Supervision Key

> The successful application of knowledge to practice is one of the most-needed and desired outcomes for behavioral health professionals, and others, involved in providing services offered to women. While individuals themselves will determine to what extent learning is operationalized, effective supervision is necessary for this to be maximized.

Welcoming Services and Service Coordination for Women with SUD and/or Co-occurring Disorders

Framework and Use of this Supervision Key

This **Supervision Key** is designed as a *companion guide to the Welcoming Services and Service Coordination for Women with Substance Use and Co-occurring Disorders* course. Its use is to facilitate supervision of behavioral health professionals. The **Supervision Key** is not intended to be a comprehensive approach to supervision but is designed to explore and support course content with the professional as it relates to practice and service delivery.

You, the supervisor, can use this **Supervision Key** to explore

- general understanding of the course;
- interest in individual sections of the course; and
- concerns about individual sections of the course.

You may also use the **Supervision Key** to

- clarify any boundaries and/or limitations in using the course information;
- clarify course information, as it relates to behavioral health professionals' attitudes, roles, and competence related to gender-responsive services for women; and
- expand skills specifically related to engaging, welcoming, and retaining women in treatment and other services for substance use and co-occurring disorders among behavioral health professionals.

Please consider the timing and frequency of course-related supervision. Sessions should occur
- soon after the staff member completes the course; and
- at subsequent intervals to assess how course material has been used in practice.

Intent of the Course

This course examines the gender-specific barriers that women with substance use disorders (SUDs) and co-occurring mental health disorders often experience when attempting to access treatment and recovery supports. These barriers, combined with programs and facilities that do not incorporate more welcoming practices, contribute to reduced treatment access, engagement, retention, and outcomes.

By reducing gender-specific treatment barriers and creating and sustaining a welcoming environment designed to support treatment and recovery, women with SUD and co-occurring disorders, along with their children, have the best shot at effective treatment and favorable outcomes.

From this perspective, the course explores the rationale and specific methods for creating and sustaining welcoming environments for women – those that support recovery and resiliency for women seeking services, in addition to their children and other relevant family members. There are several key points of contact with women that are emphasized as opportunities for creating more welcoming services for women: *first contact, outreach, pre-treatment, case management/ recovery support, the first appointment, and ongoing service delivery.*

As the clinical or program supervisor, it is essential to keep current with research and evidence-based practices relating to the characteristics and components of successful service systems for women. A solid body of research has resulted in a set of core principles of gender-responsive treatment for substance use and mental health conditions. These include:

- recognizing the role and significance of personal relationships in women's lives.
- addressing the unique health concerns of women.
- acknowledging the importance and role of socioeconomic issues.
- promoting cultural competency that is specific to women.
- endorsing a developmental perspective.
- attending to the relevance and presence of various caregiver roles that women assume throughout their lives.
- recognizing that culturally-ascribed roles and gender expectations affect society's attitudes toward women with substance use disorders.
- adopting a trauma-informed perspective.
- using a strengths-based treatment model for women.
- incorporating an integrated and multidisciplinary treatment approach for women.
- maintaining a gender-responsive treatment environment across all settings.
- **supporting development of gender competency specific to the issues of women.**[1]

This course specifically addresses **welcoming** as a deliberate approach to building a positive *environment* that engages women who might be considering entry into treatment and other services. Welcoming enhances the engagement process by better aligning attitudes and ways of interacting. The course stresses that welcoming attitudes and environments have to be supported by organizational policies, practices, and procedures that engage, treat, and support each woman's specific needs.

Staff Factors

Treatment providers and staff members at all entry points in systems that serve women need to be skilled in using a supportive approach for women with SUDs and co-occurring conditions. Although it is widely assumed that clinical staff who provide behavioral health services treatment are prepared to serve both men and women, the training received by clinicians does not always specifically include women-centered treatment.

Training and supervision for behavioral health professionals who provide services for women should address **gender differences and the delivery of gender-responsive services.** It is also important that staff supervision include a process that identifies, acknowledges, and brings awareness to any potential biases, judgments, and stigmatizing actions toward women who use substances.

Training Topic Examples

- the psychological growth and development of women
- cultural competence
- sexual orientation and gender identity issues
- the role of relationships in women's development of a sense of self
- the importance of children in the treatment process
- parenting models and practices

Contextual Factors and Competency-based Supervision

Supervision requires an awareness of contextual factors and how they influence supervisory interactions. Examples of contextual variables that can arise in clinical interactions include race, ethnicity, age, gender, religious and spiritual practices, sexual orientation, socio-economic status and disability. Variables in the supervisory relationship can occur within the context of the supervisor, supervisee, client, and the setting in which supervision occurs.

For this course and *Supervision Key*, gender issues are the overarching contextual factors. In this case, the role of the supervisor is to help *support the development of gender competency specific to the issues of women.* Competency-based clinical supervision places emphasis on the identification of the knowledge, skills, attitudes, and values that are assembled to form specific clinical competencies. The supervision process facilitates the development of professional aptitude surrounding specific competencies.

Implementation of competency-based supervision requires the commitment of the supervisor and supervisee to identify the specific competencies that are the focus of a supervision plan. It is beyond the scope of this *Supervision Key* to list all of the competencies that are relevant to gender competency. These have been detailed by the Substance Abuse and Mental Health Services Administration (SAMHSA) in their publication *Addressing the Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Service Professionals.* See the Resources section at the end of this publication to learn how to access this report that can be used as an important supplement to this Supervision Key.

Module 1

Now that your staff members have taken the Welcoming Services and Service Coordination for Women with Substance Use and Co-occurring Disorders course, there are three basic steps to guide the transfer of learning into practice from Module 1. Gender-Specific Issues, Barriers, and Consequences for Women with Substance Use Disorders.

1. Review the Teaching Points

Your first supervisory action is to "check the learning" to gauge the level of comprehension among course takers and determine if clarification or additional education is necessary.

You may begin a dialogue using the list of teaching points and prompts below.

ASK - What did you learn? What surprised you? What do you NOT agree with? What challenged your thinking? What else do you need to know to be effective?

Key Course Topics in Module 1: Overall, research finds that women often have different pathways to substance use, have different risk factors for substance use, suffer different consequences of substance use, experience different barriers to treatment, and have different recovery-support needs from those of men.

1 Review the teaching points.

2 Assess the impact of barriers and effective supports on engagement and retention of women in program services.

3 Apply the concepts.

Important Module 1 Topics	Questions to Reinforce Learning
1. Substance use statistics among women	
a. Young women are now using some substances at the rate of men (which were previously used at a lower rate than men). b. In Florida and nationally, women use/misuse some substances, particularly prescription medications and methamphetamine, at greater levels than males. c. National data shows most pregnant women stop their alcohol use when they are pregnant, while others progressively reduce their alcohol use in later stages of pregnancy.	*What are the most prevalent substances used today among women?* *Is substance abuse among women viewed differently than the same behavior among men?* *Why?*
2. Initiation pathways	
a. Stress, negative emotions (such as poor self-concept, depression and loneliness), and significant relationships (boyfriend, partner, or spouse) are strong in precipitating initial use of drugs among women. b. There is a significant relationship in women between trauma and violence, and the initiation, abuse, and dependence upon substances. c. Telescoping - Women progress faster from initiation of use to developing substance-related adverse consequences than men.	*What are the biological, psychological and social factors that can have an impact on the onset of use, the development and progression of substance use and dependence women?* *What are the relational aspects surrounding the initiation of substance use?*
3. Addiction	
a. Progression to addiction in women is more accelerated than in men. b. Substance use affects women's connections and relationships, causing them to leave or abandon many of the relational systems on which they formerly depended.	*Why do women progress more quickly to addiction than men?* *How does the use/abuse of alcohol and other drugs impact the relationships in a woman's life?*
4. Co-occurring conditions	
a. Women are more likely to have multiple comorbidities (three or more psychiatric diagnoses in addition to substance use) than men. b. A history of traumatic events, such as sexual and physical assaults, childhood sexual and physical abuse, and domestic violence, are significantly associated with initiation of substance use and the development of SUDs among women.	*What are the most commonly occurring psychiatric conditions that are positively associated with substance use among women?* *What is the interplay between a history of traumatic events and substance use?*
5. Barriers	
a. Once women acknowledge that they have a substance use problem and decide to seek treatment, they still must overcome a variety of barriers (personal, interpersonal and structural) to finding and accessing treatment resources.	*What types of personal and system barriers keep women from treatment?* *How do service provider agencies contribute to the barriers?*

2. Assess the Impact of Substance Use and Co-occurring Conditions Among Women

Once you are confident that the staff member has a general working knowledge and understanding of the teaching points, it is time to explore a little deeper. This is an opportunity to assess the staff member's attitudes, judgments, and biases about women who have substance use and co-occurring disorders. It is also an opportunity to explore your organization's gender responsiveness and the proficiency of individual clinicians.

Areas of Discussion:

- Explore how the staff member(s) feel about women and substance use. Do biases exist? Can they be empathic and non-judgmental in their counseling duties?

- Discuss the implications of the substance use prevalence data among women. How does this data correspond with the women served by your organization? Are there particular service needs that are related to drug trends?

- Given the close connection between women's substance use and co-occurring mental health conditions, how can programs serving women address this issue through programming and partnerships? How does your organization address co-occurring issues? How do these conditions affect women's help-seeking behavior?

- What type of barriers have you identified that affect the women your organization serves?

- Issues raised by women who have experienced trauma, such as domestic violence and other forms of abuse or trauma (childhood or adult), can raise secondary traumatic stress in the helping professionals. Explore any issues related to re-experiencing personal trauma or showing an increase in arousal and avoidance reactions related to the indirect trauma exposure among staff working with persons with trauma histories.

Module 2

1. Review the Teaching Points

Key Course Topics in Module 2: Comprehensive, gender-responsive and trauma-informed treatment programs can provide the safe, nurturing, and empowering environment that women need to recover. Service providers that are welcoming should engage with all women and their families in empathic, hopeful relationships that facilitate appropriate identification of needs, access to appropriate assessment, and properly matched services.

1 Review the teaching points.

2 Assess the impact of barriers and effective supports on engagement and retention of women in program services.

3 Apply the concepts.

Important Module 2 Topics	Questions to Reinforce Learning
1. Unique service array	
a. Each woman requires a unique compliment of services based on the severity of her substance use and co-occurring conditions, needs for family, and social, health, mental health, and economic supports. b. There are three primary types of services for women with SUDs and their children: (1) clinical treatment, (2) clinical support, and (3) community support.	*What are important elements of comprehensive continuum of recovery for women and their children?* *Why do women require such unique service arrays?* *Can you provide examples of clinical treatment services, clinical support services, and community support services that are part of the SAMHSA/CSAT's Comprehensive Model of Care for Women?*
2. Welcoming	
a. Welcoming is fundamentally about attitude, values, and ways of interacting. It's also about creating welcoming environments. b. Attitudes and environments have to be supported by organizational policies, practices, and procedures that engage, treat and support each woman's specific needs. c. Involves helping women, even those who are hardest to welcome, find proactive solutions to their concerns.	*What does it mean to be welcoming? How do you view your personal responsibility in creating a welcoming culture?* *What comprises the three levels of welcoming practices (basic, intermediate, and advanced)?* *How do you make welcoming strategies more deliberate and purposeful?*
3. Engagement/Barrier Reduction	
a. Outreach services (engagement strategy #1) are an important facet of engagement; they can identify a woman's most urgent concerns and address those first until she is ready to take on other issues. b. Screening provides a good opportunity to engage women in the treatment and case management processes. c. Pretreatment services (engagement strategy #2) which address psychosocial barriers, including stigma, other treatment barriers, and denial, are effective engagement activities. d. Case management (engagement strategy #3) can effectively address the numerous barriers and the array of complex problems that women often encounter.	*What can be done to make the first contact with women welcoming and engaging?* *Why is this so important?* *What are the three core engagement strategies for women that can be used to reduce barriers to treatment?* *Describe how each of these strategies can be offered with a "welcoming mindset."*
4. Treatment services.	
a. Assessment and treatment services for women must extend beyond standard care to address specific needs for women, pregnant women, and women with children. b. Women recover best in a homelike atmosphere that is warm and welcoming for them and their children. c. A trauma-informed environment and trauma-specific services are critical for the vast majority of women with SUD/co-occurring disorders.	*What types of innovative assessment and treatment strategies can be used to make services more welcoming for women?* *What can be used to create a safe and more homelike atmosphere within your organization and across service settings?* *What services are important for inclusion of children and other family members?* *What are important considerations for a trauma-informed environment and service approach?*

2. Assess the Adequacy of Services and Supports for Engagement and Retention of Women in Organizational Services

The content in this module presents an opportunity to explore specific strategies and practices at the individual and organizational level to challenge current behavior and foster improvements for gender-responsive services.

Areas of Discussion:

- Ask staff to use a "smart shopper" activity to determine how welcoming your organization is to women with complex needs. Ask staff members to call one of the organization's programs and pretend to be a woman seeking services. You can help devise a profile for the woman that they can use for the call, i.e., has a baby and/or other children, is using a specific drug or multi-drug use, has a co-occurring mental health condition, is a victim of domestic violence, etc. What did they learn? How welcomed did they feel at the first contact? Discuss findings and possible remedies from the activity during supervision.

- Using the SAMHSA/CSAT Comprehensive Model of Care model, discuss opinions about how comprehensive the service array is for the women served in this organization. Do you have partnerships in place to meet the needs that are beyond your scope of service?

- What thoughts came to mind among staff when learning about the principles and practices of being welcoming? Did staff do any self-evaluation or get ideas about how program services can be more welcoming? At what level of welcoming (basic, intermediate or advanced) were these reflections?

- Are deliberate and focused strategies being used to reduce barriers for women seeking services? What are the successes or challenges to engagement?

- Ask clinicians how they are addressing traumatic stress symptoms, trauma-specific disorders, and other symptoms/disorders related to trauma in the clients they serve. What other training or resources do they need to be more confident and proficient in addressing these issues?

- Assess if clinicians have experienced any traumatic stress responses as a consequence of the clients they serve. What coping techniques have they used or can they apply to help alleviate distressing responses? What other supports might be needed?

- Ask for ideas about how your organization can acquire or improve a trauma-informed environment and service approach.

Apply the Concepts

The critical juncture in training and supervision takes place when staff members have an opportunity to apply the knowledge and build skills in the field. Below are some considerations and suggestions for supervisors to share with staff members who are working with women with substance use and co-occurring conditions, and their families.

- Develop a professional development plan in collaboration with your supervisor based on specific competencies that build your capacity to serve women most effectively.

- Seek out progressively advanced training in areas that increase skills for gender-responsive service provision. In particular, seek training that facilitates your ability to assess and respond to trauma issues when working with women who have substance use and/or mental health conditions.

- Be vigilant of the personal and system barriers that keep women from treatment. In addition to using strategies that reduce or remove the barriers that impact each woman and her family, be an advocate within your organization and community to reduce system level barriers for the greater good.

- Be respectful and open to understanding the perspective of the woman seeking services. This means suspending quick judgments and having a willingness to join with the woman in finding effective solutions within the resources that can be leveraged.

- Use an array of strategies that can improve access to care, such as: outreach strategies, flexible scheduling, collaboration with other staff across programs, making your service area welcoming, have snacks and activities for children, etc.

- Address service provision in the areas of (1) clinical treatment, (2) clinical support, and (3) community support. Seek to tailor approaches to a woman's age, experience, life stage, sexual orientation, social situation, and cultural traditions, and to deliver services appropriate to the unique needs of the individual woman and her family and community.

- Use effective welcoming, rapport-building and relationship-building skills. Relationships play a significant role in both the engagement into services and recovery from substance use and co-occurring conditions. Specific practices, such as person-centered treatment and recovery planning, also foster positive relationships.

Summary

The success of substance abuse and mental health services is directly tied to the abilities of the workforce to implement effective practices. This course identifies many knowledge needs and skill competencies that are tied to gender-responsive services. It is the supervisor's role to help expand the capability of the persons they supervise to meet the treatment and recovery needs of women in their care. Ongoing support, supervision, and consultation are key ingredients that reinforce behavioral health professionals' training in gender and trauma-specific service methods and ensure compliance with practice standards and consistency over time.

Resources

Training Tool Box for Addressing the Gender-Specific Service Needs of Women with Substance Use Disorders
https://www.samhsa.gov/women-children-families/trainings/training-tool-box

Women Matter! (SAMHSA)
https://www.samhsa.gov/women-children-families/trainings/women-matter

Addressing the Needs of Women and Girls:
Developing Core Competencies for Mental Health and Substance Abuse Service Professionals
https://store.samhsa.gov/shin/content/SMA11-4657/SMA11-4657.pdf

Trauma-Informed Care in Behavioral Health Services
https://www.ncbi.nlm.nih.gov/books/NBK207201/

2017 Florida Best Practice Recommendations for Women of Reproductive Age
with Serious Mental Illness and Comorbid Substance Use Disorders.
USF Florida Medicaid Drug Therapy Management Program for Behavioral Health
http://www.medicaidmentalhealth.org/

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[1] Center for Substance Abuse Treatment (2009). *Substance Abuse Treatment: Addressing the Specific Needs of Women*. Treatment Improvement Protocol (TIP) Series, No. 51. HHS Publication No. (SMA) 14-4426. Rockville, MD: Substance Abuse and Mental Health Services Administration.

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