

Gender Differences: Treatment and Recovery

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Objectives

- Gain knowledge of biological differences between men and women
- Understand how societal expectations and norms impact development
- Gain insight into gender specific treatment barriers
- Process common treatment themes
- Increase practical application of relapse prevention skills and considerations

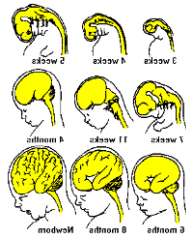
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Nature vs Nurture: Biological Factors

Prenatal Development

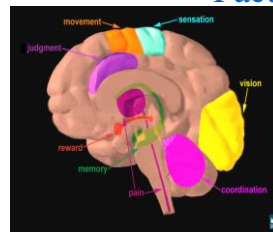
- Differences by gender are seen at 26 weeks
- Hyperarousal = hair-triggering reaction;
- male infants startle 5x more quickly than female infants and are provoked by less stimulation



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Nature vs. Nurture: Biological Factors



Linguistic differences

- Corpus callosum is thicker for women
- Increased linguistic skills for girls
- Girls outperform boys in language and fine motor skills until puberty

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Nature vs. Nurture: Biological Factors

Emotional Development

- Frontal cortex is more organized with women
- Ability to identify and control emotions varies
- Women tend to be faster to ID emotions
 - Encoding facial differences
- Women tend to be better at controlling emotions
 - Use more control to navigate aggression and anger responses

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Nature vs. Nurture: Biological Factors

What about stress?

- Performance under stress: Studies show male enhanced performance under stress, while women are more likely to be impaired or reduced
- Cognitive tasks under pressure: Women use more verbal strategy than men when performing a cognitive task

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Nature vs. Nurture: Biological Factors

What about stress?

- Stress has been found to induce an increase in serotonin, norepinephrine and dopamine levels within the amygdala of male rats, but not within that of female rats.

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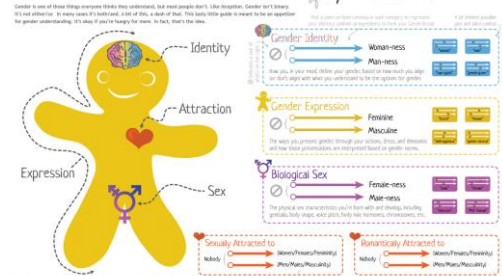


Nature Vs Nurture: Genderbread Person



The Genderbread Person v3.3

by its pronounced **METROsexual** gender



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Nature vs Nurture: Social Factors

- Nurture
 - Identity Development
 - Familial expectations
 - Gender roles



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Nature vs Nurture: Social Factors

- Nurture
 - Societal norms
 - Socialization



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Treatment Barriers



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Treatment Barriers

- | | |
|---|--|
| <ul style="list-style-type: none"> • Women <ul style="list-style-type: none"> – Family pressure – Stigma – Self-Esteem – F.E.A.R. | <ul style="list-style-type: none"> • Men <ul style="list-style-type: none"> – Employment/\$ – Family Pressure – Self-image: pride – Self-reliance & self-efficacy – SHAME |
|---|--|

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Women



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Men



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Treatment Themes for Men



"Box of Masculinity"



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“Box of Masculinity”

<https://www.youtube.com/watch?v=KYvWhzSKoc4>

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“Box of Masculinity”

- Masculinity is a multidimensional, culturally bound, fundamental aspect of a man’s identity (Englar-Carlson, 2006)
- Western social expectations for men include being emotionally restrictive, competitive and self reliant (Englar-Carlson, 2006)

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“Box of Masculinity”

- It is important to recognize that gender role strain and gendered expectations may influence men’s addiction, their personal development, and the treatment process (Woodford, 2012)
- For many men, the use of drugs and alcohol may mark the rite of passage into manhood during expected life transitions (CSAT, 2013)

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Relationships



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Relationships

- The male-female disconnection is the biggest single factor in the soaring divorce rate. Some 80% of divorcees say they “grew apart.” (Love, 2007)
- Research shows the single biggest sex difference in emotions is the frequency and intensity of fear (more in women)
- At the core, men react to hyperarousal and shame

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Relationships

- Hyperarousal = hair-triggering reaction;
 - male infants startle 5x more quickly than female infants and are provoked by less stimulation
 - Men have greater strength and muscle mass, ore likely to fight off predators = hyperarousal has a distinct survival advantage
- What does this mean? – men have discomfort of overstimulation which impacts relational factors

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Relationships

- Guarded response \= Lack of interest
- Men behaviorally show love and affect, while women verbalize it (think about neurological differences between men and women)

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Relationships

- Where did I come from? (Dad)
- Where am I going? (Me)
- What is my legacy? (Son/Child)

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Vulnerability & Shame



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Vulnerability & Shame

- Shame - is so painful for men that they will go to great lengths to avoid it.
- “All you have to do for a man to become physically or verbally aggressive is to threaten him with shame.” (Love, 2007)

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Vulnerability & Shame

- Self Efficacy & control
- Weakness and vulnerability: inconsistent with demeanor and societal expectation
- Compartmentalization
- Insides matching outsides: Who we are vs. who we think others want us to be

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Grief and Loss



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Grief and Loss

- The silence of grief
- “Swallow the pain”
- Expectation to be strong for others
- “Big boys don’t cry”

Grief and Loss



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Asking for Help



Treatment Themes for LGBTQ

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LGBTQ Community

- Health Disparities in LGBT Community
 - Increase tobacco & SUDS
 - Increase mental health concerns
 - Increase Cancers
 - Increase of violence and abuse
 - Increase in IV/AIDS
 - Decrease in insurance coverage
 - Decrease in access to preventative screenings

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Anti- LGBTQ	Traditional	LGBTQ Naïve	LGBTQ Tolerant	LGBTQ Sensitive	LGBTQ Affirming
No LGBTQ Sensitivity	No LGBTQ Sensitivity	No LGBTQ Sensitivity	Minimal LGBTQ Sensitivity	Moderate LGBTQ Sensitivity	High level of LGBTQ Sensitivity
Antagonistic	No realization that there are LGBTQ clients	Realization that there are LGBTQ clients	Recognition that there are LGBTQ clients	Several staff/ clients are open with LGBTQ identity	Program primarily targets LGBTQ population
Focus on heterosexual & excludes LGBTQ	No acknowledgement or discussion of LGBTQ; assumes everyone is heterosexual	Agency has not yet begun to address issues of LGBTQ population	Some staff verbalize it is okay to be LGBTQ, however discussion is limited to individual sessions	Several workshops or groups focus on LGBTQ issues, may have groups or a "track" for LGBTQ issues; groups are generally mixed	All workshops specific for LGBTQ clients; groups are not mixed with heterosexuals
No specific LGBTQ treatment components	No specific LGBTQ treatment components	No specific LGBTQ treatment components	No specific LGBTQ treatment components	Some specific LGBTQ treatment components	All treatment components are LGBTQ specific

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LGBTQ Population

- Needs to focus on substance use. However, also needs to focus on feelings about sexual orientation and gender identity
- Greater predisposition to substance use among LGBTQ individuals as substance use is often part of the social culture
- Important to be aware of clinicians own biases regarding LGBTQ individuals and in group settings the facilitator needs to have the ability to have strong verbal direction that homophobia and hostility will not be tolerated.

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LGBTQ Clinical Issues

- Lesbian clients: higher rates of SUD than heterosexual woman. 21% sexually abused as children and 15% abused as adults.
- Gay Male clients: Bars & parties important part of social life. Must address loss, increase intimacy & decrease shame.
- Bisexual clients: Often feel alienated from heterosexual & homosexual community.
- Transgender clients: high rates of SUD, abuse and many clinical issues. Societal and internalized transphobia, violence, discrimination, family problems, isolation, lack of access to resources and self-esteem must be addressed. Focus on hormone therapies. Clinical teams need to be aware of their biases and not make assumptions

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Treatment Themes for Women

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Emotional Regulation



- Reduce emotional suffering...not get rid of emotions
- What do they do for us?
 - Give us info
 - Communicate and influence others
 - Motivate and prepare use for action
- Goal is to improve ability to identify, experience and express emotions

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DBT Basic Assumptions



1. Patients are doing the best that they can
2. Patients want to improve
3. Patients need to do better, try hard, and be more motivated to change
4. Patients may not have caused all their own problems but they have to solve them anyway
5. The lives of suicidal, borderline individuals are unbearable as they are currently being lived
6. Patients must learn new behaviors in all relevant contexts
7. Patients cannot fail in treatment
8. Therapists treating patients need support

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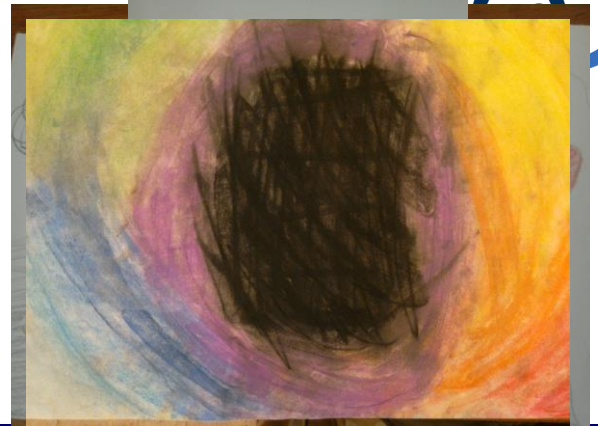


Women and Relationships



- How would you describe the relationships with women in your life?
- Most women do not have a history of healthy relationship
- Women need women in their life who will empower, support and encourage them. This needs to be fostered in a treatment setting
- Partners and family are essential to the treatment process
- Women are defined based of their roles and relationships

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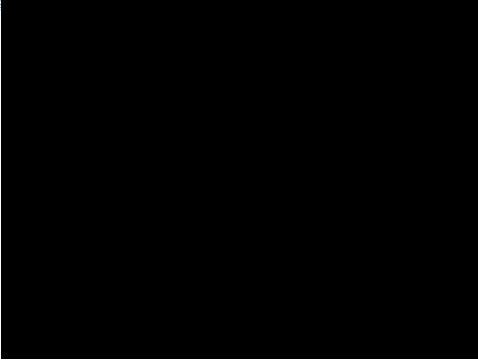


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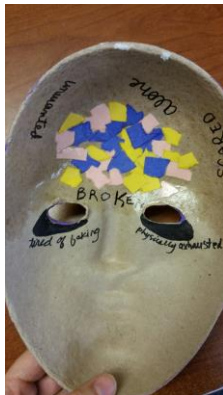


Common Themes



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Very Important		Important		Not Important
Acceptance	Accuracy	Achievement	Adventure	Attractiveness
Authority	Autonomy	Beauty	Caring	Challenge
Change	Comfort	Commitment	Compassion	Contribution
Cooperation	Courtesy	Creativity	Dependability	Duty
Ecology	Excitement	Fame	Faithfulness	Fun
Family	Fitness	Flexibility	Forgiveness	Friendship
Generosity	Genuineness	G-d's Will	Growth	Health
Helpfulness	Honesty	Hope	Humility	Humor
Independence	Industry	Inner Peace	Intimacy	Justice
Knowledge	Leisure	Loved	Loving	Mastery
Mindfulness	Moderation	Monogamy	Non-Conformity	Nurturance
Openness	Order	Passion	Pleasure	Popularity
Power	Purpose	Rationality	Realism	Responsibility
Risk	Romance	Safety	Self-Acceptance	Self – Control
Self-Esteem	Self-Knowledge	Service	Sexuality	Simplicity
Solitude	Spirituality	Stability	Tolerance	Tradition
Virtue	Wealth	World Peace	Trust	



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Relapse Prevention



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- “So often times it happens that we live our lives in chains and we never even know we have the key”
– The Eagles



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