

## **Gender-specific Addiction Treatment Programs**

Women-specific addiction treatment programs differ significantly in the variety, comprehensiveness, design, duration and cost of services. When available, these programs should be considered as priority referral sources for women presenting with high severity and complexity of their substance use and related disorders. Probation officers are often called upon to make judgments about which treatment facility would be best for female clients they supervise. The following seem to be the most critical ingredients of effective women-specific addiction treatment programs. (This is intended as a checklist to evaluate the comprehensiveness of the services offered by programs who market their services to women.) The program:

1. provides outreach services
2. focuses on addiction as one of multiple problems that requires a concentrated and sustained focus
3. cultivates and maintains relationships with and is involved in collaborative service delivery with multiple helping agencies
4. concentrates its services, to the greatest extent possible, in a single, non-stigmatizing service environment
5. integrates or links addiction treatment services to primary health care for the mother and her children, e.g., treats gynecological and medical problems
6. focuses simultaneously on needs of the woman and her children
7. provides child care, transportation and housing services
8. links clients to domestic violence services
9. provides strong female role models
10. provides gender exclusive groups and female therapists, outreach workers and case managers
11. encourages a nonhierarchical, partnership model of client-staff relationships
12. emphasizes client empowerment via goal of personal and economic self-sufficiency and emphasis on choices throughout the treatment process
13. addresses the shame and guilt associated with both alcoholism/addiction and child neglect and/or maltreatment
14. encourages sexual autonomy related to desires, preferences, and limits
15. provides case management services to address personal and environmental obstacles to recovery

16. assures physical and psychological safety within the treatment milieu
17. addresses issues of low self-esteem, learned helplessness, victimization, co-morbid disorders (particularly depression), and educational/vocational needs
18. offers training in parenting as well as women-specific concerns related to hygiene, birth control, and STD prevention and treatment
19. gives admission priority and special treatment protocol for pregnant women
20. provides a structured program of family-focused aftercare.

**Sources:**

White, W., Woll, P & Webber, R. (2003) *Project SAFE: Best Practices Resource Manual*. Chicago, IL: Illinois Department of Human Service, Office of Alcoholism and Substance Abuse.

White, W. & Hennessey, M. (2007) *Evaluating, Treating and Monitoring the Female DUI Offender*. Springfield, IL: University of Illinois Springfield Institute for Policy and Legal Studies.