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*Petersen*  
Family Counseling

## Let's Talk Gender Specific Treatment

We sat down with Holly Wilson MA, LPCC of Denver Women's Recovery to talk gender specific programming.

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## Who is Holly Wilson

Holly is an LPCC as well as the founder and Managing Director of Denver Women's Recovery. DWR is a gender specific women's intensive outpatient program. Find out more about the program by clicking below!

[click here!](#)



## Gender Specific Treatment Q&A with Holly Wilson

Q: What was your inspiration for starting Denver Women's Recovery?

**A: When I finished inpatient treatment at Ascend Recovery in Utah, I had wanted to come back to Colorado where I was raised and there were no "aftercare" services in Colorado at that time. Ascend recommended that I stay and live in sober living and attend their Aftercare program for the first year of my sobriety, so that is what I did. Throughout that first year I learned so much and started having my dream of one day opening a program for women in early sobriety in Denver. It was imperative to me that we specialized in treating trauma as all of my friends that continued to relapse and those who died were all suffering from unresolved trauma. I wanted to have a clinically savvy program that empowered women to live the quality of life they deserve.**

Q: What are some of the benefits of gender specific treatment?

**A: There are so many benefits of gender specific treatment. We know that the main reason that women relapse is due to unresolved trauma, so our goal is to support women in the process of healing and/or addressing unresolved trauma. We have found that many women are more comfortable opening up and sharing about their traumas in an all-female environment. We are also able to streamline the process and cover more ground regarding the experiences that are common for women.**

Q: Are there certain topics that clients can expect to be covered in an all women's program that may not be in others?

**A: I can't definitively say what a co-ed programs offer or don't in a general way, I can tell you that we can more specifically target the experiences of our demographic that the majority have experienced. As mentioned previously, sexual assault is one specific trauma that we can discuss in a group setting where women will be more comfortable to share their individual experiences than they might be if there were men in the group. We are also able to discuss the unique biology of women and how their bodies are specifically impacted as a result of addiction. Furthermore, we can examine how gender roles have played a role in addiction, mental health, trauma, and recovery. In the state of Colorado our**

Q: What is Gender Specific Treatment in a nutshell?

**A: Gender specific treatment means that treatment is tailored to meet the needs and experiences that are specific to a certain gender considering the biological, psychological, and social differences.**

Q: Could men benefit from gender specific programming too?

**A: Men can and do also benefit from gender specific programming. We already know that there are psychological ways that men and women process differently. For example, women open up and share more easily by facing each other while men open up more when they are side-by-side. Men are also socialized in our society not to share their emotions which is a challenge in and of itself that women do not experience on a societal level.**

Q: If gender specific programming is beneficial, why aren't there more women's programs?

**A: This is a great question. Our industry is still relatively new. Similar to Alcoholics Anonymous, the first people looking for help with drinking and drug abuse were men. In more recent years, we have consistently seen fewer women in inpatient treatment. This has always been a question that has riddled the SUD treatment industry as a whole. In more recent years, we have started to realize that while addiction is equally prevalent with women, they can have more barriers to receiving inpatient treatment than men.**

Q: Are there different barriers to women getting sober than their male peers may experience?

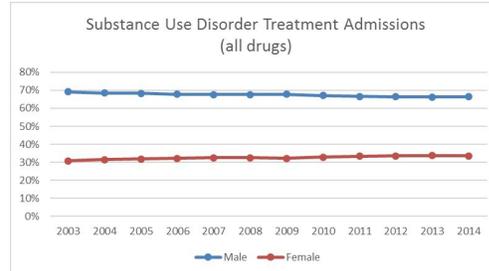
**A: There are similar barriers between men**

regulatory department, the Office of Behavioral Health, requires that a women's gender specific program add 4 additional components in treatment planning that are not required for general treatment; parenting, child safety issues, nutrition, and trauma.

Q:Is your hope for gender-specific programming to continue to grow to meet more client needs or different client groups?

A:Absolutely. It appears as though the wave of gender specific and population specific treatment is already hitting inpatient programs. We do the client a tremendous service by covering the biopsychosocial and multicultural issues that have specifically contributed to their addiction. We see the importance of this in inpatient settings with many programs incorporating population specific treatment. It's my hope that we can continue to offer this throughout the continuum of care.

and women when it comes to stage of change or severity of the disease. The differences can be found in subtle ways, like finances, stability of relationships, child care, employment opportunities (jobs with without FMLA or insurance). The most stark difference is that women can avoid "rock bottom" by resorting to self exploitation as a means of supportive themselves and continuing their addiction.



Q:How does Denver Women's Recovery address these barriers?

A:Denver Women's Recovery strives to meet women where they are at when they are ready to seek help. Like many others, we started our IOP expecting to be a step-down program for inpatient programs. However, we began to see a lot of referrals from private practice clinicians who had clients who were not necessarily "hitting bottom" but reporting issues in relation to their drinking or drug use. Other clients were willing to accept help but were unable to leave their children to go to inpatient. We have found that IOP is an excellent level of care for women, especially with the wrap-around services that we provide. For some, it is still just an introduction to treatment and if they are unable to maintain sobriety at our level of care, we have often been collecting and documenting the evidence that they need a higher level of care and since we have build rapport and trust with the client, we can get them to agree to a higher level of care that they may not have attended otherwise.

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