

# Considerations for Male Clinicians Treating Women with Substance Use Disorders (SUDs)

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# Learning Objectives

Explore considerations for men working with women who have SUDs, including application of

- a. Recovery oriented principles
- b. Trauma-informed care
- c. Evidence-based practices



# Clinical Vignette

- Unhoused middle-aged African American woman with SUD, Bipolar Disorder and PTSD.
- Timeline - course of treatment and progressive goal identification and attainment over 3+ years
- Follow up (6 years later)



Photo by [Nadine Shaabana](#) on [Unsplash](#)

# Taking the First Steps...



# Four Major Dimensions That Support Recovery

*A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.*

- **Home:** a stable and safe place to live;
- **Health:** overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support *physical and emotional wellbeing*.
- **Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- **Community:** relationships and social networks that provide support, friendship, love, and hope.

SAMHSA, Retrieved 12/27/24 - <https://www.samhsa.gov/find-help/recovery>

# Ten Guiding Principles of Recovery

- Hope
- Person-Driven
- Many Pathways
- Holistic
- Peer Support
- Relational
- Culture
- Address Trauma
- Strengths/Responsibility
- Respect



Retrieved 12/23/24 - <https://store.samhsa.gov/product/samhsas-working-definition-recovery/pep12-recdef>

# Core Values of Trauma-Informed Care

- Safety
- Peer Support / Mutual Aid
- Trustworthiness and Transparency
- Choice
- Collaboration
- Empowerment
- Cultural, Historical and Gender Issues

Fallot & Harris, 2008; Washaw & Zapata-Alma, 2021; SAMHSA – Retrieved 12/23/24 - <https://www.samhsa.gov/find-help/trauma/trauma-informed-approaches-programs>

# Safety

Ensure the physical and emotional safety of consumers and staff

- Welcoming physical space and interpersonal stance
- How engaging are the initial procedures? Are first contacts welcoming and respectful?
- What is seating like in the reception area? Individual chairs vs. love seats/sofas
- Are there private areas for confidential conversations? Are sessions free of interruptions and outside office distractions?
- Promote safety self-care
- Process when safety concerns arise



# Peer Support

- For many, reciprocal peer support and mutual aid promotes recovery and healing (SAMHSA, 2021).
- Involve family members and community to build a network of safety and support (SAMHSA, 2021).
- Help build collaborative staff/peer relations, where self-advocacy and self-empowerment are modeled and valued.

Fallot & Harris, 2008; SAMHSA 2021, SAMHSA – Retrieved 12/23/24 - <https://www.samhsa.gov/find-help/trauma/trauma-informed-approaches-programs>

# Trustworthiness and Transparency

- Ensure consistency in practice
- Maintain Boundaries
- If there is a schedule, adhere to it. Inform in advance of changes to the schedule.
- Inform of the treatment risks and benefits so they know what to expect. Offer a genuine choice to withhold consent or give partial consent.
- Recognize when there is a need to play an advocacy role. Promote advances in policy and practice. Promote self-advocacy.
- Be authentic

Fallot & Harris, 2008; Washaw & Zapata-Alma, 2021; SAMHSA – Retrieved 12/23/24 - <https://www.samhsa.gov/find-help/trauma/trauma-informed-approaches-programs>

# Choice

- Honor preferences regarding service type, how crisis situations will be handled (establish in advance)
- Offer small choices that make a difference – “When would you like me to call or would you prefer to contact me?” “What is the best number?”
- Ask for permission when giving information and advisement
- Make sure options are really understood and choices are based on what is wanted for self
- Allow support persons to attend meetings/sessions.

# Collaboration

- Importance is placed on partnering and leveling power between clinician (staff) and clients (service participants)
- Center on the client's self-defined goals and concerns, recognizing how these change over time is indicative of progress and a life embedded in full remission from SUD.
- Regarding programs, invite active partnering from women client in evaluating what is going well and what needs to be changed or revised.

# Empowerment

- Convey respect and empathetic understanding regarding past and present challenges.
- Rather than ask “What is your problem,” ask “What has happened? How have you tried to deal with it?”
- Rather than saying, “This is what needs to happen. You can’t do or act this way,” or ask, “How can we work together to meet your goals?”
- Prioritize empowerment by validating the experience of having a voice and choice.

Fallot & Harris, 2008; Washaw & Zapata-Alma, 2021; SAMHSA – Retrieved 12/23/24 - <https://www.samhsa.gov/find-help/trauma/trauma-informed-approaches-programs>

# Cultural, Historical, & Gender Issues

- Consider issues of culture, marginalization, historical and systemic oppression, stigma, shame, context and community.
- Understand symptoms as adaptive responses to intolerable experiences and danger.
- Promote overall health rather than focus solely on substance use; include a holistic connection between body, mind, and spirit.
- Develop opportunities to build alliances and relationships with women (including staff and other clients) from other groups and cultures.
- Male clinician– “Be open to what I don’t know and what I can learn you, the client.”

# Considering Exposure vs. Non-Exposure Approaches for Co-occurring Trauma and SUD

- Even therapists trained to use exposure therapy report using with 58% of their cases with PTSD (Litz et al, 1990, as cited in Mueser et al., 2009).
- Attrition rates can be high (McGovern et al., 2009).
- Studies show exposure approaches are less effective with people who don't have anxiety as the dominant negative emotion (e.g., less helpful when anger, shame, and guilt are the most troubling emotion (Foa, Riggs, Massie, & Yarczower, 1995; Pitman et al., 1991; Risick, et al. 2002; Smucker, Gurnet, & Weis, 2003; as cited in Mueser et al., 2009).

# Considering Exposure vs. Non-Exposure Approaches for Co-occurring Trauma and SUD cont.

- Evidence supports exposure-based approaches with survivors of sexual assault, combat and accidents (Benish et al., 2008 as cited in Mueser et al., 2009).
- van Minnen, A., Harned, M.S., Zoellner, L., & Mills, K (2012) literature review concluded that people can benefit from exposure-based therapy when integrated concurrently with SUD treatment with those who were abstinent for 3+ mos. or SUD only.
- However, most people who have borderline personality disorders, present suicidal ideations and recent attempts, and those who are currently psychotic.



# Consider Non-Exposure-Based Trauma and SUD Interventions When SU is Active

- Start with trauma-informed care
- Provide psychoeducation
- Start skill-building immediately
- Seeking Safety
- CBT Cognitive Restructuring
- Present-focused coping skills

# Invite Family Involvement

- Begin with trauma-informed care
- Strive to help family members be optimal supports for the client
- May involve defining “family” as including people not parr of the biological family of origin
- Help with learning and practicing problem solving, communication and coping skills
- Psychoeducation – addiction, psychiatric conditions, trauma
- Help clients develop tools for creating their own support system and / or repairing or replacing hurtful relationships. The trusting relationships with clinicians and peers can be a basis for this essential work.

# Evidence-based Integrated Treatment for Co-Occurring Disorders

- Stage-wise interventions
- Assertive outreach
- Motivational Interviewing
- Substance use counseling and recovery mgt (CBT, Relapse Prevent).
- Family interventions
- Mutual aid group facilitation
- Integrated physical health approaches (including psychiatric care)
- Comprehensive Care – Individual Placement and Support (IPS), Permanent Supported Housing (PSH)/Housing First

# Maintaining a Recovery and Trauma-Informed Perspective

- Honor self-direction, individual choice and self-determination.
- Assess stage of change and ensure that treatment and expectations are consistent.
- Provide continuity of treatment.
- Acknowledge that recovery is a long-term process.
- Be guided by principles of recovery and trauma-informed care.



# Questions and Comments

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