Gender Specific Treatment: Women, Pregnant Women, and Women with Children

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Special Characteristics & Needs of Women with SUD

- Frequently low SES
- Often custodial parent
- High incidence of trauma/violence/IPV
- Stigma/Guilt/Shame (especially when pregnant)
- High rate of co-occurring MH disorders
- Health related problems (medical, dental, reproductive)
- Influence of relationships/family
- CJ/CYS involvement
- Unstable/unsafe housing

Treatment Model: Interventions & Curricula

Trauma-informed treatment environment

CBT, DBT, MBSR, MI/MET

TREM; Trauma Counseling/Parents in the Know (Crime Victim Center)

Circle of Security

Seeking Safety

CreatingCalm

Non-Traditional Parenting Interventions

Nutrition Links (Penn State Extension)

Relapse Prevention

NAMI Peer Support

AA/NA/12 Step/Mutual Self-Help

Therapeutic Activities of Daily Living

Language Matters

Gaudenzia, Inc. Women & Children Division

First W&C program, Vantage, founded in November 1979 (Lancaster, PA) – became national model for W&C programs

Western PA (House of Healing, Community House, Nesting Families, Babies and Children First)

Central PA (Vantage, Fountain Springs, New Destiny, Serenity House - women only)

Eastern PA (Winner, New Image, Kindred House, Washington House – women only, Hutchinson Place)

Maryland (Park Heights – women only)

Delaware (Claymont Center for Pregnant and Parenting Women – only program of its kind in the state)

House of Healing

ASAM 3.5 Clinically Managed High-Intensity Residential

- Acute intoxication and/or withdrawal potential: None or minimal risk of withdrawal.
- Biomedical conditions and complications: None or stable or receiving concurrent medical monitoring.
- Emotional, behavioral or cognitive conditions and complications: Demonstrates repeated inability to control impulses or a personality disorder requires structure to shape behavior. Other functional deficits require a 24-hour setting to teach coping skills. A cooccurring disorder-enhanced setting is required for severely and persistently mentally ill (SPMI) patients.
- Readiness to change: Motivational interventions have not succeeded at a less intensive level of care. Has limited insight or awareness into the need for treatment. Has marked difficulty in understanding the relationship between his/her substance use, addiction, mental health, or life problems and his/her impaired coping skills and level of functioning that may result in severe life consequences from continued use indicating a need for a 24-hour level of care.

House of Healing

ASAM 3.5 Clinically Managed High-Intensity Residential

- Relapse continued use or continued problem potential: Has no recognition of the skills needed to prevent continued use, with imminently dangerous consequences to self or others. Demonstrates a history of repeated incarcerations with a pattern of relapse to Proprietary substances and uninterrupted use outside of incarceration. Unable to control use of alcohol or other drugs and/or antisocial behaviors with risk of harm to self or others.
- Recovery environment: Living and social environments has a high risk of neglect or abuse, and member lacks skills to cope outside of a highly structured 24-hour setting.

House of Healing

- Operational since 2016
- Licensed 16 beds
- Women may be eligible to bring up to two children age 12 and younger, or one child if pregnant and delivering while in the program
- Typically a long-term program (3-6 months)
- Accept all forms of MAT
- Clinical, psychoeducational, parenting, and life skills building programming
- Prevention Specialist
- Nesting Period

Nesting Families (SAMHSA PPW Grant)

- Population of Focus: low-income adult females with SUD who are pregnant or up to one year postpartum, and their minor children living in rural counties in Western PA who have limited access to quality health services
- Family-centered project providing supportive services to pregnant and postpartum women, their children, and their significant others
- Program Supervisor, Family Coordinator, Women's Services Coordinator, Children's Services Coordinator, Aftercare Specialist
- Assessments: GPRA, STaT: IPV Screening Tool, trauma Assessment for Adults, Ages and Stages, Middle Childhood Assessment Guide, Adolescent Developmental Assessment Guide, CRAFFT, FASD Adult Life History Screen, FASD Neurobehavioral Screening Tool, Satisfaction and Impact Survey, DSM V Self-Rated Level 1 Cross Cutting Symptom Measure
- In process of adding a Behavior Specialist for children

Community House

ASAM 3.1 Clinically Managed Low-Intensity Residential

- Acute intoxication and/or withdrawal potential None or minimal/stable withdrawal risk;
- Biomedical conditions and complications None or stable. If present, the member must be receiving medical monitoring;
- Emotional, behavioral or cognitive conditions and complications – None or minimal. If present, conditions must be stable and not too distracting to the member's recovery;
- Readiness to change Member should be open to recovery, but in need of a structured, therapeutic environment;
- Relapse, continued use or continued problem potential

 Member understands the risk of relapse, but lacks
 relapse prevention skills or requires a structured
 environment; and
- Recovery environment Environment is dangerous, but recovery is achievable within a 24-hour structure

Community House

- Operational since 2003
- Licensed 14 beds
- Women may be eligible to bring up to two children age 12 and younger, or one child if pregnant and delivering while in the program
- Typically a long-term program (3-6 months)
- Accept all forms of MAT
- Clinical, psychoeducational, parenting, and life skills building programming
- Nesting Period

Stats

Stats

Future
Planning:
W&C Programs

Future Planning: Gaudenzia

- Updating Gaudenzia Mission and Vision Statements
- Strategic Planning Committee Initiative: Experts and innovators in W&C programming enhancing and expanding
- Ability to expand into family/residential services for men with children????



In Her Words

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Resources

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Questions/Comments

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