

Reproducible Materials

from *Treating Women with Substance Use Disorders:
The Women's Recovery Group Manual* by Shelly F. Greenfield

PARTICIPANT MATERIALS

Materials for Participants for the Pre-Group Meeting

- Participant Sheet PG.1 [Pre-Group Meeting Information: What You Need to Know to Help Yourself in Your Recovery](#)
Participant Sheet PG.2 [List of Sessions and Topics](#)
Participant Sheet PG.3 [Readings and Resources for Recovery](#)

Session-Specific Participant Materials

- Participant Sheet 1.1 [Session 1 Overview: The Effect of Drugs and Alcohol on Women's Health](#)
Participant Sheet 1.2 [Session 1 Take-Home Messages](#)
Participant Sheet 1.3 [Session 1 Skill Practice: The Effect of Drugs and Alcohol on Women's Health](#)
Participant Sheet 2.1 [Session 2 Overview: How to Manage Triggers and High-Risk Situations](#)
Participant Sheet 2.2 [Session 2 Take-Home Messages](#)
Participant Sheet 2.3 [Session 2 Skill Practice: How to Manage Triggers and High-Risk Situations](#)
Participant Sheet 3.1 [Session 3 Overview: Overcoming Obstacles to Recovery](#)
Participant Sheet 3.2 [Session 3 Take-Home Messages](#)
Participant Sheet 3.3 [Session 3 Skill Practice: Overcoming Obstacles to Recovery](#)
Participant Sheet 4.1 [Session 4 Overview: Managing Mood, Anxiety, and Eating Problems without Using Substances](#)
Participant Sheet 4.2 [Session 4 Take-Home Messages](#)
Participant Sheet 4.3 [Session 4 Skill Practice: Managing Mood, Anxiety, and Eating Problems without Using Substances](#)
Participant Sheet 5.1 [Session 5 Overview: Women and Their Partners: The Effect on Recovery](#)
Participant Sheet 5.2 [Session 5 Take-Home Messages](#)
Participant Sheet 5.3 [Session 5 Skill Practice: Women and Their Partners: The Effect on Recovery](#)
Participant Sheet 6.1 [Session 6 Overview: Coping with Stress](#)
Participant Sheet 6.2 [Session 6 Take-Home Messages](#)
Participant Sheet 6.3 [Session 6 Skill Practice: Coping with Stress](#)
Participant Sheet 7.1 [Session 7 Overview: Women as Caretakers: Can You Take Care of Yourself While You Are Taking Care of Others?](#)
Participant Sheet 7.2 [Session 7 Take-Home Messages](#)

Participant Sheet 7.3	Session 7 Skill Practice: Women as Caretakers: Can You Take Care of Yourself While You Are Taking Care of Others?
Participant Sheet 8.1	Session 8 Overview: Using Self-Help Groups to Help Yourself
Participant Sheet 8.2	Session 8 Take-Home Messages
Participant Sheet 8.3	Session 8 Skill Practice: Using Self-Help Groups to Help Yourself
Participant Sheet 9.1	Session 9 Overview: Women's Use of Substances through the Life Cycle
Participant Sheet 9.2	Session 9 Take-Home Messages
Participant Sheet 9.3	Session 9 Skill Practice: Women's Use of Substances through the Life Cycle
Participant Sheet 10.1	Session 10 Overview: Violence and Abuse: Getting Help
Participant Sheet 10.2	Session 10 Take-Home Messages
Participant Sheet 10.3	Session 10 Skill Practice: Violence and Abuse: Getting Help
Participant Sheet 11.1	Session 11 Overview: The Issue of Disclosure: To Tell or Not to Tell?
Participant Sheet 11.2	Session 11 Take-Home Messages
Participant Sheet 11.3	Session 11 Skill Practice: The Issue of Disclosure: To Tell or Not to Tell?
Participant Sheet 12.1	Session 12 Overview: Substance Use and Women's Reproductive Health
Participant Sheet 12.2	Session 12 Take-Home Messages
Participant Sheet 12.3	Session 12 Skill Practice: Substance Use and Women's Reproductive Health
Participant Sheet 13.1	Session 13 Overview: Can You Have Fun without Using Drugs or Alcohol?
Participant Sheet 13.2	Session 13 Take-Home Messages
Participant Sheet 13.3	Session 13 Skill Practice: Can You Have Fun without Using Drugs or Alcohol?
Participant Sheet 14.1	Session 14 Overview: Achieving a Balance in Your Life
Participant Sheet 14.2	Session 14 Take-Home Messages
Participant Sheet 14.3	Session 14 Skill Practice: Achieving a Balance in Your Life

THERAPIST MATERIALS

Check-In and Check-Out Sheets

[Check-In Sheet](#)

[Check-Out Sheet](#)

Bulletin Board Posters

[Women's Recovery Group Theme](#)

[Women's Recovery Group Central Recovery Rule](#)

[Common Symptoms of Substance Problems](#)

Bulletin Board Outlines and Take-Home Messages

Bulletin Board Outline for Session 1: [The Effect of Drugs and Alcohol on Women's Health](#)

Take-Home Messages for Session 1: [The Effect of Drugs and Alcohol on Women's Health](#)

Bulletin Board Outline for Session 2: [How to Manage Triggers and High-Risk Situations](#)

Take-Home Messages for Session 2: [How to Manage Triggers and High-Risk Situations](#)

Bulletin Board Outline for Session 3: [Overcoming Obstacles to Recovery](#)

Take-Home Messages for Session 3: [Overcoming Obstacles to Recovery](#)

Bulletin Board Outline for Session 4: [Managing Mood, Anxiety, and Eating Problems without Using Substances](#)

Take-Home Messages for Session 4: [Managing Mood, Anxiety, and Eating Problems without Using Substances](#)

Bulletin Board Outline for Session 5: [Women and Their Partners: The Effect on Recovery](#)

Take-Home Messages for Session 5: [Women and Their Partners: The Effect on Recovery](#)

Bulletin Board Outline for Session 6: [Coping with Stress](#)

Take-Home Messages for Session 6: [Coping with Stress](#)

Bulletin Board Outline for Session 7: [Women as Caretakers: Can You Take Care of Yourself While You Are Taking Care of Others?](#)

Take-Home Messages for Session 7: [Women as Caretakers: Can You Take Care of Yourself While You Are Taking Care of Others?](#)

Bulletin Board Outline for Session 8: [Using Self-Help Groups to Help Yourself](#)

Take-Home Messages for Session 8: [Using Self-Help Groups to Help Yourself](#)

Bulletin Board Outline for Session 9: [Women's Use of Substances through the Life Cycle](#)

Take-Home Messages for Session 9: [Women's Use of Substances through the Life Cycle](#)

Bulletin Board Outline for Session 10: [Violence and Abuse: Getting Help](#)

Take-Home Messages for Session 10: [Violence and Abuse: Getting Help](#)

Bulletin Board Outline for Session 11: [The Issue of Disclosure: To Tell or Not to Tell?](#)

Take-Home Messages for Session 11: [The Issue of Disclosure: To Tell or Not to Tell?](#)

Bulletin Board Outline for Session 12: [Substance Use and Women's Reproductive Health](#)

Take-Home Messages for Session 12: [Substance Use and Women's Reproductive Health](#)

Bulletin Board Outline for Session 13: [Can You Have Fun without Using Drugs or Alcohol?](#)

Take-Home Messages for Session 13: [Can You Have Fun without Using Drugs or Alcohol?](#)

Bulletin Board Outline for Session 14: [Achieving a Balance in Your Life](#)

Take-Home Messages for Session 14: [Achieving a Balance in Your Life](#)

Therapist Self-Assessment and Resources

[Therapist Self-Assessment in Conducting the Women's Recovery Group](#)

[Additional Resources for Therapists](#)

Pre-Group Meeting Information: What You Need to Know to Help Yourself in Your Recovery

Please read this sheet. Your therapist will review it with you during your pre-group meeting. You and the therapist will sign this sheet. The therapist will keep a copy and will give you a copy to keep for yourself.

Show up to the group, no matter how you feel. It is hard to get better without making use of the help and support that is available to you. There are times you may be tempted to quit the group. This may happen because you are not doing well and think that the group won't help you. Or it may happen because you are doing well and think you no longer need the group. There may be other reasons as well. It is important, however, that no matter how you are feeling, you come to group. It is important for your own recovery. Also, as a part of a group, your absence will definitely affect others (even if you don't think so). You are needed for the group to work both for you and for the other group members.

Participate. There are four levels of participation. Participation includes (1) weekly attendance at group; (2) active listening to others in the group; (3) sharing, responding to others, and asking questions; and (4) doing the skill practices between groups. The Women's Recovery Group asks that you participate in each of these ways that you find comfortable. The more effort and participation you put in, the greater the potential gains you will make. Ideally, you will be able to participate at all four levels, but it is important that you participate within your zone of comfort.

Be honest. Your honesty in reporting your substance use and other life circumstances is essential for getting better. Also, please be honest with the group leader if you have a negative reaction to the group or to a particular session.

Stay focused on your own recovery, not that of others. Do not compare yourself to others. Comparisons at this stage will not help. Remember that everyone in the group shares a number of experiences and symptoms of substance use problems and substance use disorders or she would not be in the group. However, the path to recovery may be different for each person. Just keep trying to do *your* best. Also, remember to respect the confidentiality and privacy of other group members. What is said in the group, stays in the group.

Be aware that others in the group may be in a better or worse situation than you. The value of a group, in terms of symptoms, is that people who are still using substances or struggling to remain abstinent can learn from those who are already abstinent. If you are further along, you can reinforce your recovery by participating in discussion with people who are at an earlier stage than you.

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Be aware that the philosophy of this group is abstinence from substances of all types. Any substance can impair your judgment and ability to remain abstinent from other substances, as well as block your general growth and emotional development. While at first you may have mixed feelings about giving up substances entirely, it is necessary to be open to this idea and work on attaining this goal.

Complete the skill practices between sessions. Skill practice exercises are an important way to learn. Not completing your skill practices may be a sign of self-neglect; working on them is a way of taking care of yourself.

Patient Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

Readings and Resources for Recovery

Informational Websites

- National Institute on Drug Abuse (NIDA): www.nida.nih.gov
- National Institute on Alcohol Abuse and Alcoholism (NIAAA): www.niaaa.nih.gov
- Substance Abuse and Mental Health Services Administration (SAMHSA): www.samhsa.gov
- National Institute of Mental Health (NIMH): www.nimh.nih.gov/health/topics/index.shtml
- National Center on Domestic Violence, Trauma, and Mental Health: www.nationalcenterdvtraumamh.org
- National Women's Health Information Center (NWHIC): www.4woman.gov
- Centers for Disease Control and Prevention. (2013). Binge drinking: A serious, underrecognized problem among women and girls. *CDC Vital Signs*. Retrieved July 16, 2013, from www.cdc.gov/VitalSigns/BingeDrinkingFemale/index.html.
- NIDA: Medical Consequences of Drug Abuse. <http://nida.nih.gov/consequences>
- Helping Women Quit Smoking: <http://women.smokefree.gov>
- Safer Sex Skills Building (SSSB): <http://ctndisseminationlibrary.org/display/398.htm>
- Prescription Painkiller Overdoses: A Growing Epidemic, Especially among Women: www.cdc.gov/vitalsigns/prescriptionpainkilleroverdoses/

Self-Help Group Websites

- Alcoholics Anonymous (AA): www.aa.org
- Cocaine Anonymous (CA): www.ca.org
- Narcotics Anonymous (NA): www.na.org
- SMART Recovery: www.smartrecovery.org
- Al-Anon/Alateen: www.al-anon.alateen.org

Publications of Interest

- Benderly, B. L. (1997). *In her own right: The Institute of Medicine's guide to women's health issues*. Washington, DC: National Academy Press.
- Davis, M., Eshelman, E. R., & McKay, M. (2008). *The relaxation and stress reduction workbook* (6th ed.). Oakland, CA: New Harbinger.
- Knapp, C. (1997). *Drinking: A love story*. New York: Random House.
- National Center on Addiction and Substance Abuse at Columbia University (NCASA). (2013). *Women under the influence*. Baltimore: Johns Hopkins University Press.
- NIAAA: Alcohol: A Women's Health Issue: <http://pubs.niaaa.nih.gov/publications/brochurewomen/women.htm>.
- NIAAA: Are Women More Vulnerable to Alcohol's Effects?: <http://pubs.niaaa.nih.gov/publications/aa46.htm>.
- NIAAA: Women and Alcohol: An Update: <http://pubs.niaaa.nih.gov/publications/arh26-4/toc26-4.htm>.
- NIDA Notes: A Collection of Articles that Address Women's Health and Gender Differences: www.drugabuse.gov/NIDA_Notes/NN0013.html.
- Scott, L. (2003). *The sober kitchen: Recipes and advice for a lifetime of sobriety*. Boston: Harvard Common Press.

Session 1 Overview: The Effect of Drugs and Alcohol on Women's Health

Common Symptoms of Substance Problems and Substance Use Disorders

- Increasing the amount of the substance(s) used over time.
- Trying repeatedly but unsuccessfully to cut down or stop using substances.
- Spending an increasing amount of time using substances, often leading to decreasing time spent in other activities related to work, school, relationships, or recreation.
- Craving the substance(s) when you are not using.
- Continuing to use substances despite knowing they cause or worsen problems with work, family, school, relationships, or other activities.
- Using substances despite knowing they cause physical or mental health problems or when they may be physically dangerous to use.
- Developing tolerance to the substance over time (i.e., developing a need for more of the substance in order to achieve the desired or usual effect).
- Experiencing withdrawal symptoms when substance use stops or is reduced.

Telescoping Course of Illness

- Women's substance use disorders progress more rapidly from first using to first having problems with substances.
- Women get sicker faster using less alcohol or drugs.
- This telescoping course is true for both alcohol and other substances (e.g., cocaine and opioids).
- Women can have more severe health effects from substance problems than men.

Alcohol

- Major problem of binge drinking in women in the United States (ages 18–34 especially).
- Metabolized differently by men and women.
- Women have less enzyme in stomach lining to metabolize (break down) alcohol—more is absorbed as pure alcohol (i.e., ethanol) into bloodstream than in men.
- Women have less total body water than men; alcohol is distributed in total body water; ounce per ounce of alcohol consumed, women's blood alcohol concentration is higher than men's.
- May account for some of the telescoping course and adverse health consequences for women (including effects on heart, liver, lungs, and brain) as well as reproductive health effects and increased breast cancer risk.

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Cocaine

- Women using cocaine are more likely to smoke cigarettes than men.
- Women are more likely to have physical problems such as headaches, visit the emergency department.
- May have problems with menstrual cycle function, infertility.
- Other physical effects include increased heart rate and blood pressure.

Opioids

- Women become more rapidly addicted than men.
- Greater risk of death from heroin dependence than men.
- Injection drug users have greater mortality overall; women greater than men.
- Negative effects: overdose deaths, HIV/AIDS, hepatitis C, other physical consequences.
- Women have greater medical consequences but are less likely to access any medical care.

Marijuana

- Anxiety, panic attacks, paranoia most common reported health consequences, as well as memory impairment.
- Longer term effects on cognitive abilities including memory problems.
- Women who are frequent users may have greater impaired memory than men who use.
- Prolonged exposure to tar and other irritants in marijuana cigarettes can lead to lung issues.
- Possible increased risk of all these effects in women who smoke marijuana compared with men.

Neglected Self-Care

- While using, women often neglect themselves emotionally and physically.
- Emotional neglect can mean not doing the things necessary to nurture yourself.
- Women may neglect regular checkups, preventive care, or neglect other healthful activities, such as exercise or eating well.
- Neglecting your own needs can lead to unintended and unprotected sexual encounters.

Session 1 Take-Home Messages

1. Each drug has specific types of direct, negative effects on women's health.
2. For alcohol and drugs, women can experience a telescoping effect on the progress of their illness and the rapid advancement of these negative health effects and medical consequences.
3. Women's health, both physical and psychological, is also negatively affected by self-neglect.
4. This may lead to women neglecting to get routine physical health care.
5. It may also lead women to have sexual encounters that were unintended, unprotected, or done in order to obtain more drugs. These sexual encounters pose additional risks for women's health.
6. What you can do to be as healthy as possible:
 - **Be abstinent from drugs and alcohol.** Be on the road to recovery, and abstain from drugs. Many health effects are reversible, and others will stop worsening if you stop using.
 - **Get healthy.** See your primary care doctor or other clinician and sign up for routine physical checkups. Consult with your doctor about any adverse health conditions and what you can do to help care for yourself.
 - **Decrease self-neglect and increase self-care.** You can start by getting a physical exam. But don't let it stop there. What other things can you do to stay healthy? Exercise? Eat right? All of these things can help you be healthier and feel better, which in turn can help you continue your recovery and not use drugs and alcohol.

Session 1 Skill Practice: The Effect of Drugs and Alcohol on Women's Health

(Please do this Skill Practice before the next group and bring it with you to the next session for the discussion at the beginning of group.)

1. List the symptoms of substance use problems that you recognize in your own experience: ____

2. List any direct effects on your health that you think substances have had: ____

3. List any ways that you think substance use has led to neglect of self-care in your experience: ____

4. What have you done in the past to contribute to your own self-care and promote your own health? ____

5. List at least two ways you will contribute to self-care and your own health this week: ____

Session 2 Overview: How to Manage Triggers and High-Risk Situations

What Is a Trigger?

- Any person, place, or thing that increases your urge to use drugs or alcohol.
 - **Internal:** thoughts and feelings.
 - **External:** people, places, situations, or things.

High-Risk Situations

Internal

- Feelings: loneliness, anger, anxiety, exhaustion, among others.
- Thoughts: “What difference does it matter if I use just once?” or “No one cares about me.”
- Physical discomfort: acute or chronic pain.

External

- People: seeing dealer, hanging around friends who use, seeing friend/relative who always criticizes.
- Places: passing bar or liquor store, or place where you often used or bought drugs and alcohol.
- Things: money, cigarettes, liquor bottle, or drug paraphernalia.

Other High-Risk Situations

- Interpersonal conflict: arguments with family/partner/siblings/friends, or difficulties with employer/coworkers/other students.
- Social pressure: family/partner/friends putting pressure on you to use.

Gender Differences in Facing Triggers

- Women tend to relapse in negative mood states (e.g., depression).
- Women often use drugs or alcohol with a significant other.
- Negative mood states associated with premenstrual cycle also may be triggers.

Drug or Alcohol Availability

- Conditioned cues: alcohol or drugs, or internal or external experiences associated with alcohol or drug use.
- Conditioned responses: reactions to these cues, based on prior experiences.

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Avoiding High-Risk Situations

- Identify high-risk situations.
- Develop plan to avoid these situations.

Facing Unavoidable High-Risk Situations

- Don't face the situation alone.
- Do self-nurturing activities.
- Create structure in your day by scheduling tasks and activities.
- Distract yourself to manage internal triggers.

What to Do to Avoid or Manage High-Risk Situations

- Make a list of current and past high-risk situations.
- Which are internal?
- Which are external situations?
- Divide the list into avoidable and unavoidable situations.
- Develop a list of ways to avoid the ones that you can.
- Develop a list of ways to manage the unavoidable ones.

Examples of Some Triggers and Coping Strategies Identified by Women in Recovery

Use these lists when you do your skill practice for this session. (Circle any of these that are triggers for you. Add your own triggers to this list.)

Triggers

- Being in restaurants.
- Anxiety.
- Making dinner.
- Relationships or a particular relationship.
- Anger.
- Writing a letter that is difficult to write.
- Anniversary of a death.
- Watching a partner drink or use.
- Hurtful action by someone else (such as forgetting your birthday).
- Feeling sorry for yourself.
- Anger from relatives directed at you.
- Powerful strong difficult feelings (such as hatred).
- Guilt.
- Feeling imperfect.
- Drugs and alcohol being used by people in the household.

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- Separation.
- Doing paperwork (want to use to get through it).
- Family/children's/parent's/sibling's/partner's demands/needs.
- Dreaming about using.
- Nightmares.
- Depression.

Ways to Cope with Triggers

(Circle any of these that might be good ways for you to cope with your triggers.)

- Take care of others (but not at the expense of taking care of yourself).
- Exercise (unless this is not good for you due to another health condition).
- Make lists.
- Go to the gym (unless this is not good for you due to another health condition).
- Read.
- Take a bath.
- Get a massage if you can.
- Go to the movies.
- Be with people you like (who don't use).
- Get additional treatment if needed for substance use disorders or other psychiatric disorders (can include individual therapy, the WRG, self-help, etc.).
- Take care of responsibilities (will give you a feeling of accomplishment).
- Get rid of that bottle of wine for cooking in the refrigerator.
- Get rid of other substances that are around you.
- Start a journal or, if you have one, write in your journal.
- Do something positive to commemorate a loved one who is gone.
- Go to work or school.
- Write a goodbye note to someone you need to separate from.
- Talk with your significant other about what is going on or what you are feeling.
- Sleep a lot if you need to get rest.
- Rent movies or watch a favorite TV program.
- Find/go to an AA or other self-help meeting you really like.
- Altruism: do something for others to take your mind off yourself.
- Take time for yourself to do something you like.
- Garden.
- Go to church, synagogue, or other house of worship or service.
- Do yoga.
- Practice meditation or mindfulness.
- Take a walk.
- Listen to music you enjoy.
- Use your sponsor if you have one.
- Limit your access to money that you would spend on alcohol or drugs.
- Get rid of any drug paraphernalia.

Session 2 Take-Home Messages

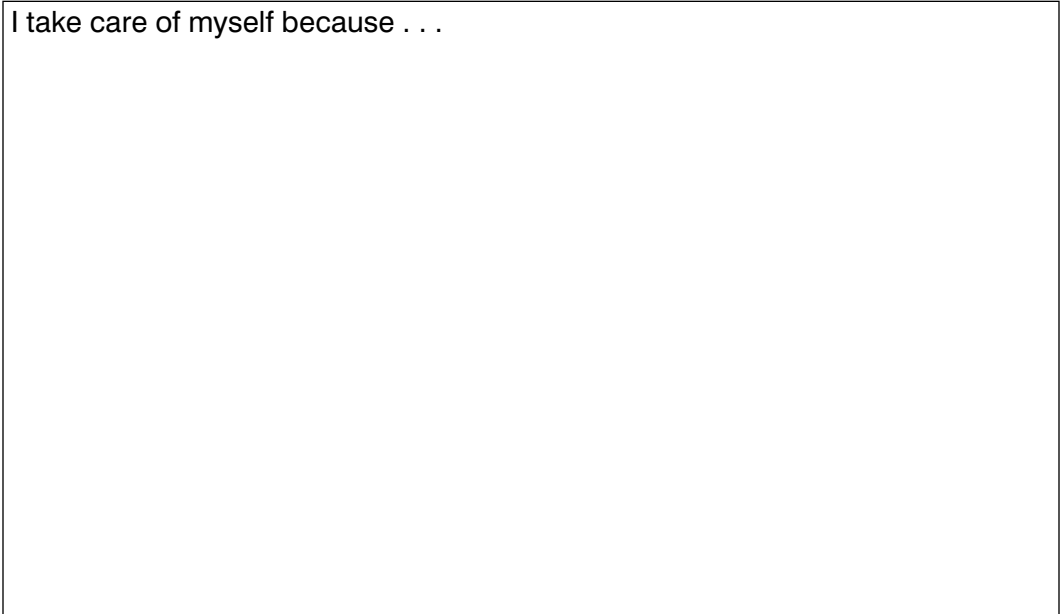
1. **Avoid** high-risk situations whenever you can.
2. **If you can't avoid** the situation, don't face the situation alone. Get an ally who knows you are in recovery to accompany you.
3. Develop a way to "escape" or **leave early** from a high-risk event.
4. For triggers that are internal, such as feelings or negative thoughts, find ways to **distract yourself** with other activities or positive thoughts.
5. **Plan ahead** and think through situations in advance. Identify high-risk people, places, or things that you will come across, and plan how to avoid or manage them.
6. Learn to **tolerate the feelings** associated with triggers and know they will pass.

Session 2 Skill Practice: How to Manage Triggers and High-Risk Situations

(Please do this Skill Practice before the next group and bring it with you to the next session for the discussion at the beginning of group.)

1. Using the Session-Specific Information Sheet (Participant Sheet 2.1), circle any of the triggers on that list that are relevant for you and any of the ways to cope that might be useful for you.
2. Using the template below, create your wallet-sized card that you can carry with you or photograph this card to carry on your smartphone, if you have one, stating: "I take care of myself because . . ."

I take care of myself because . . .



You can cut out this card and carry it with you. You can photograph it with your smartphone and refer to it on your phone. Refer to the card (hard copy or on your phone) when you need to remind yourself of the most important reasons you have to take good care of yourself.

3. Write down two of your avoidable high-risk situations: _____

4. Write down two ways you can avoid these situations: _____

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Session 2 Skill Practice (page 2 of 2)

5. Write down two of your unavoidable high-risk situations: _____

6. Write down two ways you can manage these situations: _____

7. During this week, notice one or two triggers and write down the positive way you managed it or avoided it:

Trigger: _____

What I did to manage or avoid it: _____

Trigger: _____

What I did to manage or avoid it: _____

Session 3 Overview: Overcoming Obstacles to Recovery

Stigma

- Substance problems may compromise women's life roles (as parents, partners, family members, students, workers, etc.).
- Fear of being labeled as "neglectful."
- Personal sense of shame, guilt, or embarrassment.
- May lead to keeping things secret from others and make it difficult to get the help and support you need.

Feeling That Other Problems Come First

- Women may think of their substance use as a *consequence* of other problems.
For example: "My substance use is because of:
 - Relationships: partners, family, children, parents, friends.
 - Stressful life events: loss of job, spouse, marriage, parents, friend, or other loss.
 - Mood or anxiety symptoms.

This may lead to thoughts such as:

- "If these problems get fixed, I will be able to stop using. . . ."
- Defining the "problem" as other things, women minimize the *extent* and *negative consequences* of substance use and do not get the help they need.

Mood or Anxiety Symptoms

- Women don't always share information about substance problems with clinicians because they think the substance problem isn't really the issue and it will be resolved by treating the other illnesses or other life issues.

Role Conflicts

- Difficulty of balancing roles: as workers, students, caretakers of children and/or elder relatives.
- Stress of multiple roles can lead to feelings of being overwhelmed or "out of control."

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Other Barriers

- Lack of child or elder care.
- Lack of financial resources.
- Lack of partner or family support.
- Lack of stable housing.
- Lack of reliable transportation.
- Lack of information about the effectiveness of treatment and range of treatment options.

How Can You Overcome Recovery Obstacles?

- Make a personal inventory about your use of substances and their impact on your life (e.g., relationships, mood, health, and work or school).
- Make an inventory of the *feelings, ideas, and circumstances* that may be obstacles in recovery.
- Make a list of the ways substances affect your mood or feelings of anxiety.
- Learn about available treatment for substance disorders. Investigate what resources are available in your community, such as child care, services at school, medical care, housing, health insurance, transportation, or employment.
- Ask for help.

Session 3 Take-Home Messages

1. Women often have powerful obstacles to their recovery and these can include:
 - Stigma about getting help for drugs and alcohol: Feeling ashamed.
 - Thinking the problem is only about depression and anxiety.
 - Feeling that you must take care of others before taking care of yourself.
 - Having an unsupportive partner or family.
 - Lacking financial or child care resources.
 - Lacking information about the fact that treatment works.
2. These obstacles can be overcome by asking for help, getting treatment, and helping to create your own network of support for your recovery.
3. Do a **personal inventory** about the use of substances in your life and the effects drugs and alcohol have had and are having on all the areas of your life, including relationships, mood, health, mental health, and work or school.
4. Make an **inventory of the ideas, feelings, and circumstances** that may be barriers or obstacles to your recovery.
5. Write a **list** of the ways substances affect your mood, feelings of anxiety, or eating problems. Write another list of how feelings such as depression, anxiety, or other difficult emotional states may affect your use of substances.
6. **Learn** as much as you can about available treatments for substance disorders.
7. **Learn** about other community supports for child care, medical care, employment, school, housing, transportation, insurance, or any other area that you have identified as a barrier for you to get help yourself and move forward in recovery.

Session 3 Skill Practice: Overcoming the Obstacles to Recovery

(Please do this Skill Practice before the next group and bring it with you to the next session for the discussion at the beginning of group.)

1. Write down two obstacles or barriers that you have experienced that are significant in making it difficult for your recovery: _____

2. Write down one thing that you plan to do differently that will help you overcome either of these obstacles (or any other current obstacle or barrier) to your recovery: _____

3. Write down any obstacle or barrier to your recovery that you encountered this week and what you did to help yourself: _____

Session 4 Overview: Managing Mood, Anxiety, and Eating Problems without Using Substances

Overview

- Women with drug and alcohol disorders often have other psychiatric symptoms/illnesses, such as depression, anxiety, and eating disorders.
- These disorders are much more common in women with substance use problems and substance use disorders than in men.
- Treatment is important for both substance use and these other psychiatric problems.

Depression

- Depressed mood most of the time.
- Feeling guilty, worthless, or helpless.
- Irritability, restlessness.
- Loss of interest in activities or hobbies once pleasurable.
- Fatigue and decreased energy.
- Difficulty concentrating, remembering details, and making decisions.
- Insomnia, early morning wakefulness, or excessive sleeping.
- Overeating, or appetite loss.
- Thoughts about death or suicide, suicide attempts.

People with depression usually experience a number of these types of symptoms most of the day nearly every day for weeks at a time, or longer. People can also have more minor depression where some of these symptoms are present continuously for much longer periods of time.

Depression can change the way you think through:

- Irrational beliefs.
- Pessimistic thinking.
- Hopelessness.
- Self-criticism and hearing criticism in what others say, even when it is not there.

Depressive thinking can lead to:

- “Self-fulfilling” prophecies: that is, you think that you can’t succeed so you don’t even try, thereby confirming your lack of success.
- Difficulty setting priorities and following through on tasks.
- Avoidance of other people, work situations, school, or other tasks.
- Problems taking care of yourself and your own recovery.

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Anxiety

- There are several types of anxiety disorders.
- Most common are social anxiety disorder (social phobia) and generalized anxiety disorder (GAD).

Social anxiety disorder (or social phobia) can be characterized by:

- Having extreme anxiety and fear of being judged by others.
- Being very self-conscious in front of other people.
- Feeling embarrassed, especially in social situations where you will be observed.
- Being afraid that other people will judge you and you will feel humiliated.
- Having excessive fear and worry before an event or social situation.
- Avoiding places or situations that will cause this anxiety.
- This fear can be so strong that it interferes with going to work or school or doing other everyday activities.

Generalized anxiety disorder (GAD) can be characterized by having an extreme amount of anxiety that is difficult to control, is more extreme than is warranted by the situation, and is focused on routine activities. Some common symptoms include:

- Difficulty relaxing or concentrating.
- Startling easily.
- Trouble falling or staying asleep.
- Physical symptoms such as fatigue, headaches, muscle tension, muscle aches, difficulty swallowing, trembling, twitching, irritability, nausea, sweating, lightheadedness, needing to use the bathroom frequently, breathlessness, and hot flashes.

Anxiety problems

- Often begin early in life, frequently in adolescence.
- Women often learn to “manage” their anxiety by using substances in situations that provoke anxiety.
- Anxiety problems can trigger substance use. Substance use → more anxiety → more substance use.

Eating Problems and Eating Disorders

- Unhealthy eating behaviors (e.g., overeating, undereating) can sometimes be used by women to manage stress.
- Common eating disorders in women with substance use disorders and substance problems are anorexia nervosa, bulimia nervosa, and binge eating disorder.

(continued)

Anorexia nervosa can be characterized by:

- Low body weight due to restricting calorie intake.
- Extreme fear of gaining weight or getting fat.
- Distorted perception of own body weight or shape.
- Weight loss occurring by food restriction with or without binge-eating or purging.

Bulimia nervosa can be characterized by the following symptoms:

- Having frequent episodes of eating unusually large amounts of food (i.e., binge-eating episodes).
- Feeling a lack of control over these episodes.
- Engaging in behaviors following these binge-eating episodes like forced vomiting (e.g., purging), taking laxatives or diuretics, fasting, exercising excessively, or a combination of these behaviors.
- Since these behaviors interfere with weight gain, individuals may maintain a normal body weight.
- Having excessive fear of gaining weight, wanting to lose weight, and feeling unhappy with body size and shape.

Bulimia can be accompanied by:

- Feelings of guilt and shame so that bingeing and purging often occur secretly.
- Other negative physical consequences including:
 - Chronically inflamed and sore throat.
 - Swollen salivary glands.
 - Damaged tooth enamel, increasingly sensitive and decaying teeth from exposure to stomach acid.
 - Acid reflux disorder and other gastrointestinal problems.
 - Intestinal irritation from laxative abuse.
 - Severe dehydration from purging of fluids.

Binge-eating disorder: People with binge-eating disorder can:

- Lose control over their eating.
- Have periods of binge eating that are not followed by purging, excessive exercising, or laxative use.
- Become overweight or obese.
- Often experience guilt, shame, and distress about these behaviors, and that can lead to more binge eating.

Craving, loss of control, and preoccupation with substance (drug, alcohol, or food) are hallmarks of both substance and eating disorders.

(continued)

Among women without an eating disorder:

- Urges and cravings for certain foods are common, especially in early recovery.
- Women may substitute foods for substances.
- One coping strategy that can be helpful is to focus on good nutrition and establishing healthy eating.
- Healthy eating can be helpful in all phases of recovery.

Coping Strategies

- Understand and accept that the substance use and other disorders are both/all important.
- Get treatment for both/all disorders.
- Help mood and anxiety and eating problems: learn to recognize early symptoms so you can report them and get help before they progress.
- Don't use substances to manage these other problems.
- Don't let these other disorders/problems stop your recovery from substance problems.
- Develop positive coping strategies for both/all disorders.

Session 4 Take-Home Messages

1. Mood, anxiety, and eating problems are common in women with drug and alcohol problems.
2. These problems can make it difficult to get well from your substance problem.
3. The substance problem can also make it hard to get well from your mood, anxiety, or eating problem.
4. Understand and accept that the substance use and these other disorders and problems are important.
5. Get treatment for both/all disorders.
6. Taking care of yourself is getting the help you need for your recovery from your substance use disorder and your co-occurring depression, anxiety, and/or eating disorders.

Session 4 Skill Practice: Managing Mood, Anxiety, and Eating Problems without Using Substances

(Please do this Skill Practice before the next group and bring it with you to the next session for the discussion at the beginning of group.)

1. Have you been diagnosed with another illness such as depression, anxiety, or an eating disorder? If so, write down the name of the illness(es): _____

(If you have other illnesses, answer questions 2–4. If not, go on to question 5.)

2. If you have been diagnosed with another illness, please list symptoms or behaviors of the illness(es) that you have experienced: _____

3. For the symptoms and behaviors you listed in question 2, circle the ones that you think have interfered or do interfere in your recovery from substance use problems and substance use disorders.

4. List three ways (alternative behaviors or strategies) you can use to help yourself with the symptoms or behaviors associated with the other illness(es): _____

5. List any mood or anxiety symptoms or feelings or thoughts about food/eating that you think trigger your use of substances: _____

6. List three ways (alternative behaviors or strategies) you can use to help yourself with the symptoms, feelings, or behaviors that you listed in question 5 rather than have them interfere with your recovery: _____

Session 5 Overview: Women and Their Partners: The Effect on Recovery

What Is a Partner?

- An individual with whom a woman is intimately involved (e.g., spouse, boyfriend, girlfriend, and/or father/mother of child[ren]).

Relationships are strongly connected with women's addiction and recovery.

Partners' Influence on Substance Problems, Addiction, and Recovery

Having a Partner: Influence on Substance Problems and Recovery

Negative Influences

INITIATION OF SUBSTANCE USE

- Introduction to using substances by male partner is common among heterosexual women
- Less is known about lesbian couples, but prevalence of substance problems is estimated to be 28–35% in lesbian couples.
- Women with addiction are more likely to have a male partner who uses drugs or alcohol than men are to have a woman partner who uses.

CONTINUING SUBSTANCE USE

- Partners may supply women's drugs.
- Women may rely on male partners to maintain addiction.
- Male partners may supply drug/supervise or coerce illegal activities.
- Partners may continue to drink/keep alcohol or use drugs in the home while women try to be in recovery.

SUBSTANCE USE MAY BE MAIN FOCUS OF THE RELATIONSHIP

- Women may fear losing partner if she stops using.
- Sexual activity may have always been in context of drug/alcohol use.
- Use seen as way to maintain relationship.

SETTING UP OBSTACLES FOR GETTING TREATMENT

- Partners may have negative attitude toward women getting treatment.
- Women may fear loss of relationship.
- Sexual activity in context of drug/alcohol use.
- Women dependent on partners—may fear abandonment—may fear loss of financial resources.
- Physical threats by partners if women seek treatment.

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ROLE IN RELAPSE

- Relapse more likely when using with a partner.
- Use substances as a way to reconnect with a partner who uses.
- Women tend to relapse after difficult emotional/interpersonal experiences, often with partners.
- Some difficulties within a couple may have started before substances were a problem.
- Some difficulties within a couple may be a consequence of the substances themselves.
- If living with an addicted partner, may relapse because substances freely available.

Positive Influences

- Partners who do not use can help women enter treatment and remain in recovery.
- Partners can help maintain an alcohol- and drug-free home.
- Partners can support women's recovery through companionship without drugs or alcohol.
- Partners can provide support through high-risk situations.
- Partners can engage in treatment:
 - Individual treatment.
 - Couple counseling.
 - If using themselves, their own substance use disorder treatment.
 - Self-help groups such as Al-Anon, etc.

The Absence of a Partner: Influence on Substance Problems and Recovery

Negative Influences

- Feelings of loneliness or abandonment.
- Feeling more isolated or lack of social or other types of support.
- Common places to find a partner can involve use of drugs/alcohol.
- These can pose a high risk for relapse.

Positive Influences

- More flexible for recovery activities.
- Can make home a drug-free zone.
- Can "start from the beginning" and enter a new relationship without drugs or alcohol where there are no expectations/history of drug use.

What can you do?

- Examine past/present intimate relationships.
- Examine positive/negative roles that intimate partner plays in your recovery.

What are some things you could do that might be helpful?

- If your partner uses, is he or she willing to give up his or her own substance use?
- Is your partner willing to make home a substance-free zone?
- Is your partner willing to engage in treatment, either with you or on his or her own?

Session 5 Take-Home Messages

1. The first rule of recovery is: do **not use drugs and alcohol**.
2. Partners are people with whom a woman is intimately involved (e.g., spouse, boyfriend, girlfriend, and/or father/mother of child[ren]).
3. Partners can be **critically important** in supporting or getting in the way of your recovery.
4. The **absence of a partner** relationship can also influence your substance disorder and process of recovery in positive or negative ways.
5. It is important that you **think about what role** having or not having a partner plays in your recovery.
6. This is the **first step** to understanding and deciding the best way to help yourself be **abstinent from drugs and alcohol** and have the **healthiest possible relationships**.

Session 5 Skill Practice (page 2 of 2)

6. Write the ways that you think your current partner hurts you in your recovery: _____

7. Write ways that you have tried to make your relationship with your partner healthier in the past: _____

8. Write at least two things you will do this week to help make your relationship with your partner healthier and not use drugs or alcohol: _____

Session 6 Overview: Coping with Stress

There are Different Causes of Stress, Including

- External Stressors.
- Internal Stressors.

External Stressors

- *Ordinary Stressors*: common and daily stressors (e.g., minor illnesses, traffic, work problems, minor conflicts with family or friends, among others).
- *Extraordinary Stressors*: less common and more extreme stressors (e.g., death in family, job loss, homelessness, severe illness, exposure to violence).

Internal Stressors

Negative feelings/attitudes that arise from experience of outside world

For example:

- Perfectionism.
- Pessimism.
- Negativism.
- Concern about others' opinions.
- Need for control.

Stressors Associated with Women's Roles

- Being the primary caregiver.
 - For your own family and/or elders.
 - Managing the household.
 - Providing primary/secondary income for self and family.
- Financial constraints.
- Limited access to child/elder care.
 - Single motherhood.
 - Other.
- Minimal or no support from partner/family member for household responsibilities.
- Own problems not given top priority.

Emotional Consequences of Stress

- Depression.
- Low self-esteem.
- Anxiety.
- Shame.

(continued)

- Guilt.
- Anger.

Which can lead to:

- Initiation of substance use.
- Rationale for continued use.
- Relapse.

Coping with Stressful Situations

- Best response to stressful situations is to develop and have healthy *coping skills*.

Unhealthy Coping

- Provides temporary escape from stressors (substance use can be one of these).
- Situation still exists or worsens.
- Does not provide model for resolving/ managing stressor.
- Smoking or using tobacco products is common unhealthy coping.
- Examples of unhealthy coping:
 - Smoking cigarettes.
 - Increasing unhealthy food consumption.
 - Keeping feelings to yourself.
 - Complaining about a problem but doing nothing.
 - Criticizing yourself/others.
 - Punishing yourself (e.g., over/undereating, excessive exercise).
 - Striving for perfection.
 - Developing harmful relationships.
 - Isolating yourself from others.
 - Being passive.

Healthy Coping Skills

- Help resolve/manage current stressor.
- Provides a model for managing future stressors.
- Examples:
 - Sharing feelings with others.
 - Making a plan to handle problem.
 - Seeing humor in situation.
 - Engaging in pleasurable activities (e.g., reading, hobbies).
 - Accepting your limitations.
- Developing positive relationships.
- Being assertive.
- Helping others.
- Meditating.
- Practicing yoga or exercise.
- Doing other self-care activities.

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Examples of unhealthy coping and suggested healthy coping:

Unhealthy Coping.

Setting unrealistic goals for yourself.
Complaining about a problem but doing nothing.
Criticizing yourself/others for the situation.
Punishing yourself (e.g., over/undereating, excessive exercise).
Striving for perfection.
Developing harmful relationships or isolating yourself from others.
Passivity.
Selfishness.
Having high expectations of yourself in every situation.
Smoking cigarettes.

Healthy Coping Skills.

Setting realistic goals.
Making a plan to handle the problem.
Seeing humor in the situation.
Engaging in pleasurable, healthy activities (e.g., reading, hobbies).
Accepting your limitations.
Developing positive relationships.
Assertiveness.
Helping others.
Change expectations to be realistic in each situation.
Quit smoking cigarettes.

What Can You Do to Cope With Stress?

- List current/past stressful situations/relationships that led to unhealthy coping skills (e.g., substance use).
- Divide list into stressors you can change and stressors you cannot.
- Develop alternative coping skills for different situations.
- Quit smoking cigarettes (resource: <http://women.smokefree.gov>).
- Practice meditation exercise daily.
- Practice yoga or exercise or other self-care activities.
- Use a telephone app if you can to help you with meditation, mindfulness, or other stress-relieving daily activities.

Session 6 Take-Home Messages

1. Stress can be caused by **routine life circumstances**, such as bad weather, deadlines, or traffic.
2. Stress can be caused by **more serious life events**, such as loss of a job, death a family member, serious illness, or exposure to violence.
3. Stress can also be caused by **internal states** such as feelings, thoughts, and attitudes such as perfectionism, negative thoughts, etc.
4. Stress can lead to feelings of depression, low self-esteem, anxiety, shame, guilt, and anger.
5. These feelings can lead to starting to use, continuing to use, or relapsing to using substances.
6. There are many ways to **cope with stress**. Some of these, like using drugs and alcohol, or smoking cigarettes, are **unhealthy**.
7. There are many **healthy** ways of coping with stress.
8. You can help your recovery by learning and practicing as many healthy ways to cope with stress as you can think of.

Session 6 Skill Practice: Coping with Stress

(Please do this Skill Practice before the next group and bring it with you at the next session for the discussion at the beginning of group.)

1. Write down two stressful situations you can change: _____

2. Write down two healthy coping strategies you can use to change the situations listed above:

3. Write down two stressful situations you cannot change: _____

4. Write down two healthy coping strategies you can use to manage the situations listed above:

5. If you are a current smoker, write down whether you use cigarettes to manage feeling stressed. Have you tried to quit in the past? If you currently smoke, please visit this site to help women quit smoking <http://women.smokefree.gov> and write whether it is/could be useful: _____

Session 7 Overview:
Women as Caretakers: Can You Take Care of Yourself
While You Are Taking Care of Others?

Women's Role as Caretakers (or Caregivers)

- Women need to be able to take care of themselves (i.e., self-care) in order to be able to take care of others.
- Relationships are generally valued strongly by women.
- Caretaking (or caregiver) role can give self-esteem and fulfillment.
- Women's caretaking role can also interfere with self-care including treatment and recovery.

What Are Some Caretaking Roles?

On the home front:

- Children.
- Elders.
- Partners.
- Families.
- Friends.
- Siblings.
- Pets.

On the work or school front:

- Coworkers.
- Other students.
- People you supervise.
- Other people within a work or school organization.

In communities:

- Neighbors/neighborhoods.
- Schools.
- Religious groups.
- Other community groups.

Social Connectedness: Often a source of strength and value for women.

Lack of Social Connectedness: Can lead to feelings of isolation and lack of support.

The role of caretaker (or caregiver) can be a source of value, self-esteem, and motivation, but it can also interfere with the ability to take care of yourself (e.g., to get into treatment and recover from substance problems).

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How Do Caretaking Roles Interfere with the Ability to Get into Treatment and Recovery?

1. The Belief of Having No Time
 - Putting needs of others first.
 - Need to minimize the time spent at treatment/recovery to care for others.
 - Drugs and alcohol as coping with caretaking demands—may deter women from treatment.
2. The Role of Guilt and Shame
 - Actual or perceived neglect of others.
 - Neglecting others because of substance use.
 - Not available physically/emotionally because of substance use.
 - *Avoiding* these feelings may deter women from seeking treatment.
3. Fear of Losing Custody
 - Fear if enter treatment will lose custody of children.
 - Critically delays getting treatment.
 - May worsen substance problems.
 - Can lead to intervention from others (e.g., child welfare services).

How Can You Be a Caretaker (or Caregiver) and Take Care of Yourself?

Learn, acknowledge, accept, and apply these to your life:

- You cannot do the best job you'd like to do as a caretaker (e.g., parent, friend, daughter, sibling, sister, neighbor) when using drugs/alcohol.
- To be the caretaker you most want to be is dependent on *not* using drugs/alcohol.
- Using drugs/alcohol can take time and attention away from significant relationships.
- Waiting until you have time doesn't work; it only delays help and worsens substance problems.
- You *do* have time to get help and work toward recovery.
- Recovery = self-care.

Session 7 Take-Home Messages

1. You do have time to take care of yourself.
2. Use the strength of your role as a caretaker (or caregiver) and your desire to be the best you can as a motivation to seek the help you need for treatment and for your ongoing recovery.
3. Women sometimes avoid taking care of themselves and their recovery because they feel guilty that they might not be taking care of others.
4. Sometimes women convince themselves they have no time to take care of their recovery because of their other responsibilities. This is the “Belief of Having No Time.”
5. It is important to take care of yourself so that you can take care of any others who are important to you.
6. Recovery is a major part of self-care and necessary to be able to take care of any others who are important to you.

Session 7 Skill Practice: Women as Caretakers: Can You Take Care of Yourself While You Are Taking Care of Others?

(Please do this Skill Practice before the next group and bring it with you to the next session for the discussion at the beginning of group.)

1. Name the roles in which you see yourself as a caretaker or caregiver (e.g., friend, partner, parent, spouse, sibling, child, neighbor, other): _____

2. Name as many ways as you can think of that you value your role as “caretaker” or “caregiver”: _____

3. Name as many ways as you can think of when being a caretaker got in the way of your seeking treatment or being in recovery in *the past*: _____

4. Name as many ways as you can think of when being a caretaker gets in the way of your treatment and/or your recovery *currently*: _____

5. Name two things you did in the past to help yourself take care of yourself and your recovery: _____

6. Name two things you will do this week to help yourself take care of yourself and your recovery: _____

Session 8 Overview: Using Self-Help Groups to Help Yourself

Self-Help Groups

- Alcoholics Anonymous (AA).
 - International fellowship of men/women with drinking problems.
 - Abstinence-based 12-step program.
 - Different types and formats for AA:
 - *Open*: open to individuals with or without a drinking or drug problem.
 - *Closed*: open only to individuals with a substance use problem.
 - *Speaker meeting*: members speak about how alcohol and/or drugs have affected their lives and how their lives have changed since stopping using.
 - *Discussion meetings*: led by one individual who briefly speaks about her/his experience with alcohol and/or drugs followed by a discussion.
 - *Step meeting*: A step meeting discusses one of the 12 steps of AA, NA, or CA.
 - *Women only*: There are meetings for women only.
 - *Other*: Other meetings identify themselves for men only, teenagers/young adults, LGBTQ, nonsmoking or smoking, or a combination of these characteristics.
- Narcotics Anonymous, Cocaine Anonymous, Gamblers Anonymous.
 - Same principles as AA.
 - Address problems with opioids, benzodiazepines, amphetamines, prescription drugs, marijuana (NA), cocaine (CA), or gambling (GA).
- SMART Recovery.
 - Self-Management and Recovery Training (SMART).
 - Treatment based on cognitive-behavioral (CB) model of addiction, viewing addiction as complex maladaptive behavior.
 - Smaller groups/less available than 12 step groups, such as AA.

Pros and Cons of 12-Step Groups

Pros/Advantages

- Education—learn more about recovery from others.
- Hope—experiences of others in recovery can inspire hope.
- Support—gain support from other members including sponsors.
- Availability—usually available 24/7/365 days each year.
- Spirituality—appeals to a Higher Power—consistent with your beliefs.
- Effectiveness—some studies show involvement associated with long-term recovery.

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Cons/Disadvantages

- Isolation—can feel isolated within the group.
- Spirituality—appeals to a Higher Power—not consistent with your beliefs.
- Unwarranted familiarity: may make you feel uncomfortable. Women may especially feel uncomfortable if approached and not sure of intentions.
- Language—members use language that others feel is offensive.
- “War stories”—members’ recovery stories may be depressing rather than inspiring.

Pros and Cons of SMART Recovery

Pros/Advantages

- Group size—generally small group.
- CB approach—uses cognitive-behavioral approach to change cognitions and behaviors.
- Spirituality—does not appeal to a Higher Power—consistent with your beliefs.

Cons/Disadvantages

- Not always abstinence-focused—sometimes focused on moderation.
- Support—may feel that you should manage with CB approach and not reach out for other members’ support.
- Effectiveness—no studies of effectiveness.
- Availability—not available 24/7/365 days and not available in all regions of United States and the world.
- Spirituality—does not appeal to a Higher Power—not consistent with your beliefs.

How to Use Self-Help Groups to Help Yourself

- Review list of groups and identify which ones to attend.
- After each meeting, write down what you liked/disliked about it.
- Keep track of groups attended and how much you participated.
- Consider women-only AA/NA.
- If you cannot attend specific groups, try visiting websites or calling different organizations to find other groups you can attend.

Session 8 Take-Home Messages

1. Involvement in self-help groups can help you achieve and maintain long-term recovery.
2. There are different kinds of self-help groups, including some for women only.
3. Sample a number of different types of self-help groups before deciding if they are for you.
4. Work on finding groups that best suit your recovery needs in terms of the type of meeting, location and timing of the meetings, and a membership with which you feel comfortable.

Session 8 Skill Practice: Using Self-Help Groups to Help Yourself

(Please do this Skill Practice before the next group and bring it with you to the next session for the discussion at the beginning of group.)

This week, find two self-help groups that you can attend this week. After attending each group, do the following skill practice:

1. Write down two self-help groups you attended this week: _____

2. Write down two things you liked about the meeting(s): _____

3. Write down two things you did not like about the meeting(s): _____

4. Name two ways you can make self-help groups a part of your life: _____

5. List for yourself pros and cons of attending self-help groups:

Pros

Cons

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. If you were not able to attend self-help group meetings this week, you can do this skill practice any week that you are able to attend one or two self-help groups.

Session 9 Overview: Women's Use of Substances through the Life Cycle

Substance Use Disorders

- Can occur or reoccur anytime in lifespan.
- Usually have early onset in adolescence or early 20s.
- Pressures, triggers, and risk factors vary at different times in women's lives.
- A risk factor is something that increases chance of developing substance problems.

Life Stages and Risk Factors

Adolescence

- Social context—influenced by peers and group exposure may be especially significant for girls.
- Depression.
- Alienation or isolation—especially among girls who are sexual minorities, girls who are bullied, or other girls who otherwise feel discrimination or marginalization.
- Earlier age of first use of substances increases risk for substance problems.
- Smoking cigarettes.
- Sexual trauma is a risk for onset of substance problems.
- Prescription drug use may become a risk for problem use or addiction.

Young Adulthood

- Partner with alcohol or drug problems.
- Depression—presence of depression, which can have onset in adolescence, is a risk for substance problems.
- Role-related issues leading to maladaptive coping strategies.
- Problem use of any substance increases risk of other substance problems.
- Sexual trauma is a risk for onset of substance problems.
- Prescription drug use may become a risk for problem use or addiction.

Middle Years

- Partner with alcohol or drug problems.
- Depression.
- Losses common to this stage of life: changes in physical selves or appearance, loss of marriage through death or divorce, children leave home.
- Feelings of unlikelihood/pessimism about acquiring new life roles.
- Substance problems: Any substance use problem predisposes to other use including prescription drugs, marijuana, alcohol, tobacco, other drugs.
- Prescription drug use may become a risk for problem use or addiction.

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Older Age

- Partner with alcohol or drug problems.
- Depression.
- Prescription drug use: women in this age group may have greater exposure and risk of problem use or addiction through increased likelihood of being prescribed drugs.
- Retirement: can be a welcome change or perceived as loss; retirement of spouse can be welcome or perceived as disruption from established routines.
- Widowhood/loss of a partner: grief and loneliness can lead to use of substances.
- Changes in metabolism: Older individuals have slower metabolism of drugs and alcohol, and same amount of alcohol consumed, for example, results in higher blood alcohol than in younger years.
- Retirement communities where alcohol can be prominent part of social life.

How to Help Yourself

- Understand that use of substances and risk for substance problems change throughout a woman's life cycle.
- Be aware of specific risks associated with your current life stage.
- Understand these risks and find and practice ways to manage them without using drugs or alcohol.

Session 9 Take-Home Messages

1. Women's life stages include adolescence, young adulthood, middle years, and older age.
2. Each stage of women's lives has different rewards and challenges.
3. The use of substances can change throughout women's life cycle, and the risks for substance problems can change over time.
4. Specific risks for substance use can be associated with each person's current stage of life.
5. Find and practice ways to manage these situations that do not include using drugs or alcohol.
6. Different stages in a woman's life cycle may also bring vulnerability to substances.
7. Identify the specific risks of this time in your life and think of opportunities now that can help in the recovery process.

Session 9 Skill Practice: Women's Use of Substances through the Life Cycle

(Please do this Skill Practice before the next group and bring it with you to the next session for the discussion at the beginning of group.)

1. How do you identify your current life stage (e.g., adolescent, young adult, middle age, older age)? _____

2. What are the main risks/triggers for your substance use? _____

3. Which, if any, of these do you think may be related to your current stage of life? _____

4. List three things you can do to help yourself manage these triggers: _____

Session 10 Overview: Violence and Abuse: Getting Help

Substance Use Disorders and Violence

- Many women in treatment for substance use disorders have experienced violence or other abuse such as sexual or physical abuse or intimate partner violence (IPV).
- Women who have had these experiences may use drugs/alcohol to “numb” or “mask” the pain of past (or current) abuse.
- Past abuse may lead to risk in adulthood of further violence or abuse.
- These experiences in childhood or adulthood can contribute to feelings of shame and to social isolation.

Experiences Associated with History of Violence

- Psychiatric disorders (that can co-occur with substance use disorders) such as depression, anxiety, or posttraumatic stress disorder (PTSD).
- Shame and guilt.
- Avoidant coping.
- Feelings of stigmatization.
- Inhibit trust in relationships.

These experiences of violence can:

- Predispose women to using substances to mask or numb the painful feelings.
- Contribute to feelings of low self-worth—lead to feeling socially disconnected.

All of these can serve as triggers to relapse and obstacles to recovery from substance problems.

Emotional, Psychological, and Verbal Abuse

- Partner controls woman’s choices.
- Difference in power within relationship.
- **Childhood abuse** (including emotional abuse) makes women more vulnerable to substance use problems later in life.
- **Adulthood** emotional or psychological abuse can predispose women to using substances and acts as an obstacle to getting treatment and being in recovery.

Domestic Violence or Intimate Partner Violence (IPV)

- More common than is generally thought.
- Risk of domestic violence greater in setting of substance use and substance use disorders.
- Three-quarters of all incidents involve alcohol.
- Another factor may be perceived inequality between partners (such as in unemployment, income, finances, family roles).

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- One member of couple can feel less powerful or powerless and may, in fact, have fewer resources to express her autonomy.
- IPV occurs in both heterosexual and gay and lesbian couples.
- Drug and alcohol problems increase risk for IPV.
- **Vicious cycle:** *violence and abuse* → more *substance use and substance problems* → more *violence and abuse*.
- These patterns inhibit seeking treatment for substance problems and getting help to get physically safe and stop the violence.

Relationship of abuse and violence to problems with substances:

- Women who experience violence may use substances to try to cope with the trauma of abuse or violence.
- Women who use substances may be more vulnerable to violence through impaired judgment, vigilance, ability to react, etc.
- Women who are intoxicated may be less able to defend themselves against violence.
- Women who use substances can feel guilt and shame about their substance use, as well as about the abuse and violence; this can lead to decreased feelings of self-worth and the idea that they are less deserving of getting the help they need.
- Women (whether they use substances or not) who are with substance-using partners are at greater risk for abuse and IPV.

How to Get Help to Help Yourself

- Assess for yourself and communicate with your clinicians your own experience of violence and abuse: (1) before recovery; (2) during treatment and recovery; (3) while maintaining abstinence.

Before Treatment and Recovery

- Have you experienced abuse before your substance use/treatment for substance use?
- Do you think this may have contributed to use of substances and/or difficulty seeking treatment?

During Treatment and Recovery

- Are you currently being exposed to violence or other abuse?
- If you are not physically safe, it is important to seek a safe place.
- If you are not physically threatened or in danger, but have ongoing problems with your partner, consider counseling for you with or without your partner.
- Consider questions such as:
 - How often does your partner show disapproval toward you?
 - When was the last time you felt threatened by or controlled by or afraid of your partner?
 - How often does someone hurt you?
 - How often does your partner use words that put you down and make you feel bad about yourself?

(continued)

In Recovery and Maintaining Abstinence

- Are there any ongoing abusive relationships in your life?
- Do you need to find a place to be physically safe?
- What would be the best way to take care of yourself?
- If there are no current abusive relationships, were there past relationships that may be affecting how you feel now?
- What are the effects of past violence on you now?
- How do these play a role in your recovery?

If you are not physically safe, ask for HELP to get to a SAFE PLACE.

Safety is a priority. The self-assessments above and communications with clinicians are important and can lead to important next steps:

- Taking care of yourself physically and emotionally.
- Getting yourself physically safe if you are not physically safe now.
- Addressing emotional consequences of past abuse and violence.
- Getting treatment for other co-occurring disorders (e.g., PTSD, depression, anxiety).
- Grieving losses from abuse and violence.
- Learning to manage feelings from past abuse or violence *without using substances*.

Session 10 Take-Home Messages

1. Many women in treatment for substance use disorders have experienced violence or other abuse.
2. Sometimes women use substances to “numb” or “mask” the pain of past or current abuse.
3. In order to recover from substance problems you must be **SAFE**, both physically and emotionally.
4. The first step is to get yourself physically safe if physical safety is not part of your life now.
5. If you are not physically threatened, but you have ongoing problems with your partner, consider counseling for yourself and/or your partner.
6. If you have a history of past abuse and/or violence, addressing the emotional consequences (including PTSD, depression, or anxiety) and grieving the losses can be helpful in recovery.
7. **Most important is to learn to manage these feelings without using substances and to be physically and emotionally safe.**

Session 10 Skill Practice: Violence and Abuse: Getting Help

(Please do this Skill Practice before the next group and bring it with you to the next session for the discussion at the beginning of group.)

1. Have you experienced violence or abuse? _____

2. If you have experienced violence or abuse, please write down if it is past or present: _____

3. If in the past, write down whether it was violence from a person known to you, a partner, a family member, or a stranger, or other: _____
4. Write down any negative consequences you feel you have suffered as a result: _____

5. Write down any ways that you feel this has been related to your substance problem: _____

6. If the violence or abuse is current, write down whether it is from a person known to you, a partner, a family member, or a stranger, or other: _____

7. If it is current, write down if you are in physical danger: _____

8. If you are in physical danger, let your group leader know and discuss options and alternatives so you can get to a place of physical and emotional safety. Please list any options you are considering now to get yourself safe: _____

9. List three ways you will support your recovery this week: _____

Session 11 Overview: The Issue of Disclosure: To Tell or Not to Tell?

Disclosure means:

Revealing thoughts and feelings while stating crucial facts about yourself.

- Can be a choice or necessity.
- Can happen intentionally or unintentionally.
- Dilemma: *secrecy and control versus getting it out in the open; to tell or not to tell?*

The issue of disclosure is personal, requires careful thought, and can be made best with prudence, restraint and safety.

Barriers and Potential Disadvantages to Disclosure

- Fear of discrimination/discrimination.
- Fear of stigma.
- Feelings of shame.
- Giving up feeling of privacy/giving up privacy.
- Fear of rejection/rejection.

Potential Benefits of Disclosure

- Recognition and acceptance of existing supports that enhance recovery.
- Gaining new supports and building new relationships.
- Decreasing isolation.
- Beginning and/or continuing the healing and recovery process.
- Sharing new perspectives/helping others.
- Obtaining reasonable accommodations in the workplace, school, and at home to support your recovery, access treatment.

Issues Surrounding Disclosure

- How much do you want to disclose?
- To whom will you disclose? (*Choose someone you trust.*)
- To whom is it important that you *not* disclose?
- In what form will disclosure be made?
- When will you disclose?
- Why are you disclosing? What do you hope to gain?
- Where will you disclose? (*Choose a safe environment.*)

(continued)

Dos and Don'ts of Disclosure

- Think about your own readiness and comfort with disclosure.
- It is important to feel a secure sense that you are ready.
- Choose carefully to whom you might disclose. Emphasize feelings of safety and comfort.
- Make sure the environment is right. Choose people (colleagues, friends, partners, family members, etc.) whom you think will be open and willing to listen and accept.
- Think carefully and discuss the pros and cons with someone. Consider “what if” situations. (“What if I disclose and this happens?”; “How will I feel?” etc.).
- Remember, that once you have disclosed personal information, you cannot take it back.
- Disclose carefully and wisely, not impulsively and generally.

Session 11 Take-Home Messages

1. There can be pros and cons to disclosing that you are in recovery.
2. Think about your own readiness and comfort with disclosure.
3. If you choose to disclose, it is important to disclose wisely and carefully.
4. Choose the time, people, and place to disclose so that your disclosure will help support your recovery.

Session 11 Skill Practice: The Issue of Disclosure: To Tell or Not to Tell?

(Please do this Skill Practice before the next group and bring it with you to the next session for the discussion at the beginning of group.)

If you have disclosed your substance problem to family, friends, employer/coworkers, or important others, answer questions 1–3. If you have not disclosed your substance problem to close family, friends, employer/coworkers, or important others, but you have considered doing so and are unsure what to do, answer questions 4–7. If you have disclosed to some and are considering disclosing to others, you can answer all questions 1–7.

1. List any benefits you feel you have experienced from disclosing your substance problem: _____

2. List any negative consequences you feel you have experienced from disclosing your substance problem: _____

3. Please describe what (if any) circumstances made the disclosure a positive and/or negative experience for you: _____

4. To whom would you consider disclosing your substance problem? (e.g., your spouse, friend, partner, employer, coworker): _____

(continued)

Session 11 Skill Practice (page 2 of 2)

5. List any possible benefits you might experience if you chose to disclose your substance problem: _____

6. List any negative consequences you are worried you might experience if you disclose your substance problem: _____

7. Write about any specific circumstances that you feel might make it either harder or easier for you to feel comfortable disclosing your substance problem: _____

Session 12 Overview: Substance Use and Women's Reproductive Health

Introduction

- Substance problems are most common during the reproductive years.
- Mood problems and stress can accompany reproductive events, which can change patterns of substance use and substance problems.
- Hormonal changes may influence substance use and the effects of substances on women.

Review of Hormonal Changes

- Menstrual cycles.
- Birth control medications.
- Pregnancy and postpartum.
- Menopause transition.

Relationship of Substances to Reproductive Events

Menstrual Cycle and Substance Use

- Follicular phase occurs between first day of period and day of ovulation (usual day 14); luteal phase is phase between ovulation and onset of period (menstrual bleeding).
- Premenstrual phase is the 7 days before onset of period.
- Menstrual cycles can be irregular for many reasons.
- Alcohol use may increase premenstrually.
 - may be caused by either:
 1. Increased stress.
 2. Alcohol may be processed (metabolized) differently in this phase.
- Quit rates for smoking may be more successful in follicular (first 14 days) than luteal (second 14 days) of menstrual cycle.

Substances' Effects on Menstrual Cycle

- Severe alcohol problems may lead to irregular cycles or amenorrhea (no periods).
- Can disrupt hormones required for a normal cycle.
- Cocaine, marijuana, opioids, and benzodiazepines can also cause menstrual irregularities.

Risks to Pregnant Woman and Fetus

- Many substances interfere with a woman's ability to get pregnant.
- Continued use during pregnancy can increase the likelihood of miscarriage.
- Most substances (including alcohol and nicotine) cross the placenta and can cause problems for the developing fetus.

(continued)

- Most substances (including alcohol and nicotine) put the fetus at risk for negative effects (including severe, permanent, and sometimes fatal conditions).
- Drinking alcohol during pregnancy puts the fetus at risk for a number of significant problems, including fetal alcohol syndrome (FAS).
- Smoking cigarettes during pregnancy puts the fetus at risk for a number of significant problems, including low birthweight.

Breastfeeding and the Effect on Infants

- Most drugs and alcohol can be passed onto the infant through breast milk and therefore potentially affect the developing infant.
- Infant exposure to substances can affect development.

Oral Contraceptive Medications

- Can alter how substances are processed or metabolized.
- Women on OCP (oral contraceptive pill) can metabolize alcohol and benzodiazepines more slowly.

Perimenopause/Menopause

- Menopause is reached when women have no periods for 12 months or more and the hormonal changes of menopause occur.
- These hormonal changes are experienced by the entire body including the brain.
- Vasomotor symptoms such as hot flashes are commonly experienced by two-thirds of U.S. women; hot flashes can persist after menopause.
- Alcohol use disorders may lead to earlier menopause.

Alcohol Use Increases the Risk of Breast Cancer

- High estradiol levels are a risk for breast cancer and alcohol increases estradiol.
- Alcohol use, especially heavy drinking, can increase a woman's risk for developing breast cancer.
- Low to moderate drinking can also increase a woman's risk for developing breast and other cancers.

Safer Sex and Protection for Prevention of STDs, Including HIV

- Regardless of hormonal status or intentions about pregnancy, women need to learn about safer sex and protection and to use protection (e.g., condoms) for intimate sexual behavior.
- Condom use during heterosexual intercourse is important for protection for prevention of HIV, hepatitis C, and other sexually transmitted diseases.
- Women who are sexually active need to learn how to discuss condom use with male partners, and feel empowered to learn how to use condoms, why to use condoms, and how to discuss this with male partners.
- Safer Sex Skills Building for Women is a program that can be downloaded without cost from the National Institute on Drug Abuse (see <http://ctndisseminationlibrary.org/display/398.htm>) to assist women in learning these skills.

(continued)

What Can You Do?

- *Know your body.* Keep track of your own cycle and symptoms. This can provide insight into how your body works and its relationship with substance use and substance problems.
- *Seek professional help.* Gynecologists, primary care clinicians, and others can help you regulate abnormal menstrual cycles and provide treatment for perimenopausal and menopausal symptoms. If you are considering pregnancy or are pregnant, regular prenatal care and getting substance use treatment is important for your health and for the pregnancy and the developing fetus.
- *Use contraception.* Avoiding unplanned pregnancies is important for establishing a stable environment for recovery.
- *Practice safer sex.* Use protection when having intimate sexual relations with male partners to protect yourself from HIV, hepatitis C, and other sexually transmitted diseases.
- *Learn.* Seek information about your reproductive health and how that can be affected by alcohol and drugs.

Session 12 Take-Home Messages

1. Substances can affect women's hormones and health.
2. Changes in hormones over the life cycle can also affect women's substance use.
3. If you are of childbearing age, avoiding unplanned pregnancies is important to maintaining sobriety and having a stable situation for continued recovery.
4. Use protection and practice safer sex to avoid sexually transmitted diseases, including HIV and hepatitis C.
5. Knowing your body, learning more about hormones and health, and seeking professional help can be useful in managing hormonal changes at all stages of life.
6. Good self-care includes taking care of yourself, protecting your health, and not using substances to stay as well and healthy as possible.

Session 12 Skill Practice: Substance Use and Women's Reproductive Health

(Please do this Skill Practice before the next group and bring it with you to the next session for the discussion at the beginning of group.)

1. Write down two reproductive-health issues you have had that have affected your patterns of using substances: _____

2. Write down any concerns you have had regarding substance use and your reproductive health: _____

3. Write down one thing that you plan to do differently in your recovery with regard to your reproductive health: _____

(continued)

Session 12 Skill Practice (page 2 of 2)

4. Below is a weekly chart. Write down your mood, cravings, substance use, and any reproductive health events (e.g., OCP use, menstrual periods, PMS, hot flashes) associated with each day. You can reproduce this weekly calendar each week or substitute a monthly calendar:

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Session 13 Overview:

Can You Have Fun without Using Drugs or Alcohol?

Introduction

- Many women experience recovery as effortful/requiring a great deal of time.
- Feeling of loss—both of substances and things related to substances (e.g., partners, jobs, friends, health).
- Importance of balancing the work of recovery with having fun in one's life.

Recovery Work Includes Relapse Prevention and Repair Work

Relapse Prevention Includes:

- Identifying triggers and high-risk situations.
- Planning to avoid such situations or develop coping strategies.
- Making your environment as trigger-free as possible.
- Getting treatment.

Repair Work Includes:

- Repairing damage to self and relationships due to substances.
- Learning to enjoy life substance-free.

Enjoying Your Life In Recovery

Areas of concern (among many others) such as:

- Can I ever entertain people in my own home?
- What should I do at the holidays?
- Can I attend a ballgame or other sporting event?
- Can I attend a music festival?
- What should I do on winter holidays? New Year's Eve?
- Can I attend the July 4th or Memorial Day barbeque or event?
- How can I see my friends when they always get together at a bar?
- I have to attend a lot of work events where alcohol is served. What can I do?
- I liked to go to jazz clubs/music venues/other to relax, but there was always a lot of alcohol and other substances around.
- Everyone in my book group drinks. Can I go?
- All my friends use. What do I do? They say they don't mind if I don't use, but I am not confident I can be with them and not use.
- We always watch the Super Bowl at my house and serve beer. Now what?
- My nephew's/friend's/daughter's wedding is coming up, what should I do when it is time to toast?
- How can I celebrate the holidays with my family? They always drink.

(continued)

- Everyone in my school drinks or uses drugs. How can I have a social life and not use? How can I have friends and not use alcohol or drugs?
- There is a lot of drug use where I live. How can I avoid that and not be completely isolated?

Useful Strategies

- Identify high-risk situations you feel are impossible for you to participate in and avoid them. (*Keep in mind that avoidance of these situations may only be temporary.*)
- If you must participate in a high-risk situation, you can:
 - Bring someone supportive with you.
 - Limit the amount of time you spend in the situation (e.g., attend wedding ceremony and skip reception).
 - Learn to manage the situation without substances (use nonalcoholic beverages, turn over the wine glass).
- There may be some activities that need to be given up temporarily or even for the long-term.
 - In this case, it is important to *think of other ways to spend your leisure time* or connect with friends or make new friends.
 - You may *discover/rediscover interests* given up due to using.
- Some situations and/or people may have only been enjoyable while intoxicated.
- Find other activities you enjoy to substitute for these activities or events.
- Some strategies that may be useful include:
 - At a dinner party or restaurant, turn your wine glass over; the waiter will not ask if you want alcohol.
 - When you go to a reception, immediately get a nonalcoholic drink, so others will not try to give you a drink.
 - Attend events with a friend supportive of your recovery.
 - **Practice “substance refusal lines,”** such as “I am taking a medicine I can’t use with alcohol.” Try your own substance refusal lines.
 - Make your own home a “substance-free zone.” This way frequent visitors will know there will be no substances in your home.
 - Many colleges have dormitories that are alcohol- and drug-free and students living in them make a commitment not to use.

Conclusions

- *Remember to think through situations and plan ahead.*
- *Remember that slowly but surely it is possible to find yourself having fun and feeling satisfied with life in recovery.*
- *It may take some time, but it can happen.*

Session 13 Take-Home Messages

1. Having fun when you are in recovery takes some advance planning.
2. There may be some activities that need to be avoided because they are too high risk.
3. Look for other things you like to do that don't include substances.
4. Find friends and relationships with whom you are comfortable not drinking or using drugs.
5. Practice drink and drug refusal lines to find the ones you are most comfortable using.
6. You can be substance-free, have fun, and feel satisfied with life in recovery.

Session 13 Skill Practice: Can You Have Fun without Using Drugs or Alcohol?

(Please do this Skill Practice before the next group and bring it with you to the next session for the discussion at the beginning of group.)

1. Make a list of fun or satisfying events and activities that you enjoyed before recovery: _____

2. Make a list of fun or satisfying events and activities that are too high risk to include in your recovery life: _____

3. Make a list of fun or satisfying events and activities that you think you can enjoy in your recovery life that do not include drugs or alcohol: _____

(continued)

Session 13 Skill Practice (page 2 of 2)

4. For any events or activities listed previously, are there special strategies you would use so that you could enjoy yourself and protect your recovery? _____

5. Write down activities (new or old) that can be enjoyed without substances: _____

6. Write in your own words three substance refusal lines that you know you would be comfortable using. Say them out loud. Bring these with you to share at the next group.

1. _____

2. _____

3. _____

Session 14 Overview: Achieving a Balance in Your Life

Introduction

- Early recovery can be a time that feels “out of balance.”
- Can feel that life is filled with treatment.
- Getting treatment can lead to excluding some other important activities.

Course of Recovery

- Tasks of early recovery include:
 - Learning about yourself.
 - Identifying internal and external triggers to use substances.
 - Determining positive coping strategies to manage triggers.
- Early in recovery, it is important to have enough treatment support for these tasks.
- Treatment supports can include:
 - Self-help groups.
 - Group treatment.
 - Individual treatment.
- Important to deal with ambivalence, set priorities, and achieve balance.

Dealing with Ambivalence

- Almost everyone experiences ambivalence some time in recovery.
- What are examples of ambivalent thinking?
 - Wondering whether you really have a substance problem or if it is as serious as others' substance problems.
 - Leads to thoughts such as:
 - “It really isn't that bad.”
 - “I can do it on my own.”
- What do you do when you experience ambivalent thoughts or behaviors?
 - Share the thoughts with someone else.
 - Stay in treatment, and don't use substances.
 - Anytime you consider changing your treatment, don't do it on your own.
- *Be sure to discuss pros and cons with your therapist, clinician, or sponsor, and reach an agreement before making changes to your treatment.*

Setting Priorities

- Early in recovery, recovery activities need to be high on the priority list.
- Learning to manage situations without substances takes a lot of support and practice.

(continued)

Achieving Balance in Your Life

- Over time, many women find managing situations substance-free to be easier.
- Slowly, life moves back into a new type of balance.
- This balance has at its center recovery and sobriety.

How to Achieve Balance

- Setting priorities.
- Not using substances to manage internal and external triggers.
- Dealing with ambivalence and not using substances or dropping out of treatment when ambivalence arises.
- Learning new ways to manage cravings and triggers and urges.
- Finding or resuming activities that are enjoyable and do not include substance use.
- Practicing these new behaviors and patterns until they feel more natural.

Session 14 Take-Home Messages

1. In early recovery it is important to deal with ambivalence.
2. At all stages of recovery, learn to know when you are having ambivalent thinking.
3. Setting priorities and valuing self-care is very important.
4. This can mean putting your recovery before other commitments.
5. Dealing with ambivalence and setting priorities can help you achieve a new kind of balance in your life.

Session 14 Skill Practice: Achieving a Balance in Your Life

(Please do this Skill Practice before the next group and bring it with you at the next session for the discussion at the beginning of group.)

1. Write three examples of ways that you feel ambivalent about recovery or behaviors you have had that show your ambivalence: _____

2. List the responsibilities and activities that you have right now in your life: _____

3. Look at the list you wrote in question 2. Do you think all of the things you wrote down can fit comfortably in your life right now? _____

4. Rank the different activities and responsibilities you listed in question 2 in order of priority for you. Notice where you are listing treatment and recovery in this ranking. _____

(continued)

Session 14 Skill Practice (page 2 of 2)

5. Write how many of the things you mentioned in question 2 you can “fit in” your life now along with treatment and recovery activities. Which of the things do you think you would need to defer or delay right now so that you can take care of your top priorities? _____

6. Write how you will set priorities for the coming week. What activities will you take care of, and which ones will you delay or defer for another time? Where does self-help fit? _____

Check-In Sheet

Each group member will have 2–3 minutes to share the following with the group:

- 1. Did you have any cravings or urges to use?**
- 2. Did you use? If not, how were you able to remain sober?**
- 3. Did you do the skill practice? If so, what did you do or find helpful?**

Check-Out Sheet

Each group member will have 1–2 minutes to share the following with the group:

What will you do in the coming week to support your recovery?

RECOVERY MEANS TAKING CARE OF YOURSELF

RECOVERY

=

**RELAPSE
PREVENTION**

+

REPAIR WORK

Common Symptoms of Substance Problems

- Increasing the amount of the substance(s) used over time.
- Trying unsuccessfully to cut down or stop using substances.
- Spending an increasing amount of time using substances, often leading to decreasing time spent in other activities related to work, school, relationships, or recreation.

(continued)

- Having craving for the substance(s) when you are not using.
- Continuing to use substances even when knowing they cause or worsen problems with work, family, school, relationships, or other activities.
- Using substances even when knowing they cause physical or mental health problems or when they may be physically dangerous to use.

- Developing tolerance to the substance over time (i.e., developing a need for more of the substance in order to achieve the desired or usual effect).
- Experiencing withdrawal symptoms when substance use stops or is reduced.

Common Symptoms of Substance Problems

(Please note that the word “substance” includes drugs and alcohol.)

- Increasing the amount of the substance(s) used over time.
- Trying unsuccessfully to cut down or stop using substances.
- Spending an increasing amount of time using substances, often leading to decreasing time spent in other activities related to work, school, relationships, or recreation.
- Craving the substance(s) when you are not using.
- Continuing to use substances despite knowing they cause or worsen problems with work, family, school, relationships, or other activities.
- Using substances despite knowing they cause physical or mental health problems or when they may be physically dangerous to use.
- Developing tolerance to the substance over time (i.e., developing a need for more of the substance in order to achieve the desired or usual effect).
- Experiencing withdrawal symptoms when substance use stops or is reduced.

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Telescoping Course of Illness

- Women's substance use progress more rapidly from first using to first having problems with substances.
- Women get sicker faster using smaller quantities of alcohol or drugs than men.
- This telescoping course is true for both alcohol and other substances.
- Women can have more severe health effects from substance problems than men.

Neglected Self-Care

- While using, women often neglect themselves emotionally and physically.
- Emotional neglect can mean not doing the things necessary to nurture yourself.
- Women who use often neglect regular checkups or preventive care (i.e., mammograms, PAP smears, routine lab work) or neglect other healthful activities, such as exercise or eating well.
- Substance use may also lead to unintended and unprotected sexual encounters.

1. Each drug has specific types of direct, negative effects on women's health.
2. For alcohol and drugs, women can experience a telescoping effect on the progress of their illness and the rapid advancement of these negative health effects and medical consequences.

(continued)

3. Women's health, both physical and psychological, is also negatively affected by self-neglect.
4. This may lead to women neglecting to get routine physical health care.
5. It may also lead women to have sexual encounters that were unintended, unprotected,

(continued)

or done in order to obtain more drugs. These sexual encounters pose additional risks for women's health.

6. What you can do to be as healthy as possible:

- *Be abstinent from drugs and alcohol.* Be on the road to recovery, and abstain from drugs.

Many health effects are reversible, and others will stop worsening if you stop using.

- *Get healthy.* See your primary care doctor or other clinician and sign up for routine physical checkups. Consult with your doctor about any adverse health conditions and what you can do to help care for yourself.

- *Decrease self-neglect and increase self-care.*
You can start by getting a physical exam. But don't let it stop there. What other things can you do to stay healthy? Exercise? Eat right? All of these things can help you be healthier and feel better, which in turn can help you continue your recovery and not use drugs and alcohol.

What Is a Trigger?

- Any person, place, or thing that increases your urge to use drugs or alcohol.

Internal: thoughts and feelings.

External: people, places, situations, or things.

High-Risk Situations

Internal

- Feelings: loneliness, anger, anxiety, or exhaustion.
- Thoughts: “What difference does it matter if I use just once?” or “No one cares about me.”
- Physical discomfort: acute or chronic pain.

External

- People: seeing dealer, hanging around friends who use, seeing friend/relative who always criticizes.
- Places: passing bar or liquor store, or place where you often used or bought drugs.
- Things: money, cigarettes, liquor bottle, or drug paraphernalia.

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Other High-Risk Situations

- Interpersonal conflict: arguments with family/partner/friends, difficulties with employer/coworkers/other students.
- Social pressure: family/partner/friends putting pressure on you to use.

Gender Differences in Facing Triggers

- Women tend to relapse in negative mood states (e.g., depression).
- Women often use with a significant other.
- Negative mood states associated with premenstrual cycle also may be triggers.

Drug or Alcohol Availability

- Conditioned cues: alcohol or drugs, or internal or external experiences associated with their use.
- Conditioned responses: reactions to these cues, based on prior experiences.

Avoiding High-Risk Situations

- Identify high-risk situations.
- Develop plans to avoid these situations.

Facing Unavoidable High-Risk Situations

- Don't face the situation alone.
- Do self-nurturing activities.
- Create structure in your day by scheduling tasks and activities.

What to Do to Avoid or Manage High-Risk Situations

- Make a list of current and past high-risk situations.
- Which are internal?
- Which are external situations?
- Divide the list into avoidable and unavoidable situations.
- Develop a list of ways to avoid the ones that you can.
- Develop a list of ways to manage the unavoidable ones.

- 1. Avoid high-risk situations whenever you can.**
- 2. If you can't avoid the situation, don't face the situation alone. Get an ally who knows you are in recovery to accompany you.**
- 3. Develop a way to “escape,” or leave early, from a high-risk event.**

(continued)

4. For triggers that are internal, such as feelings or negative thoughts, find ways to **distract yourself** with other activities or positive thoughts.

5. **Plan ahead** and think through situations in advance. Identify high-risk people, places, or things that you will come across, and plan how to avoid or manage them.

6. Learn to **tolerate the feelings** associated with triggers and know they will pass.

Stigma

- Substance problems may compromise women's life roles (as parents, partners, family members, students, workers, etc.).
- Fear of being labeled as "neglectful."
- Personal sense of shame, guilt, or embarrassment.
- May lead to keeping things secret from others and make it difficult to get the help and support you need.

Feeling That Other Problems Come First

- Women may think of their substance use as a *consequence* of other problems.

For example: *My substance use is because of . . .*

- Relationships: partners, family, children.
- Stressful life events: loss of job, spouse, marriage, parent, or friend.
- Mood or anxiety symptoms.

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This may lead to thoughts such as

- “If these problems get fixed, I will be able to stop using . . .”
- Defining the “problem” as other things, women minimize the *extent* and *negative consequences* of substance use and do not get the help they need.

Mood or Anxiety Symptoms

- Women don’t always share information about substance problems with clinicians because they think the substance problem isn’t really the issue and it will be resolved by treating the other illnesses or other life issues.

Role Conflicts

- Difficulty of balancing roles: as workers, caretakers, children, and/or elder relatives.
- Stress of multiple roles can lead to feelings of being overwhelmed or “out of control.”

Other Barriers

- Lack of child or elder care.
- Lack of financial resources.
- Lack of partner or family support.
- Lack of information about the effectiveness of treatment and range of treatment options.
- Lack of stable housing or reliable transportation.

How Can You Overcome Recovery Obstacles?

- Make a personal inventory about your use of substances and their impact on your life (e.g., relationships, mood, health, work, or school).
- Make an inventory of the *feelings, ideas, and circumstances* that may be obstacles in recovery.
- Make a list of the ways substances affect your mood or feelings of anxiety.
- Learn about available treatment for substance disorders.
Investigate resources that are available in your community, such as child care, medical care, employment, school, housing, health insurance.
- Ask for help.

1. Women often have powerful obstacles to their recovery. These can include:

- Stigma about getting help for drugs and alcohol: Feeling ashamed.
- Thinking the problem is only about depression and anxiety.
- Feeling that they must take care of others before taking care of themselves.

(continued)

- Having an unsupportive partner or family.
- Lacking financial or child care resources.
- Lacking information about the fact that treatment works.

2. These obstacles can be overcome by asking for help, getting treatment, and helping to create your own network of support for your recovery.

3. Do a **personal inventory** about the use of substances in your life and the effects drugs and alcohol have had and are having on all the areas of your life, including relationships, mood, health, mental health, and work or school.
4. Make an **inventory of the ideas, feelings, and circumstances** that may

be barriers or obstacles to your recovery.

5. Write a **list** of the ways substances affect your mood, feelings of anxiety, or eating problems. Write another list of how feelings such as depression, anxiety, or other difficult emotional states may affect your use of substances.

6. **Learn** as much as you can about available treatments for substance disorders.
7. **Learn** about other community supports for child care, medical care, employment, school, housing, transportation, insurance, or any other area that you have identified as a barrier for you to get help yourself and move forward in recovery.

Overview

- Women with drug and alcohol disorders often have other psychiatric symptoms/illnesses, such as depression, anxiety, and eating disorders.
- These disorders are much more common in women with substance use problems and substance use disorders than in men.
- Treatment is important for both substance use and these other psychiatric problems.

Depression

- Depressed mood most of the time.
- Feeling guilty, worthless, or helpless.
- Irritability, restlessness.
- Loss of interest in activities or hobbies once pleasurable, including sex.
- Fatigue and decreased energy.
- Difficulty concentrating, remembering details, and making decisions.
- Insomnia, early morning wakefulness, or excessive sleeping.
- Overeating or appetite loss.
- Thoughts about death or suicide.

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People with depression usually experience a number of these types of symptoms most of the day nearly every day for at least 2 weeks. People can also have more “minor” depressions where some of these symptoms are present continuously for much longer periods of time.

Depression can change the way you think through:

- Irrational beliefs.
- Pessimistic thinking.
- Sense of hopelessness.
- Self-criticism and hearing criticism in what others say, even when it is not there.

Depressive thinking can lead to:

- “Self-fulfilling” prophecies: that is, you think that you can’t succeed so you don’t even try, thereby confirming your lack of success.
- Difficulty setting priorities and following through on tasks.
- Avoidance of other people, work situations, school, or other tasks.
- Problems taking care of yourself and your own recovery.

Anxiety

- There are several types of anxiety disorders.
- Most common are social anxiety disorder (social phobia) and generalized anxiety disorder (GAD).

Social anxiety disorder (or social phobia) can be characterized by:

- Having an extreme amount of anxiety and fear of being judged by others and being embarrassed when observed by other people.
- Being very self-conscious in front of other people and feeling embarrassed especially in social situations or situations where you will be observed.
- Being afraid that other people will judge you and you will feel humiliated.
- Having excessive fear and worry before an event or social situation.
- Avoiding places or situations that will cause this anxiety.
- This fear can be so strong that it interferes with going to work or school or doing other everyday activities, as well as in social situations or settings such as performing, speaking.

Generalized anxiety disorder (GAD) can be characterized by: Having an extreme amount of anxiety that is difficult to control, is more extreme than is warranted by the situation, and is focused on routine activities. Some common symptoms include:

- Difficulty relaxing or concentrating.
- Startling easily.
- Trouble falling or staying asleep.
- Physical symptoms such as fatigue, headaches, muscle tension, muscle aches, difficulty swallowing, trembling, twitching, irritability, nausea, sweating, lightheadedness, needing to use the bathroom frequently, breathlessness, and hot flashes.

Anxiety problems

- Often begin early in life, frequently in adolescence.
- Women often learn to “manage” their anxiety by using substances in situations that provoke anxiety.
- Anxiety problems → can trigger substance use. Substance use → more anxiety → more substance use.

Eating Problems and Eating Disorders

- Unhealthy eating behaviors (e.g., overeating, undereating) can sometimes be used by women to manage stress.
- Common eating disorders in women with substance use disorders and substance problems are anorexia nervosa, bulimia nervosa, and binge-eating disorder.

Anorexia nervosa can be characterized by:

- Low body weight due to restriction of calorie intake.
- Extreme fear of gaining weight or becoming fat.
- Distorted perception of own body weight or shape.
- Weight loss occurs by food restriction with or without binge eating or purging.

Bulimia nervosa can be characterized by the following symptoms:

- Having recurrent and frequent episodes of eating unusually large amounts of food (i.e., binge-eating episodes).
- Feeling a lack of control over these episodes.
- After binge eating, doing things like forced vomiting (e.g., purging), taking laxatives or diuretics, fasting, or exercising excessively.
- Since these behaviors interfere with weight gain; individuals may maintain a normal body weight.
- Having excessive fear of gaining weight, wanting to lose weight, and feeling unhappy with body size and shape.

Bulimia can be accompanied by:

- Feelings of guilt and shame so that bingeing and purging often occur secretly.
- Other negative physical consequences including:
 - Chronically inflamed and sore throat.
 - Swollen salivary glands in the neck and jaw area.
 - Damaged tooth enamel, increasingly sensitive and decaying teeth as a result of exposure to stomach acid.
 - Acid reflux disorder and other gastrointestinal problems.
 - Intestinal distress and irritation from laxative abuse.
 - Severe dehydration from purging of fluids.

Binge-eating disorder: People with binge-eating disorder can:

- Lose control over their eating.
- Have periods of binge eating that are not followed by purging, excessive exercising, or laxative use.
- Become overweight or obese.
- Often experience guilt, shame and distress about these behaviors and that can lead to more binge eating.

Craving, loss of control, and preoccupation with substances (drug, alcohol, or food) are hallmarks of both substance and eating disorders.

Among women without an eating disorder:

- Urges and cravings for certain foods are common, especially in early recovery.
- Women may substitute unhealthy foods for substances.
- One coping strategy that can be helpful is to focus on good nutrition and establishing healthy eating.
- Healthy eating can be helpful in all phases of recovery.

Coping Strategies

- Understand and accept that the substance use and other disorders are both/all important.
- Get treatment for both/all disorders.
- Help mood and anxiety and eating problems: learn to recognize early symptoms so you can report them and get help before they progress.
- Don't use substances to manage these other problems.
- Don't let these other disorders/problems stop your recovery from substance problems.
- Develop positive coping strategies for both/all disorders.

Take-Home Messages for Session 4:
**Managing Mood, Anxiety, and Eating Problems
without Using Substances**

1. Mood, anxiety, and eating problems are common in women with drug and alcohol problems.
2. These other problems can make it difficult to get well from your substance problem.

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3. The substance problem can also make it hard to get well from your mood, anxiety, or eating problem.
4. Understand and accept that the substance use and these other disorders and problems are important.
5. Get treatment for both/all disorders.

6. Taking care of yourself is getting the help you need for your recovery from your substance use disorder and your co-occurring depression, anxiety, and/or eating disorders.

What Is a Partner?

- An individual with whom a woman is intimately involved (e.g., spouse, boyfriend, girlfriend, and/or father/mother of child[ren]).
- Relationships are strongly connected with women's addiction and recovery.

Partners' Influence on Substance Problems, Addiction, and Recovery

Having a Partner: Influence on Substance Problems and Recovery

Negative Influences

INITIATION OF SUBSTANCE USE

- Introduction to using substances by male partner is common among heterosexual women.
- Less is known about lesbian couples regarding partner influence

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on initiation but their prevalence of substance problems in lesbian couples is estimated to be 28–35%.

- Women with addiction are more likely to have a male partner who uses drugs and alcohol than men are to have a woman partner who uses.

CONTINUING SUBSTANCE USE

- Partners may supply women's drugs.
- Women may rely on male partners to maintain addiction.
- Male partner may supply drug/supervise or coerce illegal activities.
- Partner may continue to drink/keep alcohol or use drugs in the home while woman tries to be in recovery.

SUBSTANCE USE MAY BE MAIN FOCUS OF THE RELATIONSHIP

- Woman may fear losing partner if she stops using.
- Sexual activity may have always been in context of drug/alcohol use.
- Use is seen as a way to maintain the relationship.

SETTING UP OBSTACLES FOR GETTING TREATMENT

- Partners may have negative attitude toward women getting treatment.
- Women may fear loss of relationship.
- Sexual activity in context of drug/alcohol use.
- Women dependent on partners, fear abandonment, fear loss of financial resources.
- Physical threats by partners if woman seek treatment.

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ROLE IN RELAPSE

- Relapse more likely when using with a partner.
- Use substances as a way to reconnect with a partner who uses.
- Women tend to relapse after difficult emotional/interpersonal experiences, often with partner.
- Some difficulties within a couple may have started before substances were a problem.
- Some difficulties within a couple may be a consequences of the substances themselves.
- If living with an addicted partner, may relapse because substances freely available.

Positive Influences

- Partners who do not use can help women enter treatment and remain in recovery.
- Partners can help maintain an alcohol- and drug-free home.
- Partners can support a woman's recovery through companionship without drugs or alcohol.
- Partners can provide support through high-risk situations.
- Partners can engage in treatment.
 - Individual treatment.
 - Couple counseling.
 - If using themselves, their own substance use disorder treatment.
 - Self-help groups such as Al-Anon, etc.

The Absence of a Partner: Influence on Substance Problems and Recovery

Negative Influences

- Feelings of loneliness or abandonment.
- Feeling more isolated or lack of social or other types of support.
- Common places to find a partner can involve use of drugs/ alcohol.
- *These can pose a high risk for relapse.*

Positive Influences

- More flexible for recovery activities.
- Can make home a drug-free zone.
- Can “start from the beginning” and enter a new relationship without drugs or alcohol where there are no expectations/history of drug use.

What Can You Do?

- Examine past/present intimate relationships.
- Examine positive/negative roles that an intimate partner plays in your recovery.

What Are Some Things You Could Do That Might Be Helpful?

- If your partner uses, is he/she willing to give up his/her own substance use?
- Is your partner willing to make home a substance-free zone?
- Is your partner willing to engage in treatment, either with you or on his/her own?

1. The first rule of recovery is: **do not use drugs and alcohol.**
2. Partners are people with whom a woman is intimately involved (e.g., spouse, boyfriend, girlfriend, and/or father/mother of child[ren]).
3. Partners can be **critically important** in supporting

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or getting in the way of your recovery.

4. The **absence of a partner** relationship can also influence your substance disorder and process of recovery in positive or negative ways.

5. It is important that you **think about what role** having or not having a

partner plays in your recovery.

6. This is the **first step** to understanding and deciding the best way to help yourself be **abstinent from drugs and alcohol** and have the **healthiest possible relationships**.

There Are Different Causes of Stress, Including:

- External stressors.
- Internal stressors.

External Stressors

- *Ordinary stressors*: common and daily stressors (e.g., minor illnesses, traffic, work problems, minor conflicts with family/friends).
- *Extraordinary stressors*: less common and more extreme (e.g., death in family, job loss, homelessness, severe illness).

Internal Stressors

Negative feelings/attitudes that arise from experience of outside world. For example:

- Perfectionism.
- Pessimism.

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- Negativism.
- Concern about others' opinions.
- Need for control.

Stressors Associated with Women's Roles

- Being the primary caregiver.
 - For one's own family and/or elders.
 - Managing the household.
 - Providing primary/secondary income for self and family.
- Financial constraints.
- Limited access to child/elder care.
 - Single motherhood.
 - Other.
- Minimal or no support from partner/family member for household responsibilities.
- Own problems not given top priority.

Emotional Consequences of Stress

- Depression.
- Low self-esteem.
- Anxiety.

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- Shame.
- Guilt.
- Anger.

Which can lead to:

- Initiation of substance use.
- Rationale for continued use.
- Relapse.

Coping with Stressful Situations

- Best response to stressful situations is to develop and have **healthy coping skills.**

Unhealthy Coping

- Provides temporary escape from stressors (substance use can be one of these).
- Situation still exists or worsens.
- Does not provide model for resolving/managing stressor.
- Examples:
 - Smoking cigarettes.
 - Increasing unhealthy food consumption.
 - Keeping feelings to yourself.
 - Complaining about a problem but doing nothing.

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- Criticizing yourself/others.
- Punishing yourself (e.g., overeating/undereating, excessive exercise).
- Striving for perfection.
- Developing harmful relationships.
- Isolating yourself from others.
- Being passive.

Healthy Coping Skills

- Help resolve/manage current stressor.
- Provides a model for managing future stressors.
- Examples:
 - Sharing feelings with others.
 - Making a plan to handle problem.
 - Seeing humor in situation.
 - Engaging in pleasurable activities (e.g., reading, hobbies).
 - Accepting your limitations.
 - Developing positive relationships.
 - Being assertive.
 - Helping others.
 - Meditating.
 - Practicing yoga or exercising.
 - Doing other self-care activities.

What Can You Do to Cope with Stress?

- List current/past stressful situations/relationships that led to unhealthy coping skills (e.g., substance use).
- Divide list into stressors you can change and stressors you cannot change.
- Develop alternative coping skills for different situations.
- Quit smoking cigarettes (resource: <http://women.smokefree.gov>).
- Practice meditation daily.
- Practice yoga or exercise or do other self-care activities.
- Use a telephone app if you can to help with meditation, mindfulness, or other stress-relieving daily activities.

1. Stress can be caused by **routine life circumstances**, such as bad weather, deadlines, or traffic.
2. Stress can be caused by **more serious life events**, such as loss of a job, death of a family member, serious illness, or exposure to violence.

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3. Stress can also be caused by **internal states** such as feelings, thoughts, and attitudes such as perfectionism, negative thoughts, etc.
4. Stress can lead to feelings of depression, low self-esteem, anxiety, shame, guilt, and anger.
5. These feelings can lead to starting to use,

continuing to use, or relapsing to using substances.

6. There are many ways to **cope with stress**. Some of these, like using drugs and alcohol, or smoking cigarettes, are **unhealthy**.

7. There are many **healthy** ways of coping with stress.

8. You can help your recovery by learning and practicing as many healthy ways to cope with stress as you can think of.

Women's Role as Caretakers (or Caregivers):

- Women need to be able to take care of themselves (self-care) in order to be able to take care of others.
- Relationships are generally valued strongly by women.
- Caretaking role can give self-esteem and fulfillment.
- Women's caretaking role can also interfere with self-care, including treatment and recovery.

What Are Some Caretaking Roles?

On the home front:

- Children.
- Elders.
- Partners.
- Families.
- Friends.

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- Siblings.
- Pets.

On the work or school front:

- Coworkers.
 - Other students.
 - People you supervise.
- People within work or school organization.

In communities:

- Neighbors/neighborhoods.
- Schools.
- Religious groups.
- Other community groups.

Social Connectedness: often a source of strength and value for women.

Lack of Social Connectedness: can lead to feelings of isolation and lack of support.

The role of caretaker can be a source of value, self-esteem, and motivation, but it can also interfere with the ability to take care of self (e.g., to get into treatment and recover from substance problems).

How Do Caretaking Roles Interfere with the Ability to Get into Treatment and Recovery?

1. The Belief of Having No Time

- Putting needs of others first.
- Need to minimize the time spent at treatment/recovery to care for others.
- Drugs and alcohol as coping with caretaking demands—may deter women from seeking treatment.

2. The Role of Guilt and Shame

- Actual or perceived neglect of others.
- Neglecting others because of substance use.
- Not available physically/emotionally because of substance use.
- *Avoiding* these feelings may deter women from seeking treatment.

3. Fear of Losing Custody

- Fear if enter treatment will lose custody of children.
- Critically delays getting treatment.
- May worsen substance problems.
- Can lead to intervention from others (e.g., child welfare services).

How Can You Be a Caretaker and Take Care of Yourself?

Learn, acknowledge, accept, and apply these to your life:

- You cannot do the best job you'd like to do as a caretaker when using drugs/alcohol.
- To be the caretaker you most want to be is dependent on *not* using drugs/alcohol.
- Using drugs/alcohol can take time and attention away from significant relationships.
- Waiting until you have time doesn't work; it only delays help and worsens substance problems.
- You *do* have time to get help and work toward recovery.
- Recovery = Self-Care.

Take-Home Messages for Session 7:
**Women as Caretakers: Can You Take Care of Yourself
While You Are Taking Care of Others?**

1. You do have time to take care of yourself.
2. Use the strength of your role as a caretaker (or caregiver) and your desire to be the best you can be as a motivation to seek the help you need for treatment and for your ongoing recovery.

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3. Women sometimes avoid taking care of themselves and their recovery because they feel guilty that they might not be taking care of others.

4. Sometimes women convince themselves they have no time to take care of their recovery because of their other responsibilities. This is

the “Belief of Having No Time.”

5. It is important to take care of yourself so that you can take care of any others who are important to you.
6. Recovery is a major part of self-care and necessary to be able to take care of any others who are important to you.

Self-Help Groups

- Alcoholics Anonymous (AA)
 - International fellowship of men/women with drinking problems.
 - Abstinence-based 12-step program.
 - Different types and formats for AA (open, closed, speaker meeting, discussion meetings, step meetings, women-only, and others such as men-only, nonsmoking, teenagers/young adults, LGBTQ, or combination of these).
- Narcotics Anonymous, Cocaine Anonymous, Gamblers Anonymous
 - Same principles as AA.
 - Address problems with opioids, benzodiazepines, marijuana, amphetamines, prescription drugs (NA), cocaine (CA), or gambling (GA).
- SMART Recovery
 - Self-Management and Recovery Training (SMART).
 - Treatment based on CBT model of addiction.
 - Smaller than groups/less available 12-step groups, such as AA.

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Pros and Cons of 12-Step Groups

Pros/Advantages

- Education—learn about recovery from others.
- Hope—others' experiences can inspire hope.
- Support—gain support from other members or sponsor.
- Availability—usually available 24/7/365 worldwide.
- Spirituality—appeals to a Higher Power consistent with your beliefs.
- Effectiveness—some evidence that involvement associated with long-term recovery.

Cons/Disadvantages

- Isolation—can feel isolated within the group.
- Spirituality—not consistent with your beliefs.
- Language—language used can be offensive.
- “War stories”—members' stories are depressing and not inspiring.
- Unwanted familiarity—makes you uncomfortable.

Pros and Cons of SMART Recovery

Pros/Advantages

- Group size—generally small group.
- CB approach—change cognitions and behaviors.
- No spirituality—consistent with your beliefs.

Cons/Disadvantages

- Abstinence—not always abstinence-focused.
- Support—may feel you should use CB approach and not reach for member support.
- Effectiveness—no studies of effectiveness.
- Availability—not available 24/7/365 and not available in all regions of the United States.
- No spirituality—not consistent with your beliefs.

How to Use Self-Help Groups to Help Yourself

- Review list of groups and identify which ones to attend.
- After each meeting, write down what you liked/disliked about it.
- Consider women-only AA/NA meetings.
- Keep track of groups attended and how much you participated.
- If you cannot attend specific groups, try visiting websites or calling different organizations to identify groups and times you can attend.

1. Involvement in self-help groups can help you achieve and maintain long-term recovery.
2. There are different kinds of self-help groups, including some for women only.
3. Sample a number of different types of self-help

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groups before deciding if they are for you.

4. Work on finding groups that best suit your recovery needs in terms of the type of meeting, location and timing of the meetings, and membership with which you feel comfortable.

Substance Use Disorders

- Usually have early onset in adolescence or early 20s.
- However, onset can occur or reoccur at any time during the lifespan.
- Pressures, triggers, and risk factors vary at different times in women's lives.
- A risk factor is something that increases chance of developing substance problems.

Life Stages and Risk Factors

Adolescence

- Social context.
- Depression.
- Feelings of alienation or isolation, especially among sexual minority girls, girls who are bullied, or girls who otherwise feel discrimination or marginalization.
- Earlier age of first use of substances increases risk for abuse.
- Smoking cigarettes.
- Trauma.
- Prescription drug use carries risk for problems/addiction.

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Young Adulthood

- Partner with alcohol or drug problem.
- Depression.
- Role-related issues leading to maladaptive coping strategies.
- Problems with any substance increases risk of other substance problems.
- Trauma.
- Prescription drug use carries risk for problems/addiction.

Middle Years

- Partner with alcohol or drug problem.
- Depression.
- Losses common to this stage of life.
- Feelings of unlikelihood about acquiring new life roles.
- Substance problems—any substance problem can predispose to problems with other substances.
- Prescription drug use carries risk for problems/addiction.

Older Age

- Partner with alcohol or drug problem.
- Depression.
- Prescription drug use.
- Retirement.
- Widowhood/loss of a partner.
- Changes in metabolism.
- Retirement communities where alcohol is prominent part of social life.

How to Help Yourself

- Understand that use of substances and risk for substance problems changes throughout women's life cycle.
- Be aware of specific risks associated with your current life stage.
- Understand these risks and construct ways to manage them without using drugs or alcohol.

1. Women's life stages include adolescence, young adulthood, the middle years, and older age.
2. Each stage of women's lives has different rewards and challenges.
3. The use of substances can change throughout women's life cycle, and

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the risks for substance problems can change over time.

4. Specific risks for substance use can be associated with each person's current stage of life.
5. Find ways to manage these situations that do not include using drugs or alcohol.

6. Different stages in a woman's life cycle may also bring vulnerability to substances.
7. Identify the specific risks of this time in your life and think of opportunities now that can help in the recovery process.

Substance Use Disorders and Violence

- Many women in treatment for substance use disorders have experienced violence or other abuse (e.g., sexual or physical abuse or intimate partner violence).
- They may use drugs/alcohol to “numb” or “mask” the pain of past (or current) abuse.
- Past abuse may lead to risk in adulthood for further violence or abuse.
- These experiences in childhood or adulthood can contribute to feelings of shame and social isolation.

Experiences Associated with History of Violence

- Co-occurring disorders with substance use disorders (e.g., depression, anxiety, PTSD).
- Shame and guilt.
- Avoidant coping.
- Feelings of stigmatization.
- Inhibit trust in relationships.

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These feelings can:

- Predispose women to using substances to mask or numb the painful feelings.
- Contribute to feelings of low self-worth—lead to feeling socially disconnected.

All of these can serve as triggers to relapse and obstacles to recovery from substance problems.

Emotional, Psychological, and Verbal Abuse

- Partner controls woman's choices.
- Difference in power within relationship.
- Childhood abuse (including emotional abuse) makes women more vulnerable to substance use problems later.
- Adulthood abuse predisposes women to using substances and acts as an obstacle to getting treatment and being in recovery.

Domestic Violence/ Interpersonal Violence (IPV)

- More common than is generally thought.
- Risk of domestic violence greater in setting of substance use and substance use disorders.
- Three-quarters of all incidents involve alcohol.
- Another factor may be perceived inequality between partners (such as in unemployment, income, finances, family roles).

- One member of couple can feel less powerful or powerless and may, in fact, have fewer resources to express her autonomy.
- IPV occurs in both heterosexual and gay and lesbian couples.
- Drug and alcohol problems increase risk for IPV.
- **Vicious cycle:** → **violence and abuse** → **more substance abuse** → **more violence and abuse**.
- These patterns inhibit seeking treatment for substance problems and getting help to get safe and stop the violence.

Relationship of abuse and violence to problems with substances:

- Women who experience violence may use substances to try to cope with the trauma of abuse or violence.
- Women who use substances may be more vulnerable to violence.
- Women who are intoxicated may be less able to defend themselves against violence.
- Women who use substances can feel guilt and shame about their substance use, as well as about the abuse and violence; this can lead to decreased feelings of self-worth and the idea that they are less deserving of getting the help they need.
- Women (whether they use substances or not) who are with substance-using partners are at greater risk for abuse and IPV.

How to Get Help to Help Yourself

- Assess for yourself and communicate with your clinicians your own experience of violence and abuse.

Before Treatment and Recovery

- Have you experienced abuse before your substance use/treatment for substance use?
- Do you think this may have contributed to use of substances and/or difficulty seeking treatment?

During Treatment and Recovery

- Are you currently being exposed to violence or other abuse?
- If you are not physically safe, it is important to seek a safe place.
- If you are not physically threatened or in danger, but have ongoing problems with your partner, consider counseling for yourself and/or your partner.
- Consider questions such as:
 - How often does your partner show disapproval toward you?
 - When was the last time you felt threatened by or controlled by or afraid of your partner?
 - How often does someone hurt you?
 - How often does your partner use words that put you down and make you feel bad about yourself?

In Recovery and Maintaining Abstinence

- Are there any ongoing abusive relationships in your life?
- Do you need to find a place to be physically safe?
- What would be the best way to take care of yourself?
- If there are no current abusive relationships, were there past relationships that may be affecting how you feel now?
- What are the effects of past violence on you now?
- How do these play a role in your recovery?

If you are not physically safe, ask for HELP to get to a SAFE PLACE.

Safety is a priority. The self-assessments above and communications with clinicians are important and can lead to important next steps:

- Taking care of yourself physically and emotionally.
- Getting yourself physically safe if you are not physically safe now.
- Addressing emotional consequences of past abuse and violence.
- Getting treatment for other co-occurring disorders (PTSD, depression, anxiety).
- Grieving losses from abuse and violence.
- Learning to manage feelings from past abuse or violence *without using substances*.

1. Many women in treatment for substance use disorders have experienced violence or other abuse.
2. Sometimes women use substances to “numb” or “mask” the pain of past or current abuse.
3. In order to recover from substance problems you must be **SAFE**,

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both physically and emotionally.

4. The first step is to get yourself physically safe if physical safety is not part of your life now.
5. If you are not physically threatened, but you have ongoing problems with your partner, consider counseling for yourself and/or your partner.

6. If you have a history of past abuse and/or violence, addressing the emotional consequences (including PTSD, depression, anxiety) and grieving the losses can be helpful in recovery.
7. **Most important is to learn to manage these feelings without using substances and to be physically and emotionally safe.**

Disclosure means:

Revealing thoughts and feelings while stating crucial facts about yourself.

- Can be a choice or necessity.
- Can happen intentionally or unintentionally.
- Dilemma: *secrecy and control versus getting it out in the open*; to tell or not to tell?

The issue of disclosure is personal, requires careful thought, and can be made best with prudence, restraint, and safety.

Barriers and Potential Disadvantages to Disclosure

- Fear of discrimination/discrimination.
- Fear of stigma.
- Feelings of shame.
- Feelings of loss of privacy/loss of privacy.
- Fear of rejection/rejection.

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Potential Benefits of Disclosure

- Recognition and acceptance of existing supports enhance recovery.
- Gaining new supports and building new relationships.
- Decreasing isolation.
- Beginning and/or continuing the healing and recovery process.
- Sharing new perspectives/helping others.
- Obtaining reasonable accommodations in the workplace, school, and at home.

Issues Surrounding Disclosure

- How much do you want to disclose?
- To whom will you disclose? (**Choose someone you trust.**)
- To whom is it important that you *not* disclose?
- In what form will disclosure be made?
- When will you disclose?
- Why are you disclosing? What do you hope to gain?
- Where will you disclose? (**Choose a safe environment.**)

Dos and Don'ts of Disclosure

- Think about your own readiness and comfort with disclosure.
- It is important to feel a secure sense that you are ready.
- Choose carefully to whom you might disclose. Emphasize to yourself feelings of safety and comfort.
- Make sure the environment is right. Choose people whom you think will be open and willing to listen and accept.
- Think carefully and discuss the pros and cons with someone. Consider “what if” situations.
- Remember that once you have disclosed personal information, you cannot take it back.
- Disclose carefully and wisely, not impulsively and generally.

1. There can be pros and cons of disclosing that you are in recovery.
2. Think about your own readiness and comfort with disclosure.
3. If you choose to disclose, it is important to disclose wisely and carefully.
4. Choose the time, people, and place to disclose so that your disclosure will help support your recovery.

Introduction

- Substance use problems are most common during the reproductive years.
- Mood problems and stress can accompany reproductive events, which can change patterns of use and substance problems.
- Hormonal changes may influence substance use and effects of substances on women.

Review of Hormonal Changes

- Menstrual cycles.
- Birth control medications.
- Pregnancy and postpartum.
- Menopause transition.

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Relationship of Substances to Reproductive Events

Menstrual cycle and substance use

- Alcohol use may increase premenstrually.
- May be caused by either:
 1. Increased stress.
 2. Alcohol may be processed differently.
- Quit rates for smoking may be more successful in follicular (first 14 days) than luteal (second 14 days) of menstrual cycle.

Substances' effect on menstrual cycle

- Severe alcohol problems may lead to irregular cycles or amenorrhea (no periods).
- Can disrupt hormones required for a normal cycle.
- Cocaine, marijuana, opioids, and benzodiazepines can also cause irregularities.

Risks to pregnant woman and fetus

- Substances can interfere with a woman's ability to get pregnant.
- Continued use during pregnancy can increase the likelihood of miscarriage.
- Most substances (including alcohol and nicotine) cross placenta and can cause problems for the developing fetus.
- Most substances put the fetus at risk for negative effects (including severe, permanent, and sometimes fatal conditions).

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- Drinking alcohol during pregnancy puts the fetus at risk for a number of significant problems.
- Smoking cigarettes during pregnancy puts the fetus at risk for a number of significant problems.

Breastfeeding and the effect on infants

- Most alcohol and drugs can be passed on to the infant through breast milk and therefore possibly affect the developing infant.
- Infant exposure to substances can affect development.

Oral contraceptive medications

- Can alter how substances are metabolized or processed.
- Women on OCP (oral contraceptive pill) metabolize alcohol and benzodiazepines more slowly.

Perimenopause/Menopause

- Menopause is reached when women have no periods for 12 or more months and the hormonal changes of menopause occur.
- Alcohol use disorders may lead to earlier menopause.
- Alcohol use, especially heavy drinking, can increase a woman's risk of breast cancer.
- Low to moderate drinking can also increase a woman's risk for developing breast and other cancers.

Safer sex and protection for prevention of STDs including HIV

- Women need to learn about safer sex and protection and to use protection (e.g., condoms) for intimate sexual behavior.
- Condom use during heterosexual intercourse is important for protection for prevention of HIV, hepatitis C, and other sexually transmitted diseases.

- Women who are sexually active need to learn how to discuss condom use with male partners, and feel empowered to learn how to use condoms, why to use condoms, and how to discuss this use with male partners.
- “Safer Sex Skills Building” for women can be downloaded without cost from the National Institute on Drug Abuse (Safer Sex Skills Building [SSSB]: <http://ctndisseminationslibrary.org/display/398.htm>) to assist women with these skills.

What Can You Do?

- **Know your body.** Keep track of your own cycle and symptoms. This can provide insight into how your body works and its relationship with substance use and substance problems.
- **Seek professional help.** Gynecologists, primary care clinicians, and other clinicians can help you regulate abnormal menstrual cycles and provide treatment for perimenopausal and menopausal symptoms. If you are considering pregnancy or are pregnant, regular prenatal care and getting substance use treatment is important for your health and for the pregnancy and the developing fetus.
- **Use contraception.** Avoiding unplanned pregnancies is important for establishing a stable environment for recovery.
- **Practice safer sex.** Use protection when having intimate sexual relations to protect yourself from HIV, hepatitis C, and other sexually transmitted diseases.
- **Learn.** Seek information about your reproductive health and how that can be affected by alcohol and drugs.

1. Substances can affect women's hormones and health.
2. Changes in hormones over the life cycle can also affect women's substance use.
3. If you are of childbearing age, avoiding unplanned pregnancies is important to maintaining sobriety

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and having a stable situation for continued recovery.

4. Use protection and practice safer sex to avoid sexually transmitted diseases including HIV and hepatitis C.

5. Knowing your body, learning more about hormones and health, and seeking professional

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help can be useful in managing hormonal changes at all stages of life.

6. Good self-care includes taking care of yourself, protecting your health, and not using substances in order to stay as well and healthy as possible.

Introduction

- Many women experience recovery as effortful/requiring a great deal of time.
- Feeling of loss—both of substances and things related to substances (e.g., partners, jobs, friends).
- Importance of balancing work of recovery with having fun in one's life.

Recovery Work Includes Relapse Prevention and Repair Work

Relapse Prevention includes:

- Identifying triggers and high-risk situations.
- Planning to avoid such situations or developing coping strategies.
- Making your environment as trigger-free as possible.
- Getting treatment.

Repair Work includes:

- Repairing damage to self and relationships due to substances.
- Learning to enjoy life substance-free.

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Enjoying Your Life in Recovery

Areas of concern (among many others) such as:

- Can I ever entertain people in my own home?
- What should I do at the holidays?
- Can I attend a ballgame or other sporting event?
- Can I attend a music event?
- Can I attend the July 4th or Memorial Day barbecue or event?
- How can I see my friends when they always get together at a bar?
- I have to attend a lot of work events where alcohol is served. What can I do?
- I liked to go to jazz clubs/music venues/other places to relax, but there was always a lot of alcohol and other substances around.
- Everyone in my book group drinks. Can I go?
- All my friends use. What do I do? They say they don't mind if I don't use, but I am not confident that I can be with them and not use.
- We always watch the Super Bowl at my house and serve beer. Now what?
- My nephew's/friend's/daughter's wedding/birthday, etc. is coming up. What should I do when it is time to toast?
- How can I celebrate the holidays with my family? They always drink.
- Everyone in my school drinks or uses drugs. How can I have a social life and not use? How can I have friends and not use alcohol or drugs?
- There is a lot of drug use where I live. How can I avoid that and not be completely isolated?

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Useful Strategies

- **Identify high-risk situations you feel are impossible for you to participate in and avoid them. (*Keep in mind that avoidance of these situations may only be temporary.*)**
- **If you must participate in a high-risk situation, you can:**
 - Bring someone supportive with you.
 - Limit the amount of time you spend in the situation (e.g., attend wedding ceremony and skip reception).
 - Learn to manage the situation without substances (use nonalcoholic beverages, turn over the wine glass).
- There may be some activities that need to be given up temporarily or even for the long term.
 - In this case, it is important to think *of other ways to spend your leisure* time or connect with friends or make new friends.
 - You may *discover/rediscover interests* given up due to using.
- Some situations and/or people may have only been enjoyable while you were intoxicated.
- Find other activities you enjoy to substitute for these activities.
- Some strategies that may be useful include:
 - At a dinner party, turn your wine glass over; the waiter will not ask if you want alcohol.
 - When you go to a reception, immediately get a nonalcoholic drink, so others will not try to give you a drink.
 - Attend events with a friend supportive of your recovery.

- **Practice “substance refusal lines,”** such as “I am taking a medicine I can’t use with alcohol,” “I am not drinking right now,” or “I don’t use that anymore.” Try your own substance refusal lines.
- Make your own home a “substance-free zone.” This way frequent visitors will know there will be no substances in your home.
- Many colleges have dormitories that are alcohol- and drug-free and students living in them make a commitment not to use.

Conclusions

- *Remember to think through situations and plan ahead.*
- *Remember that slowly but surely it is possible to find yourself having fun and feeling satisfied with life in recovery.*
- *It may take some time, but it can happen.*

1. Having fun when you are in recovery takes some advance planning.
2. There may be some activities that need to be avoided because they are too high risk.
3. Look for other things you like to do that don't include substances.

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4. Find friends and relationships with whom you are comfortable not drinking or using drugs.
5. Practice drink and drug refusal lines to find the ones you are most comfortable using.
6. You can be substance-free, have fun, and feel satisfied with life in recovery.

Introduction

- Early recovery can be a time that feels “out of balance.”
- Can feel that life is filled with “treatment.”
- Getting treatment can lead to excluding some other important activities.

Course of Recovery

- Tasks of early recovery include:
 - Learning about yourself.
 - Identifying internal and external triggers to use substances.
 - Determining positive coping strategies to manage triggers.
- Early in recovery, it is important to have enough treatment support for these tasks.
- Treatment supports can include:
 - Self-help groups.
 - Group treatment.
 - Individual treatment.
- Important to deal with ambivalence, set priorities, and achieve balance.

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Dealing with Ambivalence

- Almost everyone experiences ambivalence some time in recovery.
- What are examples of ambivalent thinking?
 - Wondering whether you really have a substance problem or if it is as serious as others' substance problems.
 - Leads to thoughts such as:
 - “It really isn't that bad.”
 - “I can do it on my own.”
- What do you do when you experience ambivalent thoughts or behaviors?
 - Share the thoughts with someone else.
 - Stay in treatment, and don't use substances.
 - Anytime you consider changing treatment, don't do it on your own.
 - *Be sure to discuss pros and cons with your therapist, clinician, or sponsor, and reach an agreement about making changes to your treatment.*

Setting Priorities

- Early in recovery, recovery activities need to be high on the priority list.
- Learning to manage situations without substances takes a lot of support and practice.

Achieving Balance in Your Life

- Over time, many women find managing situations substance-free to be easier.
- Slowly, life moves back into a new type of balance.
- This balance has at its center recovery and sobriety.

How to Achieve Balance

- Setting priorities.
- Not using substances to manage triggers.
- Dealing with ambivalence and not using substances or dropping out of treatment when ambivalence arises.
- Learning new ways to manage cravings and triggers.
- Finding or resuming activities that are enjoyable and do not include substance use.
- Practicing these new behaviors and patterns until they feel more natural.

1. In early recovery it is important to deal with ambivalence.
2. At all stages of recovery, learn to know when you are having ambivalent thinking.
3. Setting priorities that value self-care is very important.

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4. This can mean putting your recovery before other commitments.
5. Dealing with ambivalence and setting priorities can help you achieve a new kind of balance in your life.

Therapist Self-Assessment in Conducting the Women's Recovery Group

Complete the following self-assessment scale after each session. Recording these points will help you assess the extent to which you are following the basic guidelines of the WRG manual. For each question, rate how extensively you engaged in specific therapist behaviors as you conducted each session:

0	1	2	3	4
not at all	rarely	somewhat	frequently	extensively

- _____ 1. Highlighted how session topic is relevant to women with substance use disorders.
- _____ 2. Kept check-in brief and structured, focusing specifically on the three check-in questions: (1) Did you have any cravings or urges to use? (2) Did you use? If not, how were you able to remain sober? (3) Did you do the skill practice? If so, what was helpful? Helped members address these questions briefly (i.e., approximately 3 minutes each).
- _____ 3. Briefly reviewed lapses and relapses with members who have used since previous session (when appropriate) to help members process the event and learn ways to reduce relapse risk.
- _____ 4. Encouraged discussion of specific issues relevant to women with substance use disorders.
- _____ 5. Enabled members to share personal details of their own lives relevant to relapse prevention and recovery.
- _____ 6. Helped group members relate their discussion to issues of women's physical health, including effects of substance problems on women's health, life cycle issues, self-care, balancing recovery with relationships and caretaking roles, or other themes relevant to relapse prevention and recovery in women.
- _____ 7. When presenting session topic, paused occasionally throughout presentation of information to encourage group members' brief discussion of, or questions about, the material and then returned to topic presentation after several minutes.
- _____ 8. Stressed the theme of self-care as central to recovery. Can be referred to as "taking care of yourself," "not neglecting your own needs," etc.
- _____ 9. Created an atmosphere of trust, respect, and confidentiality.
- _____ 10. Made appropriate references to bulletin board materials, core themes of the group on the bulletin board, or skill practices when relevant to session topic and/or participants' open discussion.
- _____ 11. Focused the session around a core theme and remained on a recovery or relapse prevention topic (can be multiple different recovery or relapse prevention topics).
- _____ 12. Stressed the importance of group attendance.

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- ___ 13. Stressed the importance of the four levels of participation (attending group, reflective listening, sharing, and doing the skill practice), and helped members participate at the level with which they were comfortable.
- ___ 14. Provided open-discussion time for group members to discuss the day's topic or related recovery topics and experiences so that they could support one another.
- ___ 15. Encouraged members to identify triggers to relapse (can be internal or external triggers: thoughts, feelings, places where one used to use, people, etc.) and alternative strategies to managing these triggers rather than using substances.
- ___ 16. Encouraged participants to openly discuss experiences concerning addiction and recovery.
- ___ 17. Stressed the importance of abstinence (may be referred to as sobriety, not using, staying clean, staying off, not using drugs or alcohol).
- ___ 18. Presentation, body language, or verbal feedback characterized by warmth, openness, acceptance, and attention to cues.
- ___ 19. Handed out skill practice and emphasized helpfulness of doing skill practice during the upcoming week.
- ___ 20. Ended the session with a wrap-up of highlights or basic themes of the group.
- ___ 21. Asked group members to each take a turn reading the take-home messages.
- ___ 22. Completed all parts of the group session (check-in and review of skill practice, topic presentation, discussion, skill practice for next week, take-home messages, and check-out).
- ___ 23. Completed all parts of group as in question 22 in specified order *and* held to time range for each part of group.

Additional Resources for Therapists

The Women's Recovery Group Study

- Cummings, A., Gallop, R. J., & Greenfield, S. F. (2010). Self-efficacy and substance use outcomes for women in single-gender versus mixed-gender group treatment. *Journal of Groups in Addiction and Recovery*, 5, 4–16.
- Greenfield, S. F., Crisafulli, M. A., Kaufman, J. S., Freid, C. M., Bailey, G. L., Connery, H. S., et al. (2014). Implementing substance abuse group therapy clinical trials in real-world settings: Challenges and strategies for participant recruitment and therapist training in the Women's Recovery Group Study. *American Journal on Addictions*, 23(3), 197–204.
- Greenfield, S. F., Cummings, A. M., Kuper, L. E., Wigderson, S. B., & Koro-Ljungberg, M. (2013). A qualitative analysis of women's experiences in single-gender versus mixed-gender substance abuse group therapy. *Substance Use and Misuse*, 48(9), 772–782.
- Greenfield, S. F., Kuper, L. E., Cummings, A. M., Robbins, M. S., & Gallop, R. J. (2013). Group process in the single-gender Women's Recovery Group compared with mixed-gender Group Drug Counseling. *Journal of Groups in Addiction and Recovery*, 8(4), 270–293.
- Greenfield, S. F., Sugarman, D. E., Freid, C. M., Bailey, G. L., Crisafulli, M. A., Kaufman, J. S., et al. (2014). Group therapy for women with substance use disorders: Results from the Women's Recovery Group Study. *Drug and Alcohol Dependence*, 142, 245–253.
- Greenfield, S. F., Trucco, E. M., McHugh, R. K., Lincoln, M., & Gallop, R. J. (2007). The Women's Recovery Group Study: A stage I trial of women-focused group therapy for substance use disorders versus mixed gender group drug counseling. *Drug and Alcohol Dependence*, 90, 39–47.
- Kuper, L. E., Gallop, R. J., & Greenfield, S. F. (2010). Changes in coping moderate substance abuse outcomes differentially across behavioral treatment modality. *American Journal on Addictions*, 19, 543–549.
- McHugh, R. K., & Greenfield, S. F. (2010). Psychiatric symptom improvement in women following group substance abuse treatment: Results from the Women's Recovery Group Study. *Journal of Cognitive Psychotherapy*, 24, 26–36.

SUDs in General and Additional Tools and Tips

National Clearinghouse for Alcohol and Drug Information (NCADI): www.ncadi.samhsa.gov.
National Institute on Alcohol Abuse and Alcoholism (NIAAA): www.niaaa.nih.gov.
National Institute on Drug Abuse (NIDA): www.nida.nih.gov.
Substance Abuse and Mental Health Services Administration (SAMHSA): www.samhsa.gov.

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Women and SUDs

- Brady, K., Back, S., & Greenfield, S. F. (Eds.). (2009). *Women and addiction: A comprehensive textbook*. New York: Guilford Press.
- Centers for Disease Control and Prevention. (2013). Binge drinking: A serious, under-recognized problem among women and girls. *CDC Vital Signs*. Retrieved July 16, 2013, from www.cdc.gov/VitalSigns/BingeDrinkingFemale/index.html.
- Greenfield, S. F. (2002). Women and alcohol use disorders. *Harvard Review of Psychiatry*, 10, 76–85.
- Greenfield, S. F., Back, S., & Brady, K. (2011). Women's issues. In P. Ruiz & E. Strain (Eds.), *Lowinson and Ruiz's substance abuse: A comprehensive textbook* (5th ed., pp. 847–870). Baltimore: Lippincott, Williams and Wilkins.
- Greenfield, S. F., Back, S., Lawson, K., & Brady, K. (2010). Substance abuse in women. In S. Kornstein & A. Clayton (Eds.), *Women's mental health. Psychiatric Clinics of North America*, 33, 339–355.
- Greenfield, S. F., Brooks, A. J., Gordon, S. M., Green, C. A., Kropp, F., McHugh, R. K., et al. (2007). Substance abuse treatment entry, retention, and outcome in women: A review of the literature. *Drug and Alcohol Dependence*, 86, 1–21.
- Greenfield, S. F., & Grella, C. (2009). What is “women-focused” treatment for substance use disorders? *Psychiatric Services*, 60, 880–882.
- McHugh, R. K., Wigderson, S., & Greenfield, S. F. (2014). Epidemiology of substance use in reproductive-age women. *Obstetrics and Gynecology Clinics of North America*, 41(2), 177–189.
- National Center on Addiction and Substance Abuse at Columbia University (NCASA). (2013). *Women under the influence*. Baltimore: Johns Hopkins University Press.
- National Women's Health Information Center (NWHIC): www.4woman.gov.
- NIAAA: Alcohol: A Women's Health Issue: <http://pubs.niaaa.nih.gov/publications/brochurewomen/women.htm>.
- NIAAA: Are Women More Vulnerable to Alcohol's Effects?: <http://pubs.niaaa.nih.gov/publications/aa46.htm>.
- NIDA: Substance Use in Women: www.drugabuse.gov/publications/research-reports/substance-use-in-women/sex-gender-differences-in-substance-use.
- NIDA: Women and Sex Gender Differences Research Group: www.drugabuse.gov/about-nida/organization/workgroups-interest-groups-consortias/women-sex-gender-differences-research-group.
- SAMHSA Treatment Improvement Protocol: Substance Abuse Treatment: Addressing the Specific Needs of Women: www.ncbi.nlm.nih.gov/books/NBK26013.
- Sugarman D. E., Brezing C., & Greenfield, S. F. (2013). Women and substance abuse. In A. H. Mack, K. T. Brady, & R. J. Frances (Eds.), *Clinical textbook of addictive disorders* (4th ed., pp. 481–506). New York: Guilford Press.

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Additional Reading for Specific WRG Topics

The Effect of Drugs and Alcohol on Women's Health

- Cao, Y., Willett, W. C., Rimm, E. B., Stampfer, M. J., & Giovannucci, E. L. (2015). Light to moderate intake of alcohol, drinking patterns, and risk of cancer: Results from two prospective U.S. cohorts. *British Medical Journal*, 315, h4238.
- Centers for Disease Control and Prevention (CDC): Binge drinking: A serious under-recognized problem among girls and women, 2013: www.cdc.gov/vitalsigns/bingedrinkingfemale.
- NIAAA: Are Women More Vulnerable to Alcohol's Effects?: <http://pubs.niaaa.nih.gov/publications/aa46.htm>.
- NIAAA: Women and Alcohol: An Update: <http://pubs.niaaa.nih.gov/publications/arh26-4/toc26-4.htm>.
- NIDA Medical Consequences of Drug Abuse: <http://nida.nih.gov/consequences>.
- NIDA Notes: A Collection of Articles that Address Women's Health and Gender Differences: <http://archives.drugabuse.gov/NIDA-Notes/NN00013.htm>.

How to Manage Triggers and High-Risk Situations

- NIAAA Publications: Relapse prevention: <http://pubs.niaaa.nih.gov/publications/arh23-2/151-160.pdf>.
- NIDA Notes: Coping skills help patients recognize and resist the urge to use cocaine: www.archives.drugabuse.gov/NIDA_Notes/NNVol13N6/Coping.html.
- NIDA Notes: Men and women in drug abuse treatment relapse at different rates and for different reasons: http://archives.drugabuse.gov/NIDA_Notes/NNVol13N4/Relapse.html.
- Rubin, A., & Stout, R. L. (1996). Gender differences in relapse situations. *Addiction*, 91(Suppl.), S111–S120.
- Veenstra, M. Y., Lemmens, P. H. H., Friesema, I. H. M., Tan, F. E. S., Garretsen, H. F. L., Knottnerus, J. A., et al. (2007). Coping style mediates impact of stress on alcohol use: A prospective population-based study. *Addiction*, 102, 1890–1898.

Overcoming Obstacles to Recovery

- Greenfield, S. F., Brooks, A. J., Gordon, S. M., Green, C. A., Kropp, F., McHugh, R. K., et al. (2007). Substance abuse treatment entry, retention, and outcome in women: A review of the literature. *Drug and Alcohol Dependence*, 86, 1–21.
- Kelly, J. F., & Westerhoff, C. M. (2010). Does it matter how we refer to individuals with substance-related conditions?: A randomized study of two commonly used terms. *International Journal of Drug Policy*, 21, 202–207.
- Kessler, R. C., Aguilar-Gaxiola, S., Berglund, P. A., Caraveo-Anduago, J. J., DeWit, D. J., Greenfield, S. F., Kolody, B., et al. (2001). Patterns and predictors of treatment seeking after onset of a substance use disorder. *Archives of General Psychiatry*, 58, 1065–1071.
- SAMHSA's Resource Center to Promote Acceptance, Dignity and Social Inclusion Associated with Mental Health (ADS Center): www.stopstigma.samhsa.gov.
- SAMHSA Treatment Improvement Protocol: Addressing the Specific Needs of Women: Treatment Engagement, Placement, and Planning: www.ncbi.nlm.nih.gov/books/NBK25634.

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Managing Mood, Anxiety, and Eating Problems without Using Substances

- Brownell, K. D., & Gold, M. S. (Eds.). (2012). *Food and addiction: A comprehensive handbook*. New York: Oxford University Press.
- Magura, S. (2008). Effectiveness of dual focus mutual aid for co-occurring substance use and mental health disorders: A review and synthesis of the “double trouble” in recovery evaluation. *Substance Use and Misuse*, 43, 1904–1926. Also see www.doubletroubleinrecovery.org.
- NIAAA Alcohol Research and Health: Alcohol and Comorbid Mental Health Disorders: <http://pubs.niaaa.nih.gov/publications/arh26-2/toc26-2.htm>.
- NIDA Notes: Gender Affects Relationships between Drug Abuse and Psychiatric Disorders: http://archives.drugabuse.gov/NIDA_Notes/NNVol12N4/gender.html.
- NIDA Research Report Series: Comorbidity: Addiction and Other Mental Illnesses: www.drugabuse.gov/ResearchReports/comorbidity/.
- Rounsaville, B. J., Dolinsky, Z. S., Babor, T. F., & Meyer, R. E. (1987). Psychopathology as a predictor of treatment outcome in alcoholics. *Archives of General Psychiatry*, 44, 505–513.
- SAMHSA's Co-Occurring Center for Excellence (COCE): www.coce.samhsa.gov/products/overview_papers.aspx.
- SAMHSA Treatment Improvement Protocol: Substance Abuse Treatment for Persons With Co-Occurring Disorders: A Brief Overview of Specific Mental Disorders and Cross-Cutting Issues: www.ncbi.nlm.nih.gov/books/NBK26283.

Women and Their Partners: The Effect on Recovery

- Brown, T. G., Kokin, M., Seraganian, P., & Shields, N. (1995). The role of spouses of substance abusers in treatment: Gender differences. *Journal of Psychoactive Drugs*, 27, 223–229.
- Fals-Stewart, W., Lam, W., & Kelley, M. L. (2009). Learning sobriety together: Behavioural couples therapy for alcoholism and drug abuse. *Journal of Family Therapy*, 31, 115–125.
- Fals-Stewart, W., O'Farrell, T. J., & Lam, W. K. K. (2009). Behavioral couple therapy for gay and lesbian couples with alcohol use disorders. *Journal of Substance Abuse Treatment*, 37, 379–387.
- Room, R. (1996). Gender roles and interactions in drinking and drug use. *Journal of Substance Abuse*, 8, 227–239.
- Winters, J., Fals-Stewart, W., O'Farrell, T. J., Birchler, G. R., & Kelley, M. L. (2002). Behavioral couples therapy for female substance-abusing patients: Effects on substance use and relationship adjustment. *Journal of Consulting and Clinical Psychology*, 70, 344–355.

Coping with Stress

- Brady, K. T., & Sonne, S. C. (1999). The role of stress in alcohol use, alcoholism treatment, and relapse. *Alcohol Research and Health*, 23, 263–271. Also see <http://pubs.niaaa.nih.gov/publications/arh23-4/263-271.pdf>.
- Holahan, C. J., Moos, R. H., Holahan, C. K., Cronkite, R. C., & Randall, P. K. (2001). Drinking to cope, emotional distress, and alcohol use and abuse: A ten-year model. *Journal of Studies on Alcohol*, 62, 190–198.
- Weaver, G. D., Turner, N. H., & O'Dell, K. J. (2000). Depressive symptoms, stress and coping among women recovering from addiction. *Journal of Substance Abuse Treatment*, 18, 161–167.

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Women as Caretakers: Can You Take Care of Yourself While You Are Taking Care of Others?

- McMahon, T. J., Winkel, J. D., Suchman, N. E., & Luthar, S. S. (2002). Drug dependence, parenting responsibilities, and treatment history: Why doesn't mom go for help? *Drug and Alcohol Dependence*, 65, 105–114.
- National Alliance for Caregiving: www.caregiving.org.
- NWHIC page on caregiver stress: www.womenshealth.gov/publications/our-publications/fact-sheet/caregiver-stress.html.
- Sher, K. J. (1997). Psychological characteristics of children of alcoholics. *Alcohol Health and Research World*, 21, 247–255.

Using Self-Help Groups to Help Yourself

- Al-Anon/Alateen: www.al-anon.alateen.org.
- Alcoholics Anonymous (AA): www.aa.org.
- Cocaine Anonymous (CA): www.ca.org.
- Fiorentine, R., & Hillhouse, M. P. (2000). Drug treatment and 12-step program participation: The additive effects of integrated recovery activities. *Journal of Substance Abuse Treatment*, 18, 65–74.
- Kelly, J. F., & Yeterian, J. D. (2011). The role of mutual-help groups in extending the framework of treatment. *Alcohol Research and Health*, 33(4), 350–355.
- Narcotics Anonymous (NA): www.na.org.
- SMART Recovery: www.smartrecovery.org.

Women's Use of Substances through the Life Cycle

- Blow, F. C., & Barry, K. L. (2002). Use and misuse of alcohol among older women. *Alcohol Research and Health*, 26, 308–315. Also see <http://pubs.niaaa.nih.gov/publications/arh26-4/308-315.pdf>.
- Centers for Disease Control and Prevention Compendium of Evidence-Based HIV Behavioral Interventions: www.cdc.gov/hiv/prevention/research/compendium/rr/sssb.html.
- DASIS Report: Drug and Alcohol Services Information System: www.dasis.samhsa.gov/dasis2/index.htm.
- Gomberg, E. S. L. (1996). Women's drinking practices and problems from a lifespan perspective. In J. M. Howard, S. E. Matin, P. D. Mail, M. E. Hilton, & E. D. Taylor (Eds.). *Women and alcohol: Issues for prevention research*. Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism.
- Klatsky, A. L., Li, Y., Tran, N. H., et al. (2015). Alcohol intake, beverage choice, and cancer: A cohort study in a large Kaiser Permanente population. *The Permanente Journal*, 19, 28–34.
- Risk and Protective Factors for Adolescent Drug Use: Findings from the 1999 National Household Survey on Drug Abuse: www.oas.samhsa.gov/1999Prevention/toc.htm.
- Safer Sex Skills Building: Manual for HIV/STD Safer Sex Skills Groups for Women in Outpatient Substance Abuse Treatment. This treatment manual can be accessed and a PDF downloaded at the National Institute on Drug Abuse website: <http://ctndisseminationslibrary.org/display/398.htm>.
- SAMHSA Treatment Improvement Protocol: Substance Abuse among Older Adults: www.ncbi.nlm.nih.gov/books/NBK14467.

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Violence and Abuse: Getting Help

National Center on Domestic Violence, Trauma, and Mental Health: www.nationalcenterdvtraumamh.org.

Rape, Abuse and Incest National Network: www.rainn.org.

SAMHSA Treatment Improvement Protocol: Substance Abuse Treatment and Domestic Violence: www.ncbi.nlm.nih.gov/books/NBK14419.

SAMHSA Treatment Improvement Protocol: Substance Abuse Treatment for Persons with Child Abuse and Neglect Issues: www.ncbi.nlm.nih.gov/books/NBK14695.

Study of Women with Co-Occurring Disorders and Lifetime Histories of Interpersonal Trauma: http://home.fmhi.usf.edu/common/file/ahca/ahca2004/2004-Becker_co_disorders.pdf.

U.S. Department of Justice Office on Violence against Women: www.ovw.usdoj.gov.

Substance Use and Women's Reproductive Health

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