

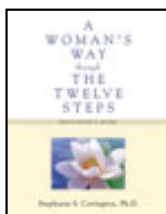
Professional Update

Resources in Treatment and Mental Health



Ask the Expert

Quick Links



Are the Issues Women in Recovery Face Different from the Issues Men in Recovery Face?

When Alcoholics Anonymous (AA) was founded in 1935, most, if not all, of the participants were men. Women's use and abuse of alcohol and other drugs was hidden, along with pervasiveness of domestic violence, incest, and other forms of abuse against women. Until the 1950s it was illegal for films or advertisements in the United States to show women drinking. Before the Women's Movement of the 1960s drew attention to the realities of women's lives, women who attended AA meetings were often invited to make coffee but not to raise issues unique to women.

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Product Highlight



Women and Addiction: A Gender-Responsive Approach

Women's treatment involves more than simply providing women-only group settings. Program

content, staff selection, and even site selection are all components of an environment in which gender-responsive treatment thrives. In this program, Stephanie S. Covington, Ph.D., presents how to create effective recovery services for women and girls--services that reflect an understanding of the realities of their lives and address their unique challenges and strengths. Dr. Covington's comprehensive, integrated approach is based on years of

Research and Funding

Poll Finds Bipartisan Agreement on One Aspect of Health Care Reform: Addiction Treatment

As the debate over health care reform continues on Capitol Hill, a [new national poll](#) shows broad, bipartisan support for ensuring that all Americans have access to alcohol and drug addiction treatment. More than three-quarters of all Americans, including 72 percent of Republicans, 88 percent of Democrats, and 72 percent of Independents, support including addiction treatment in health care reform, according to a new poll released by the Closing the Addiction Treatment Gap (CATG) initiative during National Alcohol and Drug Addiction Recovery month.

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Professional Development

Chicago Addiction Forum

The Therapeutic Alliance and Empathy

Presented by Daniel Frigo, L.C.S.W., M.S.W., Ph.D.

When: November 13, 2009

Where: Newberry Library--Chicago, IL

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Behavioral Health

Fifteen Percent of Those with Co-occurring Disorders Receive Adequate Treatment; the Co-occurring Disorders Partnership Outlines Why Integrated Treatment Is Imperative

The Co-occurring Disorders Partnership offers a wealth of relevant, cutting-edge news, information, and resources for administrators, clinicians, and clients with mental health and substance use disorders at cooccurring.org. Here the Partnership relays what integrated treatment means for addiction and mental health professionals.

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Evidence-Based Resources for Treatment of Co-occurring Disorders



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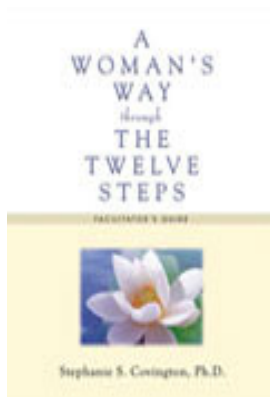
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In the past thirty years, however, we have developed a strong body of research about women's lives and women's addictions. We now know that about 30 percent of all addicts in the United States are women. Many women have entered recovery programs based on the Twelve Steps of AA, and we have discovered that women's needs in recovery and their pathways to recovery differ in some significant ways from those of men.

Historically, addiction-treatment providers have focused primarily on the addiction and assumed that a client's other issues would be dealt with in some other way. However, research clearly shows that a vast majority of addicted women have suffered interpersonal violence and abuse (physical, sexual, and emotional) and that this history drastically increases the chances that a woman will abuse alcohol and other drugs. Furthermore, a history of serious traumatic experiences adversely affects a woman's physical and mental health.

Gender also plays a role in addiction. Effective treatment for women is based on knowledge of women's life experiences and the impact of being female in a male-based society. One of these impacts is that traditional addiction programs designed for men are not best suited to the psychological and social needs of women.

Excerpt from *A Woman's Way through the Twelve Steps Facilitator's Guide* by Stephanie S. Covington, Ph.D.



[A Woman's Way through the Twelve Steps Facilitator's Guide](#)

Softcover, 184 pp.

Author: [Stephanie S. Covington, Ph.D.](#)

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List Price: \$89.95 Each

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Visit the Hazelden [Bookstore Web site](#) to learn more about our treatment programs for women, as well as *A Woman's Way through the Twelve Steps Facilitator's Guide*.

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Poll Finds Bipartisan Agreement on One Aspect of Health Care Reform: Addiction Treatment

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"Addiction treatment is a gaping hole in our current health care system," said former Rep. Jim Ramstad, who served as co-chair of the House Caucus on Addiction, Treatment and Recovery. "If we fail to treat alcohol and drug addictions, we are not only failing those in need, but are adding to the already heavy burden on our communities, our emergency rooms, our prisons, and our families. Americans across the country and the political spectrum have spoken loud and clear: treatment for alcohol and drug addiction should be fully covered in health care reform."

Despite tough economic times, nearly 70 percent of Americans are willing to pay out of their own pockets to make addiction treatment more accessible and affordable. This support is strong across party lines and all income brackets.

"The results of this poll reveal that the public has a good understanding of the quantum scientific advances that have been made in our knowledge about and successful treatment of alcohol and drug addiction. In the context of current reform, we urge policymakers to take action to address and support this major public health problem of addiction," said Richard Carmona, M.D., M. P.H., FACS, 17th Surgeon General of the United States and Distinguished Professor of the Zuckerman College of Public Health at the University of Arizona.

Carmona added, "We would not allow nine of 10 people to remain untreated with any other disease. Including addiction is not only the right thing to do, but it makes financial and social sense as well."

Americans Willing to Pay More to Expand Treatment

Majorities of Americans, including 80 percent of Democrats, 63 percent of Independents and 67 percent of Republicans, support paying two dollars a month more in health care premiums to make addiction treatment more accessible. And 75 percent of Democrats, 67 percent of Independents and 70 percent of Republicans support an additional tax of five cents a drink on beer, wine and liquor.

"Americans of all walks of life recognize that addiction can be a life or death health issue," said Victor Capoccia, director of the CATG initiative. "This poll demonstrates that Americans believe in the value of treatment and they want to see it made more accessible and affordable as part of health care reform."

Lack of Availability, and Knowledge about Availability, Leave Americans Vulnerable

Today, 23 million Americans are addicted to alcohol and drugs; sadly, only one in 10 of them get the treatment they need. Those who sought treatment but were unable to get it report that cost and access issues are among the top barriers to recovery. Nearly half of all respondents (47 percent) say there are not enough treatment services in their community while more than a quarter (27 percent) do not know. Only one in four Americans (26 percent) say there are enough affordable, accessible quality treatment centers and services in their community.

Americans with incomes below \$50,000 are most concerned about the lack of treatment options in their community; nearly half (52 percent) report an inadequate number of treatment centers.

Other groups reporting inadequate treatment options include: African Americans (67 percent), those who know someone with an addiction (58 percent), persons with a family member who is addicted (55 percent), and Americans without health insurance (56 percent).

Addiction Treatment Works, Is Vital to Recovery

The poll also found that 88 percent of Americans say addiction treatment is extremely or very important to helping people get better (including 92 percent of Democrats, 85 percent of Independents and 87 percent of Republicans).

Seventy-seven percent agree that while it is possible to stop on one's own, long-term success is unlikely without treatment and ongoing support (including 78 percent of Democrats, 77 percent of Independents and 77 percent of Republicans).

Conducted by Lake Research Partners, the poll surveyed 1,000 Americans 18 and older between July 25 and July 28, 2009. It has a margin of error of 3.5 percent.

SOURCE: Open Society Institute

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Fifteen Percent of Those with Co-occurring Disorders Receive Adequate Treatment; the Co-occurring Disorders Partnership Outlines Why Integrated Treatment Is Imperative

The Co-occurring Disorders Partnership offers a wealth of relevant, cutting-edge news, information, and resources for administrators, clinicians, and clients with mental health and substance use disorders at cooccurring.org. Here the Partnership relays what integrated treatment means for addiction and mental health professionals.

Current research shows that an integrated approach to treating co-occurring disorders results in the best possible patient outcomes. However, the prevailing approach to psychiatric problems in addiction treatment settings is "addiction-only services," and the approach to substance-related problems in mental health settings is "mental health-only services."

Treatment of Co-occurring Disorders Is Improving

About 50 percent of people with co-occurring disorders never receive concurrent treatment for both disorders. In cases where concurrent treatment is offered, 75 percent to 85 percent of the time those services are not offered in an integrated manner. This probably leaves less than 15 percent of people with co-occurring disorders receiving adequate treatment.

During the past twenty years, increasing efforts have been underway to make positive changes in systems of care. These changes include how, what, and where treatment is delivered, as well as how these services are paid for by third parties such as Medicaid, Medicare, federal block grants, and private insurance companies. Parallel efforts have been occurring even more recently to address workforce issues. In the meantime, current research demonstrates that integrated treatment, which treats both disorders concurrently, offers the best possible outcomes for patients and patients' families.*

Models of Care

Historically, the treatment of co-occurring disorders could be classified into four models, from the most basic to the most sophisticated:

1. Single model of care	This model assumes that if a mental health disorder is addressed, the patient will no longer need to use alcohol or other drugs to cope. Or, it assumes that if a substance use disorder is addressed, the patient will no longer experience symptoms of a mental health disorder.
2. Sequential model of care	This model suggests that a primary condition can be dealt with only when the underlying condition is treated so that it becomes less acute or at least less of an interference.
3. Parallel model of care	Parallel services provide care for both mental health and substance use disorders at the same time, but the services are typically offered in different settings and by different providers.
4. Integrated model of care	In integrated treatment, addiction and mental health services providers collaborate to develop a single treatment plan to address both disorders. They continue to interact and cooperate in the ongoing assessment and treatment of the patient.

Integrated treatment involves:

- accurate detection and diagnosis
- education about substance use and psychiatric disorders, their interaction, and options for treatment
- an exploration of a patient's motivation and commitment to address both addiction and psychiatric problems
- the use of therapy models, including cognitive-behavioral therapy (CBT), that help patients develop new skills, insights, and outlooks
- the appropriate use of psychiatric and addiction medications
- education and support for and from significant others
- recovery check-ups: indefinite, ongoing, and frequent monitoring, both for psychiatric symptoms and substance use relapse

A New Understanding

Treatment professionals need to understand that **treating one disorder will not cause the other disorder to automatically improve**. Both disorders need to be treated at the same time, which is called integrated treatment.

If your primary focus is on substance use disorders	If your primary focus is on psychiatric disorders
<p>Historically, in addiction treatment settings, most psychiatric symptoms were understood to be a result of intoxication, withdrawal, or cravings. Treatment was directly focused on supporting patients through the period of intoxication and withdrawal. Once abstinence officially started, patients' sometimes overwhelming experiences of emotion were seen as a normal part of being newly sober.</p>	<p>Most substance use problems are not detected in mental health settings. Professionals may not be adequately trained; patients themselves may believe that substance use is not the business of mental health practitioners; and few practices may be in place to screen, assess, or diagnose substance-related conditions.</p>
<p>Patients in traditional Twelve Step programs learned that some of these problems might be associated with character defects, which would be analyzed in Step Four and processed in Step Five. Continuing work on these defects would take place in Steps Six and Seven. Many believed that these issues were related to the core disease of alcoholism or addiction, and they thought that by working a solid and continuing program of</p>	<p>Mental health providers have historically assumed that patients with alcohol or drug problems will seek treatment at specialized treatment programs, staffed by specialized treatment providers. The fact is, however, most patients with substance use disorders will never seek or get treatment.</p> <p>In mental health settings, patients with undiagnosed substance-related problems have less favorable outcomes than patients</p>

recovery, the rough edges of these issues would be sanded down. Or, at least, these issues would become less central in recovering patients' day-to-day lives and relationships.

Many patients with co-occurring disorders benefit from and make great strides with this approach. However, research has shown that not everyone benefits from traditional treatments. Many drop out early; some deteriorate and die. Most commonly, people with these disorders *never* get treatment or exposure to peer support groups.

With this evidence in mind, it is now widely accepted that patients with co-occurring disorders may have a less-than-average chance of benefiting from traditional treatments.

There is little evidence that addressing the substance use problem by itself will directly and positively affect the mental health problem.

with mental health problems only. Their substance use is not treated, and they more often drop out of treatment or miss appointments. One study even found that patients with substance use and mental health disorders on mental health providers' caseloads were more likely to be transferred to other practitioners within the clinic. In addition, clinicians were more likely to cancel these patients' appointments. Many mental health providers conceptualized substance-related problems as "symptoms" of underlying conditions.

This treatment approach assumes that substance use is a maladaptive coping or self-medication strategy. Even today, this approach to co-occurring disorders likely persists among mental health providers in routine practice settings.

There is no evidence that addressing the mental health problem by itself will directly and positively affect the substance use problem, if the substance use problem is at the level of a substance use disorder.

For solutions on how to implement integrated treatment in your program, or to access a wealth of information on co-occurring disorders, bookmark the Co-occurring Disorders Partnership at www.cooccurring.org.

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