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Effects of women-sensitive, long-term residential treatment on psychological functioning of diverse populations of women

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Abstract

A number of studies have found that women who abuse substances enter treatment with greater psychological problems and more vulnerabilities than men. This article reports on a 5-year study of clients in a comprehensive, residential drug treatment program for women and their children. Psychological assessments on 362 women included the *Basic Personality Inventory* (BPI), the *Center for Epidemiologic Studies Depression Scale* (CES-D), and the *Luria-Nebraska Neuropsychological Battery, Screening Test* (LNNB-ST). Early in the course of treatment, the typical client tends to experience a great deal of distress, as evidenced by scores on the CES-D. Other assessments indicate she is relatively alienated, mistrustful of others, and resentful of rules imposed on her by others. Repeated assessments show that these psychological indicators improve significantly as the client progresses through the treatment program. Additional studies are needed to focus on long-term treatment outcomes of women in programs designed specifically for them.

Keywords: Women; Substance abuse treatment; Psychological assessment; Neuropsychological screening

1. Introduction

A number of studies have found that women who abuse substances enter treatment with greater psychological problems, more vulnerabilities including physical and sexual abuse histories, and greater level of burden than men entering treatment (Marsh & Miller, 1985; Wallen, 1992; Brown, Huba, & Melchior, 1995; Brown, Melchior, & Huba, 1999; Grella, 1999). With regard to treatment outcome, Wickizer et al. (1994) found that men and women were equally likely to complete traditional outpatient treatment, but women were less likely than men to complete intensive outpatient programs. Most recently, Arfken, Klein, diMenza, and Schuster (2001) reported that despite increased attention to and funding for women-sensitive treatment, women still had greater problem severity in the same areas as reported more than a decade ago, and lower retention and treatment completion rates than men.

Research has also shown that women fare better in treatment programs focused around their needs. For example, Galanter, Egelko, De Leon, and Rohrs (1993) suggested that pregnant and postpartum women who abuse drugs have better treatment outcomes in programs that are designed specifically for them. Residential programs designed for women with children have shown higher rates of treatment retention and completion than programs that require women be separated from their children (Stevens & Arbiter, 1995; Hughes et al., 1995; Wobie, Eyler, Conlon, Clarke, & Behnke, 1997). In a study of 4,117 women treated in publicly funded residential drug treatment programs in Los Angeles County between 1984 and 1987, Grella (1999) reported that women in women-only programs had more problems, spent more time in treatment and were more than twice as likely to complete treatment as compared with women in mixed-gender programs.

Yet, in a nationwide study of community-based treatment programs (Wellisch, Prendergast, & Anglin, 1996), results from 159 programs showed that many programs do not assess those areas known to be problematic for drug-abusing women offenders and many do not provide the range of

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services that the women need. In addition, few programs provided accommodations and activities for women and their children. These findings suggest a need for additional research and continued monitoring of differences in problem severity and gender-specific outcomes.

One of the limitations of studies examining the effectiveness of women's treatment is that there is a wide variation in what is meant by a "specialized" women's program or a "gender-sensitive" program. In a study by Copeland, Hall, Didcott, and Biggs (1993), the authors state: "The fact that the Specialist Women's Service (SWS) was not offering an integrated alternative program to the traditional male oriented and confrontational approaches, meant that the only systematic differences between the treatment groups were that the SWS was a women-only service, which offered residential child-care, made more of an effort to address women's issues and employed only female staff." Therefore, it should not be surprising that there were no significant differences in outcomes between the SWS and the traditional mixed-sex treatment services (Copeland & Hall, 1992). Nelson-Zlupko, Dore, Kauffman, and Kaltenbach (1996) also emphasized the point that "layering specialized women's services over male-normed philosophies fail to provide a treatment atmosphere sufficiently responsive to women."

Women-sensitive programs have been described over the past decades (Reed, 1987; Finkelstein, 1993; Brown, 2000). These programs are based on women's unique needs; e.g., histories of childhood and adulthood sexual and physical abuse necessitating safe environments free from male harassment or domination. Ideally, they are structured so that mothers do not have to be separated from their children and so that their children are provided with treatment services. In addition, women-sensitive programs should include parenting skills training; the use of women staff as role models; integration of mental health services for both women and their children; integration of trauma-specific groups and trauma-relevant services; integration of medical services, including prenatal care and HIV/AIDS components; vocational training; etc.

This article reports on an evaluation of women admitted to the PROTOTYPES Women's Center in Pomona, CA, over a 5-year period. The program is a comprehensive, residential program for women and their children. 100% of the women have a drug abuse problem, and many also having co-occurring mental illness, trauma histories, and health problems including HIV/AIDS and hepatitis C. The program staff are trained to address those multiple needs, and the program is designed to address these issues when the women are most ready to do so by learning new skills, attitudes, and coping strategies. Because the women come from a variety of backgrounds, significant efforts have been made to recruit a diverse staff with backgrounds approximately proportional to the typical census of the Women's Center.

PROTOTYPES Women's Center services are based on the following guidelines: (1) women are seen in their multiple roles as women, as drug users, as mothers, as relationship partners, as members of extended families, and as at risk for multiple problems; (2) the quality of the residential treatment environment must reinforce the message that the women and children require and deserve a warm, nurturing, and safe environment; (3) women in staff positions, including management of the agency, are role models and send an important message to clients about women's value and abilities; (4) treatment emphasizes empowerment of the women and focuses upon encouraging and promoting her ability to identify and express her needs in order to determine the direction that treatment takes, as well as the direction that she wants her life to take; and (5) treatment services need to integrate the most up-to-date information and promising practices.

Services are planned to address the following women-sensitive needs: biological/physical, psychosocial, support service, informational and educational, vocational, and parenting and reparenting. Activities for physical/health needs include on-site health screening, child immunizations, prenatal groups, and HIV/AIDS groups. Activities for meeting psychosocial needs include specialized treatment groups that focus on specific trauma (e.g., sexual and physical abuse, domestic violence, etc.), unresolved grief and loss issues, anger management and positive use of anger, life skills building, individual counseling, family counseling, and relapse prevention. Informational and educational activities include physical effects of alcohol and other drug use, nutrition, women's health issues, eating disorders, HIV/AIDS risk reduction, and women's issues in recovery. Parenting activities include parenting skills training, "Mommy and Me" classes, a pregnancy support group, mother-child outings, and the Parenting Center.

The evaluation for the program was planned and integrated with program issues as discussed by Huba, Brown, Melchior, Hughes, and Panter (2000). The partnership between a community-based organization with principal managers who understand research, and an evaluation team with principal managers who understand the complexities of running a clinical treatment program has been of substantial value for testing the effectiveness of the treatments and for enhancing interventions through research results.

2. Materials and methods

2.1. Measures

As part of their treatment experience while in PROTOTYPES Women's Center's residential program, all clients are given a series of assessments and interviews, which are used as part of the program evaluation process. Data collected relate to the woman's background characteristics, her history of substance abuse, her prior experience with substance abuse treatment, her social support network in the community, the behaviors that put her at risk for HIV and