Gender Specific Treatment: The Female Gambler

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An Overview....

- Historical review on theory: A Feminist Perspective
- Women in Treatment
- Gender Specific Programming
- Female Gamblers
- Treatment Development
Feminist Theory: Relevant History

- Movement of thought by 40’s challenging male oriented theory
- New perspectives rebuking traditional models of power structure
- A Feminist Biopsychosocial model
- Feminist Therapy values
- Changing face of statistical analysis
Brief historical review of theory and gender

Gilligan: studies correcting biases on androcentric theories

_Model of Relational Moral Development_

3. **Preconventional**: morality based on individual survival.

4. **Conventional**: morality defined as responsibility to others

5. **Postconventional**: morality of nonviolence allowing a balance of self-nurture and care of others
Distinctive feminist beliefs integrated into therapy....

- External realities influence life.
- Problems understood as methods of coping instead of dysfunction.
- Adaptive, not pathological.
- Therapists are role models, engage in action for change.
- Ethical issues are primary part of the fabric of therapy.
- Egalitarian relationships are important.
Gender: Differences in Development

**Men**
- Psych dev. related to separation from others occurring during childhood
- Masculinity begins with quest for justice
- Communication used to maintain independence

**Women**
- Psych dev. related to connectivity to others occurring during adolescence
- Femininity is created with images of roles
- Communication used to maintain intimacy
Summary of a gender specific approach

- A view of clients as individuals coping with life to the best of their ability.
- Behaviors often arise out of efforts to influence environment.
- Learn to distinguish between internal/psychological issues and external/social issues as aspects of problems clients face.
Q: Why do we need a gender specific approach?

A: Research indicates significant differences between men and women in every arena of personal care.
Women….

- Are diagnosed less often with a dependency.
- Seek treatment less, especially for addiction.
- Experience more abuse and isolation.
- Have greater occurrences of co-morbid disorders.
- Have different psychosocial experiences.
- Tend to receive less support during treatment.
- Have higher suicide attempt rates.
- Have quicker progression rates.
- Have more barriers to treatment.
- Become addicted quicker than men.
More bad news about women...

- Are more likely to die from a substance addictions.
- Are more likely to develop health problems from addictions.
- Are imprisoned at higher rates than ever for crimes tied to addiction.
- Suffered violence (55%-99%) and never received treatment for it.
- Have less money than other addicted men.
- Are judged more harshly for addictions than men.
- Tend to take on addiction pattern of partner.
Addictions replace relationships

- Become more socially isolated.
- Receive less emotional support from partner while in treatment.
- *Tend to suffer more emotional problems than men, who tend to suffer more functional problems.*
The good news is….

- Women respond better to treatment.
- New programs are being developed that are sensitive to women’s needs.
- Treating women effectively can have a positive impact on children and families.
- Women can create environments of encouragement easier than men in treatment.
“Approaches to treatment for women with co-occurring disorders cannot be undertaken in the same way as they are for men. Women differ in how their mental disorders may present, the mixture of problems, their response to medication and non-somatic treatments, and even the illnesses they are likely to develop.”

-SAMHSA Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders
The treatment process for women is relevant to:

WHY women enter treatment,
HOW they process treatment and
WHAT barriers exist for them.
What would programming for women entail?

- Understanding of feminist dynamics
- Ability to assess broad context of circumstances
- Careful screening for common disorders
- Therapeutic alliance
- Honoring life story and personal power
- Individualized treatment planning
- Sessions focused around empowerment
- Understanding of potential conflicts
- Willing to value family systems
Therapist competencies...

- Pathology of disorder
- Co-morbid disorders
- Presenting symptoms as signs of internal or external discord
- Being able to screen for common Mental Health concerns
- Appropriate referrals
- Community resource links
- Recognizing potential barriers
Therapy for women should...

- Provide a non judgmental environment
- Safe place to talk about difficult emotions
- Build motivation to change
- Increase self awareness
- Understand links between addiction and personal issues, relationships
- Offer new ways to cope with stress
- Sense of belonging, group support
- Healthy feedback, encouragement
- Respect, validation
- Referrals to other support centers
Because female clients often...

- Have limited emotional and behavioral options
- Have difficulty clarifying and expressing needs and wants
- Lack trust in their own abilities
- Have blurred boundaries
- Have a diffused sense of self
- Have difficulty making choices
- Have concerns about fulfilling obligations
- Use addiction in place of relationships
Predisposing factors for women who gamble

- History of abuse: emotional, verbal, physical and sexual
- Family history of addiction
- Relationship difficulties: divorce, abusive spouse, isolation, neglect, instability
- Loss: youth, finances, home, relationships
- Unresolved grief
- Chronic stress and physical health problems
- Lack of healthy leisure activities
(Predisposing factors con’t)

- Personality factors: Axis II, ADD/ADHD, impulsivity, people pleasers, passive aggressive controllers
- Mental Health conditions: Depression, Anxiety, PTSD
- Loneliness, boredom
- False sense of security
- Changing identity
- Raised in low income home
Female Gamblers

- 54% report being dually diagnosed
- 70% report previous MH Tx
- 35% are married to chemically dependent men
- 26% in Tx report prior suicide attempts
- 40% had an abusive parent
- 2-3x higher incidence of substance dependence than other women
- Up to 3x quicker progression of problems related to gambling than males
- 1/3 of compulsive gamblers are believed to be women; anticipated to increase with social trends
Differences between M and F Compulsive Gamblers

- Begin gambling later in life
- Usually escape gamblers
- Tend to have shorter gambling careers
- Tend to have less financial debt
- Tend to be socially isolated
- Addiction transference likely to food, shopping, exercise
- Willing to engage in longer Tx process
- Emotions are trigger and relapse issue
Female Escape Gamblers

- Easily addictive personality
- Socially isolated
- Dependent/follower
- Passive, passive aggressive
- Manipulative
- Low self esteem/self worth
- Feels unappreciated
- Introvert/reserved

- Family history of addictions
- History of abuse
- Unhappy and unstable relationships
- Unresolved grief, loss
- Less interested in numbers
- Late onset
- Predisposed factors prior to onset
Four Phases of Escape Gambling

1. Introductory Phase:
   - May experience wins but $ is second to escape
   - Emotional escape is primary goal
   - False sense of empowerment
   - Momentary self esteem boost
   - Perceived control
   - Brief independence
   - Social interaction replaces loneliness
   - Excitement

2. Losing/Chasing Phase:
   - same for all gamblers

3. Desperation Phase:
   - women hit this stage 1-3 years after onset

4. Hopeless Phase: comes quicker with higher suicide attempts, less debt, less external support, severe depression
Female Gamblers: Two Case Studies
Gender Specific Treatment Development

**Intake**
- Recognize shame, guilt, fear
- Validate emotions
- Acknowledge complexity of concerns
- Be aware of social factors that impact Treatment

**Assessment/Eval**
- Screen for medical concerns
- Be sensitive to compound issues
- Be looking for co-occurring disorders
- Provide MH screen
- Be aware of increased likelihood of abuse history
- Be prepared to refer
Key Treatment Components

- **Environment:** provide safety, structure, safe rules
- **Psycho-education:** learning, empowerment, multiple areas
- **Empathy:** connection, respect, validation, support
Treatment Changes

- **Affect**: learning how to express feelings appropriately and establish self-soothing, coping techniques.
- **Cognitive**: considering thoughts, learning how to make healthy decisions.
- **Behavioral**: small changes with high praise equals motivation.
Treatment should include:

- All female support groups
- Educational learning sessions
- Individual sessions
- MH therapy as needed
- Safe environment to challenge
- Strengths based approach
- Boundary setting
- Addressing relationships, codependency
- Coping skills, conflict resolution
- Communication skills
- Nutrition, physical health
- Identifying healthy relaxation
Treatment should…

courage women to develop heightened sense of self, foster appreciation and dedication to caring for themselves while acknowledging individual needs and providing support.
For women in recovery…

Acknowledging control is the first step to taking responsibility for one’s choices.

This is about empowering women to embrace their personal power, examine their strengths, understand their challenges and focus their energy for a new freedom.
Keeping them in recovery

- Encourage women to start a women’s meeting
- Help women connect in local groups by referring to appropriate resources
- Determine what type of gambler she is and provide her with accurate info
- Prepare escape gamblers for GA meetings where she may not fit in
- Encourage agencies to provide low cost women’s support groups
- Connect with local women’s agencies
- Provide a sense of belonging
Thank you for your time, your energy, your dedication and your presence!