

# TEACH WOMEN TO FISH



**TOOLS FOR DEVELOPING  
AN ORGANIZATION'S SERVICES  
TO WOMEN**

First Edition



Developed by La Frontera Center, Inc.

# TEACH WOMEN TO FISH



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## TOOLS FOR DEVELOPING AN ORGANIZATION'S SERVICES TO WOMEN

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# INTRODUCTION

Treatment services for women addicted to alcohol and other substances have improved dramatically during the past 20 years. Numerous research studies describe the challenges facing women who enter treatment and the approaches that need to be used for successful outcomes. Current effective approaches include an understanding of the following circumstances:

- The results of female gender socialization, which gives women strengths in emotional expressiveness and interpersonal sensitivity but results in underdeveloped abilities and even conflicts about skills that are essential for day-to-day survival (e.g., identifying and asserting personal needs, acquiring and managing money).
- Secondary social status compared with men, so that women's roles and skills are less valued. Many women have incorporated these negative societal values and, as a result, have less confidence in themselves for their circumstances.
- The stigma associated with drug dependency, which is greater for women than for men. As a result, women are more likely to be isolated from positive support networks and to feel they are less worthy of help than men in similar conditions.
- The results of emotional or physical assault, very common among drug dependent women, which can leave them feeling helpless and victimized with little hope of changing their circumstances.

While special grant initiatives allowed for the expansion of women's treatment services including services for pregnant clients and for women with co-occurring disorders, much remains to be done to effectively impact the problem of female addiction. We now know that simply providing services for women is not enough. Positive clinical outcomes correspond to factors such as ratio of female staff to male staff, length of

stay, and service delivery methodology (i.e., women's support group vs. traditional therapy process group). In a federal study of 11 residential drug treatment programs for women and their children some common themes emerged:

- Most women need a range of services in addition to remediation of their substance abuse.
- The most effective treatment approaches for female clients focus on changing negative patterns of behavior and the development of skills that will enable them to lead productive, drug-free lives.
- A multidisciplinary team approach assures a nurturing, supportive, empowering, and safe environment.
- The data show significant differences in outcomes for women who stay in treatment 6 months or more and women who stay less than 6 months, with better outcomes for those who stay longer.
- Even programs espousing a traditional disease model emphasize the importance of treating the whole person with a comprehensive range of services and also perceiving the recovering woman within her family context.
- The importance of a large and functional network of community resources that can deliver necessary services without duplication is paramount.
- Because every woman's needs are uniquely different, a continuum of services must be available to meet her diverse needs and reflect her cultural background, values, and beliefs.

The *Teach Women to Fish* assessment tool is intended to provide organizations that serve women an opportunity to look at themselves and how they provide services. The instrument will assist each organization in assessing what is currently being offered and allow for an action planning process that will move the organization in the direc-

tion of strengthening services for women and children. Participants in the assessment may include staff, board members, and current or former clients.

In preparation for the development of this assessment, the project team reviewed the current literature and resources offered for women in treatment. The team also held four focus groups with women in treatment at several organizations in Tucson, Arizona: CODAC Behavioral Health Services, The Haven, and La Frontera Center. Women interviewed were participants in either outpatient or residential services. We are grateful for their keen insights and honesty about their experiences with addiction and treatment. Their contribution to this work gives it the authenticity we wanted from the persons receiving the services. In their words treatment for addiction has been a life-saving, life-changing process that will never end. The project team heard firsthand about the impact of addiction on the women's children and their desire to live healthy lives once again. *Teach Women to Fish* will assist organizations in offering those services that can have the greatest impact on treating women who are substance dependent by becoming women-centered treatment organizations.

Evolving into a women-centered treatment organization involves more than adding staff or new programs. Becoming a women-centered treatment organization entails a cultural shift to viewing clients as consumers of services and as partners. Clients are involved in how the services are designed and delivered. At some point in their recovery they may be invited to participate as members of the organization's board of directors.

This assessment has been developed using a Likert scale to evaluate organizations in a number of areas that pertain to women's treatment, including the overall organization, women-centered treatment services, and child and family services. The statements in each section represent an aspect of care that may or may not be present in an organization.

The results of the assessment may be used to raise awareness, focus staff development, plan a training program, or make changes in how an organization provides

services for women. Any change process takes a great deal of focus and practice. When services for women and their children improve, society also improves, as women continue to be the primary caretakers of our nation's children. Behavioral health service providers know that a woman recovering from addiction often means a family has the chance to flourish. Whatever can be done to improve and expand services for women and children will generate great returns for a healthier society.

## USING THE ASSESSMENT

The administrator of *Teach Women to Fish* will introduce the assessment and explain that the instrument is being used to gauge where the organization, in the opinion of the person completing the assessment, stands on the philosophy, development, and delivery of women-centered treatment services for female clients with addiction disorders. Participants will be asked to read each statement and choose either a number from 1 (Strongly Disagree) to 5 (Strongly Agree), or Not Applicable, using the Likert scale at the beginning of the assessment. Participants should write the number that best fits the statement in the box to the left of each statement.

The assessment has three sections: Organization, Women-centered Treatment Services, and Child and Family Services. Add up the points for each of the three sections and place a total score at the end of each section. The total score for each section also should be entered on the score sheet at the back of this manual. The scores can then be tabulated and analyzed by the administrator of the assessment or by a committee dedicated to improving women's treatment services. Scores can give an indication as to the current state of women-centered services at the time of the assessment.

The administrator of the assessment can then use the information gained as a starting point to create an action plan for change to assist the organization in moving to the next stage in its development.

# ORGANIZATION

Use the following Likert scale to score each item in the box that precedes each statement:

| Not Applicable | Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |
|----------------|-------------------|-------------------|---------|----------------|----------------|
|                | 1                 | 2                 | 3       | 4              | 5              |

1. The organization's mission statement reflects support of women-centered treatment.
2. The treatment philosophy includes a vision of empowerment for women.
3. The treatment philosophy focuses on individualized treatment vs. "one size fits all."
4. The organization distributes brochures and literature that emphasize the treatment needs of, and services for, women.
5. Staff credentials reflect expertise in serving women and children.
6. The staff training program is reflective of ongoing training and development of women's treatment.
7. The organization is linked to other organizations (i.e., subcontracts) in ways that will enhance women's treatment.
8. Clear admission requirements are provided.
9. The program is for women or women and children only.

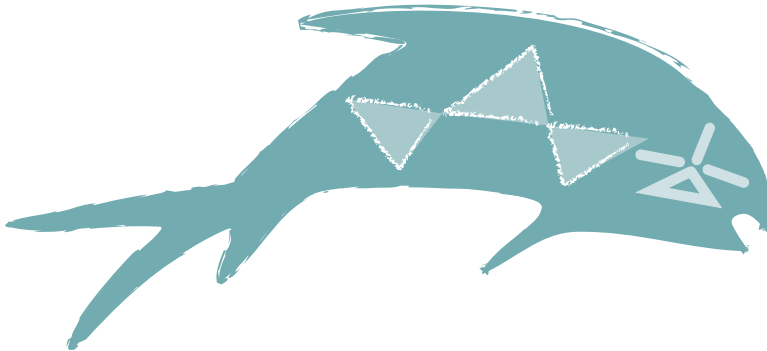
10. The facility is a homelike, safe, nurturing environment for women and children.

11. The rules and regulations (e.g., curfews, visits, chores, phone, attendance at program activities) are designed to teach life skills.

12. Treatment includes a re-entry phase where financial counseling, childcare arrangements, community resources, and vocational rehabilitation are emphasized.

13. Staff credentials reflect expertise in serving women and children.

1-13 Total Score





# WOMEN-CENTERED TREATMENT SERVICES

Use the following Likert scale to score each item in the box that precedes each statement:

| Not<br>Applicable | Strongly<br>Disagree | Somewhat<br>Disagree | Neutral | Somewhat<br>Agree | Strongly<br>Agree |
|-------------------|----------------------|----------------------|---------|-------------------|-------------------|
|                   | 1                    | 2                    | 3       | 4                 | 5                 |

1. The program has clear objectives (e.g., become free of addicting substances, develop parenting skills, develop vocational skills, develop independent living skills).

2. If the program is co-ed, women and men are equally represented in the program.

3. The program shows no evidence of sexism.

4. Medical and dental problems are assessed and treated.

5. Confrontation is not used as a group treatment method.

6. Peer support or peer-led groups are used in group treatment.

7. Co-occurring mental disorders are assessed and treated, and a specific track for persons with co-occurring disorders includes individual, couples, family, family education on co-occurring disorders, education and support, women's mental health group, PTSD group, social anxiety group, self-help groups, psychiatric/case management conferences.

8. A needs assessment has been conducted to determine level of staff competence on issues related to sexuality.

9. A needs assessment has been conducted to determine client need for education on issues related to sexuality.

10. An ongoing group or seminar on sexuality is offered.

11. The following techniques are used to teach concepts and skills: literature, seminars, formal courses, counseling, on-the-job training, consciousness raising, daily journaling.

12. The following areas are included in the life-skills training: budgeting, money management, self-care, cooking, cleaning, home maintenance, use of public transportation, time management, working with community resources.

13. Women have the opportunity to complete their GEDs while in treatment.

14. Women can attend literacy classes while in treatment.

**The organization/program offers the following services:**

15. Self-defense classes

16. Drug/alcohol education

17. Relapse prevention

18. Career assessment

19. Case management

20. Psychological testing

21. Medical services

# WOMEN-CENTERED TREATMENT SERVICES

Use the following Likert scale to score each item in the box that precedes each statement:

| Not<br>Applicable | Strongly<br>Disagree | Somewhat<br>Disagree | Neutral | Somewhat<br>Agree | Strongly<br>Agree |
|-------------------|----------------------|----------------------|---------|-------------------|-------------------|
|                   | 1                    | 2                    | 3       | 4                 | 5                 |

22. Inpatient services

23. Crisis intervention

24. Intensive outpatient

25. Medication management

26. Health education & physical fitness

27. Substance abuse treatment

28. Vocational services

29. Recreation & leisure activities

30. Legal assistance

31. Aftercare

32. Services are provided for victims of sexual abuse.

33. The ratio of female staff to female clients is similar.

The program uses the following assessment tools:

34. Addiction Severity Index (ASI)

35. Beck Depression Inventory (BDI)

36. Beck Anxiety Inventory (BAI)

37. Post Traumatic Stress Disorder Questionnaire (PTSD)

38. Hudson Index of Self-Esteem

39. Case management needs assessment

40. Clinical psychosocial assessment

41. Psychological evaluation

42. Urinalysis testing

43. Alcohol assessment

44. Breathalyzer testing

45. The Stages of Change Readiness and Treatment Eagerness Scale (Socrates)

46. Minnesota Multiphasic Personality Inventory (MMPI)

**1-46 Total Score**

# CHILD AND FAMILY SERVICES

Use the following Likert scale to score each item in the box that precedes each statement:

| Not Applicable | Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |
|----------------|-------------------|-------------------|---------|----------------|----------------|
|                | 1                 | 2                 | 3       | 4              | 5              |

1. A child assessment is conducted with all children in the program.

2. Every child receives a physical examination.

3. Every child has a safe, consistent, nurturing environment.

4. A parenting component is designed to improve parenting skills and the parent/child relationship.

5. Services are available for pregnant clients.

6. Childcare services are available.

7. Prevention/early intervention services are available for children and families.

8. The program works in collaboration with Child Protective Services.

9. A family component is offered for spouses and significant others.

10. A child component is designed to improve cognitive and social skills of the children.

1-10 Total Score

# ACTION PLANNING PROCESS

After participants have completed the assessment and the administrator has totaled the scores, the action planning process begins. Ideally, this will occur immediately, while the information is still fresh in everyone's mind. The organization may choose to recruit a committee to undertake this process.

Action planning is the key to organizational change, and all participants should be encouraged to give their ideas on how to improve a particular program or product. Discussions about systems, approaches, and services that need to be improved are important, but change will only occur if the organization is willing to commit the necessary time and resources. If inertia is allowed to set in, change becomes less and less likely. It is all too easy to say, "the funding source won't buy into this idea," or "our board of directors will not go along with this plan," or "staff members want to do it the way they have always done it." An occasional reminder of the tremendous gains in women's treatment approaches, as supported by national data demonstrating what works for improved treatment outcomes for women, may be necessary to keep the process moving forward.

Each item in the *Teach Women to Fish* assessment is a positive statement that reflects best practices for women-centered treatment. As the action planning process begins, the goal is to move as far in the direction of incorporating these assessment statements as possible.

The organization's goal of becoming a women-centered treatment program will be driven by the items listed in the action plan. Each statement in the assessment can stand alone as something the participants choose to improve upon, or an organization can focus on one of the three sections: Organization, Women-centered Treatment Services, or Child and Family Services. For example, staff members may have realized that when a woman enters treatment no tools other than the basic intake assessment are used to assess for depression or other areas that may contribute to her substance dependence. The team

could use the action planning process to identify other types of assessment they could conduct when a woman enters treatment. Once the new instruments are implemented, the treatment program will be better able to target the course of treatment and the needs of the client. In another example, the team may discover that the organization lacks family support services or services for children. As the team reviews the statements in the Child and Family Services section, participants identify actions that will move the program in the direction of comprehensive services to women, including their children and their support system.

The action plan should include current indicators, actions, person(s) responsible, completion dates, and indicators of success. Use the following sample plan to assist with the action planning process.

After the action plan is finished, it should be shared with the organization's quality improvement committee, management staff, advisory groups, consumers, service delivery staff, and the board of directors. All key stakeholders should then have a stake in the success of the plan. The organization should also identify someone to monitor the progress of the actions to be taken throughout the year. Regular reporting on the progress to a management team or clinical team will enhance the organizational interest and buy-in to the process.

In 10 months the planning team or committee should review the action plan, reassess the organization, and create a new plan for the following year.

This action planning process is the roadmap to becoming a women-centered treatment program. This type of change requires commitment, patience, and a willingness to build upon many small successes. The creativity of staff and women in treatment will demonstrate the uniqueness of each organization as it moves through the stages of development. As women and children become partners in the design and implementation of their services, they demonstrate their own self-worth and their value as partners for positive change.

# SAMPLE PLAN

## Action Plan for Improving Substance Abuse Treatment Services for Women

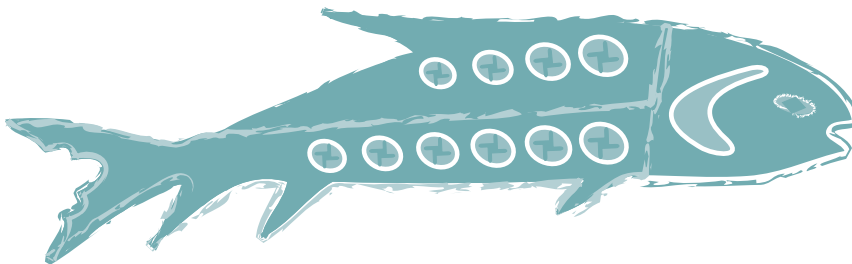
| Current Indicator  | Action  | Person(s) Responsible                       | Completion Date | Indicators of Success  |
|--|---|---|-----------------|--|
| Mission is generic with regard to women's services                       | Add women-centered treatment to mission statement                     | Executive director and board of directors   |                 | Revised mission statement  |
| Staff are hired who have little or no experience with women and children | Recruit counselors with experience serving women and children         | Human resources director                    |                 | New staff have expertise with women and children                                     |
| Rules and regulations viewed as punitive by clients                      | Revise client handbook to reflect a life-skills approach to the rules | Clinical coordinator, counselors, residents |                 | Revised handbook; increased buy-in to structure of the program                       |
| Confrontation used in groups   | Eliminate confrontation in group treatment                            | Clinical coordinator                        |                 | Upon observation, women communicate by giving feedback not confrontation             |
| Sexuality education and process groups not included in curriculum        | Conduct staff and client needs assessment                             | Primary counselor                           |                 | Sexuality training set up for clients and staff based on results of needs assessment |



# REFERENCES

- Ackerman, R. (1989). *Perfect daughters: Adult daughters of alcoholics*. Deerfield Beach, FL: Health Communications, Inc.
- Bloom, B., & Covington, S. (1998). *Gender-specific programming for female offenders: What is it and why is it important?* [On-line.] Paper presented at 10th annual meeting of the American Society of Criminology, Washington, DC.  
Available Internet: <http://www.centerforgenderandjustice.org/GSPwhatisit.html>.
- Brown, V. B., Sanchez, S., Zweben, J. E., & Aly, T. (1996). *Challenges in moving from a traditional therapeutic community to a women and children's TC model*. *Journal of Psychoactive Drugs*, 28 (1), 39-46.
- Caldwell, C. (1996). *Getting our bodies back: Recovery, healing, and transformation through body-centered psychotherapy*. Boston, MA: Shambhala.
- Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration. (2001). *Telling their stories: Reflections of the 11 original grantees that piloted residential treatment for women and children for CSAT*. (SAMHSA Publication No. SMA 01-3529). Rockville, MD: Author.
- Covington, S. (1999). *Helping women recover: A program for treating addiction, facilitator's guide*. San Francisco, CA: Jossey-Bass Publishers.
- Covington, S. (1999). *Helping women recover: A program for treating substance abuse, special edition for use in the criminal justice system, facilitator's guide*. San Francisco, CA: Jossey-Bass Publishers.
- Covington, S. (1999). *Helping women recover: A program for treating substance abuse, special edition for use in the criminal justice system, participant's workbook*. San Francisco, CA: Jossey-Bass Publishers.
- Covington, S. (1999). *Helping women recover: A woman's journal, participant's workbook*. San Francisco, CA: Jossey-Bass Publishers.
- Forrest, G. (2002). *Counter-transference in chemical dependency counseling*. New York: The Haworth Press.
- Gilligan, C. (2000). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.
- Goodman, J. (2000). *Counseling the female alcoholic, 2*. Temecula, CA: Women and Addiction Counseling & Educational Services.

- Johnson, R. (1986). *She: Understanding feminine psychology*. New York: Harper & Row Publishers.
- Kassenbaum, P. (2002). *Substance abuse treatment for women offenders: Guide to promising practices*. (DHHS Publication No. SMA 02-3626, Series 23). Rockville, MD: U.S. Department of Health & Human Services, Public Health Service, SAMHSA, CSAT.
- Miller, J. B. (1976). *Toward a new psychology for women*. Boston, MA: Beacon Press.
- Mitchell, J. L. (2003). *Pregnant, substance-using women*. (DHHS Publication No. SMA 03-3798, Treatment Improvement Protocol (TIP) Series 02). Rockville, MD: U.S. Department of Health & Human Services, Public Health Service, SAMHSA, CSAT.
- Murdock, M. (1990). *The heroine's journey*. Boston, MA: Shambhala.
- Reed, B., Beschner, G., & Mondanaro, J. (Eds.). (1982). *Treatment services for drug dependent women, vol. 2*. (DHHS Publication No. ADM 82-1219). Rockville, MD: National Institute on Drug Abuse.
- Wisecchild, L. (Ed.). (1991). *She who was lost is remembered: Healing from incest through creativity*. Seattle, WA: The Seal Press.



# RESOURCES

- Abidin, R. R. (1995). *Parenting stress index (PSI) (3rd ed.)*. Odessa, FL: Psychological Assessment Resources, Inc.
- Achenbach, T. M., and Edelbrock, C. (1986). *Child behavior checklist (CBCL)*. Burlington, VT: University Medical Education Associates.
- Battle, J. (1992). *Culture-free self-esteem inventory-II*. Austin, TX: Pro-Ed.
- Bayley, N.(1993). *Bayley scales of infant development (BSID-II) (2nd ed.)*. San Antonio, TX: Psychological Corporation.
- Beck, A. T., and Steer, R. A. (1987). *Beck depression inventory*. San Antonio,TX: The Psychological Corporation.
- Brigance, A. H. (1990). *Brigance early preschool screen*. North Billerica, MA: Curriculum Associates.
- Crawley, S. B., and Spiker, D. (1982). *Mother-child relationship rating scales*. Springfield, VA: ERIC Document Reproduction Services.
- Derogatis, L. R. (1975). *Symptom checklist-90R (SCL\_90R)*. Minnetonka, MN: National Computer Systems, Inc.
- Fitts, W. H. (1964). *Tennessee self-concept scale*. Los Angeles, CA: Western Psychological Services.
- Frankenburg, W. K., & Dodds, J. B. (1978). *Denver developmental screening test revised*. Denver, CO: Denver Developmental Materials.
- Furuno, S. (1979). *Hawaii early learning profile (HELP)*. Palo Alto, CA: Vort Corporation.
- Hathaway, S. R., and McKinley, J. C. (1989). *Minnesota multiphasic personality inventory-2tm (MMPI-2tm)*. Minneapolis, MN: University of Minnesota Press.
- Hudson, W. W. (1974). *Index of self-esteem*. Princeton, NJ: Educational Testing Service Test Collection Library.
- McLellan, A. T. (1980). *Addiction severity index (ASI)*. Rockville, MD: National Institute on Drug Abuse.
- Moos, R. H. (1974). *Family environment scale*. Palo Alto, CA: Consulting Psychologists Press.
- Svinicki, J. (1984). *Battelle developmental inventory*. Chicago, IL: Riverside Publishing Co.

# SCORE SHEET

| AREA                              | POINT SCORE |
|-----------------------------------|-------------|
| Organization                      |             |
| Women-centered Treatment Services |             |
| Child and Family Services         |             |
| Overall Total Score               |             |

## COMMENTS

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