

# Women and Alcohol: Gender Differences and Women- Focused Treatment

Massachusetts Medical Society  
November 2, 2010

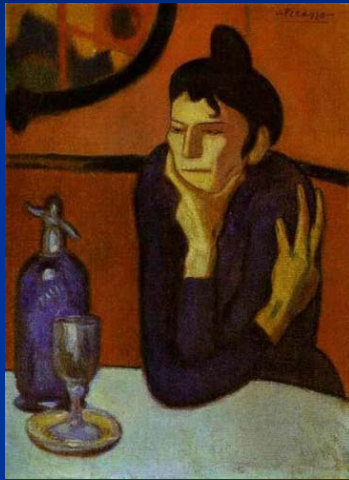
Shelly F. Greenfield, MD, MPH  
Chief Academic Officer, McLean Hospital  
Professor of Psychiatry, Harvard Medical School

## Acknowledgements

- Support for this work from Grants R01 DA 015434 and K24 DA019855 from the National Institute on Drug Abuse
- No disclosures or conflicts of interest

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Women and Alcohol Abuse



Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Women and Substance Abuse



Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Women and Substance Abuse

### Compared with men, women:

- Now initiate their use of alcohol and other substances at an earlier age than in previous generations, and at approximately the same age as their male counterparts
- Have lower levels of abstaining and higher rates of abuse and dependence in recent birth cohorts
- Advance more rapidly from first use to regular use to first treatment episode
- Use smaller quantities of substances for fewer years
- Average more medical, psychiatric, and social consequences

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Telescoping Course of Alcohol Dependence

### This phenomenon is called “telescoping”:

- Women who drink progress more rapidly to serious alcohol related physical and social consequences than their male counterparts
  - Shorter time between landmarks of illness progression
  - This happens at lower doses of alcohol consumed less frequently
- (Piazza et al,1989; Randall et al, 1999)
- Similar findings for accelerated course with other substances

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Physiological Basis of Telescoping

- Less alcohol dehydrogenase (ADH) in the gastric mucosa resulting in less gastric first-pass metabolism
- Women have smaller body size
- More fatty tissue
- Less total body water
- Heightened vulnerability to adverse physical consequences

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Recent Trends in Prevalence and Use

According to NSDUH data in 2008, persons over the age of 12 years:

- 11.5% of men and 6.4% of women (1.8:1) had substance dependence or abuse
- Substance dependence and abuse increased in women (from 5.7% in 2007 to 6.4%) & decreased in men (from 12.5% in 2007 to 11.5%)
- Among youth ages 12-17, rate of substance abuse and dependence lower in boys than girls (7.0 vs. 8.2%)
- 9.9 percent of men and 6.3% of women (1.6:1) used illicit drugs
- Rate of illicit drug use increased among females from 5.8% in 2007 to 6.3% ; no change in males
- No gender difference in nonmedical use of prescription drugs (2.4 vs 2.6%), pain relievers (1.8 v 2.0%), stimulants, tranquilizers, among other drugs
- 26.3% males and 21.7% females had past month use of cigarettes

Substance Abuse and Mental Health Services Administration. (2009). *Results from the 2008 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-36, HHS Publication No. SMA 09-4434). Rockville, MD.

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Prevalence of Alcohol Use Disorders

- ECA (1980's) Male to female ratio of alcohol abuse and dependence was **5:1** (Helzer, 1991; Regier et al, 1990)
- NLAES (early 1990's) Male to female ratio of alcohol dependence **2:1** and male to female ratio of alcohol use disorders (abuse and dependence) was **3:1** (Grant et al, 1994; 1997)
- NCS (early 1990's) Male to female ratio of alcohol abuse and dependence was **2.45:1** (Kessler, 1994)
- NESARC (2001, 2002) Male to female ratio of alcohol abuse was **2.3:1** and alcohol dependence **2.6:1** (Hasin DS, Stinson FS, Ogburn E, et al, 2007)

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Narrowing Gender Gap in Substance Abuse Prevalence

- Examined birth cohorts 1934 and 1964 in two surveys: NLAES 1991 and 1992) and NESARC 2001 and 2002
- Compared lifetime prevalence rates from the same age groups and demographics, while simultaneously controlling for age-related factors.
- Women born after World War II have lower levels of abstaining from alcohol, and higher levels of alcohol dependence
- No significant tendency for more recently born men to have lower levels of abstention, or higher levels of alcohol dependence
- Appears "closing gender-gap in alcoholism," is probably due to higher levels of problems among women, while men have been more or less steady in their levels of dependence

(Gruzza R, et al Secular Trends in the Lifetime Prevalence of Alcohol Dependence in the United States: A Re-Evaluation, ACER, 2008)

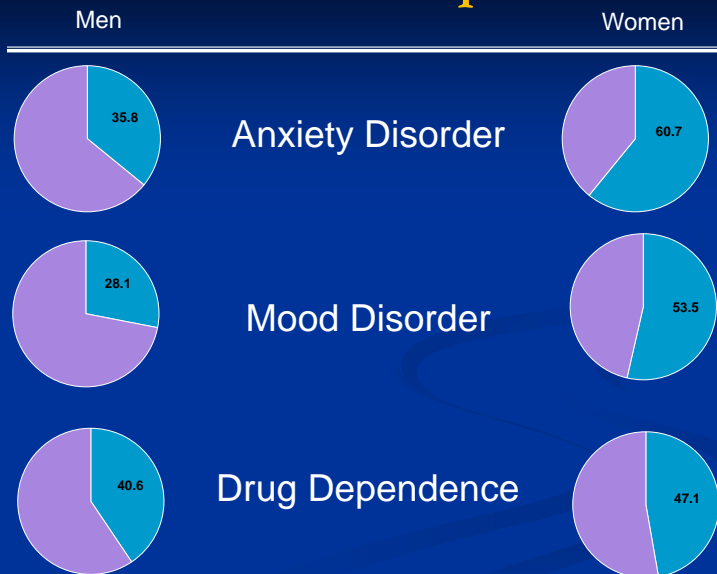
Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Particular Risk Factors for Women

- Heavy drinking/use by significant other
- History of abuse and/or family violence
- Co-occurring psychiatric disorders (e.g., depression, anxiety)

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Lifetime Alcohol Dependence



Kessler et al., 2004

## **Victimization, PTSD and Substance Use Disorders**

- Violence/trauma common in substance use
- Women more likely to experience childhood abuse/sexual abuse
- Strong relationship between abuse history and substance use disorders in women

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## **Childhood Sexual Abuse and Psychiatric Disorders in Women**

- Abuse positively associated with a number of psychiatric disorders
- Strongest relationship with alcohol/drug use
- More severe abuse increases risk
- Not explained by background/familial factors

Kendler et. al, 2000

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Women and Substance Abuse

Among the most reproducible research findings:

- **Increased Prevalence in Women in past two decades** of alcohol and drug use with lower levels of abstaining and higher levels of dependence (Grucza et al, 2008; Compton et al, 2007)
- **Heightened vulnerability** of women to adverse medical and social consequences (Chatham et al., 1999; Gentilello et al., 2000; Henskens et al., 2005)
- **Telescoping:** Women **advance more rapidly** than men from regular use to first treatment episode (Randall et al., 1999; Piazza et al., 1989)
- At treatment entry, with fewer years of use, women have **more medical, psychiatric, and adverse social consequences** than males (Randall et al., 1999; Hernandez-Avila et al., 2004)

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Treatment Outcomes

- Given the heightened vulnerability to alcohol and drug abuse and dependence, what do we know generally about gender differences in substance abuse treatment outcomes and specifically about **women's substance abuse treatment outcomes?**
- Research focus on these questions is relatively recent

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434



## Gender Differences in Substance Abuse Treatment Entry

- Probability of entering treatment for substance abuse is lower for women than men
- NLAES: 23% of men and 15.1% of women ever received treatment from physician, counselor, AA, other professional or substance abuse treatment (Dawson, 1996)
- Women may preferentially seek care for alcohol use disorders in mental health or primary care settings with chief complaints of depression, anxiety and family problems (not alcohol or drug abuse)
- Specific barriers to alcohol treatment entry exist for women

(Greenfield SF, Brooks AJ et al, Drug and Alcohol Dependence 2007;86:1-21; Dawson, 1996; Brady and Ashley, 2005; Weisner and Schmidt, 1992; Wu and Ringwalt, 2004; Timko et al, 2000)

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Specific Barriers to Treatment Entry For Women

- Lack of treatment services for pregnant women
- Lack of childcare services for parenting women
- Economic barriers (e.g., women in entitlement programs; lack of insurance; other resources)
- Higher risk for certain co-occurring psychiatric disorders such as mood, eating, anxiety, and post-traumatic stress disorder
- Trauma histories
- Social stigma and discrimination

(Brady and Ashley, 2005; Pelissier and Jones, 2005; Grella, 1997; Brady and Randall, 1998)

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Gender Differences in Treatment Outcomes

- Research studies over the past 20 years indicate that gender in itself **is not** a specific predictor of substance abuse treatment outcome (Greenfield et al, Drug and Alcohol Dependence, 2007)
- However, a number of **known predictors** of treatment outcomes may vary in prevalence, severity, or significance by gender (e.g., co-occurring disorders, trauma histories, employment, educational attainment, social support)
- Therefore, these predictors may have a **different level of significance** for men's and women's recovery

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Predictors of Outcome: Psychiatric Disorders

- Prevalence of **co-occurring psychiatric disorders** varies by gender (e.g. women have higher prevalence of mood, anxiety, PTSD, and eating disorders compared to men with substance use disorders)
- Presence of **other psychiatric disorders** has been shown to have a negative impact on substance abuse treatment outcome in many studies (Greenfield et al., 1998; Hasin et al., 1991, 1996; Hesselbrock, 1991; Kranzler et al., 1996; Mueller et al., 1994)
- Some studies have demonstrated **gender differences in prognostic significance of co-occurring disorders** (Benishak et al., 1992; Mann et al, 2004; Pettinati et al., 2000; Compton et al., 2003)

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Predictors of Outcome: Trauma

- History of sexual and physical abuse may be associated with **worse treatment outcomes** (Greenfield et al., 2002; Comfort et al., 2003; Kang et al., 1999; Messina et al., 2000; Fiorentine et al., 1999; Green et al., 2002; Green et al., 2004)
- Impact of history of sexual abuse on outcomes may be **moderated by** marital status, education, employment, co-occurring psychiatric disorders (Greenfield et al., 2002)
- Abuse history may be associated with different aspects of **outcome**, such as worse psychiatric symptoms, more psychiatric hospitalizations, increased use of outpatient services, increased problems related to drug use following treatment **BUT** not necessarily with missed substance abuse treatment sessions or drug and alcohol severity (ASI) scores (Pirard et al., 2005; Kang et al., 1999; Green et al., 2004)

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Gender-Specific Treatment

Given heightened vulnerability, increasing prevalence, and increased level of prognostic significance of certain characteristics (e.g., psychiatric disorders, trauma):

- What about **women-only versus mixed-gender treatment?**
- Do women have better outcomes in **single-gender treatment?**
- Studies have examined (1) single-gender vs. mixed-gender treatment programs or (2) women-focused group treatments

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Women-only vs. Mixed Gender Treatment Programs

- Some women with alcohol and abuse may prefer single-gender treatment perceive it more positively than mixed-gender treatment
- Studies comparing treatment programs differ primarily on the issue of gender have yielded **mixed results**
- Greater success demonstrated by **treatments that address problems/barriers** more common to substance abusing women as well as treatments designed for specific subgroups of women (e.g., pregnant and parenting; co-occurring PTSD)
- Randomized studies necessary to assess treatment outcomes for women-only programs with gender-specific services compared with standard mixed-gender programming

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Women-Focused Treatment and Relationship to Special Needs of Women

- Evidence of improved treatment outcome in women-focused programs that provide adjunctive services and address psychosocial needs (potential barriers) that are more common to some subpopulations of women with SUDs:
  - Childcare needs
  - Financial concerns
  - Support for pregnant women
  - Job training
  - Life skills training
  - Transportation
  - Assistance with transportation
  - Peer support
  - Special programming to minority women (e.g., Latinas, Native American women)
  - Programming for women with trauma

(Grella et al., 1999; Volpicelli et al., 2000; Hien et al., 2004)

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## What Types of Women-Focused Group Treatments Are There?

**Studies exist of women-only groups for:**

- Parenting and pregnant women with SUDs (Mackie-Ramos, 1988; Reynolds, 1995; Stevens, 1995; Berkowitz, 1998; Luthar, 2000; Killeen, 2000)
- Women with co-occurring post-traumatic stress disorder and SUDs (Najavits, 1996; 1998; Hien et al., 2005)
- For patients with borderline personality disorder and drug dependence (Linehan et al., 1999)

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Women's Recovery Group Study

**How do we best serve the treatment needs of this population?**

- While there are a number of existing empirically-based treatments for specific sub-groups of women with substance use disorders
- There was no previous evidence regarding effectiveness of delivering generic substance abuse treatment in single-gender vs. mixed-gender group therapy format
- Group therapy is a mainstay of treatment in substance abuse treatment programs
- Need for a specific, manual-based group treatment designed for a heterogeneous group of women with SUDs in order to test hypotheses about effectiveness of women-focused vs. mixed-gender group therapy

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

# The Women's Recovery Group Study

## Stage I Behavioral Therapy Development Trial

(NIDA R01 015434)

### Overall Research Study Goals:

- To develop a new manual-based group treatment for women with substance use disorders
- Two main Components
  1. All women group composition
  2. Content specific to women in recovery
- Test this new group therapy (WRG) vs. mixed-gender group treatment, Group Drug Counseling (GDC)

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## What is the Women's Recovery Group?

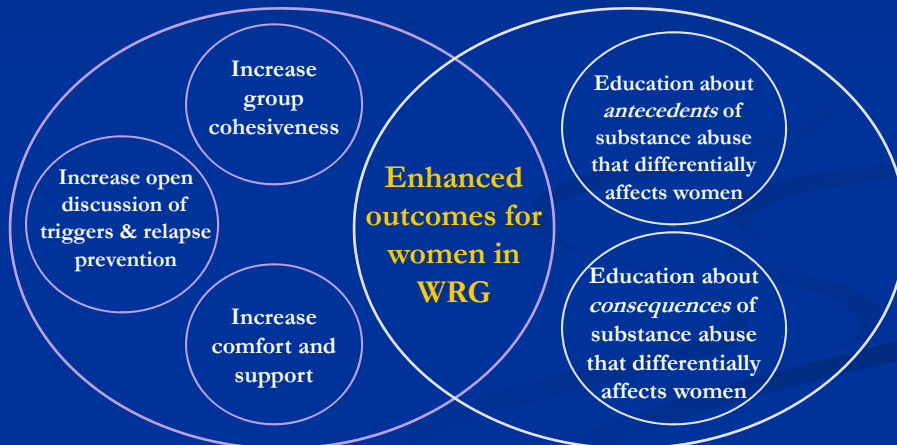
- Women's Recovery Group (WRG) is a new manualized group treatment developed for women with alcohol and drug use disorders including women with commonly co-occurring psychiatric disorders
- 12 session group therapy with women-focused content & women-only composition (therapist & group members all female)
- Includes 14 topics can be flexibly chosen to comprise the 12 sessions

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

# Hypothesis Regarding Mechanism of Action

All women group composition

Women-focused group content



Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## WRG Therapy Development: Structure of Sessions

**90 minute structured relapse prevention  
group therapy session:**

- Brief check-in
- Review of skill practice and last week's topic
- Presentation of session topic
- Discussion by participants
- Review session's "take home message" and upcoming week's skill practice
- Check-out

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## 14 Session Topics

1. The Effect of Drugs and Alcohol on Women's Health
2. What are the Obstacles to Seeking Treatment and Getting into Recovery
3. Managing Mood, Anxiety, and Eating Problems Without Using Substances
4. Violence and Abuse: Getting Help
5. Women and their Partners: The Effect on the Recovery Process
6. Women as Caretakers: Can you take care of yourself while taking care of others ?
7. Women's Use of Substances Through the Life Cycle
8. Substance Use and Women's Reproductive Health
9. The Issue of Disclosure: To Tell or Not to Tell
10. How to Manage Triggers and High Risk Situations
11. Using Self-Help Groups to Help Yourself
12. Can I Have Fun and Not Use Drugs or Alcohol?
13. Coping with Stress
14. Achieving Balance in Your Life

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Control Condition: Group Drug Counseling (GDC)

- Effective manual based group treatment delivered in the NIDA Collaborative Cocaine Treatment Study (Crits-Christoph et al., 1999); adapted for other substances of abuse (Weiss et al, 2007)
- Developed to closely resemble group drug counseling as delivered in treatment programs
- Conducted in a mixed-gender group composition
- 12 weekly sessions
- One 90 minute session each week focusing on a specific topic

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434



## WRG Research Questions

- Will the manual-based Women's Recovery Group (WRG) have patient acceptability and satisfaction?
- Will there be any differences in within-treatment outcomes (during 12 week treatment period) between women-focused WRG vs. an effective mixed-gender control group?
- Will there be any differences in 6 month post-treatment patient outcomes between single-gender WRG vs. mixed-gender control group?
- Small pilot randomized trial of WRG versus GDC (Total N=36 women)

(Greenfield et al, Drug and Alcohol Dependence, 2007 )

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Results: Current and Lifetime Drug Use Disorder Diagnoses

- Predominantly alcohol dependent (86%)
- Other current substance dependence: cannabis (6.8%); cocaine (3.4%); other stimulants (3.4%)
- Lifetime other drug diagnoses:
  - Cannabis dependence/abuse (10%/10%)
  - cocaine dependence/abuse (10%/7%)
  - stimulant dependence (7%)
  - opioid abuse (3%)
  - sedative abuse (3%)
  - hallucinogen abuse (3%)

For more information see:

Greenfield, S.F., Trucco, E.M., McHugh, R.K., Lincoln, M., & Gallop, R.J. (2007). 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 and Alcohol Dependence*, 90, 39-47.

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

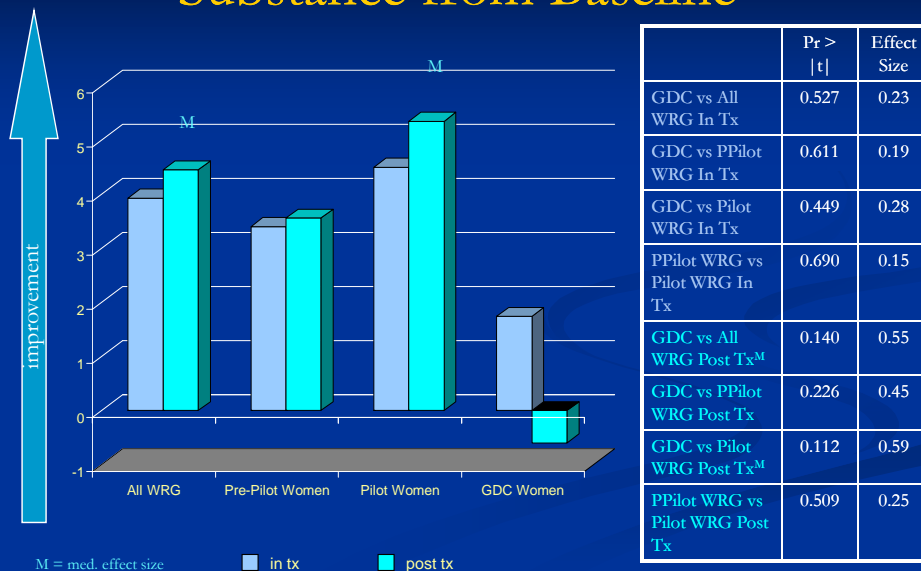
## Results: Co-occurring Disorders and Demographic Characteristics

- Mood Disorders: **Lifetime** 75.9% **Current** 37.9%
- Anxiety Disorders **Lifetime** 44.8% **Current** 31%
- Axis II disorders 34.5%
- No statistical differences in prevalence of Axis I or Axis II disorders between WRG and GDC groups
- Predominantly white, well-educated (>90% had >12<sup>th</sup> grade), 41% married
- All WRG subjects younger on average than pilot GDC subjects (45 v. 58 y;  $p < .001$ )

\*Outcome analyses control for age differences between groups

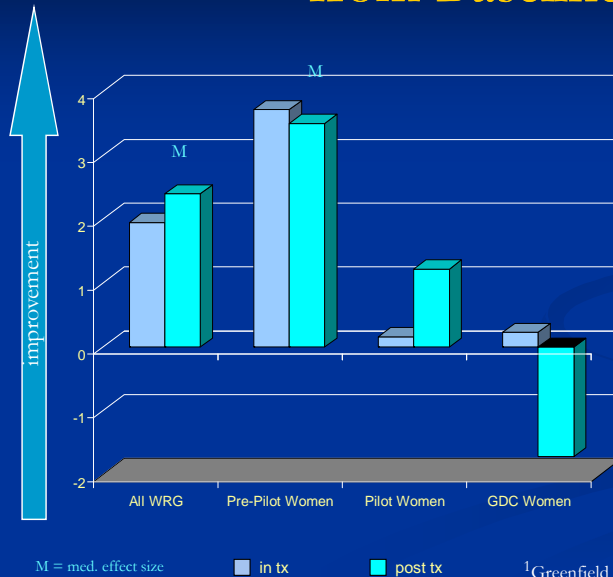
Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Average Reduction of Days Using Any Substance from Baseline<sup>1</sup>



<sup>1</sup>Greenfield et al, Drug and Alcohol Dependence, 2007

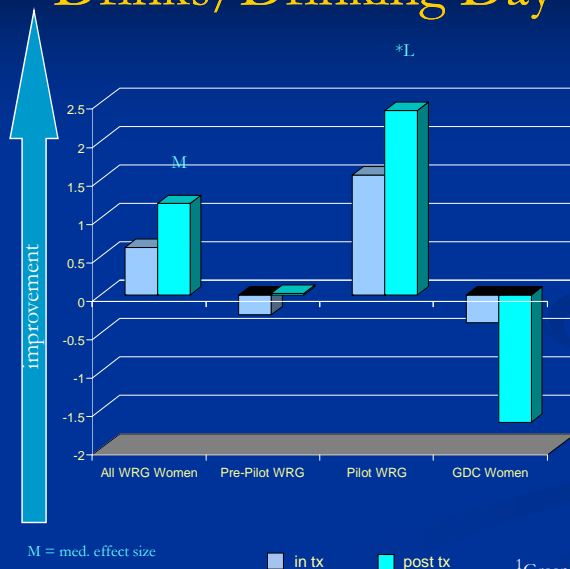
## Average Reduction of Drinking Days from Baseline<sup>1</sup>



	Pr >  t	Effect Size
GDC vs All WRG In Tx	0.495	0.25
GDC vs PPilot WRG In Tx	0.228	0.45
GDC vs Pilot WRG In Tx	0.873	0.06
PPilot WRG vs Pilot WRG In Tx <sup>M</sup>	0.070	0.68
GDC vs All WRG Post Tx <sup>M</sup>	0.094	0.62
GDC vs PPilot WRG Post Tx <sup>M</sup>	0.053	0.72
GDC vs Pilot WRG Post Tx	0.336	0.36
PP WRG vs Pilot WRG Post Tx	0.227	0.45

<sup>1</sup>Greenfield et al, Drug and Alcohol Dependence, 2007

## Average Reduction of Drinks/Drinking Day from Baseline<sup>1</sup>

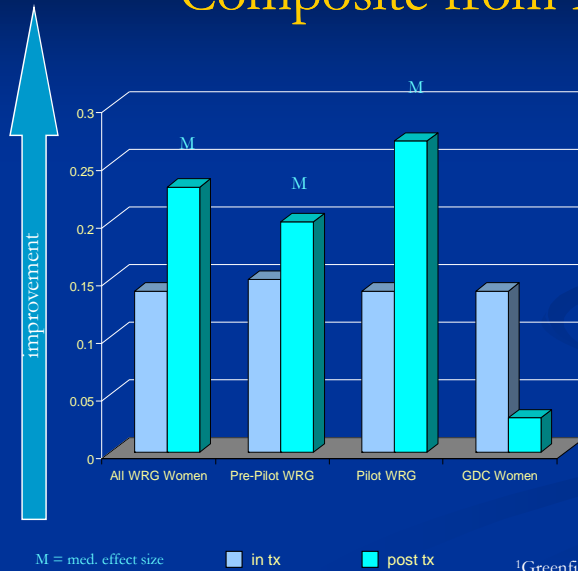


	Pr >  t	Effect Size
GDC vs All WRG In Tx	0.596	0.20
GDC vs PPilot WRG In Tx	0.841	0.07
GDC vs Pilot WRG In Tx	0.277	0.40
PP WRG vs Pilot WRG In Tx	0.202	0.48
GDC vs All WRG Post Tx <sup>M</sup>	0.120	0.58
GDC vs PPilot WRG Post Tx	0.294	0.39
GDC vs Pilot WRG Post Tx <sup>*L</sup>	0.031	0.81
PP WRG vs Pilot WRG Post Tx <sup>M</sup>	0.090	0.63

\*L = p < .05, large effect size

<sup>1</sup>Greenfield et al, Drug and Alcohol Dependence, 2007

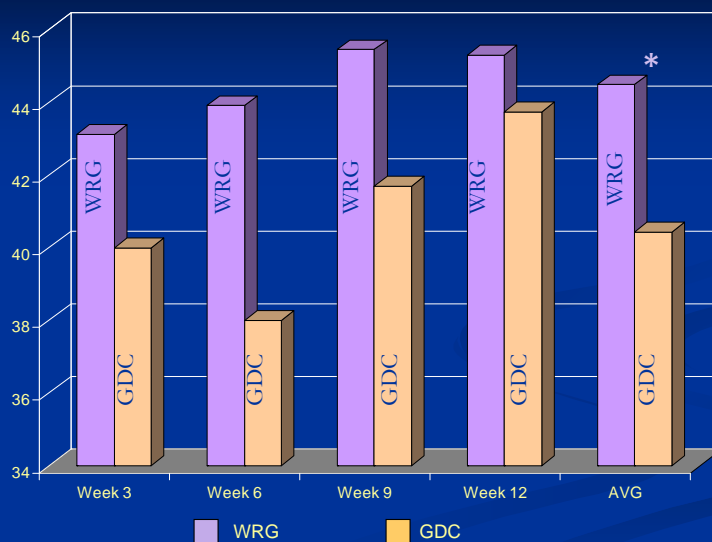
## Average Reduction of ASI Alcohol Composite from Baseline<sup>1</sup>



	Pr >  t	Effect Size
GDC vs All WRG In Tx	0.982	0.01
GDC vs PPilot WRG In Tx	0.954	0.02
GDC vs Pilot WRG In Tx	0.999	0.00
PPilot WRG vs Pilot WRG In Tx	0.938	0.03
GDC vs All WRG Post Tx <sup>M</sup>	0.063	0.69
GDC vs PPilot WRG Post Tx <sup>M</sup>	0.130	0.56
GDC vs Pilot WRG Post Tx <sup>M</sup>	0.051	0.73
PPilot WRG vs Pilot WRG Post Tx	0.442	0.29

<sup>1</sup>Greenfield et al, Drug and Alcohol Dependence, 2007

## Pilot Client Satisfaction<sup>1</sup>



<sup>1</sup>Greenfield et al, Drug and Alcohol Dependence, 2007

## What might account for the difference between Groups?

- Did women with greater psychiatric symptom severity at baseline have better outcomes in WRG than GDC?
- What was the role of self-efficacy at baseline on substance use outcomes in WRG versus GDC?
- What were women's attitudes and experiences in single-gender versus mixed-gender substance abuse group therapy?

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## High Psychiatric Symptom Severity as a Moderator of Outcome

- During the 12-week treatment phase, women with high psychiatric symptom severity assigned to WRG were more likely than their GDC counterparts to reduce their drinking days ( $t=1.77$ ,  $p = .08$ ) and days of any substance use ( $t=2.37$ ,  $p=.02$ ); AND
- In the 6-months post-treatment, women with high psychiatric severity in the WRG group endorsed significantly fewer drinking days ( $t=4.11$ ,  $p<.0001$ ) and days of any substance use ( $t=4.22$ ,  $p<.0001$ ) than women enrolled in GDC.
- Women with greater psychiatric severity at baseline may be better served by a women-focused treatment group than a mixed-gender group

(Greenfield et al, Am J Alc Drug Abuse, 2008; 34: 594– 602.)

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Self-Efficacy as Moderator of Outcome

- Self-efficacy (sense that one could abstain from use in a high risk situation) is often a moderator of outcome; high self-efficacy is associated with better outcomes
- Assessed self-efficacy with the DTCQ using a cut-off score of 80 and above for high self-efficacy and <80 for low self-efficacy
- **Women with low self-efficacy in WRG; followed by > women with high self-efficacy in WRG > women with high self-efficacy in GDC > women with low self-efficacy in GDC**
- The findings suggest that women with low self-efficacy may have enhanced treatment outcomes in a single-gender substance use treatment group.

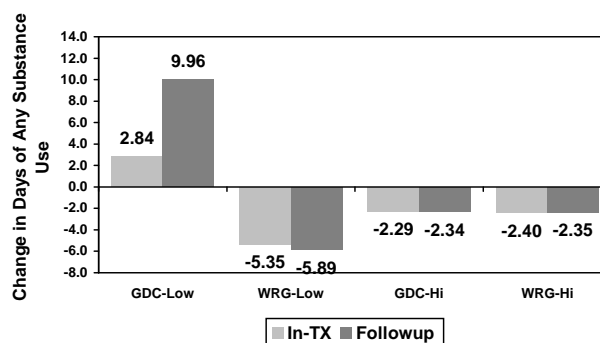
(Cummings, Gallop, and Greenfield, Journal of Groups in Addiction & Recovery, 2010)

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Self-Efficacy as Moderator of Outcome

(Cummings, Gallop, & Greenfield, Journal of Groups in Addiction and Recovery, 2010)

Figure 3. Reduction in Days of Any Substance use compared to baseline as a function of group assignment and DTCQ clinical cutoff of 80.



Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Qualitative Analysis of Women's Experiences in Single-gender vs. Mixed Gender Groups

- What contributed to enhanced outcomes and increased satisfaction in WRG versus GDC?
- What were women's attitudes and experiences in single-gender versus mixed-gender substance abuse group therapy?
- Qualitative methods can be helpful in elucidating "what works for whom, under what circumstances, and why" (Hohmann & Shear, Am J Psychiatry, 2002)
- Conducted qualitative analysis of semi-structured exit interviews in order to compare women's self-reported experiences and their satisfaction with single-gender WRG versus mixed-gender GDC substance abuse group treatment

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Summary of Qualitative Results

- Women in single-gender WRG more frequently endorsed feeling safe, able to be all aspects of self, having their needs met, feeling support and intimacy, empathy, honesty, and comfort
- Women in the mixed-gender GDC group reported the need for women to motivate men to speak in group, irrelevant talk in group, feelings of judgment and constraint, perceived differences between men and women's recovery, along with opportunity to understand both men's and women's recovery

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Excerpts from WRG Exit Interviews

- “Women tend to come from a different point of being, where we are caretakers...struggling ...to do all things for all people, and there's sexual abuse, and there's eating disorders, and there's this and there's that, that really pertains specifically to women. And women experience the stigma of alcoholism in a different way than men do. There are just a lot of reasons why women can together explore the subject of alcoholism in a different way than a mixed group or a male based group.”
- A lot of the information that was presented to me I was very unaware of. In particular, women's health and what alcohol does to a woman's body...The education end of it was huge for me. Really huge, to the point that I was sharing it with my family and...friends.”

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Excerpts from WRG Exit Interviews

- “I think in general women have a more intuitive style of processing and communicating and relating. And it was nice to just all be in the same place. We didn't have to make any effort in that sphere, so we could focus all our energy on the recovery piece. Communication...never was an issue, ever. It was so natural.”
- “I mean, I just felt zero compunction about opening up to these women. There were plenty of tears, there was plenty of really... very personal information. I felt no reason to hold anything back with this group of women. And I think I would have, if it were a mixed group”

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434



## Conclusions from Stage I Trial

- The Women's Recovery Group is a manual- based group therapy for women with substance use disorders
- In a small pilot study, WRG produced reductions in substance use within treatment equivalent to GDC;
- In addition, there were sustained improvements in substance use in the 6-month post-treatment phase were greater in WRG compared with GDC
- Women with high psychiatric severity and low self-efficacy might be better served in an all-women's treatment group
- Women in single-gender WRG reported enhanced comfort, intimacy, social bonding and having needs met

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Stage II Randomized Control Trial

Will we see similar results in a large more heterogeneous sample of women?

- Conduct Stage II RCT of WRG versus GDC
- Two sites: SSTAR and McLean
- Target sample 90 women and 45 men
- Half at McLean/half at SSTAR
- As of October 25, 2010 we enrolled 115 subjects (69 women and 46 men)

(R01 DA 015434 from the National Institute on Drug Abuse)

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Acknowledgements

- **Co-investigators and Consultants:** Genie Bailey, MD; Kathleen Brady, MD, PhD; Hilary Connery, MD, PhD; Dennis Daley, PhD; Garrett Fitzmaurice, ScD; Hadine Joffe, MD; Grace Hennessy, MD; Robert Gallop, PhD; Roger Weiss, MD; Mike Robbins, PhD; John Rodolico, PhD; Aaron Hogue, PhD; Mirka Koro-Ljungberg
- **Group Therapists:** Crystal Cote, LICSW, Patti Diaferio, LICSW, Judy Faberman, LICSW, Monika Kolodziej PhD, Marjorie Joseph, LICSW, Sue O'Donnell, LICSW, Barbara Raymond, LICSW, Ruth Reibstein, EdD, Laura Ruegg, LICSW, Bronwen Wirta
- **Research Staff:** Michele Crisafulli, MA, Amanda Cummings, BA, Cathryn Freid, PhD, Julia Kaufman, BA, Laura Kuper, BA, Melissa Lincoln, BA, Kate McHugh, MA, Rebecca Popuch, BA, Michelle Rapoza, Katie Schlebecker, Elisa Trucco, MA

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434

## Conclusions

- Narrowing gender gap in prevalence of substance use disorders
- Women born in the last 5 decades have lower rates of abstinence and higher rates of dependence
- Women have a telescoping course of addiction
- Women have lower lifetime rates of ever seeking treatment
- Treatment outcomes can be enhanced by programs that provide services and other programming specific to women's needs (e.g., co-occurring disorders, trauma, childcare)
- A manual-based, single-gender women's recovery group with women-focused content may enhance treatment outcomes

Shelly F. Greenfield, M.D., M.P.H., Women's Recovery Group Study, NIDA R01DA015434