Male-Specific Addiction Counseling Practices

MARK S. WOODFORD, PH.D., LPC, MAC
THE COLLEGE OF NEW JERSEY

2017 NAADAC ANNUAL CONFERENCE
Substance Use Disorders among Adolescent Males & Adult Men

- Males (ages 12 and older) are twice as likely as females to be classified with, and receive treatment for, Substance Use Disorders (SAMHSA, 2014); NJ 68% males admitted (2014)

- Adolescent males: Use AOD’s in larger quantities, more frequently, and with greater consequences than females (MTF, 2010); 70% more Treatment admissions (SAMHSA, 2014)

- 18-25 year old males have the highest rates of SA among all groups in the US (Park et al, 2006)
## Treatment Admissions by Primary Substance of Abuse

<table>
<thead>
<tr>
<th>Substance</th>
<th>% Men</th>
<th>% Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>74.6</td>
<td>25.4</td>
</tr>
<tr>
<td>Alcohol with another substance</td>
<td>73.7</td>
<td>26.3</td>
</tr>
<tr>
<td>Smoked cocaine (i.e., crack)</td>
<td>58.4</td>
<td>41.6</td>
</tr>
<tr>
<td>Other cocaine</td>
<td>65.0</td>
<td>35.0</td>
</tr>
<tr>
<td>Heroin</td>
<td>68.3</td>
<td>31.7</td>
</tr>
<tr>
<td>Other opioids</td>
<td>53.8</td>
<td>46.2</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>54.2</td>
<td>45.8</td>
</tr>
<tr>
<td>Inhalants</td>
<td>67.0</td>
<td>33.0</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>72.7</td>
<td>27.3</td>
</tr>
<tr>
<td>Marijuana</td>
<td>73.8</td>
<td>26.2</td>
</tr>
<tr>
<td>Sedatives</td>
<td>42.7</td>
<td>57.3</td>
</tr>
<tr>
<td>Tranquilizers</td>
<td>46.4</td>
<td>53.6</td>
</tr>
</tbody>
</table>

(Source: SAMHSA, OAS 2008)
Seeing Males as being “gendered”

- Gender: The social, cultural, or community designations of masculinity or femininity
- There is a relative absence of male-specific materials in addiction counseling texts
- Most references to gender and addiction point to women’s issues – and for good reason
Seeing Males as being “gendered”

- It takes training, education, and self-reflection to develop a gender-responsive mindset
- Consciousness-raising can lead to action
- Men’s studies highlight masculinity as a “focal organizing principle” for men (E.-C. et al, 2010)
Heuristically, the Domains progress through stages involved in developing impulsivity and compulsivity dysfunctions

- **INCENTIVE SALIENCE**
  - Binge-intoxication

- **NEGATIVE EMOTIONALITY**
  - Withdrawal-negative effects

- **EXECUTIVE FUNCTIONING**
  - Preoccupation-anticipation
Incentive Salience Domain

- Defined as a psychological process that transforms the perception of stimuli, imbuing them with salience, and making them attractive
  - Increased craving in response to related cues
  - Attentional bias
  - Habit formation
  - Conditioned responses (reactivity)
- Neurocircuitry: Binge-intoxication cycle
Negative Emotionality

- Increases in negative emotional responses to various stimuli and overall self-reported dysphoria (increases craving/relapse)
- Increased activity in brain stress systems (HPA axis, cortisol, etc.) and decreased activity in brain anti-stress systems (endorphins, oxytocin, etc.)
- Neurocircuitry: Withdrawal-negative effects
Executive Functioning Domain

- Broadly includes processes related to "top-down" organizing of behavior over time, including:
  - Attention
  - Response inhibition
  - Planning
  - Working memory
  - Behavioral flexibility
  - Valuation of future events
- Neurocircuitry: Preoccupation-anticipation
Male Socialization Processes: Thinking, Feeling, Doing

1. **Cognitions** about masculinity (how men think about substance use in relation to their relational, work, and family roles)

2. **Emotional awareness** (having the ability to experience, label, and express human emotions; feelings can be “triggers” for use)

3. **Behavioral Patterns** and Personal Experiences related to Gender Role Conflict (O’Neil, 2006) that affect thoughts/feelings
COGNITIONS ABOUT MASCULINITY (THINKING) & Engagement

- Autonomy and Independence: Emphasize Options & Free Choice (even when limited)
- Reframe coming to treatment as a success, a sign of strength and courage
- Emotional intensity may feel threatening: Use visual references, e.g., timelines, maps that link ideas or events, genograms, and metaphors that “fit” their social background
- Think values-based, goal-directed, action-oriented, useful, concrete “next steps” (confidence, control)
C O G N I T I O N S A B O U T M A S C U L I N I T Y (THINKING) & Assessment

- Psychology of Boys and Men looks at notions of: Masculine Ideology, Norms, and Conformity
- Influence of Environmental factors: Peer group affiliations, relationships with family members, notions of “male-ness” in popular culture
- Implicit and/or explicit messages: “Drink like a man,” “Be a tank,” & “Hold your liquor” promote alcohol use as a way to fit in to the traditional masculine role or manage stress of not fitting in
Examples in Practice, RE: Cognitions in Masculinity

- What does he think about...
  - His Family of origin (e.g., examine examples of gender role conflicts in his family; What was it like “to be a man” in his family, and to use alcohol or other drugs)?
  - His Peer interactions growing up (e.g., What was expected as a boy, in high school, in late adolescence about being male and using AOD’s)?
  - His Role models (think ethno-cultural influences; Who did he look up to, admire, want to become)?
  - The media (How were men portrayed in TV shows, Movies, Books, Comic books, and in the news, etc.)?
Examples in Practice, RE: Cognitions in Masculinity

- In the counseling process with a male, help him:
  - To learn how to redefine his thoughts about masculinity (self-structure as a strength in recovery)
  - To experiment with new roles and definitions of power
  - To forgive those people who were instrumental in instilling the gender role conflicts (including parents, siblings, extended family members, peers, and one’s communities and the larger society)
  - Encourage him to recreate himself in recovery and not be defined by the past (use words like courage, strength, opportunity, possibilities)
In the counseling process, help him to:

- **THINK** differently about emotional awareness, and to develop an emotional vocabulary and a process for emotional expression in various contexts.

- **THINK** about Monitoring and Mediating fear, shame, and/or feelings of vulnerabilities related to emotions, trust, intimacy, power, and giving up control.

- **THINK** about “self-regulation” as an interconnected process that involves both being aware of one’s internal states and the environment (e.g., how other people’s states of mind interact with our own).
EMOTIONAL AWARENESS

(Feeling)

- Having the ability to label, experience, and express one’s emotions
- Having the ability to feel and receive others’ emotional expressions
- “Fears about emotionality result when emotions are not considered to be human experiences but are seen as feminine and weak and therefore antithetical to the expected masculine norms and ideology” (O’Neil, 2006, p. 263).
Examples in Practice, RE: Building Emotional Awareness

- Start with the idea that Addictive behaviors are often seen as “crazy,” “immoral,” and “criminal,” i.e., others will say: “What were they thinking?”

- Discuss interconnectedness of thoughts, feelings and behavior and that emotions are literally at the center of the brain for a reason (survival)

- Use stories, anecdotes, metaphors, and concrete demonstrations that are “hands-on” and require some physical interactions (Brain in Your Hand)
“Trusting your gut” is a basic survival instinct.

- Emphasize that “Emotions are Information”- we need them to identify triggers, feel urges and cravings, solve problems, manage stress, and to know when we are feeling that “life is good”

- Teach about the phases of emotional awareness:
  1. Initial orientation, appraisal, and arousal (subcortical systems say: “Pay attention to this”)
  2. Sensing primary emotions (subtle shifts in state)
  3. Finding the words and expressing basic emotions
Experiences of Gender Role Conflict occur when men either adhere to or deviate from the stereotypes of masculinity and femininity.

The situational contexts include Gender Role Devaluations, Restrictions and Violations within the man himself, from others, or expressed towards others (O’Neil, 2006).
THE MAN BOX

- Do not cry openly or express emotion (except anger)
- Do not express weakness or fear
- Demonstrate power and control (especially over women)
- Aggression - Dominance
- Protector
- Do not be 'like a woman'
- Heterosexual
- Do not be 'like a gay man'
- Tough/Athletic/Strength/Courage
- Makes decisions - does not need help
- Views women as property/objects
The "Man Box"

- Strong
- Tough
- Hard
- Intimidating
- In Control
- Respected
- Athletic
- Muscular
- Powerful
- Intimidating

- Rugged
- Scares people
- Never show weakness
- Breadwinner
- Macho
- Big
- Answers to no one
- Player
- Rich
- Highly sexual

- Wuss
- Gay
- Weak
- Pussy
- Chump
- Fag
- Homo
- Mama's boy
- Girl
Behavioral Patterns & Consequences of GRC

- Examples include, but are not limited to:
  - Restrictive Emotionality
  - Health care problems
  - Obsession with achievement and success
  - Restrictive and affectionate behavior between men
  - Control, power, and competition issues
  - Homophobia

- “Empirical research over a 25-year period shows these patterns are significantly related to higher levels of depression, anxiety, stress, aggression toward women, and other mental health problems” (O’Neil, 2006, p. 264), including SUD’s.
Examples in Practice, RE: Assessing Gender Role Conflict

From a gender-responsive mindset, throughout the Assessment and Treatment Process, there are **Questions to Ponder**, for example:

- How did your clients learn across the lifespan about what it means “to be a man,” specifically in their relationships with their family of origin, their peer relationships, and their perceptions of societal and ethno-cultural expectations related to substance use and addictive behaviors?
Examples in Practice, RE: Assessing Gender Role Conflict

Questions to Ponder

- What are the major gender role themes (e.g., behavioral patterns and personal experiences related to gender role conflict) that you are hearing from your client’s story?
- How do they manifest in their current life challenges?
- How will these themes affect their ability to change? To be abstinent, “be sober,” “be in recovery,” and/or modify their drinking patterns?
Examples in Practice, RE: Assessing Gender Role Conflict

Questions to Ponder

▶ Where were the transition points in terms of specific pivotal experiences?

▶ Where can we reframe these gender role transition issues into developmental challenges and help to shift perspectives? (normalize the “journey”; transitions can be transformative)

▶ How did alcohol and other drugs (expectations and actual effects) play a role in shaping the subjective experiences (states of mind that became traits of mind) around these issues?
Acceptance and Commitment Therapy (ACT): A Transdiagnostic Approach
(Hayes & Levin, 2012; Hayes, Strosahl, & Wilson, 2012)

The breadth of problems addressed is one of the main scientific requirements of a model that claims to be “transdiagnostic.”

There are controlled ACT studies on:

- Substance use disorders, work stress, pain, smoking, anxiety, depression, diabetes management, stigma towards substance users in recovery, adjustment to cancer, epilepsy, coping with psychosis, borderline personality disorder, trichotillomania, obsessive-compulsive disorder, weight-management and self-stigma, post-traumatic stress disorder and trauma-related symptoms (to name a few)
ACTing with Psychological Flexibility

Present Moment

Acceptance  Values

Defusion  Committed Action

Psychological Flexibility

Self as Context
ACCEPTANCE AND DEFUSION

Essential Components of ACT

Acceptance

Defusion
Core process of psychological flexibility:

**ACCEPTANCE**

- “I willingly accept my thoughts and feelings even when I don’t like them” versus “I constantly struggle with my thoughts and feelings”
- ACCEPTANCE is NOT resignation that “life will never change”
- ACCEPTANCE is…
  - An active embrace of the present moment, fully and without defense
  - An alternative to experiential avoidance
  - Willingness as a choice, not a decision, thought or feeling
  - In the service of values-based action

Experiential avoidance is the tendency to attempt to alter the form, frequency, or situational sensitivity of historically produced negative private experiences (emotions, thoughts, bodily sensations) even when attempts to do so cause psychological and behavioral harm.

Built into human language because we can bring pain to mind anywhere, predict it, fear it, evaluate it, etc.

METHODS OF AVOIDANCE

- Behavioral avoidance
- Distraction
  - worry or rumination
  - self-injurious behavior
  - disordered eating
  - self-talk/active suppression
- General numbing of experiences
  - substance use
  - dissociation

Core process of psychological flexibility: DEFUSION

- “I see each of my thoughts as just one of many ways to think about things --- what I do next is up to me and what works” versus “My thoughts tell me how things really are and what I need to do”
- Learning to watch what our mind tells us:
  - “I will always be a failure,” “I am a winner”
- We are like fish swimming in our thoughts
- Key targets for cognitive defusion: See thoughts as what they are – images, bits of language
- Attend to thinking as a process
- Metaphors: Clouds, Trains under a bridge, People on the Bus

**Cognitive Fusion**

- The tendency of human beings to get caught up in the content of what they are thinking so that our thinking dominates how we view and react to the world.

- The event and our interpretation of the event fuse into one.

- It is not what we think that is a problem, it is how we relate to what we think.

---

Core process of psychological flexibility: DEFUSION

- Some simple techniques:
  - Just notice what your mind is telling you right now. Is this a helpful thought? Is this a good use of my time?
  - Notice the form of the thought by describing it. Is it words, sounds or pictures? What does it sound like?
  - “That is an interesting thought”
  - Buying a thought vs. having a thought
  - Label your thoughts (“I am having the thought that . . . “)
  - Say it slowly, sing it, say it in a different voice
  - Thank your mind

Contact with the Present Moment

Essential Components of ACT

Acceptance

Defusion

Self as Context
Core process of psychological flexibility: PRESENT MOMENT AWARENESS

- “I flexibly pay attention to what is happening in the present moment” versus “I spend most of my time on attentional autopilot”

- Acceptance and defusion are in the service of “showing up” to the present moment

- Being present promotes vitality, creativity and spontaneity

- Being present is reinforced within the context of the therapeutic relationship

Core process of psychological flexibility: SELF AS CONTEXT

- “The person I call me knows what I am thinking and feeling but is distinct from that process” versus “The person I call me is my thoughts and feelings about myself”

- Simple awareness; a safe place from which we can have experiences as they are and not as they say they are

- Distinguishing between conceptualized versions of self (life story, self-evaluations) and the context in which these events occur

- Best understood as experienced

Self as Context

Contact with the Present Moment

Acceptance

Defusion

Values

Committed Action

Essential Components of ACT

Self as Context
Core process of psychological flexibility: VALUES

▶ “I am clear about what I choose to value in my life” versus “I don’t know what I want from life”

▶ Clarified values as important “guidance system” which leads to purposeful, enriching patterns of behavior

▶ Differentiating values from goals

▶ Letting go of experiential control in the service of pursuing valued ends in life

Core process of psychological flexibility: COMMITTED ACTION

- “I identify the actions I need to take to put my values into practice, and I see them through” versus “I don’t manage to act on the things I care about”

- The ultimate goal of ACT is promoting committed action in valued directions

- Any movement towards values, however small, leads to increased vitality

- Emphasis on the process of growth vs. the achievement of specific goals

- What will you stand for?

- What do you want your life to be about?

Self as Context

Acceptance and Mindfulness Processes

Acceptance

Defusion

Values

Committed Action

Contact with the Present Moment

Self as Context
Self as Context

Contact with the Present Moment

Defusion

Acceptance

Values

Commitment and Behavior Change Processes

Committed Action

Self as Context
Psychological flexibility is contacting the present moment fully as a conscious human being, and based on what the situation affords changing or persisting in behavior in the service of chosen values.

THE ACT QUESTION:

Given a distinction between you and the stuff you are struggling with and trying to change are you willing to have that stuff, fully and without defense, as it is, and not as what it says it is, AND do what takes you in the direction of your chosen values at this time, in this situation.
Language is Context

- Normal language & cognitive processes (stories, reasons, private events) can be destructive and can amplify or exacerbate unusual pathological processes.

  Rather than control them, we need to understand these processes and work within them to promote health.

  Why? Because for many of these processes, trying to control them makes the problem worse, the suffering greater.

**GENDER ROLE CONFLICT: Questions to Ponder**

- How might gender role issues contribute to emotional and interpersonal problems?

- How will they factor into values/goals/roles (e.g., remaining “sober,” dealing with work, family, relationships, raising children, etc.)?
Conclusions

- By increasing our knowledge and awareness about male-development, we can be open and vigilant throughout the assessment and treatment process about the gender, developmental, and contextual factors that influence our client’s lives in recovery.

- Often our success as professionals depends on our ability to find the right metaphors or analogies that will be the mental and emotional keys to unlock and open the doors to our client’s understanding of their challenges, and to increase their intrinsic motivation for taking action to make a change in their lives.

- Whatever the client is experiencing is not the enemy – it’s the struggle against it that’s harmful.

- Have radical respect for clients’ values – the issue is the workability of their lives, not your opinions.

- Never forget that you are in the same boat.
THANKS FOR LISTENING!

Q&A
References

References (continued)


Seigel, D. J. (2001). The developing mind: How relationships and the brain interact to shape who we are. New York: Guilford.


