

GENDER SPECIFIC ADOLESCENT TREATMENT

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CONCEPT OF GENDER SPECIFIC TREATMENT

Gender specific treatment at The R.J. Caron Foundation provides specific and separate therapy for males and females. Primary and extended care treatment is gender specific with most of the staff gender specific, females working with females and males working with males.

OUTCOME DATA

CURRENT DATA ABOUT GENDER SPECIFIC TREATMENT

There is limited information about outcomes from gender specific treatment for adolescents in the literature. Conclusions presented in this paper are based on the Caron Foundation's initial experience with separate treatment. The Caron's experience has found that gender based treatment utilizing traditional treatment models improves abstinence and relapse rates, decreases illegal behaviors in post-treatment and improves self-esteem and coping skills.

CHANGES SINCE LATE 1980'S AFFECTING OUTCOMES OF TREATMENT

There have been changes in treatment over time that limit knowledge on whether gender specific treatment has had a positive outcome. Most studies are from the late 1980's and early 1990's, when societal influences as well as length and type of treatment were different from today.

In 1998, marijuana was the most common substance abused by adolescents in treatment (40%), followed by heroin and alcohol (21%), cocaine (10%), inhalants (1%), and others (5%). Adolescent heroin use grew substantially for both boys and girls from 1991 to 1998.

Age of Onset

Age of onset has decreased over the years and has dramatically affected the outcome of substance abuse treatment for adolescents. The age of onset for substance use is now between the ages of 8 and 10.

Length of Stay for Adolescents in Treatment

Current average length of stay for adolescents in treatment nationally is 21 days and at the Caron Foundation is 22 days. The average stay for a highly managed care population of adolescents is about 5 days nationally. At the Caron Foundation the average short-term stay is 7 to 10 days, which is reduced from 5 years ago when the average short-term stay was about 14 days. Limited treatment time has affected outcomes.

Heroin Use

Heroin use among adolescent females is 5 to 8 percent higher than for the male population, a significant increase in the past 3 to 5 years. This increase in one particular drug also skews the gender specific outcome data.

Increased Risk Behaviors

Risk behaviors of adolescents have increased in both genders. High-risk adolescent male behavior now has stretched across both genders, with adolescent females increasing their risky behaviors, taking more risks and doing so at a younger age.

DEVELOPMENTAL NEEDS OF ADOLESCENTS

An adolescent needs to *be somebody* or to be important – there is a need to identify “what is your gift?” An adolescent needs to *be oneself* – to build integrity, separation and autonomy. There is a need to *belong*, to have support and validation. And there is a need to *escape*, to build spirituality.

GENDER DIFFERENCES IN ADOLESCENT TREATMENT

Gender differences need to be honored, acknowledged and respected in the treatment process. The social developmental differences that influence gender communication and interaction patterns should be reflected in treatment.

GENDER DIFFERENCES IN GROUP BEHAVIORS

Girls do better than boys in smaller exclusive groups. They learn to read subtle cues for

liking and disliking and developing cooperative behaviors and they maintain a connection much better than do males. Boys tend to work better in larger groups; they are much more task oriented; tend to be more competitive to achieve rank order and dominance; and work to establish potency and confidence through teamwork in group settings.

GENDER DIFFERENCES IN COMMUNICATION PATTERNS

Thinking patterns in males tend to be a little bit more logical, procedural, sequential and solution oriented. Females tend to gather more information. They tend to be more process oriented, feeling focus and more intuitive in nature.

GENDER DIFFERENCES IN EMOTIONAL EXPRESSION

There also are differences in emotional expression. Males are more likely to defend against emotional responses. They try to alleviate rather than empathize with emotional responses. They are more likely to express anger and stubbornness as emotions. When males express emotions others attribute positive attributes to the individuals, such as honesty or vulnerability, and these feelings then are admired and respected. Females, on the other hand, tend to express emotions such as happiness, sadness and fear. Females may be considered over-reactive or hysterical and their feelings tend to be devalued as worthless.

GENDER DIFFERENCES IN VERBAL COMMUNICATION

Males tend to ask more questions to get information. They tend to talk, control the topic more and interrupt more. Females tend to ask questions to initiate and encourage conversation. They initiate more when males introduce topics and work more at maintaining conversation. They have a greater sense of self-disclosure; they have more head nods and more eye contact than males and they tend to have more empathetic responses.

GENDER DIFFERENCES IN SUBSTANCE ABUSE

GENDER DIFFERENCES IN MOOD AND BEHAVIOR DISORDERS

Eighty percent of the adolescents who abuse alcohol have some other type of co-morbid

psychopathology, often mood disorders and behavior disorders. As alcohol use increases, so does other drug/alcohol use. About 42% of youth in treatment for substance abuse have conduct disorders, about 35% have major depression and about 14% have attention deficit disorder.

Male substance abusers tend to have a co-occurring conduct disorder along with their substance abuse, often exhibiting conduct disorder symptoms three years prior to their substance abuse becoming a problem. Bipolar or attention deficit disorders were significantly associated with boys in treatment. They may have suffered from physical abuse or have been victims of violence. There may be a father-son addiction connection. They may receive pressure to risk-take – drugs, sex or illegal behavior.

Adolescent females with co-morbid substance abuse tend to have a high prevalence of mood disorders. These differences maybe related to differences in communication patterns previously discussed.

GENDER DIFFERENCES IN DRUG AND ALCOHOL USE

Severity of pre-treatment symptomology is definitely a prognostic sign for poor post-treatment success. Males tend to have a higher level of pre-treatment symptomology and a higher range of post-treatment failures in drug and alcohol treatment. Males' symptomology needs specific treatment intervention that has yet to be developed.

Although girls tend to use as often as males, their severity of use tend to be less, in part due to lower metabolic rates. Girls also use different chemicals than boys. Heroin use by female patients was greater than heroin use by male patients in 1997, 1998 and 1999. In fact, in 1999 heroin use decreased somewhat for males while it continued to increase for females. Females tend to use for the psychological reasons of emotional relief and emotional distress. Treatment and intervention strategies need to encourage adolescent females to find alternative ways for emotional empowerment and relief.

ADDICTION TREATMENT – PRIMARY CONCEPTS

A continuum of care is critical to support better treatment outcomes. Adolescents who

attend therapy and outpatient sessions two to three times per week have recovery rates of about 68% after the first year. Adolescents who attend only outpatient family care one to two times per week the recovery rate drops to 33%.

A significant difference in success rates of adolescents returning from residential and inpatient stays is affected by their participation in continuing care once they return to the community. In addition, the amount of family involvement is related to the rate of relapse. The lower amount of family involvement, the higher the rate of relapse.

The focus must be kept on recovery issues, including that of parental denial. Therapy must identify and begin to address recovery issues, and then refer the adolescent for continuing treatment to a specialist who understands addiction.

Both the content of treatment and the structure of treatment are important. Use of written materials, meetings, an emphasis on spirituality, and provision of a relapse track, especially for extended care programs, may reinforce the 12 Steps. The first step, Reality/ Responsibility/ Action, requires the adolescent to admit it, own it, and do something about it. Therapy groups should be kept active and task-oriented. Individual therapy should be gender-separate if possible. Individual therapy allows for establishment of rapport, diagnosis, and treatment planning. Family therapy should be diagnostic in nature and allow for identification and assessment of abuse or neglect. Family therapy provides an opportunity for confronting and getting a commitment.

When psychiatric co-morbidity is present psychiatric/psychological services are needed. Medications may be needed and the availability of on-going insurance coverage is important.

Support networks should be added and may include family, mentors, church members or other community members.

PREVENTION EFFORTS

The “4 Cs” of a healthy family are care/concern, communication, consistency and collaboration. Families can help by increasing awareness of the dangers of children’s exposure to

drugs and by becoming knowledgeable about the dangers of drugs and alcohol. They should talk to children and teenagers about the dangers of drugs and alcohol. Those conversations should begin when the child is young.

Schools can help by increasing educators' awareness of students' exposure to drugs. Educators must become knowledgeable about the dangers of drugs and alcohol and school-based programs must be designed to meet developmental needs. Programs should continue throughout the school year.

Communities can help by creating and maintaining recreational and educational activities for young people, developing programs and activities that meet developmental needs and by including parents, schools, and media in drug prevention efforts.

SOME OF THE FACTORS INFLUENCING ADDICTION IN FEMALES

There are genetic differences between females and males in their response to alcohol. Females are less responsive to alcohol and are less able to judge the level of intoxication than males. Female alcoholic patients have a higher level of depression. They have lower self-esteem, a higher level of anxiety, and a higher level of shame or guilt compared to males, who tend to have more anti-social and pathological gambling behavior.

College females tend to drink more to relieve shyness, to want to get high and to get along better on dates. They tend to have the highest level of drinking later on in life.

Sixty-seven percent of females who are alcoholic report being sexually abused versus 28% of non-alcoholic women. History of sexual assault is three times greater for adolescents that have an alcohol problem and four times greater for adolescents that use alcohol and drugs. Girls with alcoholism are more likely to suffer from emotional problems before and after the onset of their use than adolescent males.

TREATMENT OF ADDICTION IN MALES AND FEMALES

According to research with adolescent males and females in addiction facilities, the type

of use (with the recent exception of the use of heroin), the style of use and length of use is not significantly different. Overall recovery rates are not significantly different between adolescent males and females. The largest difference when treatment is gender separated is with the initial outcomes of short-term treatment.

ADVANTAGES OF SEPARATE GENDER BASED TREATMENT

More Time Spent on Recovery

In gender separate treatment there is more time and treatment spent on recovery. Adolescent groups that are not separated by gender spend the majority of time on social issues. More time is spent by staff and clients on boy/girl relationship issues instead of on treatment. Gender-based treatment gives adolescent girls time to focus on issues with their own gender.

Less Competitive Atmosphere

The competitive atmosphere is almost non-existent in the female population when the sexes are separated.

Deeper Sharing for Females

Females tend to share at a deeper level with just females than they do with males. They also will tend to share their trauma more in a segregated population than with a mixed population. Females tend to bond tighter and are less competitive.

Deeper Sharing for Males

Adolescent males also spend more time sharing at a deeper level when they are separate from the other gender. Most males learn relationship skills outside of a female environment with other males. Males are more likely to talk at a deeper emotional level when they're in a separate population. Therapy success for teenage males depends more on the therapist and the clinical staff than it does for females.

Rights of Passage

Both genders are better able to focus on rights of passage easier in a gender separate facility.

DISADVANTAGES OF SEPARATE GENDER BASED TREATMENT

There is not a lot of data to substantiate either the advantages or the disadvantages of gender separated treatment. However, experiences at the Caron Foundation indicate the disadvantages include a tendency to have more same sex acting out and more male violence in separate gender based treatment.

Another disadvantage is the effect on staff. Staff who may be struggling with their own gender identity or gender issues from their own family of origin are going to experience more difficulties with gender separate treatment. It is important therefore before implementing gender separate treatment to spend time with staff on what it means to them, how it affect them and what issues do may have with gender separate treatment.

BOYS IN TREATMENT

Boys' Emotional Life

Boys need permission to have an inner life, to have a full range of human emotions and need help in developing an emotional base. They need help in establishing an emotional vocabulary so that they can describe their experiences and feelings and their emotional reactions. Their inner emotional life needs to be constantly acknowledged, respected, talked about and shared. The male staff can support this process by making reference to their own emotional inner life but only to the extent it benefits the males.

Boys will be open about their feelings in an environment that is safe. Boys' sense of safety is more critical perhaps than for girls. Providing rituals can help provide a sense of safety. Adolescent males do not have as many rituals as adolescent females.

Boys who are 16 or 17 years old may be reticent to talk about their feelings, but that lack of talking does not necessarily mean resistance. It may mean a lack of skill and/ or a lack of a sense of safety. The stereotypical boy tends to trivialize other boy's experiences and emotional life.

Boys' Active Life

Boys have a need for a high level of activity and they have to have a safe place to express that. Boys need activity more than females; they need to burn off some of their energy and they need to be respected for the energy level that they have. Adolescent males may not be like their female counterparts who will sit in a room and talk for an hour or two. They may sit around and talk for 30 to 45 minutes, but then they have to move and interact. Their high level of energy is not the same as that of girls and the same schedule and same format will not work for both. Boys are tremendously sensitive to adults who have a low tolerance for “boy energy” and boys see that as a challenge.

Boys' Need for Pride and Masculinity

It is important to talk to boys in a language that honors their pride and their masculinity. It is important to be direct with them and consult with them as part of the problem solvers. Boys like to problem-solve. Ask them how to solve the problem and what they think needs to happen. An adolescent male will not become an empathetic listener who will elicit and be more intuitive and will try to carry on a conversation and engage everybody in conversations. But they will come up with effective problem solutions quickly. Their solution will often include working together as a team and as a group.

Boys tend to have certain ideas about what is masculine and what is feminine. It is important that they discuss those preconceptions and understand that there are some things they can do that are part of their masculinity and that are not necessarily feminine.

Boys and Talking

Boys like to give brief answers. There will not be long conversations about the meaning of relationships and relational theory and adolescent development. Extended conversations should not be the goal of therapy.

Boys and Courage

It is important to teach boys that there are all types of courage, including emotional courage. There are ways to be brave emotionally, not just standing up face to face in a fight with

somebody.

Boys rarely are celebrated for having some kind of emotional or moralistic stance. Most boys feel that when they become emotional, they are going to lose themselves and lose their power. They need to understand there are other ways of being brave and courageous and other ways to be emotional without losing themselves in the process.

Boys and Empathy

Teaching boys empathy is difficult to do but is necessary. Girls tend to have more empathy, but most boys do not understand empathy and do not have it as a life skill. It does not come as part of their emotional growth.

If another person is talking about something that is very difficult and very emotional, it is important to teach boys how to respond. The facilitator/therapist must say, “I want you to go over, I want you to sit by them, I want you to stand by them, I want you to hold out your hand to them, I want you to embrace them. Here’s how you do that and here’s how to be empathetic.”

Boys and a Sense of Attachment

Boys need to understand that males can attach just like females can attach. This sense of attachment can be modeled and taught.

GIRLS IN TREATMENT

Girls and Physical Changes

An atmosphere must be created for adolescent females so that their feminine traits and changes that occur with them are celebrated and honored, not ignored.

Girls and Roots of Addiction

It is also important to address the multi-dimensional roots of addiction with adolescent females. Girls often come into facilities with co-existing emotional disorders. More adolescent females than males are depressed in conjunction with their substance abuse.

Girls and Relational Treatment

Treatment for women and adolescent females is more relational in nature rather than conceptual. For example, it is not as important that they understand the concepts of the 12 steps of AA as much as they understand the relationships that they have and that they build with people in AA and how that helps and supports their recovery. Girls need to improve their relational skills.

Girls and Process

It is important to value process over product with adolescent females. Girls need to understand the steps needed for recovery versus just getting there. Males want to just get it done and solve the problems, while adolescent females need to spend a little bit more time on the process and the steps that must happen for that to take place.

Girls and Nurturing

There is also a need for nurturing with adolescent females, and the environment must be safe for them.

Girls and Safety

Girls' usually have a sense of safety when they come together as a group. However, some girls do not feel safe unless there are males in the room. Intimacy can be an issue for some girls and for some intimacy may mean just sex. Generally, adolescent females tend to feel safe quicker and faster than adolescent males as their relationship skills typically are more developed.

CHANGES IN ADOLESCENCE

The onset of puberty radically alters a person's physique. An adolescent experiences growth spurts, development of sex characteristics, and redistribution of body weight. They may feel "different" from others and from themselves. And they may feel a lack of control of their own body.

The major psychological issue of adolescence is identity. It's a period of greater narcissism, and adolescents often have a major focus on comparison with others.

Relationships change during adolescence. The focus shifts from family to peers. Girls need to express their emotions to friends, while boys focus more on “comradery.” A major relationship issue is sexuality. The body becomes sexual, and there is increased awareness of sexual attraction for others. Adolescents experience mixed expectations, ranging from “Act like an adult” to “You’re too young.”

These are conditions for maladaptive behavior. Adolescents’ confusion can be resolved through exploration in an environment of relative safety. Difficulties arise if there is an unsafe environment -- the family, or peers, or neighborhood, or if they experience themselves as different in physical appearance, or if they have learning problems, or have family or cultural differences.

Adolescents have vulnerability for psychological problems. They may seek control of their body through maladaptive behaviors. They may find affiliation through a “rejected” group or become a “loner”, or they may escape through drugs and/or alcohol.

RESULTS OF GENDER-SEPARATE TREATMENT FOR ADOLESCENTS

It is important to acknowledge the differences between male and female development and to address the difficulties and needs in treatment. However, there is very little data yet to help direct the treatment. The information presented is from The Caron Foundation’s initial experiences with separate treatment. For example, at the end of therapy, we often hear females and males walking out and saying, “I’m really glad it was separate because I know more about myself as a female or as a male than I ever knew before, and I know more about relationships by being separate than by being together.”

About the Presenter

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