

Chemical Dependency

women at risk



Brenda L. Underhill
Dana G. Finnegan
Editors

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Chemical Dependency: Women at Risk



*Pre-publication
REVIEWS,
COMMENTARIES,
EVALUATIONS . . .*

“This exciting collection of articles on chemical dependency and women *provides a comprehensive review of current and critical issues for women in recovery* most exciting is the presentation of the relational model as a theoretical framework for treating chemically dependent women combined with the richness of recommendations, strategies and approaches provided by very experienced and highly respected practitioners, researchers, trainers and policy-makers in the field *truly a beneficial and important volume for anyone concerned about positively impacting women in recovery.*”

Juana Mora, PhD
Professor, California State University

More pre-publication

REVIEWS, COMMENTARIES, EVALUATIONS . . .

“**C**hemical Dependency: *Women at Risk* offers an important collection of articles which speak to the wealth of knowledge we have about women with alcohol and other drug problems. The majority of writers in this important collection . . . have over 20 years experience in the field of women and chemical dependency. The contributors *represent some of the best thinkers and actors in the national effort to provide women with alcohol and other drug problems the very real promise of recovery.* . . .

Just recently, the national news reported that the rate of women with alcohol and drug problems is beginning to closely parallel that of men. The news story also acknowledged that current prevention, intervention and treatment practices reflect very little awareness of the issues faced by women who use alcohol and other drugs, and the best strategies to respond to those issues. Those news reports were inaccurate. We know a great deal about how to treat women with chemical dependency and the people with that knowledge are the women who have been working with those women for a number of years.

[This] book will hopefully bring more visibility to the important insights contained in this book and will contribute to these views and practices being embraced by more and more treatment programs. The thoughtful and jargon-free analysis of Norma Finkelstein, informed by many years of clinical practice, will hopefully raise the visibility and practice of relational theory which acknowledges connections to family, friends and communities as a source of strength and empowerment for women. The modest and sometimes dated research data utilized throughout this book to support theses about women and chemical dependency also *conveys the urgent need for aggressive research on alcohol and other drug use among women of all ages, ethnic and racial orientations and sexual orientation. Chemical Dependency: Women at Risk makes a valuable contribution to the literature on women and addiction and, hopefully, will serve as a catalyst for even more of this vital and lifesaving work.*”

Christine Lubinski

*Deputy Executive Director
AIDS Action, Washington, DC
formerly: Director for Public Policy
National Council on Alcoholism
and Drug Disorders*

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This volume is dedicated to the memory of Carmella Woll who led, inspired and mentored so many of us. Her warmth, sense of hope, and courage were an inspiration.

Thank you, dear friend and colleague.

Brenda



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ABOUT THE EDITORS

Brenda L. Underhill, MS, CAC, is currently Senior Associate at Policy Research Incorporated in Bethesda, Maryland, where she provides technical assistance to federally funded alcohol and drug treatment programs for women and children. Her immediate past employment was at the Alcoholism Center for Women in Los Angeles. There she served as Clinical Director for one year and as Executive Director for 13 years. Ms. Underhill has been a service provider and activist on behalf of women with alcohol and other drug problems for over 20 years. During this time she has represented the interests of all women and has been diligent in her advocacy on behalf of lesbians and other underserved and unserved women. Ms. Underhill was core faculty for the Chemical Dependency Studies Program of the California Family Studies Center in North Hollywood for nine years (1984-1993). Her numerous activities have included serving as Chair of the Los Angeles Women's Alcohol Services Task Force, and service on the California Women's Initiative Committee and the California Women's Leadership Development Coalition. She has been a member of the Board of Directors of the California Women's Commission on Alcohol and Drug Dependencies, the California Association of Alcohol and Drug Program Executives, the Women's Action Alliance's National Advisory Board, Women's Alcohol Problems Prevention Project, and the National Association of Lesbian and Gay Alcoholism Professionals. In 1994 she received the National Association of State Alcohol and Drug Abuse Directors Career Achievement Award.

Ms. Underhill is a frequent and sought-after speaker and facilitator. She has testified on local and federal levels and published numerous articles on women's recovery from alcohol and drug problems. Her most recent publication, *Creating Visibility: Providing Lesbian Sensitive and Lesbian Specific Alcoholism Recovery Services*, is a handbook for traditional alcoholism and other drug addiction service providers on how to make their services lesbian-sensitive and lesbian-specific.

Dana G. Finnegan, PhD, CAC, is Co-Director of Discovery Counseling Center in Millburn, New Jersey, a center specializing in counseling services for individuals affected by alcoholism and sexual identity problems. She is a faculty member of the Rutgers University Center of Alcohol Studies Continuing Education Seminars, and Rutgers University Summer School of Alcohol Studies, where she has presented courses on the dynamics of supervision in alcoholism treatment agencies, practical group techniques and approaches for counseling alcoholics, teaching clients how to change and sexual identity issues in recovery.

Dr. Finnegan, currently a board member of the National Association of Lesbian and Gay Addiction Professionals (NALGAP), was Co-Founder and Co-National Coordinator of that organization.

She has written, with Emily McNally, *Dual Identities: Counseling Chemically Dependent Gay Men and Lesbians* (Hazelden, 1987), and with T. McGinnis, *Open Family and Marriage: A Guide to Personal Growth* (C. V. Mosby, 1976), as well as papers and articles on helping homosexual alcoholics. She has presented workshops and training seminars on counselors as change agents, group and individual counseling techniques, and counseling gay/lesbian alcoholics to regional and national conferences and organizations. She is an editorial board member of *Alcoholism Treatment Quarterly*, and is Senior Editor of *Journal of Chemical Dependency Treatment*.

Foreword

I am truly honored to have been asked to write the foreword for this special volume on women. The articles in this publication are written by women who have dedicated their lives to improving the quality and availability of alcoholism and drug addictions treatment for women in the United States. As I read the work presented here, I was reminded of the power, richness and diversity that is characteristic of the hundreds of advocates for women's services I have gotten to know and love over the past twenty years. The range of issues covered, from treating chemically dependent lesbians and bisexual women, to using the relational model as a context for treatment, to the role of culture in treatment services and treatment effectiveness, reflect incredible progress and advancements in our understanding of successful therapeutic models that assist women with alcoholism and drug addictions to begin and sustain recovery. It is wonderful to have this opportunity to read the work in this volume and reflect on our progress, especially at a time when so many of the gains we have made in treating women are threatened.

Twenty-five years ago, there was almost no gender specific treatment in this country. In fact, if you suggested that women might require services that were different from men, you were often ridiculed and isolated as a crazy fringe element. This is obviously no longer the case. While the stigma associated with alcoholism and drug addiction among women has not evaporated, even among treatment professionals in the field, the times are radically different.

Today, there are hundreds of programs for women across the

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country. Many of these programs are providing comprehensive and gender specific services for women, their partners, and their families. Programs are providing treatment by and for women in loving and supportive environments where women can get clean and sober, deal with the toll addiction has taken, and rebuild healthy and meaningful lives.

The articles in this collection reflect how much we have learned. We have learned how to break down the barriers that stand in the way of women entering treatment and know what the treatment experience must include once a woman gets there. We have learned that many women enter treatment with long and devastating histories of sexual and physical abuse and need support in integrating these past experiences in order to stay clean and sober. We have learned that culture does make a difference in how women internalize their feelings about addiction and what they need to move forward. We have adopted the work of leading feminist thinkers, especially from the Stone Center at Wellesley College where the relational model discussed in a number of articles here first originated. In short, we have changed the nature of addictions treatment by pushing the boundaries of conventional wisdom and trusting our instincts about the power of trust, identity, and relationships.

The success of these efforts is reflected throughout the writings in this volume. Each article provides some of the best thinking about the challenges of designing and implementing gender specific and culturally relevant treatment.

As I read these articles, I was struck again by how challenging and difficult it will be in the current political and economic climate to sustain the progress we have made and implement the fine recommendations presented here. Federal and state support for alcoholism and drug addictions treatment is being cut dramatically. In this year alone, we face the loss of over five hundred million dollars in federal funding for treatment, prevention and education services. At the same time, the Medicaid program is being cut and sent to the states in block grants. States are transforming their Medicaid programs by moving individuals into managed care systems that provide minimal addictions treatment services. And, support for a comprehensive treatment benefit through private insurers is a phenomenon of the past. It's hard to believe that just one year ago, four separate

Congressional committees included comprehensive drug and alcohol treatment benefits in their health care reform proposals. The public policy on this issue has deteriorated with rapid speed.

There is also a reemergence of a moralistic view of addictions and an increase in “blaming the victim” rhetoric. Congress is moving rapidly to eliminate SSI benefits for individuals who are disabled as a result of their addictions. With the loss of this entitlement will also go Medicaid and access to health care and treatment services. There is also a lot of mean talk about cutting benefits to women on AFDC who are alcoholic and drug dependent with very little emphasis on the importance of treatment in increasing self-sufficiency. Finally, there are rumblings everywhere about poor women who use drugs during pregnancy and recommendations for swift and harsh punishment.

We’re in an uphill battle to sustain the gains made in women’s treatment services in this country over the past twenty years. In fact, it is going to take everything we’ve got. Programs are closing and there are likely to be many more to follow. There is nothing, however, that can take away the knowledge we have gained about what works for women and the successes of our struggle to create safe places where women can meet, talk and support each other in recovery. This is nowhere more evident to me than in the time I spend each week with women in recovery who are incarcerated at the prison in my area. Women at the prison are living in the most extreme conditions of isolation and deprivation. Even so, each week our group meets and creates an environment of support, love and hope for the future. Nothing is more powerful than the spirit of the women gathered together to support each other in recovery.

*Susan Galbraith
Washington, DC*



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Preface

The field of chemical dependency has indeed made significant strides in the past twenty-five years in our understanding of women, addiction and recovery. The transformations inherent in the conceptual framework shift from “an alcoholic (addict) is an alcoholic (addict)” to understanding that addiction is a complex bio-psycho-social-spiritual disease which occurs in the context of women’s lives, are reflected in this creative and thought-provoking collection of articles. The authors represent a wide variety of training and experience, including professionals who come from research, prevention, treatment community organizing and policy-making backgrounds.

In her exploratory study, Laurie Drabble examines the key service elements of effective residential recovery services for alcoholic women. In addition to identifying general themes which emerged from her data, Drabble also summarizes the policy and service delivery implications of her study for women’s treatment. Her article places women’s alcohol and drug treatment services in a historical context as she provides a comprehensive search of the literature on women’s needs in treatment and the barriers to treatment which result in women continuing to be an underserved population.

The next two articles apply the work of the Stone Center for Developmental Studies at Wellesley College on the use of the relational model in treating chemically dependent women. Norma Finkelstein in her article, “Using the Relational Model as a Context for Treating Pregnant and Parenting Chemically Dependent Women,” offers a theoretical model, adapted from the self-in-relation model,

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which aids in understanding women's lives both from a multi-generational and lifespan perspective. Special consideration is given to issues of sexuality, violence and sexual abuse, codependence and parenting.

Similarly, Patricia Cawley and Laurie Markoff explore the effects on client retention of the relational model of multi-systems case management. One particular program, Project Second Beginning, is described in detail, using the clinical examples to more clearly delineate the implementation of this model in the treatment of women's chemical dependency. The importance of relationships among staff as sources of support, personal and professional growth and the prevention of burnout is also discussed within the context of the relational model. In addition, both of these articles explore a central contradiction of society's expectations of women, i.e., how to promote the recovery of women both as individuals and as parents.

In keeping with the understanding that women are not a homogeneous group, with "one size fits all" treatment, Carmella Woll discusses the critical role culture plays in the efficacy of treatment. Woll points out our ethical responsibility as service providers to respect cultural and individual differences. A three-stage cultural assessment model is discussed for planning recovery services in order to identify patterns of beliefs and customs that can assist or hinder women in achieving and maintaining recovery.

Dana Finnegan and Emily McNally explore the multiple traumas many lesbian and bisexual women experience in their long-term recovery from addiction, sexism and the devastating effects of societal homophobia and heterosexism. Integrating the trauma work of Judith Herman, Finnegan and McNally describe why so many lesbians and bisexual women with long-term recovery battle with these complex and painful circumstances; how they do so; and what life and treatment strategies may assist them in their recovery. The authors also discuss the essential treatment responsibilities of therapists engaged in this work

In "HIV, Women and Alcohol Recovery: Risks, Reality and Responses" presented by Benson, Quackenbush and Haas, the much-neglected topic of the importance of providers addressing HIV with women in recovery is discussed. The authors point out the unique issues women in recovery face in relation to the HIV epidemic,