Helping Men Recover:

A Gender - Responsive & Trauma - Informed Treatment Program for Men

Dan Griffin, MA

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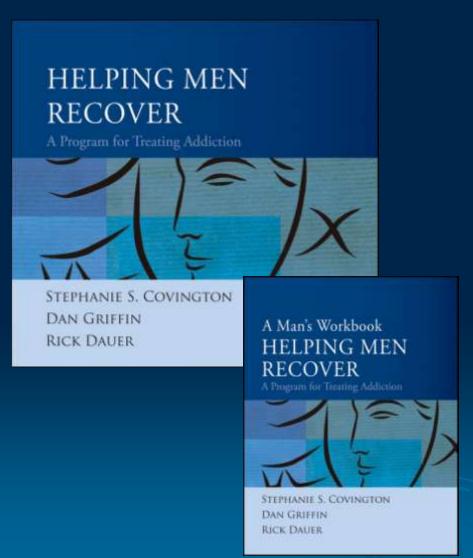
What's Been Missing?

- Impact of male socialization on recovery
- Relational needs of men
- Abuse and trauma (experienced and perpetuated)

Emerging Paradigm

- Gender-responsive
- Trauma-informed
- Culturally competent
- Strengths-based

Helping Men Recover





Helping Men Recover

- Inspired by Dr. Covington's "Helping Women Recover".
- Published by Jossey-Bass, January 2011.
- Authors: Dr. Stephanie Covington, Dan Griffin, Rick Dauer.
- Community and Criminal Justice versions.
- Four Modules:
 - Self
 - Relationships
 - Sexuality
 - Spirituality

Helping Men Recover

- Questionnaires and interviews with recovering men
- Diverse advisory group of clinicians
- Multiple pilots at River Ridge Treatment Center in Burnsville, MN since 2008
- Pilot at Cooper Street Correctional Facility in Jackson, Michigan since October 2010
- Pilot at LA CADA planned to begin in June 2011

Helping Men Recover An Integration of Three Theories

Theory of Addiction

Holistic health model

Theory of Men's Psychological Development

- Relational—Cultural Theory (Stone Center)
- Kivel, Pollack, etc.

Theory of Trauma

- Three Stage Model (Herman)
- Upward Spiral A Transformational Model (Covington)

Theoretical Foundation

The theories related to gender and addiction (and any other relevant treatment services) that create the framework of thought for program development. This is the knowledge base that creates the foundation upon which the program is developed.

Gender-Responsive Treatment

- Creating an environment through:
 - site selection
 - staff selection
 - program development
 - content and material
- That reflects an understanding of the realities of men/boys
- Addresses and responds to their strengths and challenges.



Addiction: A Holistic Health Model

- Physiological
- Emotional
- Social
- Spiritual
- Environmental
- Political

Theory Of Addiction

 "Addiction is a chronic neglect of self in favor of something or someone else."

Dr. Stephanie S. Covington

 Addiction to alcohol and other drugs is a progressive, chronic, and fatal disease; frequently characterized by episodes of relapse and remission.

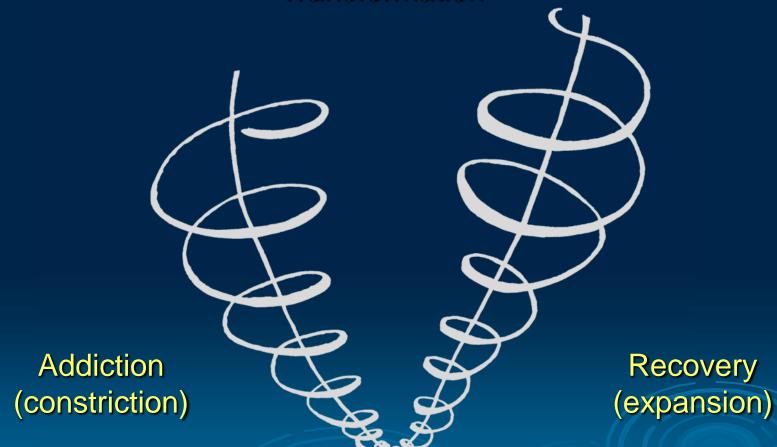
Addiction as a Relationship



Love → Love-Hate

Upward Spiral

Transformation



Relational-Cultural Theory

- Connection and development
- Disconnection
- Socio-cultural disconnection
- Privilege and domination

The Theory of Men's Psychosocial Development

Central Tenets of RCT

- All humans yearn for connection
- All growth occurs in connection through and towards relationships

Relational competence allows for connection

Relational-Cultural Theory

Some women use drugs:

- To maintain a relationship
- To fill in the void of what's missing in a relationship
- To self-medicate the pain of abuse in relationships

(Covington & Surrey, 1997)

Relational-Cultural Theory

Some men use drugs:

To avoid connection

(Bergman)

NOTE: We also have every reason to believe that men use to self-medicate the pain of abuse and trauma (though they will be much less likely to acknowledge it.)

The Theory of Men's Psychosocial Development

A New Psychology of Men

- Inspired by feminist scholars
- Questioning the traditional male role and the traditional masculine interpretation of psychological development (Freud, etc.)

The Theory of Men's Psychosocial Development

- Men are not the problem how men have been socialized is the problem
- Homophobia, devaluation of women, violence, detached fathering, and emotional illiteracy

Power, privilege, and pain

RCT and Men

Dr. Stephen Bergman

* Self in Relation vs. Individuated Self

* Male relational dread

* Agents of disconnection

* Power dynamics

RCT, Men, and Addiction Treatment

"The men who tend to be successful in treatment, and more importantly in long-term recovery, are those who learn how to ask for, accept, and offer help to others"

Bergman 2007

RCT, Men, and Addiction Treatment

- * Inadequacy of traditional treatment models
- * Applying RCT to men's addiction treatment
- * Looking at men's lives in a relational context
- * Addressing addiction through the lens of male socialization
- * Focus on issues of power and powerlessness
- * Trauma as a major issue for men

Trauma-Informed Services

Trauma-informed services:

- Take the trauma into account.
- Avoid triggering trauma reactions and/or traumatizing the individual.
- Adjust the behavior of counselors, other staff and the organization to support the individual's coping capacity.
- Allow survivors to manage their trauma symptoms successfully so that they are able to access, retain and benefit from the services.

Core Principles of Trauma-Informed Care

- Safety: Ensuring physical and emotional safety
- Trustworthiness: Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
- Choice: Prioritizing consumer choice and control
- <u>Collaboration</u>: Maximizing collaboration and sharing of power with consumers
- <u>Empowerment</u>: Prioritizing consumer empowerment and skill-building

The Theory of Trauma

- A gender-informed framework
- "Big T" and "Little T" trauma
- A fundamental belief that trauma is pervasive in men's lives and there are gender differences in:
 - How men experience trauma
 - How men respond to trauma
 - How men exhibit the symptoms of traumabased disorders
 - How men heal from trauma

The Theory of Trauma

 Post-Traumatic Stress Disorder is an individual's response to abuse, violence, or some other overwhelmingly negative experience.

 It is the subsequent set of maladaptive behaviors and beliefs that must be addressed in addiction treatment.

Process of Trauma

TRAUMATIC EVENT

Overwhelms the Physical & Psychological Systems Intense Fear, Helplessness or Horror

RESPONSE TO TRAUMA

Fight or Flight, Freeze, Altered State of Consciousness, Body Sensations, Numbing, Hyper-vigilance, Hyper-arousal

SENSITIZED NERVOUS SYSTEM CHANGES IN BRAIN

CURRENT STRESS

Reminders of Trauma, Life Events, Lifestyle

PAINFUL EMOTIONAL STATE

RETREAT

ISOLATION DISSOCIATION DEPRESSION ANXIETY

SELF-DESTRUCTIVE ACTION

SUBSTANCE ABUSE EATING DISORDER DELIBERATE SELF-HARM SUICIDAL ACTIONS

DESTRUCTIVE ACTION

AGGRESSION VIOLENCE RAGES

Traumatic Stigmatization

- Poverty
- Incarceration
- Mental health issues
- Physical handicaps
- Racism
- Sexism
- Heterosexism
- Inter-generational cultural trauma

ACE Study (Adverse Childhood Experiences)

Before age 18:

- Recurrent and severe emotional abuse
- Recurrent and severe physical abuse
- Contact sexual abuse
- Physical neglect
- Emotional neglect

ACE Study (Adverse Childhood Experiences)

Growing up in a household with:

- An alcoholic or drug-user
- A member being imprisoned
- A mentally ill, chronically depressed, or institutionalized member
- The mother being treated violently
- Both biological parents not being present

ACE Study (Adverse Childhood Experiences)

Results

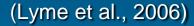
ACEs still have a profound effect 50 years later, although now transformed from psychosocial experience into organic disease, social malfunction, and mental illness.

- Smoking
- Alcoholism
- Injection of illegal drugs
- Obesity



Men, Violence & Trauma

- 75 percent of student suspensions, expulsions, grade failures, special-education referrals, school-violence casualties, and all other assaults are for boys
- 75 percent of teenage suicides are boys
- 70 percent of all suicides are boys/men
- 80 percent of the homeless are boys/men



Men, Violence & Trauma (cont.)

- 80 percent of homicide victims are men
- 93 percent of prison inmates are men
- 99 percent of executed prisoners are men (in the last decade, 700 men and 10 women)
- Men are two to five times more likely to develop a substance-use disorder

How Men Respond to Trauma

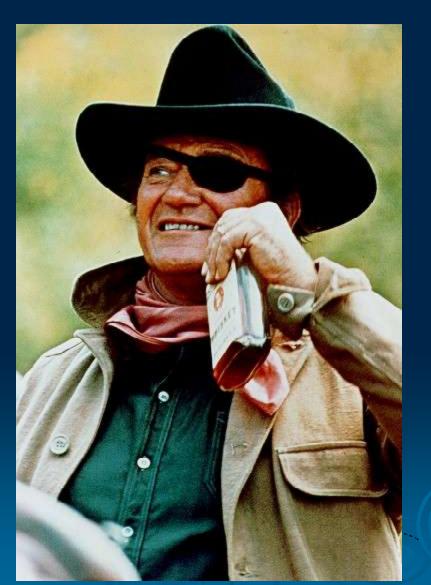
- The path to manhood is paved by emotional trauma.
- For most men ignoring/denying pain is to be a man.
- There is no way to see men as "victims" and still as men.
- Men suffer abuse → suffer alone with the abuse → which leads many to becoming abusers.
- Male abuse victims tend to identify with the abuser as a means of reclaiming personal power and attempting to secure safety.

How Men Respond to Trauma

- Men respond differently to similar events:
 - "No big deal"
 - "Just get over it"
 - "Suck it up"
 - "Don't be a wimp"
 - "Never let them see you sweat"
 - "Pull yourself up by your bootstraps!"
 - "Suffer in Silence"

But the real reason is.....

"Real Men Can Handle Anything!"



Addiction and Trauma

42 to 95% of men coming into treatment

- 90% of male sexual abuse survivors did not report the abuse until they were adults.
- Histories of abuse and trauma need to be expected not considered an exception.
- Many "treatment failures" might be trauma survivors

Men, Addiction, and Crime

 The ways that men have historically been raised in our society is a contributing factor in the problematic behaviors and attitudes that underlie both addiction and criminal behavior.

• The majority of men that commit crimes do so "in an attempt to prove their manhood". (Sabo, 2002)

Psychiatric Diagnoses

 Who is your least favorite (or favorite, if you are a masochist) female client to work with?

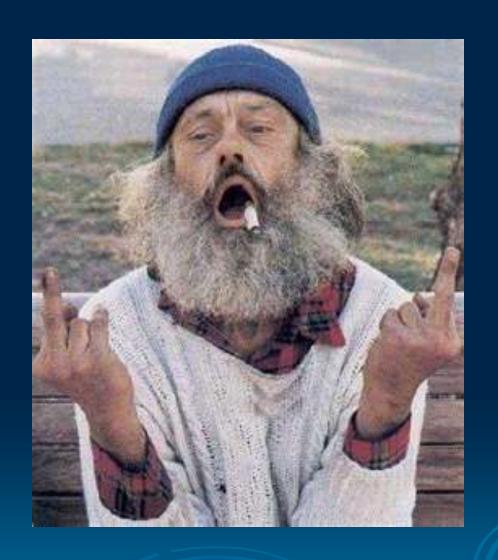
Borderline Personality Disorder

 Clinical features also common in the diagnosis of complex PTSD

Challenging the diagnosis

Psychiatric Diagnoses

 What diagnosis for men would most likely mimic/mask the symptoms of complex PTSD?





ANTI-SOCIAL PERSONALITY DISORDER

Trauma Three Group Models

|--|

Therapeutic task

Time orientation

Focus

Recovery
Stage One

Safety

Present

Self-care

Recovery
Stage Two

Remembrance and mourning

Past

Trauma

Recovery
Stage Three

Reconnection

Present, future

Interpersonal relationships

Source: Herman, 1992, 1997

Upward Spiral

Transformation



&

(constriction)

&

(expansion)

Trauma-Informed

Helping Men Recover is not a program for treating trauma; it is a trauma-informed program for treating addiction.

- Helps to identify traumatic experiences
- Provides safe space for beginning exploration
- Offers Stage One stabilization strategies
- Often requires referrals to professionals specializing in the treatment of trauma disorders.

Five Reasons to Believe Computers are Female

- 1. No one but the Creator understands their internal logic.
- 2. The native language they use to communicate with other computers is incomprehensible to everyone else.
- 3. The message "Bad command or file name" is about as informative as, "If you don't know why I'm mad at you, then I'm certainly not going to tell you."
- 4. Even your smallest mistakes are stored in long-term memory for later retrieval.
- 5. As soon as you make a commitment to one, you find yourself spending half your paycheck on accessories for it.

Five Reasons to Believe Computers are Male

- 1. They have a lot of data, but are still clueless.
- 2. They are supposed to help you solve problems, but half the time they ARE the problem.
- 3. As soon as you commit to one you realize that, if you had waited a little longer, you could have obtained a better model.
- 4. In order to get their attention, you have to turn them on.
- 5. Big power surges knock them out for the rest of the night.

Group Exercise from Session II

The Rules of Being a Man

The Principles of Recovery

Session II Exercise

 This exercise embodies and demonstrates the theoretical and practical foundations of "Helping Men Recover".

 The ultimate goal is for each participant to write new rules for himself. Rules that allow for a full and healthy expression of masculinity, consistent with living a sober life.

Helping Men Recover Core Elements

- Recovery Check-In and Check-Out
- Small group discussions
- Interactive lectures
- Grounding and self-soothing exercises
- Kinesthetic activities
- Creative activities
- "A Man's Workbook"

Creating a Safe Container

- Consistent Structure
 - * Ritual
 - * Repetition
 - * Summaries and previews
- Accountability
- Normalizing adverse experiences and emotions
- Allowing participants to struggle
- Articulating a political and social context
- Focus on client empowerment and choice

Strength-Based Treatment

Focus on assets rather than deficiencies

 Increasing each client's sense of selfworth and competence

Reinforcing evidence of personal growth

Normalizing the difficulty of change

A Man's Workbook

- Brief summary of the material covered
- Questions for small group discussion
- Space to write answers, thoughts, reactions, etc.
- Copies of charts and illustrations
- Additional resources and references
- Specific assignments due next session
- Space for reflection on the session content
- "Into Action" optional assignment
- Recovery scales beginning and ending each module
- An enduring record of his treatment experience

Men in Treatment

We rarely acknowledge to men that the therapeutic process may be incompatible with how they were raised. It can be remarkably healing to place their addiction and recovery within the context of their socialization as men.



Module A: Self

- To help men identify who they are and what they feel.
- To begin to understand how they have become the men they are today.
- To learn to communicate with one another openly, respectfully, and honestly.
- To learn grounding and relaxation techniques.
- To begin to understand that having feelings is a basic aspect of who they are.

Module A: Self

- Session 1 Defining Self
- Session 2 Men in Recovery
- Session 3 Sense of Self
- Session 4 Men: Inside and Out
- Session 5 Men and Feelings

Anger Funnel

Hurt
Sadness
Fear
Insecurity



Anger Rage Violence

Men in Treatment

While all men have relationships, and these get some attention in treatment, we do not typically focus on men's relationships - helping them develop the skills necessary to have healthy relationships.



Module B: Relationships

 To help men understand how childhood and adult relationships have affected their addiction and recovery.

 To understand the difference between healthy and unhealthy relationships.

 To understand the critical importance of developing healthy relationships.

Module B: Relationships

- Session 6 Family of Origin
- Session 7 Barriers to Relationships
- Session 8 Fathers
- Session 9 Mothers
- Session 10 Creating Healthy Relationships and Support Systems
- Session 11 Effective Communication and Intimacy

Men in Treatment

Sexuality is rarely addressed directly in addiction treatment, despite being a fundamental aspect of male and female identity and behavior.



Addressing Sexuality

- Let's (NOT) talk about sex
 - Traditionally taboo in treatment
 - Candid and safe conversation
- Homophobia and misogyny
 - Core to male socialization
 - Prohibits male-to-male intimacy and relationships
- Interactive Lectures
 - Safety
 - Non-confrontational
 - Non-judgmental

Module C: Sexuality

- To become comfortable discussing sexuality.
- To develop a positive approach to sexuality.
- To examine how addiction has impacted their sexuality.
- To begin to identify and overcome barriers to healthy sexuality.

Module C: Sexuality

- Session 12 Sexuality and Addiction
- Session 13 Sexual Identity
- Session 14 Barriers to Sexual Health
- Session 15 Healthy Sexuality

Interactive Lecture

Sexual characteristics/traits/affinities

Sexual identity

Homophobia and Misogyny

Are frequently the underlying cause of male violence

 Impede men's relationships with women and other men

 Lead men to deny, reject, or feel shame about essential aspects of their true nature

Sex Funnel

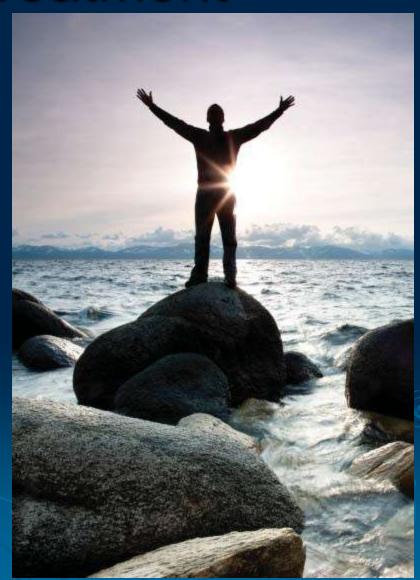
Attraction
Intimacy
Love
Closeness
Affection



Sex

Men in Treatment

Spirituality was traditionally a core element in most addiction treatment programs, but has been marginalized since CBT became the predominant therapeutic approach.



Module D: Spirituality

- To introduce the concept of spirituality.
- To begin a personal spiritual journey.
- To recognize the inherent advantages and disadvantages of being male.
- To learn that grief is a healthy emotional process.
- To begin envisioning a sober and healthy future.
- To bring closure to the group experience.

Module D: Spirituality

- Session 16 What Is Spirituality?
- Session 17 Real Men
- Session 18 Creating a Vision

Program Design and Implementation

- Stand-alone treatment curriculum and augmented by traditional treatment activities
- Primary treatment and continuing care
- Open and closed groups
- Residential, outpatient, and jail-based
- Adaptable to all addictive disorders

Program Design and Implementation

- Co-facilitation
- Male and/or female facilitators
- Training for facilitators
- Clinical supervision
- Mental health resources
- Modifying the curriculum

Questions And Discussion



Contact Information

Dan Griffin

- www.dangriffin.com
- dan@dangriffin.com
- **612-701-5842**
- Facebook:
 http://www.facebook.com/TwelveStepsForMen

