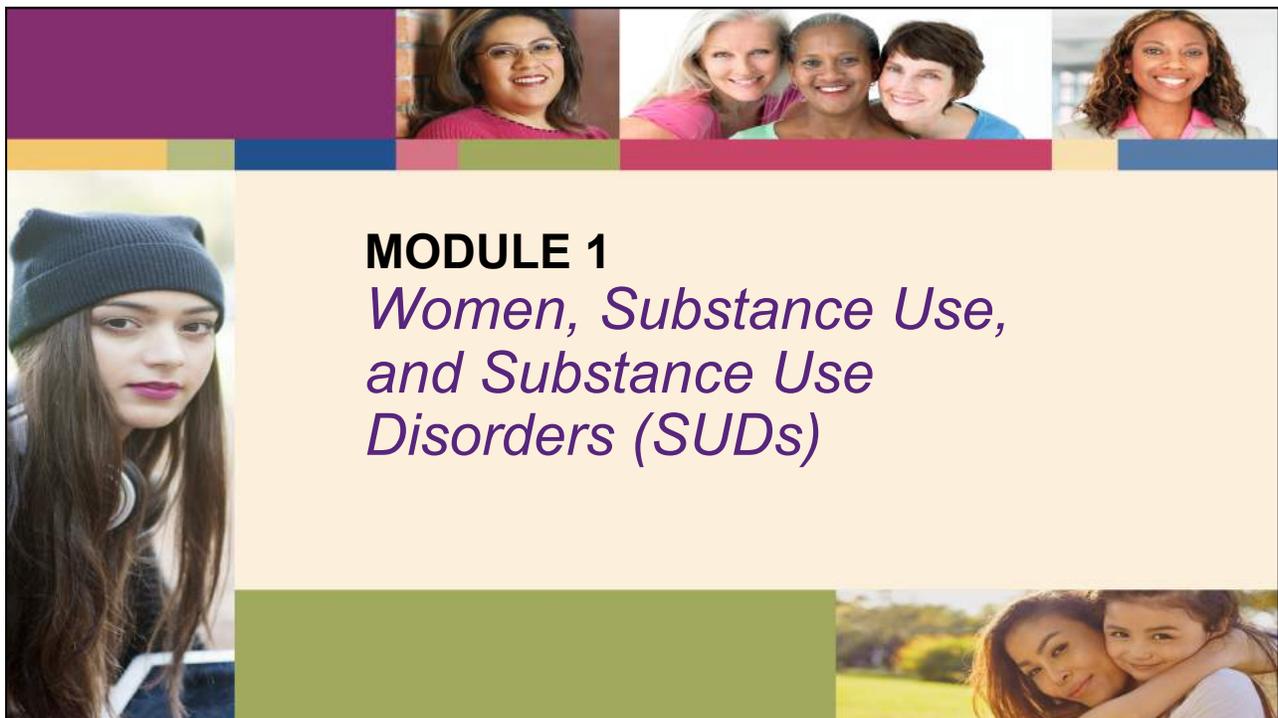


**Train the Trainer
Activities and Handouts**

*Addressing the
Gender-specific Service
Needs of Women with
Substance Use Disorders*

The slide features a decorative header with a purple rectangle on the left, followed by three photos of diverse women. Below the header is a large light-yellow area containing the title. On the left side of this area is a vertical photo of a woman with long brown hair wearing a black beanie. On the right side is a photo of a woman hugging a child. The bottom of the slide has a green and yellow decorative bar.



MODULE 1
*Women, Substance Use,
and Substance Use
Disorders (SUDs)*

This slide is identical in layout to the one above, featuring the same decorative header, photos, and text. The title text is: **MODULE 1** *Women, Substance Use, and Substance Use Disorders (SUDs)*. The decorative elements and photos are the same as in the first slide.

Activity 1

Women are . . .



Slide 6

Activity 2

Women and Men



Slide 13

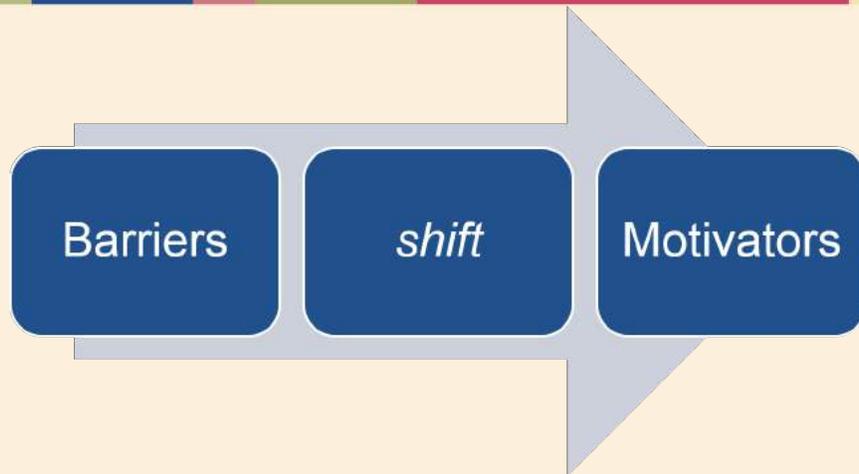
Activity 3

Case Scenario – Jenna



Slide 26

Activity 4



Slide 31

Activity 5

Case Scenario – Marta



Slide 33

Handout: Case Scenario – Jenna (Part 1)

Jenna is a 17-year-old honor student who has been awarded a basketball scholarship that will enable her to attend a nearby state university. Other than trying marijuana a few times, she never experimented with drugs in high school. She is captain of the basketball team and spends most of her time at practice or at games during the season. Jenna lives with her mother, who works full time, and helps look after her younger brothers. She rarely drinks alcohol. Her father is an alcoholic and she feels his drinking had a lot to do with her parents' divorce.

During her senior year, Jenna injured her knee during practice before her team was preparing to go to state finals. She began taking OxyContin after the injury so she could continue to play. At first, she took it as prescribed, but then started taking more than she was supposed to after practices and before play-offs got underway. She recently bought some additional pills from a well-known drug user at her school. Now that the season is over, her doctor has her scheduled for ACL surgery. She needs to be completely healed and able to play before she enters college or she could lose her scholarship. She's not sure how she is going to deal with the pain.

- **What are some of the risk factors in Jenna's case?**

- **What are some of the protective factors?**

Module 1: Gender Matters

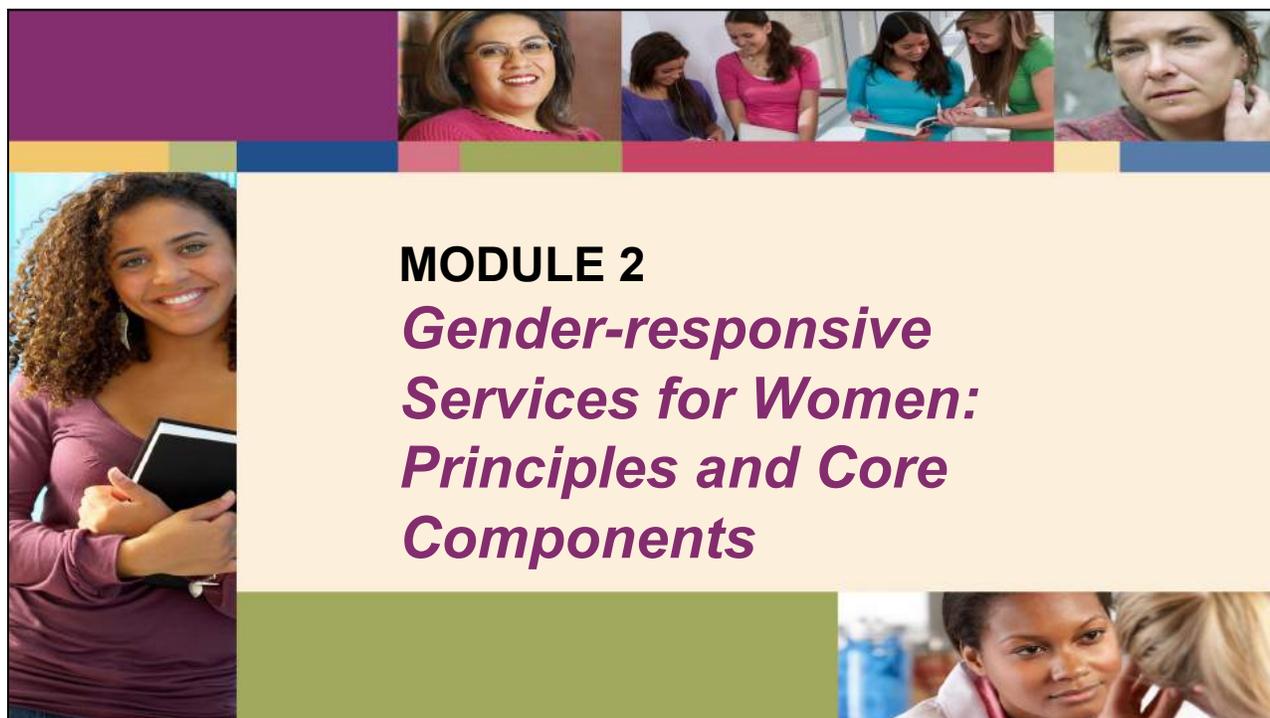
Handout: Case Scenario – Marta

A woman named Marta calls your agency to inquire about treatment services. She asks, "When a person enters services, who has access to that information?" She goes on to add "Is this a state-run program? If not, how much are services? I lost my job, so I can't pay for treatment."

When you begin to tell her about the services, she says "My car broke down last week and I don't have anyone to keep my children, so it would be hard to come in for services. I know I need help, though. I need to get another job. My time is very limited. Oops, I have to hang up now."

- **Identify and discuss the barriers in this situation.**
- **How could staff engage Marta or any other client who calls for information but is hesitant to commit to an appointment?**
- **What could providers do to remove barriers to care starting with the first phone call for information on programs and services?**

Module 1: Gender Matters



MODULE 2

Gender-responsive Services for Women: Principles and Core Components

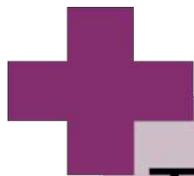
Activity 1

Grounding Exercises



Slide 14

Activity 2



Trauma-
informed

Opposites

Slide 17

Activity 3

Connection

vs.

Disconnection



Slide 20

Activity 4

Building a Therapeutic Alliance



Slide 22

Activity 5

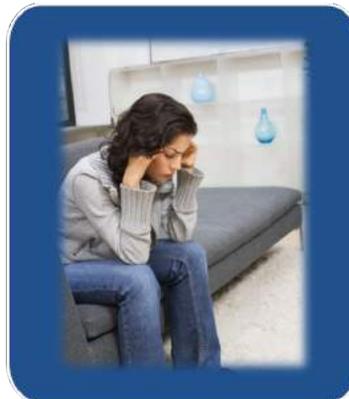
The Power of Positive Relationships



Slide 25

Activity 6

Your
Facility



Slide 31

Activity 7

Case Scenario – Mary



Slide 33

Handout: *Grounding Exercises*

Grounding exercises are things you can do (and teach others to do) that help us stay connected with the here and now through one or more of the five senses. There are many different grounding techniques; below are just a few.

- **Counting:** Tell participants to count objects around them. Give them specific guidance, such as count five things that are blue, count four things that are tools you use, or count three things you have touched in the room. (Note: Counting distracts people from their internal thoughts and brings them back to the present moment and surroundings.)
- **Grasping an object:** Have participants place a small stone or an ice cube in the palm of their hand. Instruct them to hold it tightly for one minute, then to hold it less tightly for one minute. (Note: Using tactile sensations can help keep people focused on where they are and what they are feeling, such as the cold of a melting ice cube or cold pack from the freezer, or the object or stone they choose to hold tightly in their palm.)
- **Breathing:** Ask participants to slowly breathe in while you count aloud to 8, then hold their breath for a count of 8, and then slowly release the breath for a count of 8. You can shorten to a count of 4 or increase to 16—whatever is comfortable, but stay consistent. Acknowledge that this may have a calming effect for many, but that, occasionally, it may have the opposite effect on people with trauma histories. Emphasize that trying these techniques should always be voluntary and should be done with the eyes open to continue to connect clients with the external experience and distract them from difficult internal states.
- **Personal strategies:** Have participants identify and write down something that helps center them when they feel unsettled. (Depending on the group, participants may be invited to share their strategies with each other.) Ask for examples of things that have worked for some of the women they serve. (Note: Trainers can prompt the group with examples—*taking my dog to the woods, listening to music, going to the gym after work...and so forth.*)
- **Mental grounding:** Grounding may employ techniques that connect people with a physical, sensory experience, as in some of the examples above. It can also employ cognitive techniques that help people occupy their minds with other thoughts. For example, ask people to think about a favorite TV show or cartoon. Have them mentally picture the characters and list them by name. Have them think about an episode or scene they liked and replay it in their minds.
- **Self-soothing:** Many people find it helpful to make a list of thoughts, words, or activities they find soothing. Having the list available when negative emotions overwhelm them and they can't come up with a way to soothe themselves on the spot can be a lifeline. Here are some things women have included in their lists:
 - *"I think of my grandmother and I sing the song she sang to me when I was afraid."*
 - *"I call my sponsor and let her remind me of some of the positive things I have done."*
 - *"I leave myself a voicemail with the phrase 'I know I can get through this. I have gotten through this many times,' and listen to it as many times as I need to."*

Handout: Trauma-informed Principles – Opposites

Trauma-informed Principle	Opposite
Safety	
Trustworthiness	
Peer support	
Collaboration and mutuality	
Empowerment, voice, and choice	
Cultural, historical, and gender issues	

Module 2: Gender-responsive Services

Slide 19

Handout: Let's See It: Imagine Walking Into Your Facility

Doing a walk-through of your service environment can be a valuable tool for identifying things that may improve women's experience of your program. To begin, take a minute to imagine walking into your facility program as a new participant. Think about what you would see upon walking in from the parking lot or front of the building into the lobby. What would you see when you entered the waiting room and walked up to the reception desk. Where would you sit while waiting, and what would that environment feel like? What would you feel, hear, and do while you waited?

Answer the following questions:

- Does your building feel safe and welcoming upon entrance? (What makes it safe? What might get in the way of safety?)
- Is the building easy to locate? Can it be accessed by public transit?
- Would a woman feel safe walking to or from your location with children?
- How do staff greet people who enter the reception area? Are the receptionists friendly?
- Is privacy available while talking to the receptionists?
- Does the waiting room feel safe and welcoming? (If yes, what makes it feel this way?)
- Is the waiting room comfortable? Can people sit? What does it sound like? Is there enough space between chairs?
- Is there a space for children to play or books/toys for them?
- Consider the experience as people walk inside. How are the offices? Group rooms? Overall facility?
- Are there ways that the environment is not welcoming or reduces the sense of safety for women?
- Are there some low-cost ways that you could make the environment more welcoming or safe?

Module 2: Gender-responsive Services

Slide 20

Handout: Case Scenario – Mary

Mary walks into a treatment center with her two small children. She's worked hard to get up the courage to come here. She has a long history of trauma, mostly due to abusive encounters with men. She felt safe coming to this program at the Women's Center.

The walls are fuchsia; the chairs are covered in a floral-patterned material. Two women behind a glass window are engrossed in conversation. Neither looks up to speak. Mary can hear them talking about a coworker they clearly do not like. There is a lot of laughing and eye-rolling.

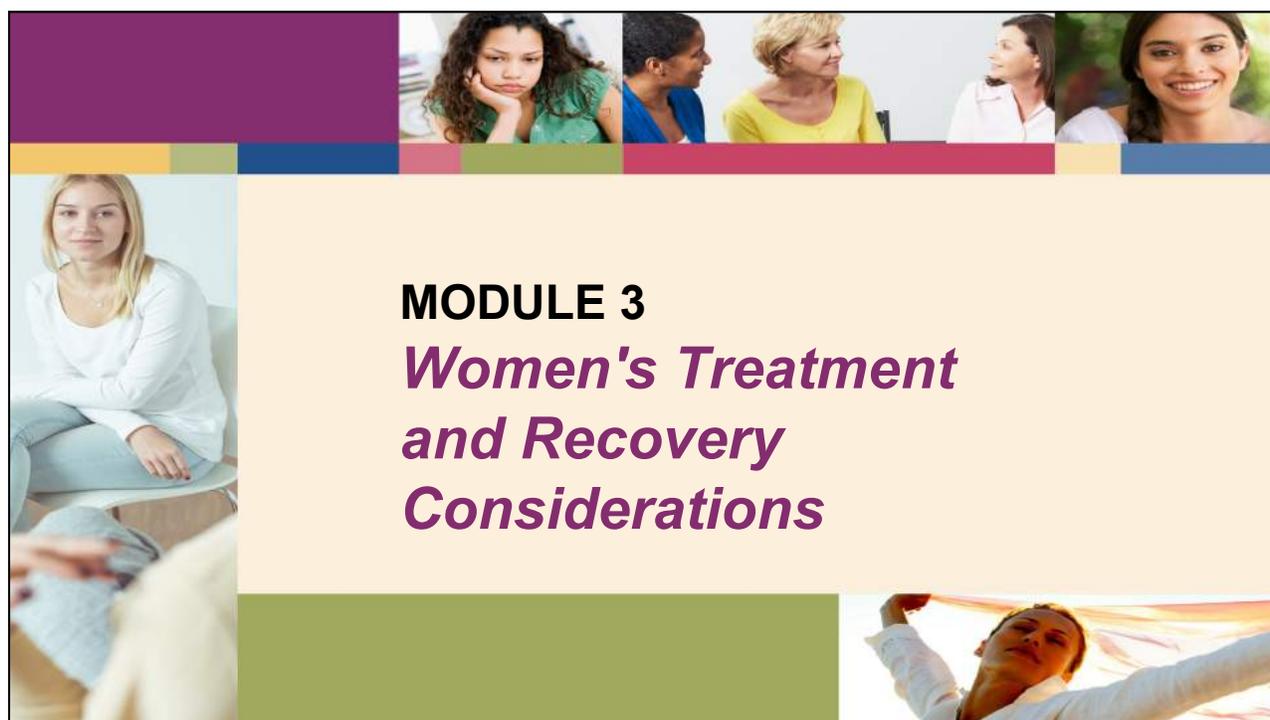
She settles her children, looking for children's magazine to distract them, but there's nothing. "Just be quiet," she whispers to them. "And sit still." She walks up to the counter.

"What can I do for you?" asks one of the women. Mary answers quietly, "I need to set up an appointment with a counselor." The woman pulls out a form and asks, "Do you have insurance?"

- **Would you consider this service provider gender neutral, gender specific, or gender responsive?**
- **What are some of the ways this program failed to be gender responsive?**

Module 2: Gender-responsive Services

Slide 21



MODULE 3
***Women's Treatment
 and Recovery
 Considerations***

Activity 1 – Outreach



What makes
outreach
materials
effective?

Slide 23

Activity 2 – Engagement

Client Engagement Role Play

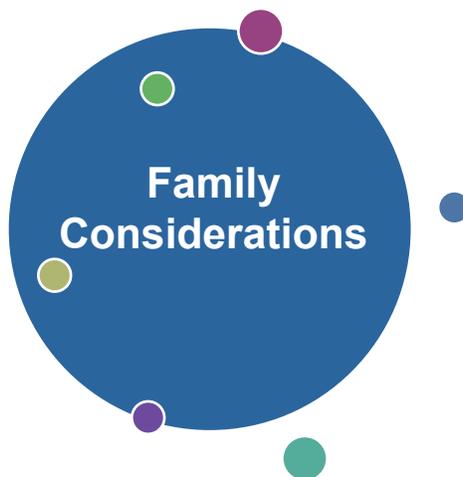


Activity 3 – Case Study



Slide 25

Activity 4 – Applications



Slide 26

Activity 5 – Case Management

Service Needs/Care Coordination

Type	Special Considerations	Potential Resources	Referral Method
(Example) 1. Employment	Past work experience, need for child care, lack of transportation, education attained, veteran status, limited English proficiency, etc.	Employment Center, Department of Workforce Services, American Job Center, etc.	Warm handoff, help filling out application, call to a connection at local employment center
2.			
3.			
4.			

Slide 27

Activity 6 - MAT

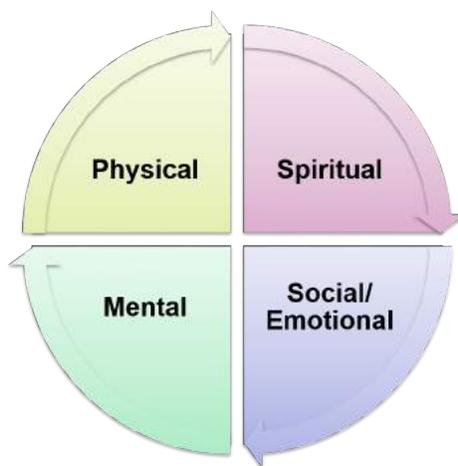
Medication-assisted Treatment (MAT)



Quiz

Slide 28

Activity 7 – Life Balance Wheel



Slide 29

Handout: Assessment, Service Planning, and Treatment Planning for Individuals

Identify a case you or your group has worked on in the past or are currently working on. (Or use one of the longer case studies in the modules). With your group, discuss the following questions:

- Was the client given a full assessment and was it trauma informed? If so, in what ways was it trauma informed?
- What challenges, barriers to care, or needs were identified during the assessment?
- Did communication across different agencies take place? Was it effective? Why or why not?
- Discuss the treatment plan that was put in place for the client. Was it effective? Why or why not?
- What did you learn from this case?

Module 3: Women's Treatment & Recovery

Slide 30

Handout: *Treatment Planning for Families*

Discuss the following questions in relation to the family in your case study:

- *Did the family influence the client's drug use (e.g., intergenerational use, trigger for use, motivation for recovery)? How were those influences addressed to make recovery possible?*

- *Did you assess the family's needs (e.g., child care, housing, parenting classes, food)? Were those needs met? If so, how?*

- *Did you identify any of the family's unique qualities or strengths that could be used to support strategies to meet the family's needs? If so, what were they?*

- *How was the family incorporated into the treatment plan or services?*

- *What could have been done differently to make the services more effective?*

- *What did we learn from this case?*

Handout: *Case Management — Service Needs/Care Coordination*

Type	Special Considerations	Potential Resources	Referral Method
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Handout: MAT Quiz

Medication-assisted Treatment (MAT) True/False Quiz

- A. MAT refers to an approach that uses FDA-approved pharmacological therapies as a component of treatment for opioid or alcohol use disorders. _____
- B. When prescribed medications are combined with counseling and recovery support to treat SUDs in women, it can improve outcomes. _____
- C. Pregnant women with opioid use disorders are not candidates for medication-assisted treatment until after they give birth. _____
- D. Neonatal Abstinence Syndrome (NAS) refers to symptoms that occur in newborns whose opioid-dependent mothers continue to use illicit or prescribed opioids during pregnancy. _____
- E. NAS is prevented in newborns when their mothers are receiving medication-assisted maintenance treatment with methadone or buprenorphine during pregnancy. _____
- F. Individuals with opioid use disorders stabilized on a daily dose of methadone experience a milder version of the analgesic and euphoric effects associated with heroin. _____
- G. When people with opioid use disorders are treated with an opioid antagonist medication (naltrexone) that entirely blocks the effects of opioids, they do not require additional interventions to successfully function at work and at home. _____
- H. Individuals in need of MAT can access this treatment on demand in their communities. _____
- I. A patient with an opioid use disorder can obtain a prescription for buprenorphine from a trained primary care physician who has completed the certification process. _____

Module 3: Women's Treatment & Recovery

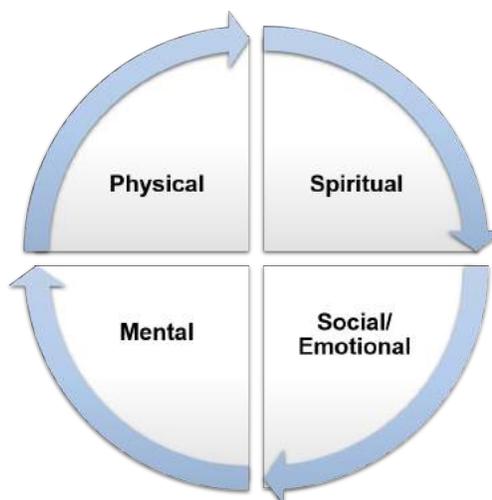
Slide 33

Handout: Life Balance Wheel

Is your life in balance?

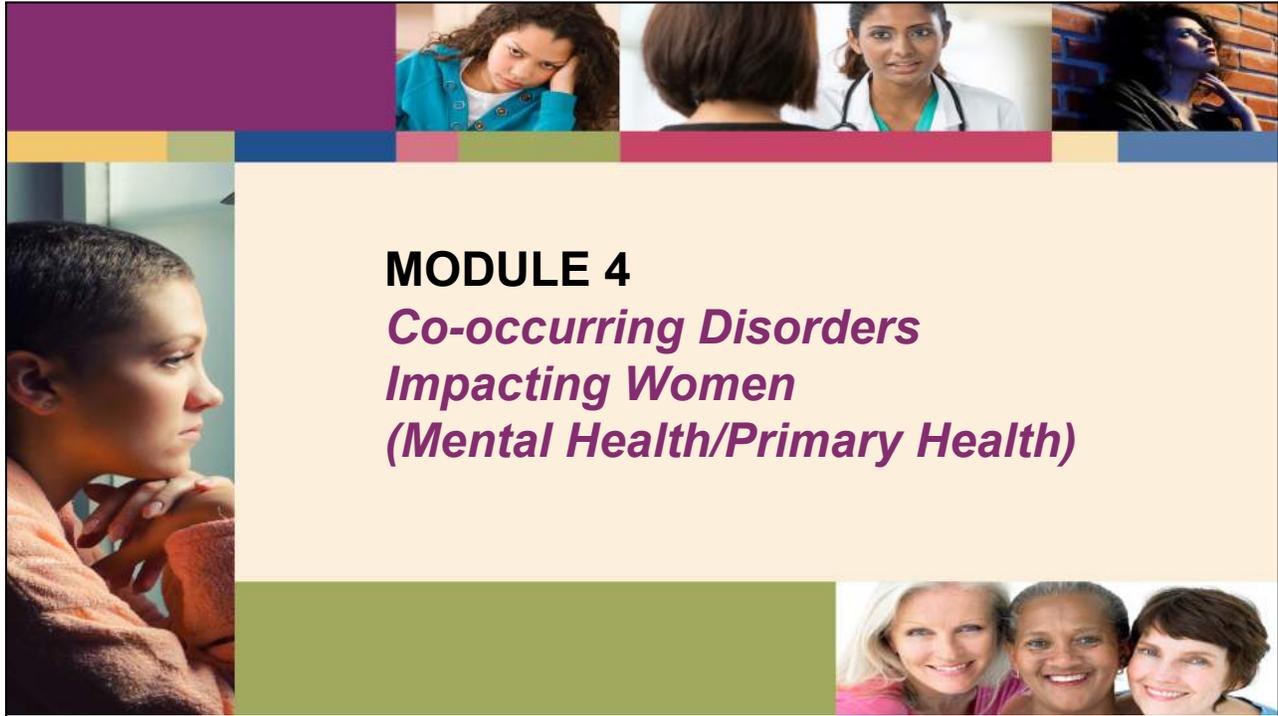
Add spokes to the wheel for each activity you currently do to take care of yourself in each area. Examples include talking with a friend, eating nutritious food, meditating daily.

Do you have at least two spokes in each area? When a wheel goes flat, it does not just go flat in one area—the whole wheel goes flat.



Module 3: Women's Treatment & Recovery

Slide 34



MODULE 4
*Co-occurring Disorders
Impacting Women
(Mental Health/Primary Health)*

Activity 1

**Co-occurring
Mental Conditions
Scenarios**



Slide 36

Activity 2

Making Accommodations

Slide 37

Activity 3

Prevalence and Impact of Chronic Pain



Slide 38

Activity 4

Co-occurring Physical Disorders Scenarios



Slide 39

Activity 5

Wellness Brainstorming Exercise



Slide 40

Handout: Co-occurring Mental Conditions Scenarios

Pick two of the women below to discuss the following questions:

1. What may be going on in this woman's life?
2. What co-occurring mental disorders might she have?
3. If you were her counselor, what would you do to support her?

Suzette: "When I went to residential treatment, I thought I would finally be able to change my life and get my kids home. We were required to get up, get ready, and be at a house meeting at 7:30 a.m. ...but no matter how hard I tried, I could not get out of bed in the morning. I just lay there knowing I was missing the house meeting and wishing I was there, but I was paralyzed. This proved I was a failure. I could not get out of Level 1."

Selma: "In group, whenever Jonathan looked at me, I could tell he wanted me. I was mad because this was supposed to be a safe place. But I felt his eyes searing into me until I couldn't stand it anymore. No one else was paying attention. I yelled at him and left. The program has a rule about staying in group and not leaving. They told me I had to leave."

Lorraine: "We have a new security door at the program. Every time it closes behind me, I hear it lock. My heart races and I feel trapped. I forget where I am and that I can open the door from the inside."

Joelle: "Sometimes I'm just paralyzed with fear. I know I should feel safe here, but there is something wrong with the air. I can't breathe."

Marta: "I wanted to be thin, but I was always a little too chunky, or I thought I was. I started puking as a way to keep my weight down, until I found meth. Meth let me go and go without having to eat. Now, in treatment, I've gained so much weight that I'm secretly purging again."

Monique: "I was diagnosed as bipolar when I left my last foster home. They sent me to a group home and gave me medicines that made me feel dead inside. I started using oxy's because it's the only thing that makes me feel normal."

Module4: COD Updates

Slide 41

Handout: Co-occurring Physical Disorders Scenarios

Pick two of the women below to discuss.

- What may be going on in this woman's life and with her physical health?
- If you were her counselor, what would you do to support her?

Charlisa: "They did an HIV test during my prenatal visit and I found out I am HIV positive. They gave me medications that make it unlikely that I will pass HIV onto my baby. I was happy to take the medication, but now they tell me I am supposed to begin this intense treatment regimen as soon as the baby is born. How can I take care of a newborn, get to meetings and counseling appointments, and deal with all the side effects on top of all that? It's overwhelming."

Justine: "I drank ... I mean I drank a lot. I have diabetes now, too, and there are so many things I am not supposed to eat. I feel a huge emptiness inside of me. When I take a drink or eat what I want, it fills the emptiness and, for a little while, I feel better."

Juanita: "I know I need medication for my cough. It's probably bronchitis—I always have it. I hate going to the doctor so much though that I just won't go."

Lynn: "I gained 10 pounds since I came to treatment, so I am just not going to eat for the next three days."

Wanda: "I haven't been to the doctor in 10 years. If they test me for HIV, hepatitis, or for cirrhosis, they will probably find it, but how will that help anyone? Besides, they'll try to make me quit smoking, too."

Juliette: "There's a lump in my breast and they want to do a biopsy. I am just getting my life together and helping my mom and sister again. I just can't deal with this right now."

Module4: COD Updates

Slide 42

Handout: *Prevalence and Impact of Chronic Pain*

Draw a line between the statements in the first column and the matching correct answer in the second column.

Source for statistics:
 Substance Abuse and Mental Health Services Administration. (2012a). *A Treatment Improvement Protocol: Managing chronic pain in adults with or in recovery from substance use disorders, TIP 54*. (HHS Publication No. SMA 12-4671). Rockville, MD: Author.

Fact	Percentage
1. People with opioid addiction who report chronic pain	32%
2. People ages 12 and older who report initiating illegal drug use with pain relievers	36%
3. Chronic pain patients who may have addictive disorders	57%
4. People experiencing disabling pain in the previous year	40%
5. People ages 65+ who experience pain that has lasted more than 12 months	29–60%
6. Estimated proportion of medical marijuana users who use it for chronic pain	19%

MODULE 5

Pregnant and Parenting Women

Activity 1

How do you feel when you see a pregnant woman drinking or smoking?



Slide 45

Activity 2 – Support for Pregnant Women



Darlene

Slide 46

Activity 3

Draw your family...

Slide 47

Activity 4

**Think of a family
you have worked with . . .**



Slide 48

Activity 5

Comprehensive services for pregnant women: Pregnant and parenting women and their children may require an array of services to initiate and sustain recovery. Certain services are critical during the initial phases of treatment; some are important before, during, or after delivery and others support ongoing recovery from SUDs. Agencies can offer comprehensive care by partnering with community-based organizations that serve women and families.

Instructions:

- Mark the services your agency offers with a ✓
- Mark the services your agency refers clients to with an X
- Mark the services you would like to offer with a ☆

Slide 49

Activity 6

How families can influence treatment and recovery:

- Some women with SUDs abandon familial connections with people close to them who do not use substances or who disapprove of their drug and alcohol use. Other women maintain relationships with partners and family members that revolve around drinking and using.
- Fostering the connections with people that support recovery and taking steps to limit the threat that unsafe relationships pose in early recovery is a fundamental task recovering women must undertake. Staff can help women evaluate, cultivate, and manage the positive and negative influences that family and significant relationships assert on the recovery process.

Slide 50

Activity 7

Family Case Study: Keisha and Obi



Slide 51

Handout: *Support for Pregnant Women*

Read the following scenario and discuss the questions with your group members.

Darlene was removed from her home at age 11, separated from her siblings, and placed in three different foster homes before she became pregnant with her first child at 17. The father was her foster mother's boyfriend. Darlene was removed from placement in her seventh month, after it became impossible for her to continue to hide her pregnancy. There was an investigation and criminal proceeding against her foster mother and the boyfriend after she delivered a son, who was born with fetal alcohol effects. Darlene and her son received intensive services from the state and lived in a supportive housing program, where she received her GED, vocational training, and coordinated development services that helped her son do well in his school.

However, after Darlene completed the program and was expected to work full-time as a medical record assistant, she could not manage on the income she earned and was overwhelmed by caring for her son. She became involved with an older man who worked for the hospital maintenance crew at her job. When she moved in with him, he introduced her to opioids. She found out she was pregnant with her second child and now wants to quit using them right away.

- ***What would you recommend for Darlene?***

- ***How would you explain the benefits of medication-assisted treatment?***

Module 5: Pregnant & Parenting Women

Slide 52

Handout: Comprehensive Services

Instructions:

- Mark the services your agency offers with a ✓
- Mark the services your agency refers clients to with an X
- Mark the services you would like to offer with a ☆

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Motivational Interviewing <input type="checkbox"/> Contingency management <input type="checkbox"/> Family counseling/couples counseling <input type="checkbox"/> Cognitive behavioral therapy <input type="checkbox"/> Integrated trauma and SUD groups <input type="checkbox"/> Integrated mental health and SUD treatment <input type="checkbox"/> Family case management and care coordination <input type="checkbox"/> Single sex programming <input type="checkbox"/> Residential programs for women with children <input type="checkbox"/> Peer support, mentoring, or recovery coaching <input type="checkbox"/> Prenatal care <input type="checkbox"/> Birthing support/doula services <input type="checkbox"/> Parenting skills training | <ul style="list-style-type: none"> <input type="checkbox"/> Developmental testing/children's health services <input type="checkbox"/> Postpartum support and relapse prevention <input type="checkbox"/> Supportive safe and sober housing <input type="checkbox"/> Medication management/medication-assisted treatment <input type="checkbox"/> Family reunification support <input type="checkbox"/> Career and technical training/job placement <input type="checkbox"/> Transportation <input type="checkbox"/> HIV testing and risk reduction counseling <input type="checkbox"/> Safety planning and domestic violence services <input type="checkbox"/> Therapeutic child care/respite services <input type="checkbox"/> Education on the effects of substance use while pregnant or nursing <input type="checkbox"/> SUD prevention, screening, and referral for children or partners |
|--|---|

Module 5: Pregnant & Parenting Women

Slide 53

Handout: How Families Can Influence Treatment and Recovery

CHILDREN

Positive:

Negative:

INTIMATE PARTNER/SPOUSE

Positive:

Negative:

PARENTS

Positive:

Negative:

SIBLINGS

Positive:

Negative:

GRANDPARENTS AND OTHER EXTENDED FAMILY

Positive:

Negative:

FRIENDS

Positive:

Negative:

Module 5: Pregnant & Parenting Women

Slide 54

Handout: *Family Case Study: Keisha and Obi*

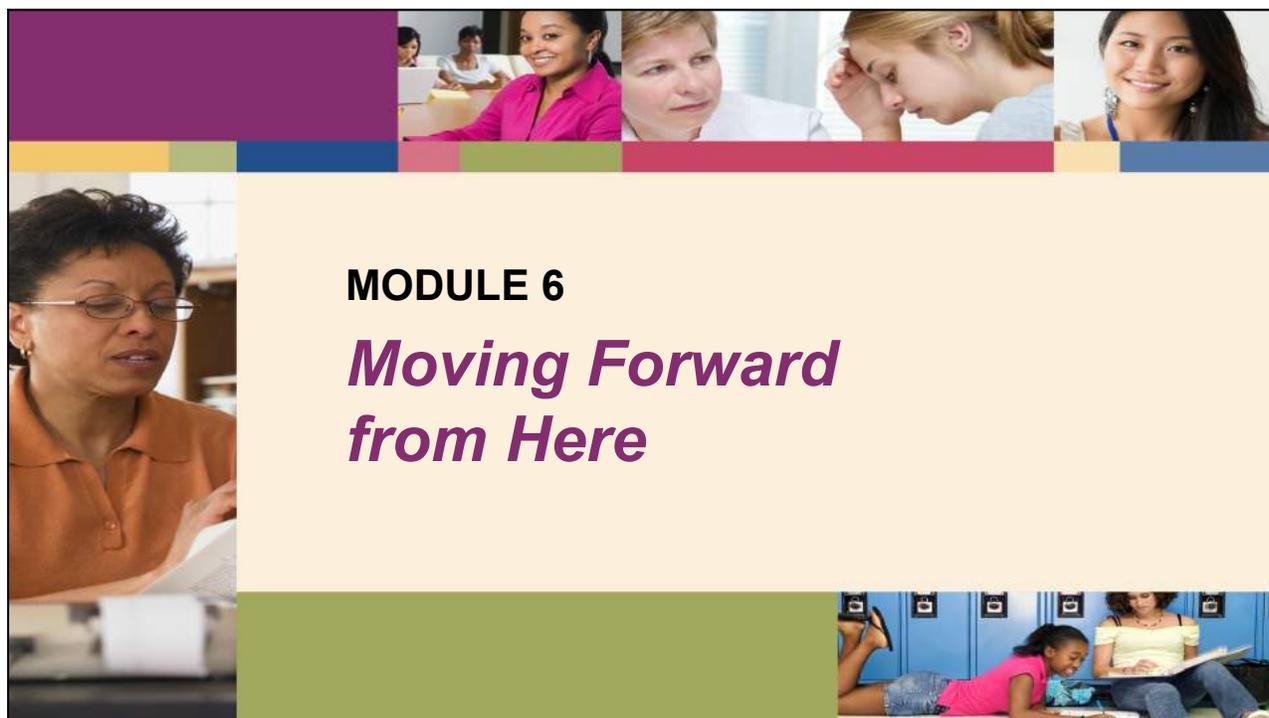
Keisha never had it easy. Abused and abandoned as a child, she was raised in multiple foster homes. Stability was never her strong suit. But she is a survivor and has always managed to keep herself fed and clothed, though not always housed. She was referred by a hospital social worker. Homeless and 8 months pregnant, 22-year-old Keisha appeared in the Emergency Room with vaginal bleeding and underwent an emergency Cesarean birth. The hospital social worker encouraged Keisha to give the child up for adoption, but Keisha refused, stating, "He's the only thing that is all mine. I don't want him to go through what I did. He needs a mother." She named him Obi, which she said meant "hope of my heart." Because Keisha tested positive for methamphetamine when Obi was born, child welfare was called and opened a case. The social worker agreed to allow Obi to remain with Keisha, if Keisha entered a residential treatment program for women and children.

Keisha progressed well in treatment. She also entered a parenting program to learn more about child development and caring for babies. She was enthusiastic and determined. Obi was not an easy child; he cried a lot and did not always respond to comfort or touch. Keisha was tired but did the best she could. Keisha has developed a relationship with John, who she met when she began attending 12-step meetings. John has attended AA meetings off and on for 2 years but has never been able to achieve more than 3 months of continuous sobriety, although he keeps trying. Keisha says that no one has ever made her feel the way John does and that John acts like a dad for Obi. He avoids her when he's drinking, and she believes that he will eventually stop.

- **What are some of the strengths presented in this scenario?**
- **What are some key questions a service provider may ask?**
- **Identify one or two treatment/recovery goals for Keisha:**
 - **What are some possible resources?**
 - **What are some possible roadblocks?**
 - **What allies will she need to achieve these goals?**
 - **How will you follow up with Keisha?**
- **Are the goals you selected likely to fit with Keisha's priorities? If not, how might this affect her progress?**

Module 5: Pregnant & Parenting Women

Slide 55



MODULE 6

Moving Forward from Here

Activity 1

Self-care Resources Self-reflection



Slide 57

Activity 2

A Walk in Her Shoes . . .



Slide 58

What Now?

Reflect on what you have learned today and answer the following:

- Which areas of gender-responsive principles are your greatest strengths?
- Which areas do you need to work on the most?
- What is the most important thing you learned today?
- What is one thing you can do immediately that would make a positive impact to improve gender-responsive services?
- What is one longer-term goal you can set for your work or your organization to improve gender-responsive services?

Slide 59

Handout: *Self-care Resources Exercise*

Some things I am proud of:

Some things I am good at:

Two people I respect:

Two people I trust:

Two people I can ask for help:

Two people who make me laugh:

\

Two people who believe in me:

Slide 60

Handout: A Walk in Her Shoes (#1)

Read the scenario below and write responses to the questions, then discuss the responses with your group.

#1: You have two children, ages 4 and 8. You receive a cash benefit of \$487 per month through your state's TANF program. You are expected to spend 20 hours a week in work-related activities. TANF is trying to collect child support from the father of your children, but so far you have only received sporadic distributions from the state's efforts to collect his wages. You have a boyfriend who is unemployed and picks up work when he can. You also receive food stamps and Medicaid. Your two-bedroom apartment's rent is \$750. Rent is due 5 days before you get your TANF, so you also owe a \$25 penalty from last month = \$775.

- **How might this situation affect you physically and emotionally?**

- **What are some of the stressors you face each month?**

- **What are some possible things you might do to improve your situation?**

Slide 61

Handout: A Walk in Her Shoes (#2)

Read the scenario below and write responses to the questions, then discuss the responses with your group.

#2: Wendy, who is early in her recovery from prescription opioids and alcohol use, lives 45 miles south of Charleston, West Virginia, with her two young children, ages 3 and 5. Wendy receives a cash benefit of \$487 per month through WVWorks, West Virginia's TANF program, along with SNAP (Supplemental Nutrition Assistance Program) and Medicaid. She is expected to spend 20 hours a week in work-related activities. WVWorks is trying to collect child support from the father of her children, but so far Wendy has only received sporadic distributions from the state's efforts to collect his wages. She has a boyfriend who has been unemployed for more than a year but picks up work when he can.

Wendy needs her car—not only to look for work and participate in job-training activities but also to get to counseling and recovery meetings. The rules allow her to keep her car because it is worth less than \$2,000, but she has to buy gas and pay for frequent repairs. Wendy's rent is \$600 a month; she also needs to buy diapers and other personal care items. She feels she has two alternatives if she and her children are to survive: her boyfriend can move in with her and help her with the rent if she doesn't tell the state or she can cocktail waitress off the books for an old friend who owns a bar. He'll pay her \$50 per shift, plus she gets to keep her tips. Wendy explains her situation to her counselor at her weekly appointment.

What could Wendy's counselor say to help her?

How could the counselor explore the risks and benefits of each option with Wendy?

What options could be available to help Wendy?

Is there anything else a counselor could do to help Wendy?

Slide 62

Handout: *What Now?*

Reflect on what you have learned today and answer the following:

- Which areas of gender-responsive principles are your greatest strengths?
- Which areas do you need to work on the most?
- What is the most important thing you learned today?
- What is one thing you can do immediately that would make a positive impact to improve gender-responsive services?
- What is one longer-term goal you can set for your work or your organization to improve gender-responsive services?

Slide 63