

# Gender-Specific Treatment Rationale

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## Abstract

This article makes a case for the critical importance of gender-specific treatment protocols for adolescent female substance abusers. The rationale is born out of the years of working with females at Caritas House (see Note 1) and is applicable in any therapeutic setting that treats this group.

### The Case of Andrea

Except for the scars on her wrist, she doesn't look very different from any other teenager. Fifteen year old Andrea (pseudonym) is temporarily in a facility for juvenile delinquents. As a status offending female, she has not been charged with a crime, but her behavior has been deemed out-of-control. She has a history of problems, and the list of attempts to help her list like a litany of social service agencies in the state where she resides. Looking at her doesn't tell one much; but if one made eye contact with her, they might conclude that she is in emotional pain which is readily discernible in her eyes. Her facade of wise-cracking, gum-chewing confidence belies her loneliness. She doesn't show her unwillingness to attach to people for fear of getting used or hurt by them. She angrily tells an adult to leave her alone. Pushing them away is her way to feel some power, yet she really wants to connect to people. She does not have the vocabulary, confidence, or awareness to state her needs.

Around age five Andrea came to the attention of a social service agency for being disruptive in class. She was reported to be bullying her age mates and was not able to play or work for any length of time. Early on, her marks began to slip, and she was unable to grasp even the basics of reading. Her problematic behavior continued throughout the elementary grades. At age 11, she got a reputation for "liking the boys too much," as she began to change friends and associate with an older crowd. This behavior continued through

the next few years. Family therapy and individual counseling were tried with Andrea, but nothing came of it. Andrea was seen as sullen as she refused to engage in therapy. At age 13 she was suspended from school for smoking in the girl's lavatory, and later that year she was suspended for using marijuana in school.

Family court intervened and she was again given individual counseling. This ended after a few weeks because she refused to attend any further. She began to skip school and run away from home. Sometimes she would be gone for a week at a time. Once, she spent a weekend in the hospital because she had acute alcohol intoxication. Again, counseling was tried but she refused to attend. She ended up at a psychiatric facility for a few days for ingesting a bottle of aspirin and cutting her wrists. She claimed that she was "upset" because her 23 year old boyfriend broke up with her. For a brief period she returned to school, attended counseling and seemed to be adjusting. A fight with her mother, however, triggered another suicide attempt. She then ran away from home again. She was found with three older males in a stolen car. At the time she was under the influence of drugs and became combative. Police referred her to family court where she would be labeled as wayward and disobedient.

Andrea's parents are divorced. Her mom has a drug and alcohol problem and has tried unsuccessfully to get clean. Her dad has been out of her life for eight years. When not working nights, her mom is out of the house constantly. Andrea claims that she hates

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being at home because her mom is "always depressed or high." She says that her mom only seems happy when there is a man in her life. Andrea reports having been connected to the men in negative and positive ways. She admits feeling abandoned when the ones who care about her leave. She ruefully admits that she feels like she has been married and divorced a number of times herself. She explains that she lives in the relationships that her mom has and has no choice about whether they stay or leave.

Girls like Andrea are communicating their pain through action. Her brand of communication is often misread, and she is classified as "disruptive," "high risk," and many other similar labels. She feels her only option to get attention is through acting-out and self-destructive behaviors. As with most female adolescents in trouble, her behavior is seen as contrary to specific gender roles and, therefore, as "not normal." In order to be effective, treatment for her needs to be gender-specific with a view toward keeping her safe and allowing her time to uncover issues. Adolescent males and females experience the same problems that happen in dysfunctional families but have different reactions. Girls learn to set values, process information, and respond to people and situations in a different way than their male counterparts. Adolescent females need to be in gender-specific treatment modalities; meaning equality in treatment not simply same sex treatment.

### **Gender-Specific Issues**

The importance of adolescent females functioning in relationships with women is critical and must be addressed in treatment. Also, services for adolescent females must consider each girl in terms of her needs on three basic levels: individual change, relational problems, and how to survive in her community. Female adolescents in treatment must be helped to change their established attitudes which prevent and discourage them from recognizing their full potential. A helpful gender-specific program will respect female developmental issues and recognize the importance of contributions of girls and women. Her needs must be heard, and her particular female experience must be enhanced through positive female role models. She has a definite female perspective on life which must be acknowledged.

These female adolescents with poor self-concepts rarely feel respected. When they act out, they are considered to be abnormal when the same kind of behavior in boys would be seen in a "boys will be boys" context. Adolescent females get bombarded with constant media information about how they should look, how they should be sexy, and that in order to have a relationship, they need to be attractive and present a certain image. They are constantly inundated with information that makes them internalize self-hatred when they do not feel that they measure up. When these girls are not allowed to grow, they end up eventually dying emotionally. One of the characteristics of this emotional death is having a baby early, giving up on life, and not growing emotionally or mentally because they don't feel they have the capability to do so. These adolescent girls also need to understand that there are options for them and that they can be professionally and emotionally successful, powerful, and strong and still be in rewarding relationships.

These girls can thrive in settings where they can communicate, problem solve, and go on with life in a way that will be non-destructive and rewarding. Andrea, like other high-risk adolescent females, lives in a fragmented family and, like so many other girls like her, she suffers from a disconnectedness to significant adults in her life. She sees men as users, abusers, abandoners, and mostly through the eyes of her mother. Her contact with men has been sporadic, upsetting, and she experiences men as people who are in and out of her life and stay for different amounts of time. Men, therefore, become all-important as she seeks to relate with them in any way she can. This extreme need sets up a pathology that puts her at a disadvantage in most relationships.

Dr. Michael Resnick, Director of Research at the University of Minnesota Adolescent Health Program, in his research on resiliency in teens, says he finds that the single most important predictor of an adolescent positively weathering an attack on self-esteem is connectedness to at least one non-exploitive, competent adult. According to the social control theory, individuals who do not have strong bonds to society's institutions, such as the family, the school, or the workplace, will be likely to deviate and behave unconventionally in a variety of ways. These adolescent

females suffer from a basic underlying weakness in their attachments to society. They seek out negative peer groups in a quest for the nurturing they need and want. Substance abuse, sexual acting-out, and delinquent behaviors are used as options for emotional balance when no other options seem available to them. These adolescents, because of their feelings of abandonment, feel that they must reframe themselves in order to adapt to their world. The socialization of women in our culture trains them to accommodate to adverse events and put relationships above independence and autonomy. This sets them up for a host of problems; their behavior often becomes maladaptive as their goal becomes surviving rather than thriving.

In male-dominated or oriented treatment settings, adolescent women are like round pegs in square holes as they are forced to fit into treatment not designed with their needs in mind. Our history shows us that correctional facilities and treatment programs, especially those for substance abusers, were traditionally designed for men. These male-oriented programs, conducted in male-dominated, male-friendly atmospheres, lead planners to conclude that mostly men needed help. Women, on the other hand, often found themselves forced to internalize problems and continue to self-medicate rather than coming out of the confines of home to seek help because of the negative societal view of female substance abusers.

Alcoholics Anonymous, the vanguard of the recovery movement, is a 12-step program founded and developed from a white, middle class male, perspective. Females are often uncomfortable with bearing witness and sharing experiences in AA meetings. This factor, coupled with the first AA step (which is an admission of powerlessness), often sets up conditions that are risky for women who have been powerless all their lives. The concept is especially fearsome to young females who are already powerless and experiencing lives fraught with danger. Additionally, these girls are in the throes of acute physical, emotional, and social change. In view of these factors, there is a compelling reason for these adolescents to be in gender-specific programs where the goal is to help them regain some sense of power and be able to express and assert themselves.

When considering the needs of the adolescent female population, planners must understand that this group rarely gets priority. They have not been focused on in terms of planning or in services. These young women are a minority in the incarcerated population and often enter the system as status offenders (those not charged with a crime) or for a number of non-criminal offenses. Many of the behaviors that get them the attention of treatment providers are directed at self rather than at society.

These high-risk adolescents are at a very critical phase in their development, and large numbers come to the attention of treatment providers as they become reactive to the trauma they have suffered. As a result, they often begin internalizing problems which become manifested in emotional symptoms like depression. This often progresses into the externalizing of problems which become manifested in behavioral problems. Some of the common externalized problems in high-risk adolescents are delinquency, drug and alcohol abuse, truancy, and sexual acting out. Externalizing behaviors get them labeled as a delinquent or as a behaviorally problem child. When they hopefully do get to the attention of the helping profession, they are confused, angry and usually operating far below their developmental stated age. In general, their greatest desire is for freedom from loneliness. They need connectedness, attention, and emotional filling. Many will report feeling an emotional void that was described by a Caritas resident as "big and painful." Many treatment interventions aimed at them will not be tenable unless these stressors are addressed. They will rarely have a good therapeutic experience unless they feel nurtured, defended, and safe.

High risk females need to address issues in a way that reflects their specific needs. Adolescent females must have the opportunity to have therapy in same-sex settings that help them become proactive and nurture their natural resilience. Because of childhood experiences and trauma, few female adolescents have had the option of experiencing developmental rites of passage that help engender a positive sense of self. These teens are very likely to be trying to act as mature women when, in fact, their emotional devel-

opment was never allowed to surpass childhood. Because of life circumstances, they were rarely allowed to grow in safe developmental increments because they were being rushed through life, grabbing whatever solace and balance they could get along the way. Some of these rites of passages include development of insight, learning to be independent, development of rewarding and healthy relationships, and other initiatives that help them enhance their survival skills. These rites of passage, plus intense therapy, can result in a truly holistic treatment protocol that is indicated for this gender and age group.

These female adolescents have all of the outward traits of maturity but appear to many observers to have few of the inner strengths. Actually, they are often the strongest of survivors, and this resilience factor should be considered when designing treatment protocols for them. The possibilities for them are endless and planners must keep this in mind. They have survived enormous losses, abuses and conflicts and need help in finding and rekindling their existing strengths. As a result of sexual abuse, many of these adolescents have not had the opportunity to learn about relationships. Trauma often blocked them from having fulfilling human connections. Additionally, emotional trauma blocked their learning capability, rendering them unable to focus and absorb information as they were robbed of the motivation to learn and the drive to take positive, goal-oriented risks and to win.

### **Gender-Specific Treatment**

A gender-specific treatment program must allow them to go back to basics and to begin to re-learn, re-develop, and re-connect to what has been taken away. This can be done only in settings with staff who have a high degree of awareness of female adolescent developmental issues. Gender-specific treatment modalities, especially residential, need to be structured, safe, and predictable in order to fill the gaps. These adolescents have many experiences with total chaos which left them feeling fragmented and unable to get into balance.

Planners must recognize that the deficits these adolescents have accrued create such a pathological need for connection that co-educational settings present danger for them. Their self-preservation often gets put on the back burner when relating to their age mates. They often gravitate to high risk males as a way of connecting in a sexual way which they often mistake as emotionally fulfilling. This dangerous behavior puts them on a cycle that leaves them feeling empty, guilty, and frustrated over and over again. Many girls in co-ed or male-oriented treatment report being used, abused, and manipulated. It is important for these adolescent females to understand and verbalize why they put themselves at risk. Therapeutic interventions for these girls must be aimed at clearly understanding that they choose certain males because they feel that they have limited options and that only "problematic males" will pay attention. They need to learn about balanced relationships and how father loss, abandonment, and sexual trauma are all factors that push them to feel "less than," to lose self-respect and gravitate to unhealthy and abusive people.

In addition to problems with males, these needy adolescents rarely have had the experience to be in the company of positive female role models. They have not had the opportunity for mentoring and direction. Additionally, they have not had the opportunities to have conversations and education around life issues. For example, these adolescents need to be involved with positive role models about the up and down side of a "good relationship." They need to hear about how education, athletics, and positive self-concept give them a better chance at life.

Adolescent pregnancy is an issue that should be openly and regularly discussed with them. A model gender-specific program would allow them to have the opportunity to speak with people who have had pregnancies as adolescents and to hear some of the difficulties they have gone through as a result. These adolescents rarely have had the opportunity to listen and hear about college education, travel, or being able to step out of the confines of their community and see that there is a great wide world out there to be sampled and tasted. They need to know that they are not stuck in one place but rather have many options available to

them in life.

Additionally, these adolescents love the opportunity to be read to, to perhaps hear some of the childhood books that they had missed and to hear about classic movies, books, and television. They also gain a great deal of insight when they hear about issues like welfare, not having money, how a lack of education will impact their lives, and how life can be much more livable and enjoyable if they have education and goals and expand their horizons. In addition to therapeutic intervention, this type of classic mentoring and constant everyday conversations with positive role models who understand adolescent females is critical. New ideas and concepts are readily accepted into the minds of these young and very needy adolescents who crave the attention and connection. These conversations are rarely a part of their experience since no one has had the time to sit down, make connections and share with them. When their horizons are expanded, they begin to understand that the possibilities are endless.

Gender-specific treatment must build in time for these youngsters to return to points on their developmental continuum at a pace that is safe, manageable, and imperceptibly gradual. They need time to be "kids again." Critical skills learned in athletics and education can be re-introduced in anxiety-free settings with the time and safety to focus on finding their depth and strength. These adolescents must grasp that their life situations perhaps will not change, so they need to practice how to survive while still preserving a sense of self.

Female adolescents do extremely well in group therapy situations. They report feeling nurtured, less lonely, and thrive on opportunities to help one another. Gender-specific group treatment also has a tendency to reduce some of the extreme self-focus and lets them find the self-satisfaction of helping one another. Female adolescents respond well to honesty and reality therapy and learn that they are free to express emotions previously hidden out of fear of not being accepted. They are the best co-therapists when it

comes to forgiving, nurturing, and understanding each other.

Adolescents have the uncanny ability to truly forgive one another for behaviors that an adult may consider unacceptable. The adolescent drive is for connectedness and should be met in a therapeutic setting which provides the missing emotional piece. Gender-specific treatment allows for same-sex relationships which got overlooked and are part of healthy emotional development. Not only is gender-specific treatment important because many of adolescent female issues are alike, but it is also important because they become motivated to reduce self-destructive behaviors. The positive peer group can become the modeler and the life line in a gender-specific setting. As they observe themselves and their problems mirrored by their peers time and again, they often get a sense of cause and effect and as a result feel validated.

Gender-specific treatment programs should provide a safe haven that cements fragmented lives while allowing a gradual maturing process and time to develop strengths needed for the challenges that will face them as they move toward adulthood. This type of needed intense therapy cannot be successfully carried out when genders are mixed.

#### Note 1

Caritas House for adolescent females and Corkery House for adolescent males are gender-specific residential programs that treat adolescent substance abusers and their families in a strict, structured, therapeutic environment. Caritas House, the program designed for adolescent females, celebrated its 25th Anniversary of operation in 1996. Corkery House, for males, was started in 1995. The goal of the programs are to help adolescents re-connect with families, to help them go back to missed developmental stages, gradually re-learn what they've missed and to prepare these adolescents to function in a fast-paced society where resilience, enhanced self concept and strong family connections are needed in order for adolescents to survive. Caritas House also provides a gender-specific program for females incarcerated in the Rhode Island

Training School and two prevention programs for High Risk Adolescents. One program called "Risk" is an AIDS Prevention Program and PASSAGES is a prevention program including rites of passages designed for high risk female adolescents.

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