

# Women's Treatment Guidelines Core Competencies All Programs Serving Women

California Department of Alcohol and Drug Programs  
Women's Treatment Guidelines Work Group  
December 2007

In May 2007 the Department of Alcohol and Drug Programs (ADP) committed, as one of its pinnacle priorities, to develop gender-responsive, trauma-informed treatment guidelines for all programs serving women. Research shows that addiction for a female is a multi-dimensional issue involving complex environmental and psychosocial challenges. Addiction comprises a piece of a larger mosaic that includes a female's individual background and the social, economic, political, and cultural forces that shape the context of her life. Studies confirm that gender differences exist among men and women substance abusers regarding their relationships with family members; for example, women substance abusers tend to have severe family and social problems coupled with minimal family support upon entering treatment (Grella, 2003).

A substantial body of research identifies unique characteristics of women with substance use disorders (Brady & Ashley, 2005). Women differ from men in many aspects, including their reasons for initiating substance use, the consequences they experience, barriers and motivations for entering treatment, treatment service needs, risks of relapse and recovery support needs.

Some programs in California have developed improved services through evidence-based practices such as motivational enhancements, increased mental health services, trauma services, children's therapeutic services, and comprehensive services. While these programs exist, gender-responsive, trauma-informed services are not the universal standard of care for women in California.

Current research determined that in women-only programs participants' average length of stay was 83 days and in mixed-gender programs the average length of stay for women was 22 days (Grella, May 2007; Brady and Ashley, 2005).

These guidelines have been developed in an effort to promote integrated programming approaches based on theories that fit the psychological, social, and developmental needs of females. Women's services should be relational and strength-based, trauma-informed, culturally competent, and involve healing of the family unit.

## **ADP Vision and Mission for Women's Services**

### Vision

All women have access to participant/client-centered comprehensive gender-responsive alcohol and other drug services.

### Mission

Develop, implement, disseminate, and evaluate effective alcohol and other drug programs for women of all ages.

## **Gender-Responsive Defined**

Gender-responsive means creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of women's lives, and is responsive to the issues of the clients (Covington, 2001).

ADP hosted a Work Group comprised of individuals who have a level of expertise and working knowledge of women's services. The Work Group formulated recommendations in the following seven core competencies as basic elements essential for any program providing alcohol and other drug treatment services to women. These are the core competencies identified by the Work Group to best ensure that the individual and unique needs of each woman have been addressed. Each core competency includes a defining statement in addition to the means by which a program assessment would measure success of implementation.

### **1. Safety (Environment)**

Statement: The program provides for women's safety, which means maintaining a gender-responsive treatment environment that is welcoming, protective, respectful, sensitive, diverse, and empowering.

How would we know? The program:

- maintains an environment, culture, and climate that reflects the above as noted through program observation (e.g., clean, secure, warm, décor, accessibility, staff and client interactions);
- displays welcoming materials and program statement (appropriate to gender, language, culture);
- implements policies and procedures and related staff trainings that address crisis intervention, gender and culturally-responsive approaches, and trauma-informed services;
- allows women to have regular contact with their minor children;
- encourages parallel compliance with all family court orders.

### **2. Trauma-Informed/Trauma-Specific**

Statement: The program has a commitment to awareness and understanding of the prevalence of historical and current trauma, its impact on women and a further commitment to not re-traumatize or do further harm through interventions, policies or procedures.

How would we know? The program:

- utilizes curriculum that is focused on trauma issues;
- conducts a trauma assessment (expectation, not exception);
- provides staff training (personnel files/documentation);
- conducts ongoing evaluation and quality assurance;
- solicits client feedback through focus groups or surveys.

### **3. Cultural Competency**

Statement: The program provides culturally-competent and culturally-responsive services for the target population. Cultural competency includes, but is not limited to, age, sexual orientation, disabilities, religion, and racial/ethnic diversity.

How would we know? The program:

- demonstrates staff understanding of culturally-responsive services and a basic knowledge of target populations;
- reflects the composition of the target population, including linguistic ability, through staff hires and board members;

- develops overall policies of cultural respect, tolerance, accommodation, and celebration that result in a physical and social environment that reflects cultural diversity and a safe environment for staff and clients to discuss prejudices, historical trauma, and institutional racism;
- demonstrates culturally-responsive treatment plans.

#### **4. Women-Specific Curricula**

Statement: Educational and process groups address women's specific pathways to use, consequences of use, barriers to treatment, treatment needs, and relapse prevention issues across their life span. Program services will address issues unique to women's recovery to include, but not be limited to, self-efficacy, life skills, parenting, grief, trauma, drug refusal skills, and emotional development.

How would we know? The program:

- utilizes a recognized woman-specific curricula;
- provides women-only groups of at least once per week (allow 1:1 sessions as alternative if necessary);
- develops linkages and collaboration with community partners for women-specific related education (reproductive health, domestic violence, health, and aging);
- demonstrates integration of strength-based assessment and treatment.

#### **5. Case Management**

Statement: Each woman receives case management services that include an individual plan and set of activities to provide for related needs and assistance in establishing and maintaining recovery support and healthy community involvement. The case management includes Individual Plan and Set of Activities:

- intake, outreach, screening, case finding, and identified treatment needs through assessment
- engagement and support
- mentoring and role modeling
- education
- services, linkages and referrals to include child welfare and necessary services for children
- service allocation and advocacy
- follow-up
- quality assurance

How would we know? The program:

- demonstrates through client files and progress notes the services provided and successful linkages to other needed services;
- maintains program policies, procedures, and a billing system to identify how and what case management services are delivered and by whom;
- addresses outcome measures through the California Outcome Measurement System (e.g., housing, employment, mental health).

#### **6. Clinical Supervision**

Statement: Clinical supervision is provided for all treatment staff in a variety of areas such as individual case conferencing, staff education, monitoring of staff ability to execute the treatment plan and the necessary skills to provide an appropriate course of treatment through the continuum of care.

How would we know? The program:

- implements a quality assurance plan that includes case review, case conference, supervision that ensures therapeutic alliance, appropriate intervention and treatment strategies for alcohol and other drugs, trauma and other issues, and staffs' ability to execute the treatment plan with skills to provide an appropriate course of treatment through the continuum of care;
- provides for ongoing staff training, development and evaluation of clinical skills, treatment approach, trauma-informed, gender-responsive, and culturally-competent service delivery;
- tracks the level and number of hours provided to staff education and training through the development of an annual training calendar to be posted, updated, and implemented.

## 7. Health and Wellness

Statement: The program has knowledge of the unique health needs of drug and alcohol-dependent women and views physical health as a determinant of recovery. Women's health needs include, but are not limited to, screening and assessment, provision and maintenance of accessible, timely, comprehensive health care services and education for health promotion, and risk reduction.

How would we know? The program:

- develops, maintains, and enforces policies and procedures for appropriate and ongoing health care for women to include perinatal care, health screening and assessment, linkage and referral for health situations of clients in treatment, and staff training on the impact of alcohol and other drug use on women's health;
- maintains a working relationship with, and knowledge of, local health care providers and a system for making appropriate referrals for female clients;
- demonstrates an awareness of the health problems and needs of women with substance use disorders as well as the risk associated with physical trauma related to substance abuse;
- demonstrates an understanding that women incur a greater degree of physical damage earlier in the course of their substance use than their male counterparts;
- ensures availability of education on women's health issues, to include prevention measures and health consequences, either on-site or through outside referral.

These guidelines were developed by a Women's Treatment Guidelines Work Group for the California Department of Alcohol and Drug Programs. Please do not modify these guidelines. If you have questions e-mail Peggy Bean, Office of Women's and Perinatal Services, ADP, at [pbean@adp.ca.gov](mailto:pbean@adp.ca.gov).