



*on alcohol
and drug issues
of Oregon*

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FALL 2013

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— See last page for membership application —

WCADIO's Mission

To increase public awareness of women's alcohol and drug abuse issues and to promote services related to women throughout the state of Oregon. This means ALL women who are affected by their own alcohol or drug use or that of their family or friends.

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January 24, April 25, July 18,
October 24 @ NARA

Dates are subject to change.
Check with a board member for info.



**Domestic Violence and
Substance Abuse are
Community Issues**

Submitted by Rita Sullivan, Ontrack

They can affect anyone regardless of age, race, gender, sexual orientation, religion, marital status, socioeconomic status, education level, and profession. While substance abuse DOES NOT CAUSE domestic violence, the two often co-occur and may exacerbate each other. The vast majority of women we treat report they have been physically assaulted. Given the common co-occurrence of substance use and domestic violence, substance abuse treatment programs should attend to the violent behavior or victimization of their clients during substance abuse treatment. But in practice, domestic violence and substance abuse programs do not usually address the complementary problem. There are notable exceptions and things are currently changing.

There are a number of factors that can explain why substance abuse treatment programs have not usually offered domestic violence services:

- The philosophies that guide domestic violence and substance abuse treatment services differ and make service integration difficult, or even inappropriate;
- They are both complex problems requiring a range of responses and cannot be addressed in a cursory fashion.
- Programmatic and financial resources available to most programs may not be adequate to do this work.
- Some relationships should never be encouraged



Sherry Forsyth
New Directions

**WCADIO
Counselor
of the Year**

The Counselor of the Year award was presented to Sherry Forsyth at the Northwest Institute of Addiction Studies July 19-23, 2013. To read an article on Sherry, please see pg 5.

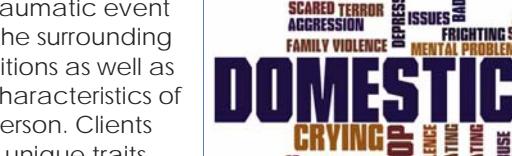
(See Domestic Violence... continued on page 2)

Managing Domestic Violence

Seventy percent of all adults have experienced a traumatic event at least once in their lives. Many of the women in residential drug and alcohol treatment at De Paul Treatment Centers have experienced severe trauma based in domestic violence. De Paul's program includes one hour of Domestic Violence classes each week, and before we refer them to the domestic violence class we make sure they have had at least four weeks of Dialectable Behavior Therapy and their clinician has assessed whether the client is ready to talk about their domestic violence. The curriculum De Paul utilizes is Trauma in Life, which is published by The Change Company. The goals of our domestic violence class are: understanding traumatic experiences; the impact of traumatic experiences; building resilience; and resolving difficulties through treatment.

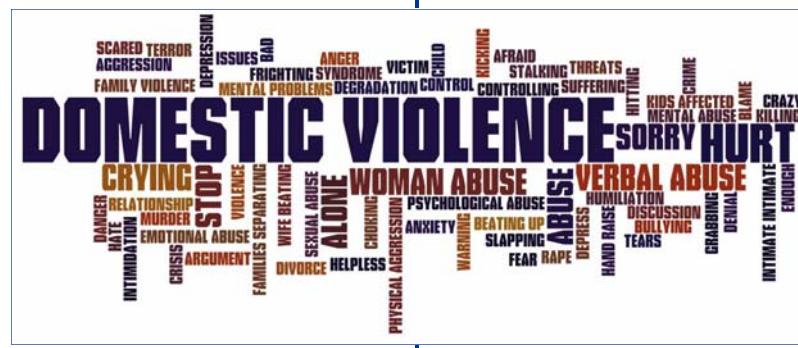
The group provides clients with the opportunity to journal their thoughts and perceptions about their traumatic experiences. De Paul has the clients identify their traumatic events in their lives, as well as the factors influencing the

trauma. We discuss the traumatic event and the surrounding conditions as well as the characteristics of the person. Clients have unique traits affecting how they experience trauma. Some clients experience significant distress following a traumatic event, while other clients seem to cope effec-



The class spends time on breaking the cycle of domestic violence. De Paul focuses on the following: abusive or aggressive behavior; angry outbursts; alcohol or drug abuse; and criminal activity. De Paul also has a list of recommended reading for the clients who are referred to this class.

De Paul works with clients and their vulnerability, which may mean they are more vulnerable to distress and more likely to develop long-term difficulties. Other challenges that influence the way a client copes with trauma include: mental illness, physical illness; drug and alcohol abuse; lack of healthy coping mechanisms; educational limitations and past history of traumatic experiences. Clients who cope effectively with distress are characterized as resilient meaning they are able to bounce back from traumatic life experiences. They still experience distress. However, they have the skills necessary to manage it effectively without developing long-term difficulties. Having the skills necessary to manage their trauma effectively allows clients to become sidetracked by unhealthy coping skills, i. e. physical illness; and drug and alcohol abuse.



Domestic Violence... (Continued from front page)

systems have unfettered access to therapy and seek care every day.

3. We know that there are some relationships that should never be encouraged and how do we screen for those
 4. We know that domestic violence escalates and this is another reason to intervene
 5. Domestic violence ranges from the apparently mild — such as a single incident of pushing or slapping — to the very severe, such as repeated beatings leading to injury and sometimes homicide. We recognize that even mild cases can become severe in a hurry. These are the cases which have caused advocates to fight vigorously against the notion of providing couples counseling. But we all know that domestic violence in most cases does not get better without outside intervention.

As we moved cautiously with our partners toward developing programs to help some couples be safe together we did so with safety being the priority. We have put safe-

guards in place including: vetting these cases through all of those involved such as judges, parole and probation officers, child welfare workers, therapists, and our program requires unanimous approvals by all in order to proceed. This gives us broad based perspectives and puts more information on the table to inform our

decisions. Both spouses/partners have to complete their respective programs as THESE SERVICES DO NOT TAKE THE PLACE OF BATTERERS INTERVENTION OR VICTIMS SERVICES PROGRAMS. The involvement of the Victims Counselor helps ensure that both parties want to stay in the relationship. Domestic Violence Advocates are onsite to help with these decisions and to create safety plans where indicated. Additionally, abstinence from all mood and mind altering substances must be established solidly in both partners.

In spite of the challenges, there are very good reasons to consider integrating domestic violence and substance abuse programming, the most important ones being that client needs may be better served and client outcomes might be improved by doing so.

A CSAT monograph (No. 25 in a series of Treatment Improvement Protocols [TIPS]; Fazzone et al., 1997) dealt explicitly with the dual problems of substance abuse treatment and domestic violence. This monograph, based on the conclusions of a consensus panel of domestic violence experts, asserted that failure to deal explicitly with domestic violence in substance abuse treatment interferes with substance abuse treatment effectiveness and contributes to relapse. ♦



Oregon's Batterer's Intervention Program Standards

In 2001 the Oregon Legislature passed a bill that required the Oregon Department of Justice to create standards for batterer's intervention programs in Oregon. The rules went into effect January 1, 2006.

Attorney General Hardy Myers convened an advisory committee in January of 2002 to work on the creation of the state administrative rules that spell out the standards. The advisory committee comprised of representatives from community corrections, programs for batterer's, victim services programs, the judiciary and law enforcement.

The purpose of the law and the standards are to help ensure that programs use appropriate intervention strategies to foster a batterer's stopping his violence, accepting personal accountability for battering and personal responsibility for the decision to stop (or not to stop) battering; and to promote changes in the batterer's existing attitudes and beliefs that support the batterer's coercive behavior.

All forms of battering are to be addressed; programs must provide culturally appropriate services, must employ practices that enhance victim safety, and must operate as an integrated part of the wider community response to battering.

Intervention strategies in approved programs include:

- Using a culturally specific curriculum whenever possible;
- Increasing the participant's understanding of the causes, types and effects of his battering behavior;
- Identifying beliefs that support battering;
- Using respectful confrontation that encourages participants to challenge and change their beliefs and behaviors;
- Addressing tactics used to justify battering such as denial, victim blaming, and minimizing; increasing participant recognition of the criminal aspect of his thoughts and behavior; and reinforcing participant identification and acceptance of personal responsibility and accountability for such tactics;
- Reinforcing appropriate respectful beliefs and behavioral alternatives;
- Promoting participant recognition of and accountability for patterns of controlling and abusive behaviors and their impacts, and participant responsibility for becoming non-controlling and non-abusive; and
- Ensuring that the impact of battering on victims, partners and children, including their safety and their right to be treated respectfully as individuals, remains in the forefront of intervention work.

The rules for approved programs also describe some inappropriate intervention strategies, such as blaming the

victim, requiring the victim to be a participant in the program, using marriage and family counseling to deal with battering, or approaches that allow blaming anger or substance abuse as a reason for the battering. ♦

— *For more information: http://www.doj.state.or.us/victims/bip_advisory_committee.shtml*

Massachusetts Figured Out a Simple Solution to Prevent Domestic Homicide



Target Abusers

In theory, domestic homicide should be easy to prevent, since men who kill their wives or girlfriends (85 percent of victims are female) generally give us lots of warning by beating, stalking, and even raping their victims, usually for years before they finally

kill. In reality, it's surprisingly hard to stop someone who really wants to murder you, especially if he has easy access to a gun. Restraining orders don't create a magic force field around the victim. Shelters help, but they are underfunded and depend on the victim giving up substantial rights to hold a job (which gives the abuser the ability to find you), have a social life, or even speak to family members. And trying to figure out which abusers are just run-of-the-mill woman batterers and which will actually kill is surprisingly hard to do.

Rachel Louise Snyder, writing for the New Yorker, details one solution that's being implemented in Massachusetts. Domestic violence social workers there developed a high-risk assessment team that, using statistical methods and employing the court system in creative ways, has figured out a way to target the men most likely to kill and take special care to make it that much harder for them to do so. Kelly Dunne started the Domestic Violence High Risk Team in 2005, and since then, not a single case she's taken on has ended in murder, and the men who have been sentenced to GPS tracking have not committed any future acts of violence. In addition, the team has done wonders to help victims return to normal life:

Dunne also notes that, of the hundred and six high-risk cases documented in the team's most recent report, only eight women were forced to seek refuge in shelters. She estimated that, before the formation of the high-risk team, ninety per cent of similar cases would have resulted in the women's going into shelters.

How do they do it? They take the details of each reported case of abuse, looking at risk factors such as stalking and chronic unemployment, and rate each abuser on a point system for how violent and controlling he is. Men who are rated high are then subject to heightened risk monitoring, and their victims are given extra resources to stay safe. If the abusers start acting up, they can have their child visitations terminated or be made to wear GPS trackers. They may even be put in jail or in a psychiatric hospital for violating probation or restraining orders—courtesy of a preventive detention program that was mostly used to prevent gang or drug violence in the past,

(See Domestic Homicide... continued on next page)

Domestic Homicide... *(Continued from page 3)*

a program that gives the government leeway to restrain you even if your behavior otherwise falls short of the threshold to charge you with further crimes.

The system works in no small part because it turns the logic of an abusive relationship on its head. The abuser works by making the victim feel like she will never be free of him, his violence, and his surveillance. If she tries to leave, he escalates. If she gets a new boyfriend, he escalates. The idea is to make her feel like her choices are to submit or to live in terror. The high-risk teams shift the burden of being surveilled from the victim to the abuser. Now, if he makes a threat, Massachusetts has the power to escalate. If he uses visitation time to attack her or her children, Massachusetts restricts visitation. Now he's the one who has to make his decisions with the understanding that someone with power can further restrict his movements and his ability to live freely. Abusers often victimize for years before taking things to the level of a serious beating or murder. By restricting movements in the early stages, it appears that the program helps keep abusers from getting to that point.

It's such a simple principle and one that hopefully other states will pick up on: The person who should pay for the abusive relationship should be the perpetrator, not the victim. It's not just the fair and moral way, but it also seems to be more effective. ♦

Gifts of Age. She herself had to go blind before she could see. She had always known that every darkness was the other side of a certain light, that the nether world existed to complement the whole. One door closes and another opens. — Lucille Elliott

Leadership Change at De Paul Treatment Centers

Change is on the horizon for De Paul with the departure of Executive Director **Sheila North** in January 2014.

Ms. North, who has served as De Paul's Executive Director for 17 years and was the Nonprofit Winner of the Portland Business Journal's Women of Influence Awards this year, built an effective treatment organization that is respected by clients and partners.

Sheila has been a member and supporter of the Women's Commission and Women's treatment programs. Sheila will be missed. ♦

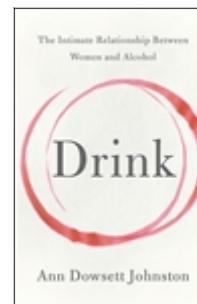


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Book Reading

Drink: The Intimate Relationship Between Women and Alcohol

Author Ann Dowsett Johnston



In *Drink: The Intimate Relationship Between Women and Alcohol*, award-winning journalist Anne Dowsett Johnston combines in-depth research with her own personal story of recovery, and delivers a groundbreaking examination of a shocking yet little recognized epidemic threatening society today: the precipitous rise in risky drinking among women and girls.

As she brilliantly weaves in-depth research, interviews with leading researchers, and the moving story of her own struggle with alcohol abuse, Johnston illuminates this startling epidemic, dissecting the psychological, social, and industry factors that have contributed to its rise, and exploring its long-lasting impact on our society and individual lives. ♦

— Available thru amazon.com and other book sellers.

Increased Rate of Prescription Drug Abuse by Women

Note: This is a follow up to an article printed in the Summer issue. Submitted by Ann Uhler.

A recent report on Prescription Drug Abuse released by the Trust for America's Health (TFAH) reviewed some national recommendations on reducing prescription drug abuse. Each state's efforts were measured against ten strategies and Oregon met 8 of the 10 strategies. The two strategies that were not accomplished are:

1. Oregon's Prescription Drug Monitoring System (PDMS) does not mandate doctors to use it.
2. Oregon does not have a "Good Samaritan Law that would provide a degree of immunity or mitigation of sentencing for individuals seeking to help or others experiencing an overdose."

Many states provide rescue drugs like naloxone to police and community workers to use in helping prevent overdose deaths.

The report also includes the overdose mortality rates of increase in the ten year period of 1999-2010. Oregon's rate based on number of people per 100,000 is 12.9%. This rate doubled in the ten years and places Oregon in the middle (24) compared to all states.

WCADIO's board is considering possible legislative action to improve Oregon's response to prescription drug abuse and overdose rate. Such as, requiring all prescribing personnel to use the Prescription Drug Monitoring System (PDMS) and sponsoring a Good Samaritan Law as described in the report. ♦

Counselor of the Year



WCADIO's Ann Uhler presents Sherry Forsyth with the Counselor of the Year award

Sherry Forsyth of New Directions

Sherry Forsyth was 18 when she was arrested for counterfeiting and became very acquainted with the FBI and Federal Prison. Her PO and dad insisted she get her GED when she got out of jail. She was also diagnosed with cancer at that time. Sherry is now a successful business woman, a mother of three — two sons attending college and one daughter in High School,

and she has a one year old granddaughter. Sherry and her husband Bob have been together for 17 years and married for 13.

Sherry graduated from Recovery Village Women and Children's program in 1998. She struggled, had some relapses, and finally stopped using drugs in 1999. She was managing a restaurant, attending aftercare groups, had visitations with her children at DHS, attended 12 step meetings, visited her husband who was still incarcerated, and worked with the courts trying to take care of her legal issues. During all of this, she became very well acquainted with the local DAs, the Judges, and DHS. In fact, so much so that she was approached by Judge Baxter and Matt Shirtleff, DA, to help with the implementation of a Drug Court in Baker County. This involved traveling, trainings, writing grants and selling it to local partners. Sherry was involved with the drug court for eight years working with adults and adolescents. During this time she was also approached by Bart Murray to attend meetings in Salem to be an advocate for women and children.

Sherry started working as a counselor for New Directions in August of 2003. She has worked endlessly advocating for families. Being a CADC I, was not enough for Sherry, she did the work and is now a CADC II, and a CGAC II. She has been certified to work trial projects through OHSU. She also has been the lead counselor for grants that focused on working with families — either to help them stay as a family or with reunification of the family. She works continually to help families stay together, helps them obtain safe housing, parenting classes, and teaches them how to navigate the system.

Sherry is a very spiritual person; she has had a sweat lodge at her home, has had many sweats at her place for many people in recovery. She attends and participates in Vision Quest and SunDance every year. She practices Red Road Spirituality.

"When I go to work everyday, she is one of the miracles that I see." ☺

Justice Reinvestment: HB 3194

In July of this year, the 2013 Legislature enacted sweeping legislation to "maintain an effective and sustainable public safety system by directing savings that result from averted prison growth toward investments in our local communities." It embodies many of the recommendations of the Governor's Commission on Public Safety to control prison growth and to reinvest savings in the local criminal justice system. House Bill 3194 made many changes to statute; this article summarizes the law changes in the bill that could effect women with alcohol and drug issues.

Sentencing Reforms

The crime of identify theft effects disproportionately more women than men, and has resulted in dramatic growth of the women's population in prison. HB 3194 reduced the sentence for identity theft (and robbery III) from 24 months to 18. Women will still go to prison when convicted of identify theft, but for a shorter period of time.

Other changes that effect women with alcohol and drug issues change the sentence from prison to probation for delivery and manufacture of marijuana (unless the crime occurs within 1000 feet of a school or in cases of delivery to a minor). Driving while suspended in most cases will result in a probation rather than a prison sentence, and repeat drug offenders will no longer receive a mandatory minimum prison sentence.

All of these sentencing changes are expected to result in 473 fewer people in prison on any given day.

Transitional Leave and Earned Discharge

Women (and men) with a criminal history will now be eligible for up to 90 days of transitional leave at the end of their prison sentence. Transitional leave from prison is earned through good behavior, a solid release plan, and the agreement of the supervising agency in the county.

Women (and men) on probation can earn up to a 50% reduction in the term of their supervision for complying with the conditions of supervision, paying restitution, and completing the treatment programs in their case plan.

Justice Reinvestment Account

The new law established a Justice Reinvestment Account. Grants have been made to counties to establish a process to assess offenders and provide a continuum of community-based sanctions, services and programs that are designed to reduce recidivism and decrease the county's utilization of prison beds while protecting public safety and holding offenders accountable.

In addition, beginning July 1, 2015, at least 10 percent of grant funds awarded must be distributed to community-based nonprofit organizations that provide services to victims of crime.

The Numbers

The Criminal Justice Commission projects that HB 3194 will reduce the prison population by a total of 700 people in the next 2 years, saving \$19 billion. The sentencing changes are projected to save \$70 million between 2015 and 2017. At least a portion of the savings will be reinvested in local responses to crime. Further, prison growth is held at zero for at least five years and thus prevents new prison construction for at least a decade. ♦



Check out this website:

www.ncadv.org

Nat'l Coalition Against Domestic Violence

Are You a Member of WCADIO...?

- WCADIO membership application is also located on our website at www.WCADIO.org. We encourage you to join!

Open Invitation to Join WCADIO

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