What are the unique considerations of women with substance use disorders?

How do co-occurring disorders, trauma, and domestic violence relate to women's substance use?

What are key research-based approaches to treatment for women?
Substance Use Disorders, Mental Disorders and Child Welfare

Child abuse and neglect are frequently associated with substance-using or substance-dependent parents;

Child welfare professionals frequently question the possibility of mental disorders in parents;

Many parents may have co-occurring substance use and mental disorders.
Women's Experiences of Co-Occurring Disorders, Trauma, and Domestic Violence

Childhood Abuse
Women with substance use disorders are more likely to report a history of childhood abuse physical, sexual, and/or emotional abuse.

Trauma
Many women with substance use disorders experienced physical or sexual victimization in childhood or in adulthood, and may suffer from PTSD. Alcohol or drug use may be a form of self-medication for people with PTSD and other mental disorders.
Women's Experiences of Co-Occurring Disorders, Trauma, and Domestic Violence

**Domestic Violence**
Women using substances are more likely to become victims of domestic violence.
More likely to become dependent on tranquilizers, sedatives, stimulants, and painkillers, and are more likely to abuse alcohol.

**Co-Occurring Disorders**
Childhood abuse and neglect may contribute to anxiety, depression, PTSD, dissociative disorders, personality disorders, self-mutilation, and self-harming in adults.

Among individuals with substance use problems, more women than men have a second diagnosis of mental illness.
Research-Based Approaches for Treating Women

Treatment Models
Relationship-based; peer support, family support and affinity groups
Child care, transportation, economic support and vocational/job services.

Parenting Role
Cannot be separated from treatment
Treatment programs that accommodate mothers with their children establish trust and engagement.
Research-Based Approaches for Treating Women

CSAT Women and Children Programs – Characteristics of effective treatment programs serving women and their children:

Comprehensive and holistic;

Coordinated with transition services, such as housing and employment, to assist with relapse prevention;

Nurturing environment with peer and staff support;
Family-Based Services Continuum

Level 0: Women’s Treatment, Children and Family NOT Involved
Level 1: Women’s Treatment with Some Family Involvement
Level 2: Women’s Treatment with Children Present; Only Women Have Treatment Plans, No Therapeutic Treatment for Children
Level 3: Parent and Child(ren) Treatment, Women and Attending Children Have Treatment Plans
Level 4: Family Services, Women and Children Have Treatment Plans
Level 5: Family-Centered Treatment, Each Family Member Has a Treatment Plan and Received Services
The guidelines contain 25 key areas of focus, referred to as elements.

From the Comprehensive Model
(Werner, Young, Dennis & Amatetti, 2007)
Elements

1. Outreach and Engagement
2. Screening
3. Assessment
4. Substance Abuse Counseling/Education
5. Crisis Intervention
6. Treatment Planning
7. Coordinated Case Management
8. Continuing Care
9. Medication-Assisted Treatment
10. Drug Monitoring
11. Detoxification
12. Medical Care/Primary Health Care
13. Mental Health
Elements

14. Trauma/Violence
15. Life Skills
16. Advocacy
17. Family Strengthening
18. Parenting Skills and Child Development Education
19. Housing Supports and Assistance
20. Education and Employment/Vocational Support
21. Linkages with Social Services and the Child Welfare System
22. Recovery and Community Support Services
23. Transportation
24. Child Care and Child Development Services
25. Recreational Services

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) with assistance from The Women’s Services Network (WSN)
I. PERINATAL PROGRAM REQUIREMENTS

A. Target Population

To be eligible for perinatal funding, a program must service women who are either:

- Pregnant and substance using; or
- Parenting and substance using, with a child(ren) ages birth through 17. Parenting also includes a woman who is attempting to regain legal custody of her child(ren).
New Mexico Perinatal Services Network Guidelines

PROPOSED

B. Admission Priority

Priority admission for all women in perinatal funded services must be given in the following order:

1. Pregnant injection drug users;
2. Pregnant substance users;
3. Parenting injection drug users; and
4. Parenting substance users.
C. Referral to Other Programs and Interim Services

1. When a program is unable to admit a substance-using pregnant woman because of insufficient capacity or because the program does not provide the necessary services, referral to another program must be made and documented.

Pregnant women must be referred to another program or provided with interim services no later than 48 hours after seeking treatment services. Pregnant women receiving interim services must be placed at the top of the waiting list for program admission.
D. Women-Specific Treatment and Recovery Services

Programs must provide or arrange for gender-specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse, and parenting.
E. Case Management

Programs must provide or arrange for sufficient case management to ensure that women and their children have access to primary medical care, primary pediatric care, gender-specific substance abuse recovery and treatment, and other needed services.
F. Transportation

Transportation must be provided or arranged for to and from the recovery and treatment site, and to and from ancillary services for women who do not have their own transportation.
G. Child Care

Child care must be available for program participants' children while the women are participating in on-site treatment program activities and off-site ancillary services. Child care may be provided on-site, either through a licensed program or a licensure-exempt cooperative. Children may also be referred to licensed or licensure-exempt child care facilities off-site. Activities for children may include efforts to address their developmental needs, sexual and physical abuse, and neglect issues.
H. Education Components

Programs must provide or arrange for the following services:

- Educational/vocational training and life skills resources;
- TB and HIV education and counseling;
- Education and information on the effects of alcohol and drug use during pregnancy and breast feeding; and
- Parenting skills building and child development information.
I. Primary Medical Care and Pediatric Care

Programs are required to provide or arrange for primary medical care for women in treatment, including referrals for prenatal care. They also must provide or arrange for primary pediatric care, including immunizations, for dependent children.

Programs providing direct primary medical care for women and/or primary pediatric care for dependent children must seek alternative funding for these services before using federal prenatal funds.
New Mexico Perinatal Services Network Guidelines
PROPOSED

J. Administration

1. Reporting Requirements
   Once admitted into a perinatal program, a woman’s participation must be documented.

2. Fund Source Requirements
   Counties must implement procedures to ensure the requirements of the SAPT Block Grant, the Perinatal Set Aside are met.
3. **Public Notice and Outreach**

Counties must publicize that pregnant women are given preference in admission to recovery and treatment programs and encourage women in need of treatment services to access them. Public notice may include street outreach, printed material, multimedia messages, interagency collaboration, and/or networking.
NM Perinatal Services Network
Guidelines – PROPOSED
Administration – con’t.

4. Program Monitoring
The Single Entity (SE) is responsible for contracting with providers, ensuring that all perinatal programs meet their contractual requirements, and ensuring that quality services are provided. Monitoring plan may include, but are not limited to, the following:

- Site visits to the program;
- Provider monthly, quarterly, and/or year end progress reports;
- Regular telephone contacts with the providers; and
- Program participant satisfaction surveys.
C. Referral to Other Programs and Interim Services (con’t.)

2. Injection drug-using women must be either:
   a. admitted to a program no later then 14 days after making the request; or
   b. admitted to a program within 120 days after making the request, in interim services are provided.

3. To assist program in making appropriated referrals, each county must make available a current directory of its community resources.
C. Referral to Other Programs and Interim Services (con’t.)

4. Interim services are defined as:
   • referrals for prenatal care;
   • Education on the effects of alcohol and drug use on the fetus; and
   • Referrals based on individual assessments that may include, but are not limited to: self-help recovery groups; pre-recovery and treatment support groups; sources for housing; food and legal aid; case management; children’s services; medical services; and Temporary Assistance to Needy Families (TANF) services.
New Mexico SAPT Block Grant
Funded Women’s Treatment Programs

1. **Crossroads for Women** – Carlsbad, NM
   Crossroads is a 120-day residential treatment program, structured for motivated mothers who are ready to deal with their alcohol or drug addictions.

2. **Milagro Program** – UNMH, Albuquerque, NM
   As a perinatal substance abuse prevention and treatment program, Milagro provides an array of specialized services to pregnant and postpartum women with current and/or past history of alcohol and/or other drugs. The Milagro program provides gender sensitive, comprehensive care through its outpatient clinic setting and its residential treatment center, known as Casita de Milagros.

3. **Addiction & Substance Abuse Program (ASAP)** – UNM, Albuquerque, NM
   ASAP specializes in providing diverse proven substance abuse and mental health treatment, including specialized services for women. ASAP provides services to adults and adolescents with a primary substance abuse diagnosis and/or individuals who have a substance abuse disorder along with other mental health issues.
An Invitation

Help New Mexico move toward Family-Centered Treatment

Join the Helping Women Recovery Workgroup
HWRW

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Thank you!

Questions