

2009

The Group Counseling Needs of Chemically Dependent Women

Latoya Taylor
The College at Brockport

Follow this and additional works at: http://digitalcommons.brockport.edu/edc_theses



Part of the [Community Health Commons](#)

Repository Citation

Taylor, Latoya, "The Group Counseling Needs of Chemically Dependent Women" (2009). *Counselor Education Master's Theses*. 104.
http://digitalcommons.brockport.edu/edc_theses/104

This Thesis is brought to you for free and open access by the Counselor Education at Digital Commons @Brockport. It has been accepted for inclusion in Counselor Education Master's Theses by an authorized administrator of Digital Commons @Brockport. For more information, please contact kmyers@brockport.edu.

Running head: GROUP COUNSELING CHEMICALLY DEPENDENT WOMEN

The Group Counseling Needs of Chemically Dependent Women

Latoya Taylor

The College at Brockport

Table of Contents

Acknowledgements.....	3
Abstract.....	7
Introduction.....	8
Definitions.....	9
Review of Literature.....	9
Methods.....	18
Discussion.....	23
Conclusion.....	28
References.....	29
Appendixes.....	33
Table.....	38

Acknowledgements

I told myself that I wouldn't write my acknowledgements page until I was through with this thesis so that I could treat myself. But now I've realized that I need to treat myself in order to finish this thesis, so here we go:

First and foremost I have to thank God because without Him there is no me. I wouldn't be here without His love and guidance. Secondly, I have to thank Him for blessing me with such wonderful parents. I don't know where I would be without Debbie and Al Scott. Whatever I have needed, my parents always did what they could to provide for me. To this day I can call on them for support in whatever way, shape, or form that I need. I love you guys so much, there aren't enough words to express this. Thank you Mom for always being that shoulder for me to lean on, even at two in the morning. Thank you Dad for your advice and support. Even though I didn't become the basketball superstar/lawyer that I know you hoped I'd be, you still supported me in all my endeavors. So once again thank you, thank you, thank you Mom & Dad.

Next, I have to thank my siblings for being supportive.

To my sis: thank you for always being there and guiding me.

To my little bro: the sky is the limit for you.

To my older bro: even though sometimes you drive me extremely crazy and I don't understand you at times, at the end of the day I know that you love me and I hope you know that I love you too.

I have been blessed to have met wonderful people over the years that have helped me through a lot and brought fun times to my life. I want to thank a few in particular:

To my two beautiful, educated, strong black besties, thank you for being my true blues.

Tev Tev: We have been through a lot since freshman year of college! Thanks for helping me get through those years at Fisher girl! Thanks for helping me keep my life (mostly) drama and sucker free! I'm so happy you decided to go back and get your Master's! Thank you for everything!

Desi B: My girl from East High! You are such an inspiration to me. Thank you for being so supportive even when you're miles away. Thanks for all the advice. This time next year I'll be getting ready to go to your law school graduation. I'm so proud of you!

Gherell: You are my brother from another mother. Thank you for always keeping it real with me and loving me for all that I am. Loveya lots!

Derrick: Through it all I learned a lot and have become a stronger woman because of you. You will always hold a special place in my heart.

I want to also thank my favorite undergraduate professor who also became my self-appointed advisor, Prof. David O'Brien. Thank you for having an open door policy even though I wasn't actually one of your advisees. Thank you for being so supportive of me when I didn't think I would do well in that computer class. Thank you for listening. Thank you for helping me to discover and begin to become confident in my writing skills. Thank you for encouraging me to pursue writing and for giving me ideas for my novel. I haven't gotten far in it because grad school has *consumed* my life, but I plan to get back to it this summer. I'm not sure where you are O'Brien, but last I heard you had moved to Canada. I hope that you have finished your dissertation and are pursuing your own literary goals. Thanks so much!

Thank you to the faculty and staff of the Counselor Education Department at Brockport. I have learned so much in these past three years. Thank you to my classmates for helping me get through. Thank you to the staff at Evelyn Brandon Health Center for their support. I couldn't have asked for a better internship. Well, that's not true. The only thing that would have made this better is if it was a *paid* internship, but that's neither here nor there. Thank you Dawn Malley for taking me on as an intern. Thank you for treating me like your colleague and for teaching me about addiction counseling, as well as advocating for me. Thank you Cheryl Woods for being a great supervisor. It seems like I was always in your office nervous about something, but you always helped me out! Thank you Jeannette Lugo for letting me work with you for weeks and for teaching me the ropes.

Thank you to all my family and friends who I have not mentioned. Thank you to those who love me unconditionally and want the best for me. I love you all.

Last, but not least, I have to thank Professor Thomas Hernandez. You have been such an awesome professor, advisor, and supervisor. Thank you for putting up with all of my sarcasm over the years. Thank you for being so encouraging and for understanding that quietness does not equate to incompetence. I have enjoyed all of our conversations but at this point I think the best thing you can say to me is "BIND IT"! Thanks again, Tom.

I will now leave you with a song, just because I was told I could:

Got everybody watchin what I do

Come walk in my shoes

And see the way I'm livin

If you really want to

So keep on gettin your paper

And keep on climbing

Look in the mirror and keep on shining

Till the game ends, till the clock stops

We gon' post up on the top spot

Livin the life

~T.I. feat Rhianna "Live Your Life"

Abstract

This study critically explored ways to effectively treat chemically dependent women in a group setting. The author's findings are supported by research resulting from a literature review. The benefits of utilizing group counseling to treat chemically dependent women are presented along with issues that need to be addressed in a group setting, and the benefits of same-sex groups vs. mixed gender, as well as supplemental counseling methods that can be used to increase positive client outcomes. In addition, the author conducted a survey with female clients who, at the time were in chemical dependency treatment, to determine what psychoeducation topics they believe are beneficial to explore while in therapy. The author concluded that group counseling effectively addresses the needs of chemically dependent women and some of the topics that should be explored in treatment are healthy relationships, loss/grief, trauma and/or abuse, as well as motherhood. Additionally, to keep clients engaged and progressing in treatment, supplemental methods such as giving homework and prize therapy can assist in chemical dependence treatment of women.

The Benefits of Group Counseling Treatment for Chemically Dependent Women

Chemical dependency is a prevalent issue for many Americans. More and more women are becoming substance abusers. In 1996, an estimated 4.5 million American women were alcoholics or abused alcohol and 3.1 million regularly used illicit drugs (Washington & Moxley, 2003). This research project focused on the unique issues that female substance abusers have and the benefits of utilizing group counseling to explore these issues and help these clients remain sober and attain a better quality of life.

The benefit of group counseling in chemical dependency treatment is that it has the potential to create universality between clients (Russell & Gockel, 2005). Many clients enter into therapy believing that they are unique in their problems but group counseling allows them to share their concerns with others while realizing that they are not alone in their hardships (Yalom, 2005). While discussing the benefits of group counseling, the author also explored the issues that are imperative to discuss in group counseling. It is not effective to focus solely on addiction. The issues surrounding the addiction must be addressed in order to decrease the possibility of relapse (Kaufmann, Dore, & Nelson-Zlupko, 1995).

The purpose of this study is to explore the most beneficial therapeutic strategies to assist chemically dependent women in treatment. This study also explored the benefits of same sex vs. mixed gender groups and suggests supplemental treatments that may be beneficial to women in chemical dependency treatment programs that can be used along with group counseling. It has been argued that the more tactics that a counselor can use to keep clients engaged the better the possible treatment outcomes may be (Brief Interventions Can Benefit Substance Abusers, 2005). Lastly, the results of the study will be analyzed in an effort to determine what psychoeducation topics female chemical dependency treatment clients believe are the most beneficial to them.

Definitions

For the purpose of this study and paper, the definitions of the subsequent terms are as follows:

- Substance (chemical) dependence is defined as a maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by tolerance, withdrawal, and continued use despite physical or psychological problems (American Psychiatric Association, 2000.)
- Women-oriented chemical dependence treatment is defined as a service that a) addresses the treatment needs of women b) reduces barriers to recovery that are more likely to occur for women and c) take into account women's roles, socialization, status within society (Reed, 1987).
- Psychoeducation is defined as a therapeutic approach that does not focus on abnormality or cure, but on skill teaching, goal setting, and goal achievement (Griffiths, 2006).

Review of Literature

Issues to be discussed in group treatment

Kaufmann, Dore, and Nelson-Zlupko (1995) argued that in order to effectively treat chemically dependent women, the treatment must attend to the full complexity of their lives and not only on their addiction. These researchers interviewed 34 chemically dependent women who had participated in co-ed and all women's groups. The interviews were based on the themes of interpersonal relationships, stress, mothering role, objectification of women, and personal identity. Kaufman et al (1995) concluded that effective treatment incorporates the hardships female addicts face on a daily basis that may have caused their addiction and/or were caused by

their addiction. Some of these hardships include losing their children to the child welfare system due to abuse or neglect, stress due to lack of material resources, and non-nurturing relationships with men (Kaufmann, Dore, & Nelson-Zlupko, 1995).

Further research on the causes of female addiction and beneficial chemical dependency treatment was conducted by DiMatteo and Cesarini (1986). In this case, a survey was administered to determine these causes and benefits. DiMatteo and Cesarini concluded that treatment must respond to the specific needs of women. These needs include family therapy, homogenous women groups, vocational counseling, and linking these female addiction clients to outside human service agencies. This research suggested that in order to treat female addicts, therapy should aid the clients in as many areas of their lives where they are experiencing hardships. Additionally, it was found that having positive relationships with outside services allows counselors to refer these women for additional support that may not be provided at their agency.

Davis et al. (2002) explored the treatment needs of chemically dependent women as well. The study consisted of participants who attended outpatient and/or inpatient treatment. In order to determine what issues the clients were facing, the researchers used the Addiction Severity Index (ASI) with each of the participants during intake. Davis et al. (2002) found that the common issues the participants faced were medical complications, abuse, as well as psychiatric and financial concerns. It was suggested that treatment be tailored around the specific needs of the population that is being treated. For example, a study of African American female addicts found that 67% of the participants had been sexually abused by the age of 17 (Boyd, 1993). Therefore, the topic of trauma should be a part of the treatment curriculum.

Najavits et al. (1998) also agreed that exploring trauma can benefit women in treatment.

This research explored the effectiveness of a new psychotherapy treatment designed specifically for chemically dependent women who suffer from PTSD (Post Traumatic Stress Disorder). In this study, twenty seven female participants attended ninety minute sessions, twice a week, for twelve weeks. These women were assessed pretreatment, post treatment, and three months after treatment had been completed. Those who completed at least six of the sessions decreased their substance use. Thus, chemically dependent women who are diagnosed with PTSD benefit from treatment that addresses the PTSD.

Some research, rather than looking at specific curricular concerns, focused on the use of group therapy as a modality for assisting women with substance abuse concerns. Washington (1999) sought to determine the effectiveness of cognitive and experiential group therapy on self efficacy for chemically dependent women. A pre and post self efficacy test was given to 52 chemically dependent adult women while they were in treatment. The women were equally split into two groups. Group one received cognitive treatment and group two received experiential treatment. Treatment consisted of 60-90 minute group sessions. After the intervention, the researchers found that those in the cognitive treatment had significantly higher levels of efficacy than those in the experiential group. The researchers argued that the cognitive treatment encourages self efficacy, which in turn can decrease the chance of relapse (Washington, 1999; Bandura, 1997).

As the previously mentioned research has stated, group counseling is beneficial for women in chemical dependency treatment because it provides a safe haven that allows each client to discuss their issues with others who may be able to relate. Some of these issues include relationships, motherhood, and past abuse. Group counseling can also be utilized to educate the female clients on relapse prevention and self efficacy. Research has shown that addressing these

issues and topics are most effective in homogenous gender groups (Kaufmann, Dore, & Nelson-Zlupko, 1995; DiMatteo & Cesarini, 1986).

Mixed Gender vs. Same Sex Treatment Groups

In addition to determining what some of the issues imperative to be explored in treatment, the importance of gender homogenous groups is also pertinent. The study by Hser et al. (2003) investigated the differences of treatment outcomes for men versus women and the predictors of these differences. Some of the differences predicted before the study took place were that women would be more likely to engage in self help groups and that men would have higher education and criminal involvement.

While in chemical dependency treatment, the researchers examined 511 participants who were in various facilities. The sample consisted of 55.8% female participants. Hser et al. (2003) utilized the ASI, the Hopkins Symptoms Checklist to assess the clients as well as pre and post interviews. It was found that for both men and women who had legal issues prior to treatment, stayed in treatment longer. For men, those who had a drug-using spouse were less likely to refrain from substance abuse. The female participants in this study stayed in treatment longer than the male participants. Therefore, the predictors of treatment are different for women than men, which leads to the exploration of the advantages of gender homogenous groups.

According to Copeland and Hall (1992), women who attend same sex substance abuse treatment have more severe issues such as sexual abuse than those in mixed gender groups. Therefore, mixed gender groups possibly do not fulfill all of the needs of female addiction clients with severe issues and/or trauma. The socio-demographic characteristics, drug use and treatment history, and social issues of women in same sex drug and alcohol treatment were compared to

those in mixed gender treatment. A total of 166 clients participated in the study. Copeland and Hall (1992) concluded that same-gender groups better service the needs of women in treatment.

Reed (1987) explored the challenges of creating a women sensitive chemical dependency treatment program. The author stated that women are less likely than men to find the essential services needed in treatment (Reed, 1987). Historically, female addiction has been ignored by researchers and disapproved of by society. (Reed, 1987) This disregard has made it difficult to develop female addiction services since there has been a lack of research on the needs of female addicts (Reed, 1987). In addition, definitions of dependence have utilized white men as the standard leaving out other characteristics and women. Therefore, women have been viewed as double deviant because addiction has been viewed as a male issue. These women are double deviants because they are unladylike and they are not properly addicted because they do not follow the masculine patterns of addiction (Reed, 1987). This in turn has made it difficult for female specific treatments to be created.

Greenfield et al. (2006) supported the idea that same-sex groups are most effective in treating chemically dependent women. The researchers hypothesized that an all female treatment group focusing on female specific topics would result in higher treatment outcomes than a mixed gender group. To test this hypothesis, Greenfield et al. (2006) studied the pilot Women's Recovery Group, a 12 session relapse prevention treatment group. There were 16 female participants in the same gender group and seven females, 10 males in the mixed gender group. To assess the participants' treatment outcomes the Addiction Severity Index, the Timeline Follow Back technique, and the Client Satisfaction Questionnaire were used. It was found that the women in both treatment groups shared similar treatment outcomes while in treatment. Additionally, women in the same gender treatment group showed more improvement in mean

days of substance use as well as mean drinks per day after they completed treatment.

Baker (2000) also wanted to determine how effective gender-sensitive substance abuse treatment programs are. This qualitative study focused on identity transformation of female addicts. The sample population consisted of 44 female participants who were interviewed by the researcher. Baker (2000) found that during treatment the women underwent identity transformations. These transformations include realizations about their addiction and their lifestyle during their addiction, as well as realizations regarding their emotional well being. The women were able to realize the patterns and consequences of their addictions. They also experienced improvements in their emotional health due to an increase in self esteem and a new-found ability to cope with feelings. Baker (2000) concluded that treatment facilities should include gender specific treatment programs in order to effectively assist women with chemical dependency issues.

Cook et al. (2005) sought to determine whether there was a significant need for gender specific chemical dependence treatment. The study had 120 participants (equal amount of females and males). Various instruments were used to assess the participants, such as the WOC (Ways of Coping) tool and the ASI (Addiction Severity Index). The use of the ASI is helpful because it determines the degree of which an individual needs chemical dependence treatment. The data suggested that women tended to need help with problem solving using cognitive strategies while the men tended to need help identifying and coping with their feelings. Therefore, because the needs are different it may be more beneficial to address these specific needs within gender specific treatment programs.

Russell and Gockel (2005) created six focus gender specific groups consisting of a total of 32 women who had completed chemical dependency treatment for their research. The purpose

was to explore what were each participant's positive and negative experiences in treatment. Russell and Gockel (2005) found that the women in these focus groups believed deeming relapse as a learning tool rather than stigmatizing it was beneficial to their treatment. It was also found that female participants agreed it was helpful having a connection with other female addicts and that it was a positive experience to not be judged. The connections the women formed provided motivation and strength for each individual to continue in their pursuit of recovery (Russell & Gockel, 2005).

One article that disagreed with the benefits of gender homogenous addiction treatment groups was conducted by Kaskutas et al. (2005). The treatment outcomes for female addicts who were in same gender treatment were compared to those in mixed gender treatment. To conduct this research 122 female participants were interviewed prior, during, and after treatment. Kaskutas et al (2005) concluded that the rate of abstinence was the same in community programs but was higher for those who attended mixed gender treatment programs at community hospitals. The researchers acknowledge that their study was limited due to a small study sample and calls for more research to be conducted on this topic.

Some of the literature overwhelmingly supported the need for same gender groups (Copeland & Hall, 1992; Greenfield et al., 2006; Baker 2000; Cook et al., 2005; Russell et al, 2005.) It has been shown that women in same gender groups have better treatment outcomes (Hser et al., 2003). Female clients stay in treatment longer and have shorter drug use careers in comparison to men (Hser et al., 2003). Also, since the treatment needs of men differ from women, it is appropriate to conclude that by having all female groups, the needs of the female clients will be better addressed. For example, female clients tend to have more trauma history than male clients, and this can be effectively addressed in gender homogenous groups (Copeland

& Hall, 1982). Childhood sexual abuse was substantially higher for women participants in Copeland and Hall's study (1982). Subsequently they concluded same-sex groups are more beneficial because these issues can be fully addressed.

Supplemental Counseling Methods

Another way to make chemical dependency treatment as effective as possible is to incorporate supplemental counseling methods to increase client engagement and support. Gonzalez, Schmitz, and DeLaune (2006) aimed to determine the effect of utilizing homework in relapse prevention therapy. Homework assignments were given to 123 participants in addition to their therapy. The homework consisted of daily urges monitoring, coping strategies, and tasks that helped the participants practice coping strategies learned in treatment. It was found that homework moderately helped the participants refrain from their addictions. They also discovered that if the clients are not motivated, homework was minimally effective.

Washington and Moxley (2003) researched what promising practices, such as homework, could improve positive client outcomes in addiction treatment. A mixed methods study design was used that contained quantitative and qualitative components. The study's participants were interviewed to determine what their experiences were in treatment, positive and negative. Washington and Moxley (2003) found that by combining interventions such as homework, sharing stories, and art expression in the group were most beneficial in the women's recovery.

In addition to giving clients homework, prize therapy can also aid in keeping clients motivated and engaged in treatment. Petry, Martin, and Simcic's (2005) research was based on the effectiveness of prize therapy in chemical dependency treatment. The 77 participants were able to draw prizes each week if they attended group sessions and if their drug sample was negative. A maximum of 15 people each week were able to draw prizes that were written on slips

of paper. The prizes ranged from a slip saying good job, to gift certificates, to a TV. During the study over 84% remained in treatment. The researchers concluded that prize therapy is effective in enhancing attendance in treatment programs and also reduces drug use. Results of the study show that in the groups where prize therapy was utilized, 17% increased probability of abstaining from cocaine. Petry, Martin, and Simcic (2005) also stated that using the prize therapy they were able to decrease cocaine use in 40 participants.

Along with reward therapy methods, motivational interviewing (MI) has its benefits as well. Santa Ana, Wulfert, and Nietert's (2007) study looked at the effects of motivational interviewing (MI) on treatment attendance and drug use. The 101 drug inpatient clients were split into two groups. The experimental group received motivational interviewing while the control group did not receive the motivational interviewing. MI consists of identifying common emotions, empathizing, reflecting, and avoiding arguing, among other things. In the article Santa Ana et al. (2007) stated that the addition of MI is helpful in treating inpatient clients. By constantly motivating clients, they will receive the support and encouragement to remain sober and improve their lives that they may not be receiving outside of treatment.

Hood (2003) argued that by finding nonchemical means of pleasure and enjoyment, female addicts could develop meaningful ways to support their sobriety. A qualitative approach was used to gather information by conducting in depth interviews of three women. These three women developed a recovery support network separate from Alcoholics Anonymous (AA). Three focus groups were conducted, afterwards each of the three women were interviewed. The three women had been in recovery for 4-10 years. The researcher found that the women who participated in the study agreed that leisure activity plays an important part in recovery. It can assist in dealing with the desire to use as well as become of a way to assist the addict in finding

their strengths and weaknesses.

Another possible supplemental method is encouraging chemically dependent women to explore and rely on spirituality. Johnsen (1993) looked at spirituality and whether or not it can assist in chemical dependency treatment. This research utilized a 25 question self report survey, which was given to 58 participants, to determine if spirituality played a part in their sobriety during treatment and after treatment. Johnson (1993) found that prayer and meditation was significantly used during recovery, but the author makes few claims as to why this is. It was stated that spirituality develops strength those in recovery can rely on.

Ultimately, utilizing supplemental methods in treatment can be useful in keeping clients engaged and motivated. The combination of using group counseling as the basis, using psychotherapy to explore the issues female addicts face, along with supplemental methods can provide a well rounded treatment that hits on the main hardships faced by these clients. Next, the author opted to survey women in chemical dependency treatment in order to determine what each client believes is beneficial to explore in treatment.

Method

Goal

The purpose of this study was to determine what topics are most beneficial to educate on when facilitating groups with chemically dependent female clients. While there is adequate amount of research on the treatment needs of chemically dependent women, another great way to attain this information is to question the source. By questioning women who are currently going through treatment, and possibly have been in treatment previous to participating in this study, one can attain a wealth of knowledge from those who have directly experienced what has and has not worked. Hence a survey was created to gather this information.

The survey focused on what psychoeducation topics are beneficial to be explored in treatment. Psychoeducation allows the client to attain information on ways to build a productive, sober life. The topics can range from learning coping skills to deal with anger and cravings, to learning how to be a better parent. During treatment, clients gain the knowledge that will hopefully help them to attain a better quality of life as a sober person, rather than being stagnant in addiction.

Location

The survey was implemented in an urban community agency in the northeast region of the United States. This community agency serves mostly urban dwelling, African American clients. The agency serves a wide age range of clients through their adolescent, straight chemical dependency, Co-Occurring Disorders, and older adults' treatment programs. Most of the clientele are on Social Services, which in return helps them pay for treatment. The clients utilize the agency's treatment programs for a variety of reasons. These reasons include self-referral, Social Services referral, and probation/parole referral. The agency has three mandatory stages of group treatment (Phase I, Phase II, and Phase III) and an optional Phase IV treatment group. Each phase of treatment occurs in gender homogenous groups. The agency has two sections of chemical dependency treatment. The first section is called a straight chemical dependency treatment because it solely focuses on the addiction for the clients. The second section is the Co-Occurring Disorders treatment, which not only focuses on addiction, but also assisting the clients in stabilizing their mental health issues. The researcher in this study only surveyed clients in the Co-Occurring Disorders treatment program. The clients who participated in this study were gathered from all three stages of Co-Occurring treatment.

Participants

The participants were all female clients of the Co-Occurring Disorders treatment program. The age range of these clients are roughly 23-54 years old. This sample consisted of three African American females, seven Caucasian females, and three Hispanic female clients. This number does not accurately represent the population that this agency serves. There are majority of the clients are African American, the next highest population is the Hispanic clients, and the Caucasian clients represent the minority. The highest education completed by the clients in this sample range from some high school to some college. All of the clients have previously been in treatment at least once.

Instrument Used

The instrument used in this study was a survey created by the author (Appendix A). Each item in the survey is evaluated on a four point scale (strongly agree, agree, strongly disagree, and agree). This survey asked how beneficial the client believes twelve different psychoeducation topics are in chemical dependence treatment. The results will be shown in a graph (Appendix C) by combining the outcomes into varying degrees of agree and disagree.

Procedure

The consent forms (Appendix B) and surveys were distributed at the same time during the same day. Only one group was solicited per day to participate in the study. For example, Phase II on Tuesday, Phase I on Wednesday, and Phase III on Thursday.

First, a blurb about the study and its purpose was stated to the clients stressing that participating was voluntary and would not affect the client's treatment if she participated. Next, the consent form was given out, and the clients were asked if they understood it before they signed it. Lastly, the client signed the consent form and gave it back to the facilitator.

After all signed consent forms were given back to the facilitator, the surveys were given to those who consented to being a participant. The clients were instructed to not place their names on the study so that the study results would be anonymous to not only the readers of this study but also to the author of this paper. Once done, the clients handed their surveys to the facilitator to be compiled and assessed at a later date. Once all of the clients in the co-occurring disorders had been solicited to participate in the study and all surveys were completed, the surveys and consent forms were stored in a locked office to be utilized in this paper.

Data Analysis

The data from the survey was analyzed by first placing all surveys in a pile and creating a chart that mapped out each topic. For every answer by the participants, a mark was made in the corresponding box. At the end a numerical value was added to the chart. (See Table 1) Once the table was finished an excel sheet was created. The results were then formulated into a graph. (Appendix C)

Results

Thirteen clients participated in the study. The results can be found in Table 1 below.

Table 1

Topics	Strongly Agree	Agree	Strongly Disagree	Disagree
Conflict Resolution	7/13-54%	4/13-31%	1/13-8%	
Parenting Skills	5/13-38%	6/13-46%		
Stress Management	9/13-69%	4/13-31%		

Relapse Prevention	8/13-62%	4/13-31%		1/13-8%
Anger Mgmt	9/13-69%	4/13-31%		
Women's Health	9/13-69%	4/13-31%		
Recovery Skills	9/13-69%	4/13-31%		
Healthy Relationships	12/13-92%	1/13-8%		
Loss/Grief	9/13-69%	4/13-31%		
Voc/Ed Speaker	6/13-46%	7/13-54%		
STD Speaker	4/13-31%	9/13-69%		
Supportive Living Speaker	4/13-31%	8/13-62%		1/13-8%

Conflict Resolution: 1 person didn't answer

Parenting Skills: 2 didn't answer

The first question asked how beneficial the participants' believed psychoeducation on conflict resolution is. While 7/13 (54%) strongly agreed, 4/13 (31%) agreed and 1/13 (8%) strongly disagreed. One person did not answer this question. The next survey question asked how beneficial the participants believed parent skills psychoeducation was. Of the thirteen participants, 5/13 (38%) strongly agreed and 6/13 (46%) agreed, with two people not answering. Stress management was the next topic. For this question 9/13 (69%) participants strongly agreed that this was beneficial while 4/13 (31%) agreed. The topic of relapse prevention follows on the

survey and 8/13 (62%) participants strongly agreed that this topic was beneficial, 4/13 (31%) agreed, and one participant disagreed.

For the anger management topic, 9/13 (69%) participants strongly agreed that this was beneficial while 4/13 (31%) agreed. The next two topics of women's health and recovery skills respectively yielded the same results of 9/13 (69%) participants strongly agreeing and 4/13 (31%) participants agreeing. Healthy relationship was another topic on the survey. This topic received the most support with 12/13 (92%) participants strongly agreeing it is beneficial, while 1/13 (8%) participants agreed. The topic of loss/grief yielded the results of 9/13 (69%) participants strongly agreeing it was beneficial while 4/13 (31%) agreed.

The last three topics of the survey asked how beneficial would having outside speakers come in to talk about specific topics. Having outside speakers talk about vocational/educational topics yielded the results of 6/13 (46%) strongly agreeing this was beneficial and 7/13(54%) agreed. The next type of speaker was someone coming in to talk about sexually transmitted diseases. For this type of speaker 4/13 (31%) strongly agreed was beneficial while 9/13 (69%) agreed. Lastly, 4/13 (31%) participants strongly agreed that having a speaker talk about supportive living, 8/13 (62%) agreed, and 1/13 (8%) disagreed.

Discussion

Kaufman, Dore, and Nelson-Zlupko (1995) argued that in order to successfully treat chemically dependent women, the therapeutic interventions must attend to the full complexity of their lives, rather than only focusing on their addiction. They also stated that all female counseling groups are helpful because women identify better with other women. It is important that members can relate to one another. Being able to identify with other members will help them form a connection that can assist in the therapeutic process (Russell & Gockel, 2005).

If the members feel understood, they are more likely to be open and honest and get to the roots of their issues (Yalom, 2005).

In the past, there have been reported issues with co-ed groups. Many women who are chemically dependent have experienced some sort of abuse from men in their lives (Kaufmann, Dore, & Nelson-Zlupko, 1995). This abuse may have caused their addictions or increased it. Therefore, having men in the therapeutic group may be counterproductive and bring up negative things for the women, which may cause a relapse.

Issues to be discussed: Findings

Researchers have found several major issues that chemically dependent women face in addition and/or as a result of their addiction. Dealing with these issues during the group sessions will hopefully decrease the probability of relapsing and increase the women's' quality of life (Kaufmann, Dore, & Nelson-Zlupko, 1995).

Finding 1

Chemically dependent women often face weak interpersonal relationships, guilt and shame pertaining to motherhood, and recognizing detrimental relationships as significant issues (Kaufmann, Dore, & Nelson-Zlupko, 1995). These issues are consistent with the study implemented by the author. Results show that the participants tremendously agreed (92%) it is beneficial to be educated on healthy relationships while in treatment. Therefore, some of the counseling group's goals should be to assist the women in strengthening positive interpersonal relationships, and decreasing guilt and shame resulting from being a chemically dependent mother (Kaufmann, Dore, & Nelson-Zlupko, 1995).

Chemically dependent women tend to be socially isolated from their peers, especially if they are also mothers (As cited by Kaufmann, Dore, & Nelson-Zlupko, 1995). There seems to be more of a stigma for women who are addicted to drugs and/or alcohol than men who are addicts (As cited by Kaufmann, Dore, & Nelson-Zlupko, 1995). As a result, women addicts are ostracized from their loved ones as well as society. Due to this ostracization, chemically dependent women have minimal social support. Female addicts often believe that relationships play an important role in the recovery process (Kaufmann, Dore, & Nelson-Zlupko, 1995). Lack of social support and social network can cause loneliness, financial hardships, etc. that in turn can influence the client's relapse.

Also, the most significant relationship for chemically dependent women tends to be with an addicted partner. One study has shown that 60% of male partners of women were substance abusers as well (As cited by Kaufmann, Dore, & Nelson-Zlupko, 1995). If the partner is also a drug abuser, it is less likely they will support their wife or girlfriend in their sobriety. Focusing on how to build positive interpersonal relationships can help the client gain support that will assist them in refraining from abusing substances. Since the literature suggested that relationships are an integral part of female addicts' life, one can conclude that healthy relationships education should be an integral part of treatment.

Finding 2

The present study also relates to previous research done by (Kaufmann, Dore, & Nelson-Zlupko, 1995), where it was found that stress management is another important issue to be discussed. For the topic of stress management, 69% strongly agreed that it was a beneficial psychoeducation. The stress of motherhood, in particular, tends to be overwhelming for these women (Kaufmann, Dore, & Nelson-Zlupko, 1995). In order to refrain from their addictions,

chemically dependent women need to learn how to effectively alleviate the stress in their lives as well as learning how to cope with stress.

Coping and alleviating stress can assist in female addicts' recovery because if things are out of control for them, they may resort back to drugs. It may be beneficial to have all of the members discuss ways they have successfully dealt with stress. The leader can also teach things such as breathing exercises that will help the women deal with stress. It is also beneficial to teach the women how to recognize potential stressful situations and how to steer away from them.

Finding 3

The issue of guilt and shame for being a chemically dependent mother may be significant for some of the members and is worth taking a look at in at least one of the sessions (Kaufmann, Dore, & Nelson-Zlupko, 1995). Some women may believe that they have let their children down because they were not able to be the mother their children needed. Also, some of the mothers may have lost custody of their children due to their addictions and they may feel guilt and shame as a result. This is consistent with the author's finding of 11/13 participants with varying levels of agreeing, believed that learning parenting skills can be helpful. Discussing their feelings with others who are supportive and nonjudgmental can be essential in the women maintaining sobriety (Kaufmann, Dore, & Nelson-Zlupko, 1995).

Finding 4

Lastly, the counselor should be aware of the possibility that their chemically dependent female client may have previously experienced sexual abuse, which may have caused substance abuse or may be continuously influencing it. Wadsworth (1995) states that sexual trauma is prevalent among women in chemical dependency treatment. The trauma may include incest, childhood sexual victimization outside the family, rape, or molestation. In particular, it has been

reported that 40% to 80% of chemically dependent women have been victims of incest (As cited by Wadsworth, 1995). As a result of this trauma, chemically dependent women are likely to relapse. Counseling intervention should be sensitive to the possibility of the occurrence of this trauma and help the client in dealing with the issues that have resulted from it.

Supplemental Counseling Methods: Findings

Finding 1

The use of homework assignments can be beneficial when treating chemically dependent women. It allows the female clients to put into practice what they have learned in the counseling sessions. Homework can consist of monitoring daily urges and tasks that help the clients practice coping strategies they have learned. Researchers have found that homework assignments are moderately effective in assisting chemically dependent clients with abstaining from their addictions (Gonzalez, Schmitz, & DeLaune 2006). Though it is has only been found to be somewhat helpful, it can be a useful addition to a treatment program by assisting with keeping clients motivated and engaged.

Finding 2

Research has shown that prize therapy is also effective in chemical dependency treatment (Petry, Martin, & Simcic, 2005; Higgins, Badger, & Budney, 2000). Prize therapy consists of randomly rewarding clients for attending sessions and for clean drug screens. Petry and colleagues (2005) would allow a maximum of 15 group members to draw from a prize bag each week if they attended sessions and remained abstinent from drugs. The prizes, which were written on slips of paper, ranged from the words “good job” to a TV. They found that rewarding the clients increased attendance and abstinence than not rewarding them.

Prize therapy is beneficial, but it can also be detrimental. It might help the clients abstain

from their addictions while in treatment, but once treatment is over the counselor no longer provides the reinforcement. In order to increase the probability of long-term sobriety, the counselor can suggest to the clients to develop a reward system on their own. It could consist of the clients rewarding their self with their favorite meal, or a movie, etc. each week they remain clean. Therefore the reinforcement is still in place and the client can track their progress.

Survey

By implementing the needs assessment survey, the author was able to gain information from the source on what psychoeducation topics is beneficial for counselors to explore when facilitating groups. Since the research has shown that chemical dependency treatment should not solely focus on treatment, the author thought it would be advantageous to ask clients currently in treatment what issues they face and want education on (Kaufmann, Dore, & Nelson-Zlupko, 1995). The topic that most participants strongly agreed was beneficial was the topic of healthy relationships. Of the participants, 92% agreed that this was imperative. The other topics that the majority of participants strongly agreed were beneficial were stress management, anger management, women's health, and loss/grief, who all received 69% of votes. These results are consistent with the research conducted by Kaufmann, Dore, and Nelson-Zlupko, 1995. It is suggested that by incorporating these topics, female addicts in treatment will gain the tools needed to become and remain sober.

Limitations and Recommendations

The study was implemented at a time when the agency's client numbers were lower than usual. It is recommended, that the study be conducted when the potential for client participation is at the highest number possible. Additionally, the survey itself did not have any area for the participants' to provide any comments or suggestions. It may be helpful to add a comments

section so that the participants can add more of their opinions. As a result, new topics, ideas, and information may be found and in return provide to be helpful for the researcher (s). Lastly, since the study only focuses on educational topics, future research may incorporate more open ended questions in order to gain stronger data. For example, a question asking what topics the participant believed is beneficial to discuss in treatment, rather than listing topics for the participant to agree or disagree with.

Conclusion

The review of the literature was consistent with what the author believed are the treatment needs of chemically dependent women. As the literature suggested, chemical dependency treatment is very complicated. It should not only involve treating the addiction, but tackling whatever issues are influencing the addiction and/or are present in addition to the addiction (Kaufmann, Dore, & Nelson-Zlupko, 1995). In particular, women substance abusers tend to have unique issue such as stress due to motherhood and sexual abuse (Kaufmann, Dore, & Nelson-Zlupko, 1995). As the survey suggests, including psychoeducation on relationships, women's health, anger management, etc. is another way to assist female clients in developing healthy coping skills. The one remarkable aspect of the study was the overwhelming response to the topic of healthy relationships psychoeducation (92% strongly agreed it was beneficial). One can conclude that this topic is very important to the participants and is something they want assistance with. Women-only addictions treatment groups can provide the context required to maintain sobriety while enabling personal growth and change (Kaufmann, Dore, & Nelson-Zlupko, 1995).

Chemical dependency in and of itself is very complex and treatment may be more effective if combined with supplemental treatments such as prize therapy and homework

assignments. Utilizing the group sessions with supplemental treatments will hopefully give chemically dependent women the tools needed to abstain from abusing drugs and/or alcohol while improving the relationships in their life as well as their quality of life.

References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders: DSM IV*. (4th ed., text revision). Washington, DC: American Psychiatric Association.
- Baker, P. (2000). I didn't know: Discoveries and identity transformation of women addicts in treatment. Retrieved October 21, 2008, from Academic Search Premier database.
- Bandura, A. *Social learning theory*. Englewood Cliffs, NJ: Prentice Hall.
- Boyd, C.J. (1993). The antecedents of women's crack cocaine abuse: Family substance abuse, sexual abuse, depression and illicit drug use. *Journal of Substance Abuse Treatment, 10*, 433–438.
- Cook, L., Epperson, L., Gariti, P. (2005). Determining the need for gender-specific chemical dependence treatment: Assessment of treatment variables. *American Journal on Addictions, 14*(4), 328-338.
- Copeland, J., & Hall, W. (1992). A comparison of women seeking drug and alcohol treatment in a specialist women's and two traditional mixed-sex treatment services. *British Journal of Addiction, 87*(9), 1293-1302.
- Brief interventions can benefit substance abusers. (2005). *DATA: The Brown University Digest of Addiction Theory & Application, 24*(3), 1.
- Davis, T., Carpenter, K., Malte, C., Carney, M., Chambers, S., & Saxon, A. (2002). Women in addictions treatment: comparing VA and community samples. *Journal of Substance Abuse Treatment, 23*(1), 41.
- DiMatteo, T., & Cesarini, T. (1986). Responding to the treatment needs of chemically

- dependent women. *Journal of Counseling & Development*, 64(7), 452.
- Gonzalez, V., Schmitz, J., DeLaune, K. (2006). The role of homework in cognitive-behavioral therapy for cocaine dependence. *Journal of Consulting and Clinical Psychology*, 74, 633-637.
- Greenfield, S., Trucco, E., McHugh, R., Lincoln, M., & Gallop, R. (2007, September 6). The women's recovery group study: A Stage I trial of women-focused group therapy for substance use disorders versus mixed-gender group drug counseling. *Drug & Alcohol Dependence*, 90(1), 39-47.
- Griffiths, C. The theories, mechanisms, benefits, and practical delivery of psychosocial educational interventions for people with mental health disorders *International Journal of Psychosocial Rehabilitation*, 11 (1), 21-28.
- Higgins, S., Badger, G., & Budney, A. Initial abstinence and success in achieving longer term cocaine abstinence. *Experimental and Clinical Psychopharmacology*, 8, 377-386.
- Hood, C. (2003). Women in Recovery from Alcoholism: The Place of Leisure. *Leisure Sciences*, 25(1), 51.
- Humphreys, K. (1993). Psychotherapy and the twelve step approach for substance abusers: The limits of integration. *Psychotherapy: Theory, Research, Practice, Training*, 30, 207-213.
- Hser, Y., Huang, David., Teruya, C., & Anglin M.D. (2003). Gender comparisons of drug abuse treatment outcomes and predictors. *Drug and Alcohol Dependence*, 72, 255-264.
- Johnsen, E. (1993). The role of spirituality in recovery from chemical dependency. *Journal of Addictions and Offender Counseling*, 13, 58-61.
- Kaskutas, L., Zhang, L., French, M., & Witbrodt, J. (2005, January). Women's programs versus mixed-gender day treatment: results from a randomized study. *Addiction*, 100(1), 60-69.

- Kaufman, E., Dore, M., & Nelson-Zlupko, L. (1995). The role of women's therapy groups in the treatment of chemical dependence. *American Journal of Orthopsychiatry*, 65, 355-363.
- Najavits, L., Weiss, R., Shaw, S., & Muenz, L. (1998, July). 'Seeking safety': outcome of a new cognitive-behavioral psychotherapy for women with posttraumatic stress disorder and substance dependence. *Journal of Traumatic Stress*, 11(3), 437-456.
- Nelson-Zlupko, L. K. (1995). Gender differences in drug addiction treatment: Implications for social work Intervention with substance-abusing women. *Social Work Vol 40 Number 1* , 45-54.
- Petry, N., Martin, B., Simcic Jr., F. (2005). Prize reinforcement contingency management for cocaine dependence: integration with group therapy in a methadone clinic. *Journal of Consulting and Clinical Psychology*, 73, 354-359.
- Reed, B.G. (1987). Developing women-sensitive drug dependence treatment services: Why so difficult? *Journal of Psychoactive Drugs*, 19, 2: 151 - 164.
- Russell, M., & Gockel, A. (2005, December). Recovery processes in a treatment program for women. *Journal of Social Work Practice in the Addictions*, 5(4), 27-46.
- Santa Ana, E., Wulfert, E., & Nietert, P. (2007). Efficacy of group motivational interviewing (GMI) for psychiatric inpatients with chemical dependence. *Journal of Consulting and Clinical Psychology*, 75, 816-822.
- Wadsworth, R., et al. (1995). The role of sexual trauma in the treatment of chemically dependent Women: addressing the relapse issue. *Journal of Counseling & Development*, 73, 401-06.
- Washington, O. (1999, May). Effects of cognitive and experiential therapy on self-efficacy and perceptions of employability of chemically dependent women. *Issues in Mental Health Nursing*, 20(3), 181-198.

- Washington, O., & Moxley, D. (2003). Promising group practices to empower low-income minority women coping with chemical dependency. *American Journal of Orthopsychiatry*, 73, 109-116.
- Yalom, Irvin. (2005). *The theory and practice of group psychotherapy* (5th Edition). New York: Basic Books.

Appendix A

Group Counseling Survey

Psychoeducation: is a combination of health education and behavioral counseling.

Which of the following psychoeducational groups do you believe is beneficial in chemical dependence treatment of women:

Topics	Strongly Agree	Agree	Strongly Disagree	Disagree
Conflict Resolution				
Parenting Skills				
Stress Management				
Relapse Prevention				
Anger Management				
Women's Health				
Recovery Skills				
Healthy Relationships				
Loss/Grief				

Outside Speakers- People who will come in to speak on different topics

Type of Speaker	Strongly Agree	Agree	Strongly Disagree	Disagree
Vocational/Education				
STD Education				
Supportive Living				

Appendix B

Consent Form

Group Therapy Needs of Chemically Dependent Women

Introduction:

As a client of Evelyn Brandon chemical dependency treatment, you are invited to participate in a research study. The study is being conducted as a part of Latoya Taylor's (Principle Investigator) master's thesis for the Department of Counselor Education at The College at Brockport. The research study was approved by Unity Health System's Institutional Review Board and is being conducted through Unity's Department of Psychiatry and Behavior Health. Please read this form carefully before deciding whether or not to participate in this study.

Purpose of the Research Study:

This research study is being conducted to determine the group therapy needs of women in chemical dependency treatment. The investigator will survey women in treatment at Evelyn Brandon in order to determine what aspects of treatment has been beneficial and what has not.

Confidentiality and Voluntary Participation:

The participation of this study is voluntary. There will be no effect on your current and future treatment if you choose to participate or choose not to participate.

No names are to be written on the survey in order to preserve anonymity and confidentiality. Each survey subject will be identified solely with a number code. All of the information gathered by the Principle Investigator will be kept in a locked room.

Description of the Study Procedures

During a group session, the surveys will be handed out. Once completed, the Principle Investigator will compile the answers to the study into a graph. This graph will be used to assess what treatment practices have been beneficial for the participants and what has not been beneficial.

Risks and Benefits of Participants

There are no anticipated risks or benefits to you as a result of your participation in this research study. This is a needs assessment for the purpose of gathering information on chemical dependency treatment for women.

Payment

There will be no payment for your participation in this research study.

Contact Persons

Principle Investigator/Student Researcher:

Latoya R. Taylor
Intern
Chemical Dependency Outpatient
Treatment
At Evelyn Brandon
(585) 368-6900

Faculty Advisor:

Thomas Hernandez
Associate Professor
Department of Counselor
Education
The College at Brockport
(585) 395-2258

Unity Health System, Department
Of Psychiatry and Behavioral Health:

If you have any questions about your rights as a research subject, you may contact the Office of the Institutional Review Board at Unity Health System at (585) 723-7056, Monday through Friday, 8:15 AM to 5:00 PM.

Signature and Date

You are being asked whether or not you are willing to participate in this study. If you wish to participate, and agree with the statement below, please sign in the space provided.

I understand the information provided in this form and agree to be a participant in this project. I am 18 years old or older. I have read (or had read to me) the contents of this consent form and have been encouraged to ask questions. I have received answers to my questions. I have received a copy of this form for my records and future reference. If you have any questions, you may contact:

Primary Researcher: Latoya Taylor, (585) 368-6900

Participant Signature: _____

Participant print: _____
_____ (Date)

Appendix C

Survey Results

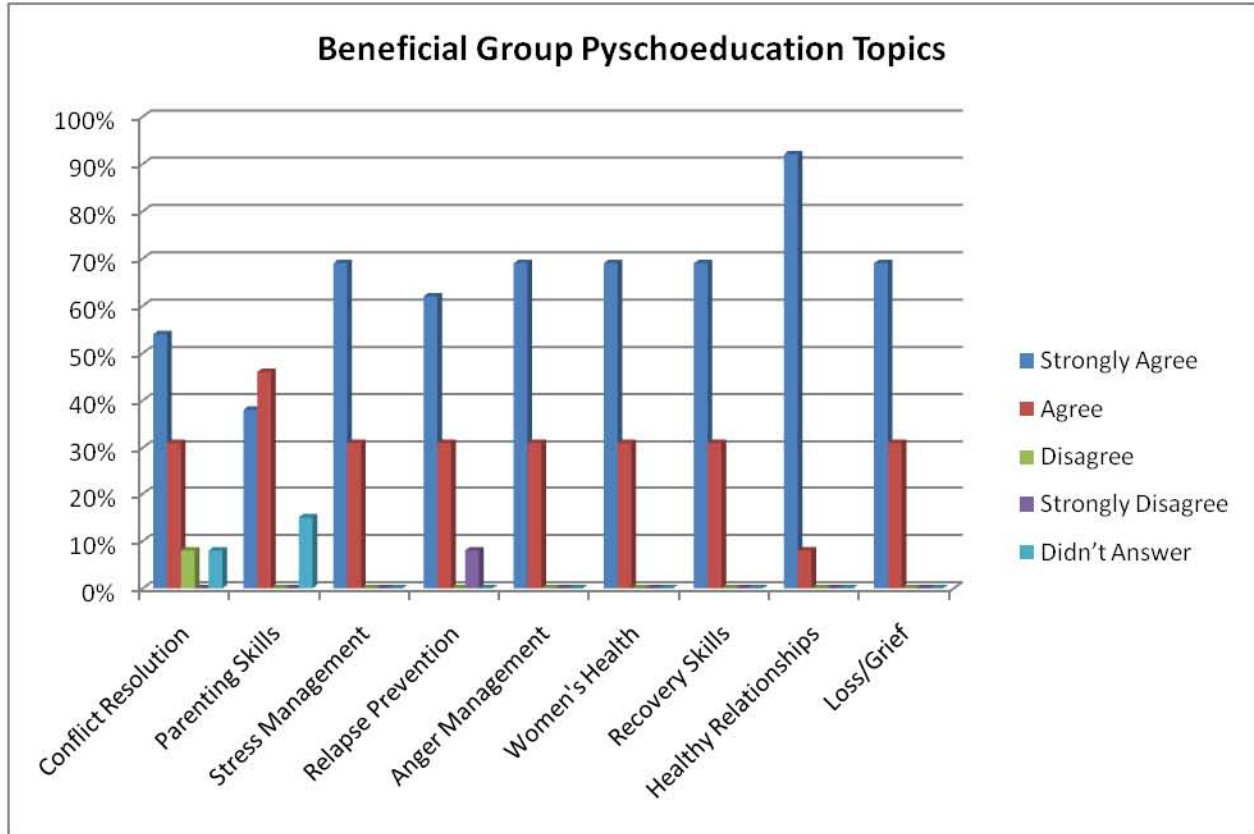


Table 1
Survey Results Chart

Topics	Strongly Agree	Agree	Strongly Disagree	Disagree
Conflict Resolution	7/13-54%	4/13-31%	1/13-8%	
Parenting Skills	5/13-38%	6/13-46%		
Stress Management	9/13-69%	4/13-31%		
Relapse Prevention	8/13-62%	4/13-31%		1/13-8%
Anger Mgmt	9/13-69%	4/13-31%		
Women's Health	9/13-69%	4/13-31%		
Recovery Skills	9/13-69%	4/13-31%		
Healthy Relationships	12/13-92%	1/13-8%		
Loss/Grief	9/13-69%	4/13-31%		
Voc/Ed Speaker	6/13-46%	7/13-54%		
STD Speaker	4/13-31%	9/13-69%		
Supportive Living Speaker	4/13-31%	8/13-62%		1/13-8%

Conflict Resolution: 1 person didn't answer
Parenting Skills: 2 didn't answer