- Hormonal differences can lead to more intense drug cravings, increased drug effects, and increased risk of relapse.
- Higher rates of co-occurring mental health concerns, including panic attacks, depression, anxiety, post-traumatic stress disorder, personality disorders and eating disorders.

(SAMHSA 2009)
Sex-Related Risk Factors (cont.)

- More likely to need emergency care.
- More vulnerable to fatal overdose and substance-involved death.
- May experience more physical effects on heart and blood vessels.
Telescoping Effect

Women typically enter substance use disorder treatment with more severe medical, behavioral, psychological, and social problems, in part, because women show a quicker progression from first using the substance to developing dependence. (Greenfield et al., 2010)
Telescopyng Effect (cont.)

Women tend to experience more adverse effects with shorter histories and smaller amounts of substance use.

- opioids (Hernandez-Avila et al., 2004)
- cocaine (Haas & Peters, 2000)
- marijuana (Khan et al., 2013; Hernandez-Avila et al., 2004; Ehlers et al., 2010)
- tobacco (NIH 2016)
- alcohol (Hernandez-Avila et al., 2004; Mann et al., 2005; Randall et al., 1999)
Gender-Related Risk Factors

- Substance use disorder within the family of origin
- Childhood physical or sexual abuse
- Assault and victimization
- Divorce (separation)
- Termination of parental rights and child separation
- Grief (especially the loss of partner or child)
Women are often introduced to substances by an intimate partner. Intimate partners play a large role in the initiation of substance use and escalation of substance use concerns.

(Roberson, 2017; Amaro et al., 1995; Macy et al., 2013; Rothman et al., 2018; O’Brien et al., 2016)
Relationships and Ongoing Substance Use

- Relationships influence substance use disorder treatment engagement, retention, and outcomes.
- Substance use may address feelings of isolation and loneliness.
- Return to use is often associated with internal distress, relationship conflict, or potentially substance use coercion.
Domestic Violence (DV) is prevalent among people accessing SUD treatment and often seeks to sabotage recovery.

High rates of DV among women accessing substance use disorder treatment:

- 47% - 90% Report DV in their lifetime
- 31% - 67% Report DV in the past year

DV is often targeted toward undermining a partner’s substance use disorder treatment and recovery:

- 60% of the 3,224 National Domestic Violence Hotline callers who had sought help for substance use said their partners had tried to prevent or discourage them from getting help.
- 26% Had used substances to reduce the pain of DV.
- 27% Had been pressured or forced to use substances or made to use more than they wanted.
- 24% Were afraid to call the police because their partner said they would be arrested or not believed.
- 38% Said their partner had threatened to report their substance use to authorities to prevent them from getting something they wanted or needed (e.g. protection order or custody of their children).
Substance Use Coercion: Relationship Entrapment

Substances are commonly used by abusive partners to draw survivors back into or keep partners in abusive relationships.

- Supplying survivors with substances as a way to “apologize”
- Controlling survivors’ access to substances
- Using the threat of (or actual) withdrawal as a way to harm, intimidate, and control them
- Forcing survivors into illegal activities
- Threatening to report survivors’ substance use to law enforcement and/or child protective services
- Using substance use history (including treatment records) against survivors in legal matters, including child custody

(Edwards, K. et al., 2017; Roberson, 2017; Amaro et al., 1995; Macy et al., 2013; Rothman et al., 2018; O’Brien et al., 2016; Kunins et al., 2017; Stella Project, 2017; Zweig et al., 2002)
Substance Use Coercion Survey: Treatment Interference and Sabotage

- Not allowing partner to attend mutual aid meetings (such as AA) or seek treatment; harassing into leaving
- Withholding transportation, childcare, and/or financial resources for treatment
- Keeping substances in the home
- Controlling medications, stealing medications, using medications to coerce or control
- Escalating violence if partner tries to stop using

Reduced Access to Resources

Women living with a substance use disorder have fewer social and economic resources as compared to their male counterparts.

(Beckman & Amaro, 1986; Gomberg & Nirenberg, 1993; CSAT/SAMHSA 2015).
Women’s multifaceted recovery needs often require more comprehensive and holistic approaches that support them and their families, including:

- Mental and physical healthcare
- Children’s and family services
- Resources to address barriers
How do your services respond to women’s unique realities?
Medication Assisted Treatment and overdose prevention services are highly evidence-based and life-saving in the treatment of opioid use disorders.

MAT should never be contingent on group participation.
Pause -
please return in 5 min
Evidence-Based Gender Responsive Groups for Women Living with OUD

- Seeking Safety
- Helping Women Recover
For a summary of evidence, see meta-analysis by Lenz et al., 2016

(Najavits, 2002)
Seeking Safety: Goals

- Address and reduce symptoms of trauma and SUD
- Increase safe coping in:
  - Relationships
  - Thinking
  - Behavior
  - Emotions

https://www.cebc4cw.org/program/seeking-safety-for-adults/
Seeking Safety: Principles and Stages of Recovery

1. Safety as the overarching goal
2. Integrated treatment
3. A focus on ideals
4. Four content areas:
   a. cognitive, behavioral, interpersonal, case management
5. Attention to clinician processes
Seeking Safety: Interpersonal Topics

- Asking for Help
- Honesty
- Healthy Relationships
- Community Resources
- Healing from Anger
- Setting Boundaries in Relationships
- Getting Others to Support Your Recovery

A full list of topics with descriptions: [www.treatment-innovations.org/ss-description.html](http://www.treatment-innovations.org/ss-description.html)
Cognitive Topic: Compassion

- Explores how harsh self-talk may be connected to SUD and trauma
- Situates self-compassion as part of healing and growth
- Supports reflection on self-talk and offers ways to increase self-compassion:
  - “If I were really listening to my deepest needs, what would I say to myself?” (Najavits, 2002, p. 187)

Full sample topic available here: [www.treatment-innovations.org/ss-description.html](http://www.treatment-innovations.org/ss-description.html)
Published research: [www.stephaniecovington.com/research-papers.php](http://www.stephaniecovington.com/research-papers.php)

# Helping Women Recover: Goals and Focus Areas

## Goals:
- Stabilize recovery
- Increase self-efficacy
- Decrease symptoms of depression, trauma, and SUD
- Increase understanding of trauma

## Focus Areas:
- Self
- Relationships
- Sexuality
- Spirituality
Helping Women Recover: Topics in Self Module

- Defining Self
- Sense of Self
- Self-Esteem
- Sexism, stereotyping and power
- Yoga: Breath of Joy to Rag Doll to Lip Flutter
Helping Women Recover: Self

We are often defined as our relationship to others or our role, but that doesn’t tell us much about ourselves.

Reflect: How would someone have described you when you were ten years old?

Share in the chat: Three words that describe you today.

Adapted from Helping Women Recover
Helping Women Recover: Topics in Relationships Module

- Family of Origin
- Mothers
- Mother Myths
- Fathers
- Understand Abuse and Trauma
- Interpersonal Violence
- Creating Supportive and Loving Relationships
- Yoga: Feminine Warrior Sequence
Family of Origin: Family Sculpture
Helping Women Recover: Remaining Module Topics

<table>
<thead>
<tr>
<th>Sexuality</th>
<th>Spirituality</th>
</tr>
</thead>
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<tr>
<td>▪ Sexuality and Addiction</td>
<td>▪ What is Spirituality?</td>
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<td>▪ Body Image</td>
<td>▪ Mindfulness, Prayer, and Meditation</td>
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<tr>
<td>▪ Gender Identity and Sexual Orientation</td>
<td>▪ Creating a Vision</td>
</tr>
<tr>
<td>▪ Challenges to Healthy Sexuality</td>
<td>▪ Yoga: Blessing Body, Mind, and Spirit</td>
</tr>
<tr>
<td>▪ Healthy Sexuality</td>
<td></td>
</tr>
<tr>
<td>▪ Yoga: Essential Oil Embrace into Awesome Arms, Goddess Pose</td>
<td></td>
</tr>
</tbody>
</table>
Beyond Trauma

(Covington, 2003, rev. 2016)

www.stephaniecovington.com/beyond-trauma-a-healing-journey-for-women1.php
Staff Requirements and Service Eligibility

- Staff Requirements:
  - No formal education or licensure requirement

- Service Eligibility:
  - Individuals do not need to be formally diagnosed with SUD, OUD, or PTSD
What common elements did you notice across these programs?
Enhancing Effectiveness for People Experiencing Relationship-Based Violence

Based on our systematic review, the following can enhance existing evidence-based practices (EBPs):

1. Psychoeducation about the causes and consequences of IPV, and their traumatic effects
2. Awareness of mental health and substance use coercion, and sabotaging of recovery efforts
3. Attention to ongoing safety
4. Cognitive and emotional coping skill development to address trauma-related symptoms and support goals
5. A focus on survivors’ strengths as well as cultural strengths on which they can draw
NCDVTMH’s Online Repository of IPV-Specific Interventions

Promising Practices: Gender Responsive Groups for Women Living with OUD

- Trauma Recovery and Empowerment Model
- Boston Consortium Model
- Women’s Recovery Group
- Relapse Prevention and Relationship Safety
- Acceptance and Commitment Therapy
- Dialectical Behavioral Therapy for Substance Use Disorders (DBT-SUD)
- Mindfulness-Based Parenting Intervention
Trauma Recovery and Empowerment Model (TREM)

- Weekly 75-min sessions
- 24-29 sessions
- CBT and psychoeducation
- Group facilitators should have a background in group work

(Fallot & Harris, 2002)
www.cebc4cw.org/program/trauma-recovery-and-empowerment-model/detailed
Boston Consortium Model

- Collaboratively adapted to better meet the unique realities of women of color with low or no income, primarily in urban settings (in English and Spanish)

- One primary point of contact that provides support and coordination across services

- Five modules
  - TREM curriculum with 3 added sessions on HIV prevention
  - Women’s Leadership Training Institute (peer-delivered)
  - Economic Success in Recovery
  - Pathways to Family Reunification and Recovery
  - Nurturing Program for Families

(Amaro et al., 2005)

Figure 6-1


- Endorse group work to promote values of strong kinship and emphasis on community.
- Promote cohesiveness through closed group formats (same group members from start to finish).
- If feasible, limit group participation to African-American women to enhance safety and comfort.
- Use meditative, spiritual, and experiential exercises to build upon internal strengths.
- Use opening and closing rituals, including a termination ritual at the end of the group.
- Incorporate African ancestry and cultural practices.
- Adapt language to involve recovery in context of family and community.
- Adopt culturally specific content in treatment modules including themes surrounding relationships, spirituality, family, ethnic, and cultural identity.
- Draw upon African-American history as a foundation of recovery, using examples from the work of artists, writers, musicians, heroes, spiritual and political leaders, etc.

Relapse Prevention and Relationship Safety

- Created collaboratively with community members
- Tailored to respond to the realities of Black and Latina survivors of IPV with low income accessing services in an urban opioid treatment program
- 11 two-hour groups (twice weekly)
- One individual session promoting relationship safety and substance use reduction
- Based in social cognitive and empowerment theories
- Sessions include traditional and contemporary Black and Latina references to include cultural sources of pride and resilience

(Gilbert et al., 2006)
Women’s Recovery Group

1. The Effect of Drugs and Alcohol on Women’s Health
2. How to Manage Triggers and High-Risk Situations
3. Overcoming Obstacles to Recovery
4. Managing Mood, Anxiety, and Eating Problems…
5. Women and Their Partners: The Effect on Recovery
6. Coping with Stress
7. Women as Caretakers…
8. Using Self-Help Groups…
9. Women’s Use of Substances Through the Life Cycle
10. Violence and Abuse: Getting Help
11. The Issue of Disclosure: To Tell or Not to Tell?
12. Substance Use and Women’s Reproductive Health
13. Can You Have Fun Without Using…?

(Greenfield, 2016)
Acceptance and Commitment Therapy

(Hayes et al., 2006)
DBT-SUD

(Rosenthal et al., 2005)

Mindfulness
(being aware of the present moment without judgment)

Emotion regulation
(understanding and reducing vulnerability to emotions, changing unwanted emotions)

Distress tolerance
(getting through crisis situations without making things worse and accepting reality as it is)

Interpersonal effectiveness
(getting interpersonal objectives met, maintaining relationships, and increasing self-respect in relationships)

## Mindfulness Based Parenting Intervention

<table>
<thead>
<tr>
<th>Session</th>
<th>Topic and Teaching Method</th>
<th>Practice and Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Group safety, intro and goals, identifying stress and breathing, understanding mindfulness, “Mind in a Jar”</td>
<td>Settle your mind meditation, physical representation of stress, adapted Likert scale</td>
</tr>
<tr>
<td>2</td>
<td>Check in, review, sharing, stress vs stressor, triangle of awareness, thoughts and perceptions</td>
<td>Five-minute breath meditation and 2-minute standing body scan and movement, discussion, 3 relaxing sighs</td>
</tr>
<tr>
<td>3</td>
<td>Check in, review, sharing, noticing pleasant moments, S.T.O.P. (Stop, Take a breath, Observe your experience, Proceed), parenting</td>
<td>Brief standing body scan with movement into breath mediation, practice, discussion</td>
</tr>
<tr>
<td>4</td>
<td>Check in, review, sharing</td>
<td>Movement standing or seated, body scan, practice discussion, no matter what practice, circle time, triangle of awareness Mother and Child (M&amp;C)</td>
</tr>
<tr>
<td>5</td>
<td>Check in, review, sharing (MC time), move from glitter globe to breath, stressful moments in parenting, emotions</td>
<td>Body scan, movement standing or seated, soothing/supportive phrases, self-talk in stressful moments</td>
</tr>
</tbody>
</table>

Gannon et al., 2017, Table 2 (cropped)
Which women-specific groups are you currently offering or considering offering?
Key Learning

- Women have unique strengths, needs, and experiences
- Addressing barriers to treatment is crucial
- Gender responsive services are better equipped to support women in their recovery goals
- Women tend to experience better outcomes when they can access women-specific groups
- There are several evidence-based as well as promising group curricula from which to choose, many of which also focus on trauma


Additional Resources

Resources for Mental Health and Substance Use Treatment and Recovery Support Providers

At the National Center on Domestic Violence Trauma & Mental Health (NCDVTMH), one of our priorities is to support collaboration between the domestic violence (DV) field and the mental health and substance use disorder treatment and recovery fields. Our work is designed to enhance system responses to survivors of intimate partner violence (IPV) who are experiencing the mental health and substance use-related effects of IPV and other lifetime trauma. A 2012 study conducted by NCDVTMH in partnership with the National Association of State Mental Health Program Directors (NASMHPD) found that the majority of states who participated had a strong interest in further coordination and/or training on these issues.

The information that follows is intended to support mental health and substance use disorder treatment and recovery support providers in their work with survivors of IPV and their children. You will find toolkits, best practice guidelines, webinars, research reviews, and policy briefs to help inform your practice. These can be found below under:

www.NationalCenterDVTraumaMH.org
COMMITTED TO SAFETY FOR ALL SURVIVORS:

GUIDANCE FOR DOMESTIC VIOLENCE PROGRAMS ON SUPPORTING SURVIVORS WHO USE SUBSTANCES

GABRIELA A. ZAPATA-ALMA, LCSW, CADC
Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence:
A Toolkit for Screening, Assessment, and Brief Counseling in Primary Care and Behavioral Health Settings

Carole Warshaw, MD and Erin Tinnon, MSW, LSW
March 2018

A Systematic Review of Trauma-Focused Interventions for Domestic Violence Survivors

Carole Warshaw, MD
National Center on Domestic Violence, Trauma & Mental Health

Cris M. Sullivan, PhD
Echo A. Rivera, MA
Michigan State University
February 2013

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SAVING LIVES: Meeting the Needs of Intimate Partner Violence Survivors Who Use Opioids
RESEARCH AND POLICY BRIEF | MAY 2019

BY: Heather Pikulik, MA
    Sonya Scharff, MPA
    Rachel White-Domain, JD
    Carole Warshaw MD

Tools for Transformation: Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations
An Organizational Reflection Toolkit

Carole Warshaw, MD, Erin Tinson, MSW, LSW, and Cathy Cave
April 2018

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Thank You!
Question and Answer