



TREATMENTS THAT WORK

# Women's Group Treatment for Substance Use Disorder

Evidence-Based Cognitive Behavioral Therapy

CLIENT WORKBOOK

ELIZABETH E. EPSTEIN  
BARBARA S. MCCRADY

OXFORD

*Women's Group Treatment for Substance Use Disorder* is an evidence-based, easy-to-learn program that is specifically tailored to address issues of critical importance to women suffering with alcohol and drug use disorders. It is flexible and can be delivered as a stand-alone treatment or in the context of a larger treatment program. The therapist can create personalized treatment plans using the modules most relevant to the individual patient. The Therapist Guide and Client Workbook are tremendously useful. I highly recommend this program—it should be a part of the armamentarium for anyone treating women with substance use disorders.

—Kathleen T. Brady, M.D., Ph.D., Distinguished University Professor, Medical University of South Carolina, Director, South Carolina Clinical and Translational Research Institute


Drs. Epstein and McCrady's Therapist Guide and Client Workbook to help women with substance use disorders fills a longstanding and critical need in the treatment field. The materials are comprehensive and easy to use, explaining the why and how of treatment. Therapists are guided step by step through each treatment session, and clients are offered instructive handouts and worksheets to practice new coping skills week by week. This tested, flexible, and collaborative approach is an invaluable resource for both therapists and clients to begin and sustain women's recovery.

—Christine Timko, Ph.D., Senior Research Career Scientist, Health Services Research and Development, Department of Veterans Affairs; Clinical Professor (Affiliated), Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine

It's rare to feel empowered by reading a therapist's manual, but this one had that effect. The authors' integration of skills backed by solid research evidence with attentiveness to issues commonly faced by women results in a supportive, easily implemented program that is applicable in a variety of clinical and recovery support settings. The focus on self-confidence and self-care in every session, and the balance of emphasis on empathic validation and motivation for change, make this a powerful approach to working with women with substance use and co-occurring mental health disorders.

—Annie Peters, Ph.D., Director of Research and Education, National Association of Addiction Treatment Providers





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To my family, to Barbara, and to David.

—EEE

To my sister Judi, an extraordinary woman.

—BSM



One of the most difficult problems confronting patients with various disorders and diseases is finding the best help available. Everyone is aware of friends or family who have sought treatment from a seemingly reputable practitioner, only to find out later from another doctor that the original diagnosis was wrong or the treatments recommended were inappropriate or perhaps even harmful. Most patients, or family members, address this problem by reading everything they can about their symptoms, seeking out information on the internet or aggressively “asking around” to tap knowledge from friends and acquaintances. Governments and health care policymakers are also aware that people in need do not always get the best treatments—something they refer to as *variability in health care practices*.

Now health care systems around the world are attempting to correct this variability by introducing *evidence-based practice*. This simply means that it is in everyone’s interest that patients get the most up-to-date and effective care for a particular problem. Health care policymakers have also recognized that it is very useful to give consumers of health care as much information as possible, so that they can make intelligent decisions in a collaborative effort to improve physical health and mental health. This series, *Treatments That Work*, is designed to accomplish just that. Only the latest and most effective interventions for particular problems are described, in user-friendly language. To be included in this series, each treatment program must pass the highest standards of evidence available, as determined by a scientific advisory board. Thus, when individuals suffering from these problems or their family members seek out an expert clinician who is familiar with these interventions and decides that they are appropriate, patients will have confidence they are receiving the best care available. Of course, only your health care professional can decide on the right mix of treatments for you.

Women who struggle with alcohol or drug use have different patterns of use, problems, risk factors, and treatment needs, and are at higher risk for medical and emotional consequences of alcohol/drug use than men. The techniques and interventions in this treatment program address unique problems and treatment needs of women with alcohol use

disorder/substance use disorder and are based on scientific evidence accumulated over 25 years of research. *Women's Group Treatment for Substance Use Disorder: Evidence-Based Cognitive Behavioral Therapy* is a 12-week session-by-session program using a cognitive behavioral therapy approach. The program can be used in group therapy or easily adapted for individual therapy. The coping skills and techniques will help you to become abstinent and prevent relapse to drinking or drug use, and also to improve your quality of life, depression and anxiety, self-care, wellness, self-compassion, emotional health, trauma symptoms, healthy relationships, and self-confidence.

This workbook includes informational handouts and worksheets that you will use to learn about new ways to think and behave in response to situations that used to be difficult to manage without drinking or drugs. The program has helped hundreds of women stop or reduce their alcohol and drug use and learn new skills for handling issues familiar to many women—self-worth, self-care, self-sabotage, assertiveness, depression, anxiety, shame, and trauma. This is a strengths-based, non-confrontational, supportive program to replace negativity with well-being, self-compassion, wellness, and optimism, using a peer-support, coping skills approach.

David H. Barlow, Editor-in-Chief  
*Treatments That Work*  
Boston, MA

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# Introduction: Welcome to the Program

## Goals for This Program

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- Understand how to identify risky drinking and alcohol or drug use disorders.
- Learn why a treatment program specifically designed for women with alcohol or drug problems is important.
- Learn how the Women’s Treatment for Substance Use Disorder program works.
- Learn how to use this workbook.

## Does This Sound Familiar?

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### **Sally**

Sally is a 39-year-old stay-at-home mom who worked as a project manager in the pharmaceutical industry before she had her two children, now ages 7 and 4. By most accounts she has it all—two healthy kids, a nice husband who makes a good living. Her story: “I was the classic ‘party girl’ all through college and for most of my 20s, but everyone I knew drank that way, so I thought it was normal. When I met Rob, we attended all sorts of open bar events for his job. The problem really started when I left work after Tyler was born. I found myself home with the baby most of the time, without adult company, and I felt bored and restless. I started to have a glass of wine a few days a week around dinnertime—I would pour myself a glass while I cooked dinner, to sort of cheer myself up. Over the

past 5 years it progressed to having a glass of wine every evening, then to pouring myself a second glass during dinner, then to finishing the bottle after dinner. Sometimes I smoke some weed with Rob at night. Now Tyler is old enough to notice that I'm drinking, and also needs to be driven around in the evening to events like Cub Scout meetings, sports, etc.—so I really need to get ahold of myself and stop this drinking. Also, Rob makes comments about all the wine bottles he finds in the recycling, so I've started to hide the empty bottles and throw them out when he is at work. I've tried to stop on my own a few times but it's really hard—I especially have trouble sleeping when I stop. I don't want to set a bad example for my children, and I know this much alcohol can't be good for my health.”

### **Maria**

Maria is a 59-year-old woman with no children. She lives with her ailing mother and currently works as a cashier. When she was in her 30s, Maria used to go out with coworkers after work and drink a couple of beers with them. But by the time she was in her 40s, she found that many of her friends had gotten married and had kids and no longer wanted to go out drinking. She got into the habit of stopping at the liquor store on her way home from work to pick up a six-pack of lite beers to drink in the evenings. In the past few years, on weekends when she wasn't at work she found that she was ruminating about her life and, although she wanted to be there for her mother, she felt trapped and that life had passed her by and would drink shots of vodka and beers to numb herself. Maria realized that her depression and frustration with her situation were taking over her life and that her drinking was only making things worse.

### **Helen**

Helen is a 48-year-old schoolteacher. She is divorced and has two children. The eldest child left home 2 years ago to attend college in a different state. The younger child is 15 and has been coming home later than curfew; Helen suspects he may be smoking marijuana. Lewis, her ex-husband, spent most of his time at work. Helen began drinking a cocktail or one or two glasses of wine in the evening when she was in her early 30s, after dinner and after the kids were in bed. As Lewis became more and more involved with his work and as the kids grew up and spent more time out of the home, Helen's nightcaps started earlier and earlier. Gradually she developed a habit of opening a bottle of wine at 5 pm and continuing