

BASED ON TIP 56

# Addressing the Specific Behavioral Health Needs of Men

## QUICK GUIDE FOR CLINICIANS



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Based on TIP 56

# Addressing the Specific Behavioral Health Needs of Men

## QUICK GUIDE FOR CLINICIANS

This Quick Guide is based entirely on information contained in TIP 56, published in 2013. No additional research has been conducted to update this topic since publication of TIP 56.

## Why a Quick Guide?

This Quick Guide provides succinct, easily accessible information to behavioral health clinicians about the specific treatment needs of men with substance use disorders (SUDs). The guide is based entirely on *Addressing the Specific Behavioral Health Needs of Men*, Number 56 in the Treatment Improvement Protocol (TIP) series.

Users of the Quick Guide are invited to consult the primary source, TIP 56, for more information and a complete list of resources for effective treatment of men with SUDs. To order a copy of TIP 56 or to access it online, see the inside back cover of this guide.

### DISCLAIMER

The opinions expressed herein are the views of the consensus panel members and do not necessarily reflect the official position of the Substance Abuse and Mental Health Services Administration (SAMHSA) or the U.S. Department of Health and Human Services (HHS). No official support of or endorsement by SAMHSA or HHS for these opinions or for the instruments or resources described is intended or should be inferred. The guidelines presented should not be considered substitutes for individualized client care and treatment decisions.

## What Is a TIP?

The TIP series provides professionals in behavioral health and related fields with consensus-based, field-reviewed guidelines on behavioral health treatment topics of vital current interest. TIPs have been published by SAMHSA since 1991.

TIP 56, *Addressing the Specific Behavioral Health Needs of Men*:

- Describes how masculinity shapes men's attitudes, beliefs, and behaviors; how culture affects definitions of masculinity; and how masculine roles may hinder some men from seeking needed treatment for behavioral health concerns.
- Explores some basic differences between men's and women's patterns of substance use/abuse.
- Explains how screening and assessment is an important and ongoing facet of substance abuse treatment and should be adapted to each client's needs.
- Highlights some treatment methods that have been found useful in helping men recover from SUDs.

## Creating the Context

Historically, substance abuse treatment services were developed for male clients. Most substance abuse treatment admissions were and are men. In recent years, the gender studies and men's studies fields have begun to identify possible improvements in treatment services for men.

Men and women abuse substances for many reasons—some gender related, some not. Reasons overlap in many areas but markedly diverge in others, necessitating different treatment options.

### ***Defining Sex and Gender***

**sex**—generally assigned according to biological markers (e.g., reproductive organs); some people are not assigned a sex because of genital, chromosomal, or hormonal ambiguities.

**gender**—a sociocultural construct that defines expected characteristics of men and women.

**masculinity**—characteristics ascribed to men.

**gender identity**—usually defined as a subjective, continuous, and persistent sense of oneself as male or female; the importance of gender identity varies from one individual to another.

## **Defining Substance Use Disorder**

“The essential feature of a substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems.”<sup>1</sup> A substance refers to a drug of abuse, a prescribed or over-the-counter medication, a toxin, alcohol, or a range of other chemical substances that can be abused.<sup>2</sup>

## **Conceptual Frameworks of Masculinity and Male Roles**

Masculinity ideologies are stereotypical roles that define men within a culture; they are a body of socially constructed ideas and beliefs about what it means to be a man and against which men are measured by their societies. These ideologies affect how men think and feel about themselves, and they influence male roles in a society. Individual men may identify with several roles or none and may place more emphasis on some roles than others. Masculinity concepts exist on a continuum

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<sup>1</sup>American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.), 483. Arlington, VA: American Psychiatric Publishing.

<sup>2</sup>American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.), 191. Washington, DC: Author.

and may change over time. Specific concepts, and their relation to substance use, include:

**Rituals or rites of male passage**—Individuals and families use socially supported events to mark transitions in their lives. The use of rituals is common to all cultures, although specific rituals vary. Rituals can be beneficial or harmful; many conventional manhood rituals in the United States are intertwined with excessive alcohol use.

**Emotional restraint**—Some men avoid stereotypical feminine characteristics and behaviors by attempting to suppress emotions, thoughts, and behaviors potentially associated with vulnerability. Because of the stigma attached to expressing his emotions, a man who experiences grief or sadness might resort to substance use as a way of coping. Men are more likely than women to respond to emotional stress by drinking.

**Competition and success**—Men who perceive themselves as falling short in an important area may attempt to suppress feelings of insecurity by using or abusing substances. Conversely, men may unwind or celebrate their accomplishments with substance use. Men are significantly more likely than women to respond to social stress by drinking. Work-related stress is strongly associated with heavy drinking in men.

**Aggressiveness, fearlessness, and invulnerability**—To prove their masculinity, some men engage in reckless behaviors, including consuming large quantities of alcohol or drugs.

**Sexual accomplishment**—Sexual conquest is often presented as an expression of real masculinity. Men's use of alcohol and drugs may be linked to their desire to fulfill male gender role expectations of power, dominance, and control over women. Related aspects of masculinity are *heterosexism* (the assumption that heterosexual behavior is natural, so homosexual men are less masculine) and *homophobia* (fear of homosexuality and homosexual people).

**Independence and self-sufficiency**—Men (particularly heterosexual men) are less likely than women to seek help for SUDs, even though they are more likely than women to have SUDs.

Gender roles are neither all good nor all bad. They vary according to social role, age, and cultural background. Conformity to male gender roles can be a source of acceptance, cultural identity, and protection from racial and ethnic oppression and stigma. Conforming to a gender role can, however, create conflict at a cognitive, emotional, or behavioral level. This conflict may be conscious or unconscious.

## **Men's Substance Abuse**

- Men use alcohol and drugs more frequently and in greater quantities than women do.
- Binge drinking is more prevalent among men and may be part of a client's drinking pattern.
- American men are two to five times more likely than women to develop an SUD.
- A first drink or first episode of drunkenness is often a rite of passage for young men.
- Drinking is commonly seen as a form of male bonding.
- Men respond differently than women to certain substances (e.g., cocaine, methamphetamine).

*For more detailed information, see TIP 56, Chapter 1.*

## Screening and Assessment

Men may present unique difficulties for screening and assessment:

- Masculine gender role socialization can lead some men to minimize difficulties or underreport problems.
- Some problems, such as depression, can manifest differently in men, thus disguising the disorder and leading to underdiagnosis or misdiagnosis.
- Different screening or assessment settings (e.g., prisons, outpatient programs) influence whether and how men present their struggles.
- Men from some nonmainstream cultures may be reluctant to share information about difficulties or illnesses.

Be sensitive to these nuances and create an environment in which men feel open to sharing their vulnerabilities or perceived shortcomings.

The primary goal of screening is to identify men who need a comprehensive problem assessment. Often, the presenting problem indicates a need for problem assessment. At each stage of the assessment process, consider how gender may have affected a male client's past behaviors and how it may affect current treatment.

Assessment for SUDs should focus on:

- Historical and situational factors contributing to the onset of the substance use.
- Patterns of use.
- Common signs and symptoms of a substance use problem.
- Consequences of use.

A comprehensive personal assessment routinely includes:

- A complete physical examination.
- An exploration of significant events in the client's life that could affect treatment and recovery.
- The client's history of behavioral health or developmental issues.
- An evaluation of the client's close relationships.
- Client strengths.

A broad-based, gender-aware screening can identify substantive areas in need of more detailed assessment, such as:

- Employment status and work history.
- Housing status and needs.
- Criminal justice involvement and legal issues.
- Health status/physical health.
- Functional limitations.

- Co-occurring mental disorders.
- Trauma histories.
- Motivation to change.
- Relapse risk and recovery support.
- Spirituality.

All assessment should be ongoing, with periodic reassessment throughout treatment.

### ***Assessing Personal Definitions of Masculinity***

During the clinical interview, the client's personal definitions of masculinity can be examined to determine which roles the client identifies with (if any) and to what extent. Explore the positive function and possible costs of those role identifications. This can:

- Help both clinician and client better understand what changes need to be made.
- Help motivate the client to make those changes, thus enabling the clinician and the client to develop a more effective treatment plan.

### ***Assessing Family History***

Repeated substance abuse by men tends to be consistent across generations within the same family. Assessment of family should explore:

- The nature and extent of SUDs and related problems within both the immediate and the extended family.

- Current relationships and how abstinence could affect relationships—both positively and negatively.
- Family strengths.
- Past or current physical or sexual violence within the family (men with histories of physical or sexual violence typically present with angry defensiveness).

### ***Assessing Male Sexuality***

Be sensitive to the client's level of comfort in discussing topics of sexuality—especially during the assessment stage, when the therapeutic alliance is developing. Assess for sexual behavior as well as for the client's understanding of that behavior, in such areas as the client's:

- Sexual orientation and self-identification.
- Understanding of how to prevent sexual transmission of disease and of how to use birth control when necessary.
- Feelings about the relationship of emotional intimacy to sexual activity and about the importance of sexual activity in defining his masculinity.

### ***Assessing for Shame***

The reasons men feel shame may differ from the reasons women do, and men may manifest their shame

differently than women. Shame associated with a behavioral health issue can cause some men to:

- Avoid screening and comprehensive assessment or to resist with hostility.
- Withhold information.

Shame can also:

- Affect the development of a helping relationship with a clinician.
- Influence the client's compliance with specific aspects of the assessment.

Observe for shame during the initial interview, keeping in mind that:

- Shame is generally not expressed verbally.
- Feelings of shame can be projected onto others or onto self (bypassed shame). Signs of bypassed shame include rapid speech, thought, or behavior; comparisons between self and others; and anger.
- Shame responses can be evaluated with questions (e.g., Do you feel ashamed about \_\_\_\_? Can you describe how you feel?).
- Timing is important; such exploration may need to wait until a working alliance has been formed.

*For more detailed information, including information on rating scales and assessment tools, see TIP 56, Chapter 2.*

## Treatment Issues for Men

Men are expected to be independent, self-sufficient, stoic, invulnerable, competitive, and, at times, aggressive. They may have trouble identifying or expressing weaknesses or problems within treatment and may have trouble analyzing their own problems. They may develop combative or competitive relationships with male treatment group members and staff.

Strategies to help a male client get comfortable with seeking professional assistance include:

- Establishing rapport and trust with the client from the start.
- Spending time up front talking with the client about neutral topics (e.g., work, hobbies).
- Asking “Why are you here now?” and “What problem would you like help with?” as opening questions.
- Creatively engaging the client in discussions about his hopes for treatment.
- Acknowledging common fears related to relationships, health, abandonment, career, and financial issues.
- Viewing the client engagement process as a series of steps: screening, assessment, treatment planning, active treatment, and follow-up care.

- Ending each session with a clear plan for what will happen next.
- Using something concrete (e.g., a letter documenting attendance, a phone call to arrange a session with a significant other) to facilitate compliance with the next step.
- Giving the client something to do to prepare for the next step, which can support his sense of confidence, control, and usefulness.

### ***Engagement Techniques***

- Emphasize free choice, even when choices are limited.
- Avoid arguments. Use a more subtle, less confrontational manner.
- Reframe coming to treatment as a success and a sign of strength and courage.
- Do not push clients to experience emotions that may overwhelm them.
- Talk while walking to decrease the intensity of direct eye contact and allow clients to dissipate excess energy.
- Explore and discuss problems using visual references, such as timelines and graphic portrayals of personal and family social relationships.

## **Overcoming Gender Bias and Stereotyping**

Questions that address gender socialization and counselor gender preferences can be included on the intake form and/or in the initial conversation with the client. Take the client's preference for counselor gender into consideration and match client and counselor when possible.

Both male and female counselors need to explore their own biases and assumptions, keeping in mind the following advice:

- Refrain from stereotyping men.
- Make no assumptions about a client's life experience based on gender.
- Discuss gender in the assessment phase and as a therapeutic issue.
- Explore countertransference issues in clinical supervision.
- Female counselors—challenge male clients' psychological defenses and behavior in a nonjudgmental, nonshaming way.
- Male counselors—be supportive and help male clients touch upon emotional content.

## ***Female Behavioral Health Counselors in All-Male Settings***

### Advantages:

- Men may feel more comfortable showing their weakness to female counselors, who they believe are less likely to judge them.
- Men may believe that women are more sensitive and better able to address emotional problems.
- Some men have had negative experiences with male counselors in the past.
- Female clinicians typically are more open to discussing relational issues and underlying process issues.
- Relationships between female counselors and male clients can model healthy female–male relationships for clients.

### Challenges:

- Some male clients may not allow their female counselors the same authority, power, or credibility that they allow male therapists.
- Some men are not used to communicating openly with women.
- Some men may be antagonistic toward or biased against women in positions of authority; it may be best to pair such a client with a male counselor.

## ***Male Behavioral Health Counselors in All-Male Settings***

### Advantages:

- Men tend to address concrete tasks more readily with male counselors.
- Some men, particularly those from certain cultural backgrounds, may disclose more thoroughly to other men.
- A program typically needs male counselors to run all-male group sessions.

### Challenges:

- Male clinicians' biases and sexism can reinforce negative male communication patterns.
- Many clients prefer female counselors.
- Male counselors themselves are subject to their own gender role strain (feelings of uncertainty regarding the expression of their gender identity).
- Male clinicians and supervisors working with men who are gay need to be aware of their own biases, countertransference, and level of awareness of gay development and culture.

## ***Counseling Men Who Have Difficulty Accessing or Expressing Emotions***

- Consider psychoeducational efforts for clients who emphasize rationality over emotionality.

- Work with men during group and individual sessions to apply feeling words to their internal/physical experience.
- Help the client identify emotions that are more comfortable for him. Support his efforts to manage the emotions that are more readily available first.
- Intervene and support the client if other clients shame or strongly confront him for his inability to express certain emotions.
- Help the client set goals for group participation, particularly in terms of learning about emotions and how to express them to others.
- Work with the client to develop self-grounding techniques for use when he becomes anxious around others expressing powerful emotions.
- Provide homework assignments to help the client express his emotions within a highly structured context.

## ***Anger Management***

Anger is one of the only emotions that many men feel comfortable expressing. They often use it to cover up other emotions (e.g., fear, grief). Men with anger problems are more prone to relapse to substance use. A few cognitive-behavioral interventions have been shown to be effective in reducing anger in men who abuse substances. Motivational enhancement therapy or motivational interviewing may be effective in reducing substance use for men with high levels of anger.

Anger management counseling typically involves:

- Teaching breathing and relaxation techniques.
- Undertaking cognitive restructuring.
- Teaching clients to take a timeout.
- Introducing clients to assertiveness training and conflict resolution.
- Helping clients examine how anger and other emotions were displayed in their families and how the messages received in the past affect them today.

Anger management counseling should be delivered only by trained clinicians.

### ***Learning To Nurture and To Avoid Violence***

Many men with SUDs need to learn nurturing skills in their roles as husbands and fathers. Counselors can suggest that men express vulnerability by engaging in:

- Nonstereotypical activities (e.g., creating art, poetry, music; performing community service).
- Sports that promote cooperation, bonding, and commitment rather than extreme competition and violence.

### ***Learning To Cope With Rejection and Loss***

Some male clients may need to learn how to accept being told “no” and not see it as a rejection; such acceptance could avert a relapse trigger. Providers can

introduce men to rituals that will help them deal, in a positive manner, with negative feelings such as grief and fear. Men can also observe the value of rituals in 12-Step programs such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA).

### ***Counseling Men Who Feel Excessive Shame***

Stigma and shame are major obstacles to men's seeking help. Not all men in treatment experience shame, although it is very common. Shame can be an impetus or a barrier to behavior change. A client's cultural orientation may affect how he responds to shame.

Stigma results from social attitudes that label certain people, behaviors, or attitudes as disgraceful or socially unacceptable. Cultural stigma (e.g., against men who break gender norms) can produce shame in many men with SUDs. Other conditions that are often stigmatized, leading to shame, include certain medical conditions such as HIV/AIDS or physical disabilities, lack of employment, and homelessness.

Interventions for shame include:

- Referring clients to mutual-help group and modern substance abuse treatment processes (both begin with a fundamental antishame message).
- Providing psychoeducation.
- Having clinicians in recovery serve as role models.

- Building a strong therapeutic alliance and creating an atmosphere of trust in which the client feels comfortable openly exploring the sources of his shame.
- Helping clients develop a realistic sense of pride.

### ***Violence and Criminal Behavior***

- Acting in a violent manner may be a way for some men to define their masculinity.
- Gender roles appear to enable criminal behavior in men.
- Substances of abuse, especially alcohol, seem to aid in removing inhibitions against violent and criminal behavior.
- Many men who perpetrate violence may themselves be the victims of violence; for such men, it is critical to treat the underlying trauma.
- Cognitive-behavioral therapies can help men understand how criminal thinking patterns and irrational beliefs contribute to violent behavior.
- Anger management is useful for men trying to address violent behavior.

### ***Domestic Violence and Child Abuse***

- Substance use is associated with being the victim of domestic abuse, for both men and women.
- Violence between intimate partners tends to escalate in frequency and severity over time. Early intervention is critical, as is an understanding of

relevant state and federal domestic violence laws and the duty to report.

- Relapse can be a high-risk time for domestic violence.
- Counselors should, when discussing domestic violence or child abuse, be aware of confidentiality laws and any applicable exceptions.
- Men can be victimized by either male or female partners, but they may be less willing to seek help than women and there are fewer resources available to serve them. Men in same-sex relationships may be at least as likely to experience violence from their partners as men in opposite-sex relationships.
- Counselors not trained in treating domestic violence issues should refer clients to counselors qualified to treat these problems.

### ***Sexual Violence***

- Sexual violence is associated with alcohol consumption. Substance use does not cause sexual assault but contributes to the crime in other ways.
- Substance abuse programs should, when possible, facilitate concurrent care for SUDs and the propensity for sexual violence.

### ***Violent Behavior in Treatment***

A man's violent behavior can interfere with his treatment. Likewise, substance abuse can interfere with interventions to change violent behavior. Upon entering a program, clients need to be told what

behaviors are acceptable and what consequences result from unacceptable behaviors. Techniques to reduce violent behavior include:

- Anger management techniques.
- Conflict resolution.
- Cognitive restructuring.
- Relaxation exercises.
- Timeouts.

### ***Counseling Men About Sexual Issues***

Male counselors can use self-disclosure and empathy to reduce the client's sense of isolation. Female counselors can react positively to the client's disclosure of sexual fears and concerns, thus offering a positive and therapeutic experience. Topics that may need to be addressed include:

- Substance use and sexuality.
- Effects of substance use on the male reproductive system.
- Sexual identity.
- Sexual dysfunction.
- Sex and the Internet.
- Sex trade work.
- Rape and sexual abuse among adult men.
- Childhood sexual abuse.

## **Family Issues**

Families can play a powerful role in motivating men to enter and maintain recovery. Topics that may need to be addressed include:

- Parenting responsibilities and skills.
- Reproductive responsibility.
- Legal issues affecting families.

## **Spirituality and Religion**

Religion is an organized construct. Spirituality reflects an individual's personal search for meaning. Spiritual and religious activities should generally be encouraged, because people who participate in them are less likely to abuse substances. A client's religious or spiritual beliefs can be used to motivate change.

For clients resistant toward organized religion, a focus on spirituality can help them accept the need for a power greater than themselves (e.g., nature, a spiritual being). Treatment providers should be familiar with clients' spiritual beliefs, practices, and experiences, and they should be willing to refer clients to appropriate religious or spiritual sources.

*For more detailed information, see TIP 56, Chapter 3.*

## **Working With Specific Populations of Men in Behavioral Health Settings**

### ***Men With Co-Occurring Mental Disorders***

- Men may be reluctant to seek help for co-occurring mental disorders. Programs need to be especially proactive in screening and assessing each disorder (at admission and ongoing) and assisting clients with getting the help they need.
- Men tend to emphasize the behavioral, rather than the emotional, symptoms of mental disorders and may be less interested in psychotherapy than female clients.
- Symptoms common during early recovery from substance abuse can mask symptoms of mental illness. Do not assume that these symptoms will fade with abstinence.

### ***Men With Physical Health Problems***

Men with SUDs are at increased risk for a wide range of medical conditions either caused or exacerbated by their substance use. These may include:

- Infectious diseases (e.g., viral hepatitis, HIV/AIDS).
- Physical disabilities.
- Traumatic brain injury.

All clients entering substance abuse treatment programs should have a thorough physical examination with appropriate laboratory studies. Programs should also provide medical services or link to such services; doing so can improve recovery outcomes for clients. Integrated medical care results in better abstinence outcomes than independent but linked services. Onsite services result in better use of medical care than offsite services.

### ***Men From Different Age Groups***

- High rates of substance use/abuse and violence among young men may reflect the fact that they are often less secure about their masculinity than older men and may feel a greater need to engage in behaviors that supposedly prove their masculinity to others.
- Young men often enter treatment under coercion and may not be ready to embrace and accept abstinence.
- The largest source of treatment referrals for younger men is the criminal justice system.
- Men 55 years of age and older often decrease or end their alcohol and drug use. Rates of SUDs decline as well. Yet, other factors such as loneliness and depression may cause some older adults to increase their drinking.

- Research with older adults who have completed treatment indicates that older men have greater difficulty than older women in maintaining abstinence after treatment.
- Many researchers have raised concerns about the misuse and abuse of prescription drugs by adults older than 55.

### ***Gay and Bisexual Men***

- Gay and bisexual men have higher rates of substance use and SUDs than heterosexual men. However, they are also more likely to seek treatment for substance use and/or mental disorders.
- Clinicians should be sensitive to gay cultural norms, prejudices against gay men, and social expectations related to gay culture that may affect substance use.
- Gay male clients may feel more comfortable working with a woman or a gay male counselor. Counselors need to explore and challenge their own sexual orientation biases and beliefs to work effectively with gay men.

### ***Men With Employment/Career-Related Issues***

- Men with SUDs are at greater risk for unemployment.
- Employment and work-related issues should be addressed in treatment, whether a client has a job or not.

- Talking about positive and negative aspects of work and work-related goals can help clients see how substance abuse has affected their work and how recovery can positively influence their careers and offer other means for fulfillment.
- Veterans are eligible for substance abuse treatment in the U.S. Department of Veterans Affairs (VA) system if they have served in the U.S. Armed Forces and received an honorable military discharge or general discharge under honorable conditions, subject to minimum duty requirements.
- The VA also offers programs to assist veterans who are experiencing homelessness.

### ***Men Experiencing Homelessness***

Men who are homeless are more likely than other men to have various concurrent problems ranging from high levels of shame and low self-esteem to HIV/AIDS and co-occurring substance use and mental disorders. Treatment retention is a particular problem for providers working with men experiencing homelessness. Strategies to increase retention include:

- Eliminating/decreasing waiting periods.
- Strengthening the orientation process.
- Increasing the level of client involvement with case managers.

- Making the program more accessible.
- Making the program environment more welcoming.
- Providing gender-specific services for men.
- Responding to client feedback.
- Increasing opportunities for recreational and educational activities.
- Putting more effort into relapse prevention.

### ***Men Involved in the Criminal Justice System***

- Men in correctional settings or on probation/parole are often affected by cognitive distortions, criminogenic patterns, and adaptations for prison survival that may be maladaptive in the community or the treatment setting. They may benefit from training to build skills for coping and operating successfully in the free world.
- Treatment for men who have been imprisoned should address recidivism and relapse.
- Men in the criminal justice system and those who leave it for treatment may be reluctant to share information, resistant to expressing vulnerable emotions, or hesitant to interact in group treatment. These behaviors should not be interpreted as resistance to treatment.

## ***Men From Different Cultural and Geographic Groups***

Behavioral health services providers should investigate the specific cultures of their clients and discuss those cultures with their clients, being sensitive to within-group diversity.

- Geographic region can significantly affect the availability of substances, attitudes toward substance use, and cultural patterns of use for men.
- Men in rural settings may have less access to substance abuse prevention and treatment programs than men in urban settings, but they may also have less access to some illicit substances.

*For more detailed information, see TIP 56, Chapter 4.*

## Treatment Modalities and Settings

### ***Detoxification***

- Providers should expect men who enter detoxification, particularly for alcohol dependency, to have multiple SUDs.
- Physical detoxification usually lasts 3 to 5 days.
- Detoxification may be the only real opportunity to engage men in dialog about their fears and anxieties regarding treatment, so as to encourage them to seek long-term solutions for their SUDs.

### ***Group Therapy***

- Group therapy offers advantages to both the program (e.g., cost effectiveness) and the client (e.g., decreasing the client's sense of isolation, providing an opportunity to learn social skills).
- Research generally indicates that group therapy is as effective as individual therapy for treating SUDs.
- Single-gender groups for men should focus on male needs and male approaches to interaction.
- Counselors should consider organizing other structured group activities for male clients, in addition to traditional group therapy models.

### ***Individual Therapy***

- Programs should use both group and individual therapy when working with male clients.

- Some men find it easier to discuss sensitive issues and reveal emotions and tears in private with a trained professional than with a group of peers.
- Clients in individual therapy can establish a deeper level of trust with their counselor and receive individual attention; they can also focus on their own needs to a greater degree than in group settings.

### ***Family and Couples Therapy***

- Marriage and family appear to have a protective function against substance abuse and relapse for men.
- It may be particularly important for men with SUDs to maintain relationships with their partners and family during recovery.
- Not all men are suitable candidates for family therapy or want to involve their family in treatment (e.g., men under a restraining order or those who have inflicted or received significant physical abuse).

### ***Enhancing Motivation***

- Motivation—more than any other single factor—can determine a person's success in recovery.
- Treatment that addresses how a man's substance use is related to his concept of himself as a man may be more effective in motivating men than treatment that does not.

- External factors (e.g., workplace and family relationships) can greatly undermine men's motivation to change behaviors.
- Counseling style and approach can hinder or enhance a man's motivation.
- Programs that allow clients to make treatment decisions and that allow for different levels of involvement in program components are more effective than those that allow little or no client input.
- Motivational interviewing is effective with many male clients.
- Men who are coerced or mandated into treatment do as well as or better than those who present voluntarily. However, be prepared to address a client's anger over being coerced or mandated into treatment.

### ***Relapse Prevention and Recovery***

- Men and women are about equally likely to relapse to alcohol use, but men are much more likely to relapse to illicit drug use.
- Men may need more help developing approach coping skills (i.e., techniques that address the problem) to replace avoidance coping.
- Findings on relapse determinants for men are inconsistent, so providers must thoroughly assess

each client and determine his strengths and weaknesses.

### ***Money Management***

- Men in treatment can benefit from financial management training, which can include learning to rely on automatic deposit and bill paying.
- Education on profitable, positive ways to use their money can help men curb the temptation to use a paycheck on alcohol or drugs.

### ***Outpatient Treatment Services***

- Outpatient treatment enables men to maintain jobs and/or families while in treatment and to practice coping skills in a real-world environment.
- Intensive outpatient treatment, which provides more frequent and intensive services compared with traditional outpatient programs, has become increasingly popular.
- Factors associated, for men, with better retention in outpatient treatment include being older, entering treatment as a result of an employer's suggestion, and having an abstinence goal.

### ***Residential/Inpatient Treatment Services***

- Isolating men from environments that expose them to people, surroundings, and opportunities that encourage substance abuse helps them maintain abstinence.

- Inpatient treatment allows clients to receive the most intense and largest dose of treatment. It may be preferable for people with more severe SUDs or with co-occurring disorders, men who are homeless, and those living in environments that encourage substance abuse.
- Residential treatment, compared with outpatient treatment, is associated with much better abstinence outcomes for men, but not women.
- Residential programs usually offer group and individual counseling, psychoeducational classes, and other treatment experiences, including 12-Step groups.
- Therapeutic communities (TCs) reward treatment progress by allowing clients progressively more privileges and less structure. This model has been successfully implemented in criminal justice environments. For clients with co-occurring disorders or other special needs, a modified TC approach may be required.
- Completion of a residential treatment program is associated with better outcomes.
- A combination of inpatient and outpatient treatment may be just as successful as long-term inpatient approaches.

## ***Mutual-Help Groups***

- Mutual-help groups are not treatment interventions, but many programs use them as a support for clients.
- No client should be forced to attend a mutual-help group in which he does not feel comfortable. Be prepared to suggest other possibilities if one type of group is not working for the client.
- The best known mutual-help groups are 12-Step programs like AA, NA, and Cocaine Anonymous.
- Many men feel comfortable with the 12-Step model, which was originally developed by men for other men.
- Some groups are specifically designated for men only. There are also meetings for gay men, Spanish-speaking people, and people with impaired hearing.

## ***Community Influences***

Forces that influence treatment success include:

- The availability of drugs in the community.
- Community attitudes toward substance abuse and recovery.
- Community and workplace support for recovery.
- Community underage drinking prevention programs.
- Employee assistance programs.
- Supports for long-term recovery and extended ongoing systems of care.

## ***Drug Availability, Marketing, and Pricing***

- Cigarette smoking, alcohol consumption, binge drinking, and marijuana and cocaine use are all price sensitive.
- Marketing is a complex phenomenon that has an impact on drinking in early adulthood; studies show clear links between advertising and behavior.
- Prescription drug misuse is a clear example of how availability may foster SUDs.
- New forms of social media, the evolving aspects of supply and price, and major changes in community attitudes, laws, and regulations mean that the impact of community influences on substance use in men is likely to be significant.

## ***Helping Men Live With the Residual Effects of Substance Abuse***

As men move beyond initial treatment and early recovery, treatment may:

- Be more about overcoming developmental lags, managing and maintaining success in life, and coming to grips with psychological trauma.
- Involve building on new strengths, taking carefully considered risks, and developing and enhancing new aspects of relationships.

- Include new or altered definitions of manhood and masculine roles.

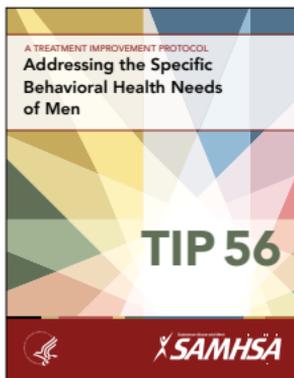
*For more detailed information, see TIP 56, Chapter 5.*

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# Ordering Information

## TIP 56

Addressing the Specific  
Behavioral Health Needs  
of Men



## TIP 56-Related Product:

KAP Keys for Clinicians  
Based on TIP 56

This publication may be ordered or downloaded from SAMHSA's Publications Ordering Web page at <http://store.samhsa.gov>. Or, please call SAMHSA at 1-877-SAMHSA-7 (1-877-726-4727) (English and Español).

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## Other Treatment Improvement Protocols (TIPs) that are relevant to this Quick Guide:

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- TIP 50:** Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment
- TIP 48:** Managing Depressive Symptoms in Substance Abuse Clients During Early Recovery
- TIP 47:** Substance Abuse: Clinical Issues in Intensive Outpatient Treatment
- TIP 42:** Substance Abuse Treatment for Persons With Co-Occurring Disorders
- TIP 36:** Substance Abuse Treatment for Persons With Child Abuse and Neglect Issues
- TIP 35:** Enhancing Motivation for Change in Substance Abuse Treatment
- TIP 25:** Substance Abuse Treatment and Domestic Violence

See the inside back cover for ordering information for all TIPs and related products.

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