Sex and Gender Differences in Substance Use: Policy and Practice Responses to Improve the Care of Women
Nancy Poole & Cristine Urquhart
Day 2 February 11-12, 2009, Whitehorse, Yukon

Outline Day 2
- Links between violence & substance use
- Using collaborative counselling approaches
- The Yukon context: Putting it all together
- Finding support

Links between violence & substance use
- Connections
- Trauma-informed services
- Trauma-specific services
- System level work

Where we have been
- Substance Use
- Violence/Trauma
- Mental Health
- Separation
- Compartmentalization
- Misinformation
- Territoriality

Making the Links
- Substance Use
- Mental Health
- Violence/Trauma
- Poverty
- Punishment/Incarceration
- Context/Isolation
- Age
- Resilience
- HIV/AIDS
- Sexual Orientation
- Disability
- Experience of Loss
- Racial Discrimination
- Public policy
- Systemic discrimination
- Mothering
- Access to health care
- Partnership/Friendship
What do we know about the connections?

- As many as 2/3 of women with substance use problems have a concurrent mental health problem (e.g., PTSD, anxiety, depression) (Sherman, et al., 2003).
- Many women with substance use problems have experienced physical and sexual abuse either as children or adults (Ouimette, et al., 2000; Martin et al., 1998).
- Poor and homeless women are particularly likely to have had historical and/or current experiences of violence (between 84-92%) (Sherman, et al., 1996).
- Violence during pregnancy is responsible for more deaths in pregnant women than any single medical complication (Sherman et al., 2003).

What do we know about the connections?

- Girls who experience physical & sexual abuse by dating partners are more likely to be at risk for harmful substance use. (Note: Odds of 2.0 mean a girl is twice as likely to engage in the behavior as one who was not abused.)

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Odds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heavy smoking (within 30 days)</td>
<td>2.5</td>
</tr>
<tr>
<td>Binge drinking (within 30 days)</td>
<td>1.7</td>
</tr>
<tr>
<td>Cocaine use (ever)</td>
<td>3.4</td>
</tr>
<tr>
<td>Diet pill use (within 30 days)</td>
<td>3.7</td>
</tr>
<tr>
<td>Laxative use &amp; vomiting (within 30 days)</td>
<td>3.7</td>
</tr>
<tr>
<td>More than three sex partners (within 90 days)</td>
<td>3.3</td>
</tr>
<tr>
<td>Pregnancy (ever)</td>
<td>3.0</td>
</tr>
<tr>
<td>Considered suicide (within 1 year)</td>
<td>5.7</td>
</tr>
<tr>
<td>Attempted suicide (within 1 year)</td>
<td>8.6</td>
</tr>
</tbody>
</table>


Recreating Dynamics of Power and Control

- Interactions with healthcare providers can reproduce dynamics of power already experienced in a woman's relationship and perpetuate a sense of powerlessness.
- The meaning of exchanges between women and providers when a woman has or is being abused is different – increased vulnerability.
- Shame and judgement can play a central role in the continued use of substances.

In the Public Eye

Jailed teen to testify against boyfriend

"Nellees Mowatt was placed in jail a week ago when she refused to testify against her boyfriend who had beaten her. Mowatt is pregnant and due to give birth any day... Earlier this week Mowatt, 19, vowed never to call the police again for help."

From eCanadaNow, April 11th 2008

Don't jail the victims

"Nobody’s called, nobody’s come to see me, nobody’s done anything,” Ms. Mowatt told reporters in a jailhouse interview. The problem, in the end, might not be so much in how the system goes after accused abusers but how the system supports victims of violence. If Ms. Mowatt didn’t feel so abandoned, perhaps she’d have the courage – and the trust – to let police protect her and her baby.” The Ottawa Citizen, April 11th 2008

Shift from:
``What is wrong with her``

to
``What happened to her``
‘Trauma informed’ systems and services

- take into account knowledge of the impact of trauma
- understand that many “problem behaviours” originate to cope with abusive experiences
- Integrate this knowledge into all aspects of service delivery


10 Principles of Trauma-Informed Services

1. Recognize the impact of violence and victimization on development and coping strategies
2. Identify recovery from trauma as a primary goal
3. Employ an empowerment model
4. Strive to maximize a woman’s choices and control over her recovery
5. Are based in a relational collaboration


10 Principles of Trauma-Informed Services

4. Create an atmosphere that is respectful of survivors’ need for safety, respect, and acceptance
7. Emphasize women’s strengths, highlighting adaptations over symptoms and resilience over pathology
8. The goal is to minimize the possibilities of retraumatization
9. Strive to be culturally competent and to understand each woman in the context of her life experiences and cultural background
10. Solicit consumer input and involve consumers in designing and evaluating services


Trauma-Informed Counselling

- Understanding of multiple & complex links between trauma & addiction
- Understanding trauma related symptoms as attempts to cope
- A woman will not have to disclose a trauma history to receive trauma-sensitive services. All services will be trauma sensitive
- All staff will be knowledgeable about impact of violence & trained to behave in ways that are not re-traumatizing
- Women will have access to trauma specific services


Lessons from a recent BC Study

Our most recent research on substance use on the part of women entering transition houses in BC:

Women’s alcohol and illicit drug use decreased significantly in the 3 months following a transition house stay, whether the house provided significant substance intervention or minimal substance use intervention.

Source: Tracking Alcohol Use in Women who Move through Domestic Violence Shelters: Final Report to the Alcoholic Beverage Medical Research Foundation, June 30, 2004. BCOZWH.

Trauma-Specific Support

‘Trauma-specific’ services directly addresses the impact of trauma on people’s lives and facilitates trauma recovery and healing
Essential components of first stage trauma treatment

- Establishing a therapeutic alliance
- Promoting client safety
- Addressing the client’s immediate needs
- Normalizing and validating the client’s experiences
- Educating the client about post traumatic stress and treatment
- Using a gender sensitive approach
- Nurturing hope and emphasizing clients strengths
- Collaboratively generating treatment goals
- Teaching coping skills and managing adaptations of post traumatic stress responses

Haskell, L. (2003). First Stage Trauma Treatment: A guide for mental health professionals working with women. Toronto, ON: CAMH.

Women and Co-occurring Disorders and Violence Study (US)

Project overview:
- Launched in 1998
- Goal was to generate knowledge about the development of comprehensive, integrated service approaches and to assess effectiveness for women
- First large-scale, multi-site effort to develop and evaluate integrated services
- Involvement of consumer/survivors integral to process

For info on this study see Veysey, B. M., & Clark, C. (Eds.). (2004). Responding to Physical and Sexual Abuse in Women with Alcohol and Other Drug and Mental Disorders. New York: Haworth Press or http://www.nationaltraumaconsortium.org

The trauma specific programming used in study sites

- Addictions and Trauma Recovery Integration Model (ATRIM)
- Helping Women Recover (HWR)
- Seeking Safety
- Trauma, Recovery and Empowerment Model (TREM)
- Triad Model

Seeking Safety

What Changes as Women Heal in an Integrated Context

- Increased ability to manage symptoms and increased understanding of symptoms as attempts to cope
- Increased understanding of way trauma, mental illness & substance abuse have impacted her life – and a complex new identity integrating all three
- Increased empowerment, agency, self esteem and quality of life
- Increased capacity for mutuality, empathy, authenticity in relationships
Relational / Empowerment Approach

- Builds on and validates women's strengths
- Fosters knowledge & skills needed for women to exercise greater control over their lives
- Consumer / survivor / recovering persons participate in treatment planning, service design, and program policies
- Treatment / support milieu becomes a web of relationships rather than another experience of hierarchy of power & control

Norma Finkelstein on how providers in the Co-occurring Disorders Study have incorporated the relational model

Conclusions from the Study (US)

Preliminary studies suggest that:
- Women in integrated care experience significantly more reductions in symptoms of mental illness, alcohol and drug use compared to women in traditional services
- Service costs remain the same

System Level Learning

From the Women and Co-occurring Disorders and Violence Study (US):

1) Service system integration
   - establishing and maintaining “buy-in”
   - relationship building
   - inclusion of a broad range of stakeholders
   - strong leadership

2) Consumer/Survivor Integration
   - Role of planning and training
   - Challenges for participants

3) Cross-cutting Issues
   - Resistance to paradigm shift
   - Cross-training for staff
   - Ongoing supervision, management and support

Websites for resources cited on trauma and substance use

- Centre for Addiction and Mental Health
  www.camh.net
- Community Connections
  www.communityconnectionsdc.org
- Seeking Safety
  www.seekingsafety.org
- The National Trauma Consortium
  www.nationaltraumaconsortium.org
Outline

- Motivational Interviewing spirit and principles
- Core skills
- Collaborative strategies for building motivation

Communication Styles

Favourite Teacher

Communication Style

Guiding

Directing

Following

Message Behind Communication Style

Following: “I won’t change or push you. I trust your wisdom about yourself, and I’ll let you work this out in your own time and at your own pace.”

Directing: “I know how you can solve this problem. I know what you should do.”

Guiding: “I can help you to solve this for yourself.”

Directing Style


Definition

"Motivational Interviewing (MI) is a collaborative, person-centered form of guiding to elicit and strengthen motivation for change".

Miller & Rollnick as of December 2008

Research indicates:

- Effective in brief interactions
- Shown to outperform traditional advice giving
- Effect not necessarily related to the practitioner’s educational background
- Effect sizes of MI larger with ethnic minority populations & when the practice was not guided by a manual


Motivational Interviewing: A Way of Being

Collaborative
Evocative
Respect
Spirit
Autonomy


DVD clip

What do you notice about the way the service provider communicates with the woman?

Principles

Resist the righting reflex
Understand the person
Principles (RULE)
Empower
Listen


MI strategies without spirit = words without the music

W.R. MILLER
RESPECT
Aretha Franklin

What you want
Baby, I got
What you need
Do you know I got it?
All I’m askin’
Is for a little respect when you come home (just a little bit)
Hey baby (just a little bit) when you get home
(just a little bit) mister (just a little bit)

COLLABORATING with women with trauma and substance use concerns

It is vital to focus on areas that a woman CAN control such as:

- Connection with others
- Alcohol
- Nutrition
- Parenting

Elicit – Provide - Elicit

Elicit and reflect back
- Find out what she knows: “What have you heard about …?”
- Ask permission: “Would you like to know more about the effect of … on …?”

Provide information
- Use general statements such as, “Generally people feel…” or “What happens to most people…”

Elicit and summarize
- Inquire about how she understands the information: “What do you make of this?” or “How does this tie in with your use of…?”

Considerations

When a client directly asks for information:
- Implicitly given permission to provide info
- Offer several options, ideas of what others have done

Circumstances when informing is ethically/medically required:
- Announce: “There is something that I need to tell you.”
- First Choice: “There is something that I need to discuss with you, but before I go ahead, is there something you would like to talk about first?” or “I really want to hear how you are feeling about it first.”
- Prefacing: “This may or may not concern you…”

Native American Prayer to Describe MI

Guide me to be a patient companion
To listen with a heart as open as the sky
Grant me vision to see through her eyes
And eager ears to hear her story

Create a safe place and open meadow in which we may walk together
Make me a clear pool in which she may reflect
Guide me to find in her your beauty and wisdom
Knowing your desire for her to be in harmony –
Healthy, loving, and strong
Let me honour and respect her choosing of her own path
And bless her to walk it freely
May I know once again that although she and I are different
Yet there is a peaceful place where we are one

THE YUKON CONTEXT: PUTTING IT ALL TOGETHER

Small group exercise
Step 1: choose a sex/gender difference
Step 2: choose a principle of care
Step 3: choose a services and supports tier
Step 4: design a tailored response that reflects cultural and community contexts

Models / Frameworks
- Women-centred
- Harm reduction oriented
- Bio-psycho-social spiritual
- Culturally informed / safe
- Relational

Integrated Principles

<table>
<thead>
<tr>
<th>Women-Centred</th>
<th>Harm Reduction</th>
<th>Relational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership / Equality</td>
<td>Women actively involved</td>
<td>Connection</td>
</tr>
<tr>
<td>Autonomy</td>
<td>Human rights – self determination</td>
<td>Autonomy</td>
</tr>
<tr>
<td>Self-determination</td>
<td>Start where she is at</td>
<td>Strengths-based</td>
</tr>
<tr>
<td>Respect</td>
<td>Focus on overall harms</td>
<td>Integration of experiences</td>
</tr>
<tr>
<td>Empowerment</td>
<td>Empowerment</td>
<td>Empowerment</td>
</tr>
<tr>
<td></td>
<td>Pragmatism</td>
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Gender Responsive Treatment: Guiding Principles

1. Gender – acknowledge that gender makes a difference
2. Environment – create an environment based on safety, respect and dignity
3. Relationships – develop policies, practices and programmes that are relational and promote health connections to children, family, significant others and community

Gender Responsive Treatment: Guiding Principles

4. Services – Address the issues of substance abuse, trauma and mental health through comprehensive, integrated, culturally relevant services

5. Economic and social status – provide women with opportunities to improve their socio-economic conditions

6. Community - Establish as system of community care with comprehensive collaborative services


Sheway Program: Reducing Harms on Key Determinants of Health

Support to build relationships
- health friendship and ongoing service support networks

Pre and postnatal Medical Care and Nursing Services

Drop In

Out Reach

Crisis Intervention

Advocacy

Healthy Babies, Infant/Child Development

Advocacy and Support on Access, Custody and other Legal issues

Support on Substance Use/Misuse issues

Support in reducing exposure to violence and building supportive relationships

Support on Housing & Parenting issues

Support on HIV, Hepatitis C and STD issues

Sheway Model: Reducing harms to care

Nutritional Support and Services

Advocacy and Support on Housing, Housing Issues

Support on HIV, Hepatitis C and STD issues

Advocacy and Support on Access, Custody and other Legal issues

Support on Housing & Parenting issues

Support for building networks - both friendship and ongoing service support networks

Healthy Babies, Infant/Child Development

Women’s Recovery

Pre and postnatal Medical Care and Nursing Services

Out Reach

Crisis Intervention

Advocacy

Healthy Babies, Infant/Child Development

Advocacy and Support on Access, Custody and other Legal issues

Support on Substance Use/Misuse issues

Support in reducing exposure to violence and building supportive relationships

Support on Housing & Parenting issues

Support on HIV, Hepatitis C and STD issues

Sheway Model: Reducing harms to care

Tiered and Population Informed System

Tier 5

Tier 4

Tier 3

Tier 2

Tier 1
FINDING SUPPORT

Contact information

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www.coalescing-vc.org