



WWEN Connection

Wisconsin Women's Education Network
on Addiction, Recovery & Prevention

"Happiness
must be
grown
in one's own
garden"

—Caroline B. Poser

Putting a Face to Recovery . . .



Getting alcohol poisoning was the biggest mistake of my life. However, through this experience I learned what my true values are, such as how much my life, family and friends mean to me and how many people really do care about me.

What led me to overdose was wanting to fit in and so I drank a bottle of Kessler. Soon after, I felt faint, I felt like throwing up and it felt like there was a boulder sitting on my chest. I began gasping for air, the back of my mouth started to water and everything went black. All I heard were voices screaming Meagan, Megan, over and over again. I felt a sharp pain go through the back of my head as I hit the solid ground.

My friends helped me up and then carried me back to someone's house. My still cold body lay motionless on the floor. My skin and lips were blue; my eyes had rolled back in my head. A friend called the paramedics and when the ambulance arrived they called code blue.

On the way to the hospital they pronounced me dead from hypothermia. I was dead for five minutes. When I got to the hospital they began pumping my stomach, put IVs in my arms and tubes down my nose and throat. They called my parents and told them that I was not going to make it! Hearing that, I felt a stream of water running down my face. Knowing that my parents had to hear that made my heart cave in.

I was in the intensive care unit for three days and all I can remember in that lifeless room is the sound of my mom's tears hitting the floor. My girlfriend curled up next to me holding on tight like she was scared to let go because she might lose me for good. I heard a friend's mom telling my mom she needed to get rid of me for good.

I was in the intensive care unit for three days. I couldn't feel my legs. This was not only depressing but so scary, not knowing what was really going on. The doctor walked in and told me what happened. I was pronounced dead due to alcohol poisoning and hypothermia!!!

My experience has taught me that I don't need drugs and alcohol to enjoy life and have friends. I also learned that I am a good person and I just have to be myself and not someone that my friends want me to be. I have realized that being what others want me to be can lead to heartache and a lot more problems. I have discovered that my life is worth living. I plan to live my life to the fullest and enjoy every minute of it as me, Meagan Fourt!!! That day, January 4, 2006, was the worst day of my life – but it is also the beginning of a new life.



The WWEN website has a "new" look. Check it out at www.dcs.wisc.edu/pda/wwen/

WWEN Staff

Flo Hilliard

Project Manager
WWEN Project
608•265•2679
fhilliar@wisc.edu

Chris Dunleavy

Program Assistant
WWEN Project
608•265•4267
cdunleavy@dcs.wisc.edu

Treatment Helps Women on Welfare Get Jobs, CASA Report Finds

January 29, 2009

Research Summary

A new approach to helping drug-addicted women on welfare that treats substance abuse and addiction as a chronic disease promises better outcomes of sobriety and employment than current approaches that focus on employment first, according to new research from the [National Center on Addiction and Substance Abuse \(CASA\) at Columbia University](#).

The [study](#) of CASASARD -- an intensive case-management program for drug-addicted mothers in New Jersey who receive Temporary Assistance for Needy Families (TANF) benefits -- compared participants to women who received standard services that focused on employment first, then addiction screening and referral.

Researchers found that the case-management group had three times greater rates of treatment initiation, engagement and retention, were almost twice as likely to be abstinent at 12- and 24-month follow-ups, and were more than twice as likely to be employed full-time after two years.

"CASASARD offers a promising new approach to reduce the human and economic costs of addiction to our welfare system and to achieve the goals of welfare reform throughout the nation," said Joseph A. Califano, Jr., chairman and president of CASA, which runs the CASASARD program. The project recently was expanded from two counties to 19 counties in New Jersey.

The study was published in the February 2009 issue of the [American Journal of Public Health](#).



One Drink a Day for Women Raises Risk of Cancers

February 26, 2009

Research Summary

New research suggests that middle-aged women who imbibe even one alcoholic drink a day have greater risks for developing breast, liver and rectum cancer, [Health Day News](#) reported Feb. 24.

Naomi Allen and colleagues from the University of Oxford analyzed data from more than [1.2 million middle-aged British women](#), through use of cancer records in the National Health Service Central Registries. Most women in the study consumed at least one drink each day, and 68,755 of the women developed cancer during the seven year follow-up period.

Researchers found that moderate drinking was linked to 13 percent of breast, liver, rectum, and upper respiratory/digestive tract cancers for women. Overall, each additional drink increased the cancer risks, and the type of alcohol did not seem to matter.

"Because a high proportion of women drink low amounts of alcohol regularly and because most of the increased risk is for breast cancer, the risk among women associated with drinking alcohol is of particular importance," said lead researcher Naomi Allen.

For women who drank and smoke, the risk of developing mouth and throat cancers increased also.

The study was published online in Feb. 24, 2009 in the [Journal of the National Cancer Institute](#).

<http://www.jointogether.org/>





622 Mason Street
Rhineland, WI 54501
715•369•2210



Yvette Hittle

Focus on Treatment

1. Yvette, what is your position at Ministry Health Care and how long have you worked with adolescents?

I am an alcohol and drug counselor, and I work for an outpatient treatment center in northern Wisconsin. I have been working with adolescents since 1999.

2. Can you tell us a little about the population of adolescent girls that you work with?

I work with females, ages 12-22. These young women come from diverse backgrounds. Not only do they experience problems with alcohol or drugs, but they struggle with other problems too. Some young women have gone through abuse of some sort. Many struggle with parents who have issues with alcohol, drugs, depression, etc. Some girls may struggle with depression, bipolar disorder or eating disorders. Many secretly cut themselves to cope. All of these young women are strong, caring individuals trying to cope with difficult situations.

3. I understand when you work with an adolescent girl that you would like to have the girl's mother seeing a counselor as well. Can you explain why this is?

If an adolescent girl is struggling with severe addiction or severe substance abuse, along with a co-occurring disorder, it is not uncommon that her mother may also have an addiction and/or mental health problem. Although this is not a universal occurrence, it seems to be a very common pattern. My hypothesis is that adolescent daughters often feel a special connection to their mothers, which in turn plays a role in their own identity. Oftentimes, an adolescent daughter cannot separate her needs and emotions from her mother's needs. Furthermore, many young women feel a need to help/save their mothers. Others feel that they may be hurting or betraying their mothers if they begin to heal and their mothers are still caught up in a cycle of addiction or pain. I have seen the fastest, best outcomes in situations where both the mother and daughter are getting treatment concurrently. Ideally, I like to collaborate with the mother's therapist too.

4. Would you say this is a form of the Self-in-Relation model that works so well with adult women but finetuned to work for the adolescent girl who is the focus of treatment?

Absolutely!! Adolescent girls identify themselves almost completely by their relationships, and their mothers are their first, foremost, and primary relationship. In situations where a mother may be experiencing great difficulty with mental health and/or addictions, frequently the daughter has become so enmeshed that she cannot separate her emotions or identity from her mother's.

5. Have you experienced positive results using this method of working with the mother as an adjunct to the girl's treatment? Could you give any examples?

Yes, the most impressive positive results have occurred when mother and daughter are receiving concurrent treatment. I have several examples, but for lack of time and space, I will discuss one case: My client is a 16-year-old young woman who was drinking and abusing Adderall daily. She had experienced significant trauma as a child when she witnessed her mother being battered by her father. Her mother managed to escape the situation but, to cope with her trauma, she began drinking daily. When my client came to see me, she was followed by social services for severe truancy. She was experiencing anxiety attacks and was occasionally cutting herself. Per my recommendation, both the mother and the daughter were court ordered to outpatient treatment. The mother was referred to our women's outreach program which is well versed in trauma issues and uses a strength-based, wraparound approach. The mother began to heal and thrive. As my client's mother began to improve and became invested in treatment, my client began to heal as she had a secure environment to address her trauma and deal with her addictions. Currently, both mother and daughter are doing quite well. Both mother and daughter report a much improved mutual relationship and all around satisfaction with their quality of life.

6. What would you like to see happening in the field of adolescent treatment that could yield better outcomes for our adolescents?

I would love to see more programming involving families as well as a holistic, strength-based program that uses a wraparound approach in which therapists could collaborate and treat the family as a unit.

Mark your Calendar!



DEPARTMENT OF
Professional Development
& Applied Studies
University of Wisconsin-Madison

May 14, 2009

Motivational Interviewing: Theory and Practice

May 15, 2009

Integrating Motivational Interviewing into Current Practice

with

Laura A. Saunders, MSSW
Motivational Interviewing
Network Trainer (MINT)

The Pyle Center
702 Langdon Street
Madison, WI

www.dcs.wisc.edu/pda

To Register: Call 608-262-7942 or 800-725-9692 Programs #2715 & #2716



Conference on

Boys & Girls at Risk:

The Emerging Science of Gender Differences
Blending Science with Promising Practices
www.boysgirls-atrisk.org

Tuesday and Wednesday, June 16 and 17, 2009

Madison MarriottWest, Middleton, WI

Presented by: UW-Madison, Dept. of Professional Development & Applied Studies, The Gender Studies Project

Sponsored by: Aaron J. Meyer Foundation, Inc., The Aaron House, Madison, WI
Wisconsin Women's Education Network on Addiction, Recovery, Treatment and Prevention

Keynote Presenters:



Timothy P. Condon, Ph.D.

Deputy Director of the National Institute on Drug Abuse (NIDA). He will present on *The Young and the Restless:*

The Role of Adolescent Brain Development in Drug Addiction.



Thomas Farley

Author of *The Chris Farley Show: A Biography in Three Acts, (A Brother's Story)*, *New York Times* best-seller.



Kathleen A. Kovner Kline, M.D.

Assistant Professor of Psychiatry at the University of Colorado Health Sciences Center. She will present her work on

Hardwired to Connect: The New Scientific Case for Authoritative Communities.

For more information on the conference:
Mary Unmuth Yockey 608-263-9732 or
mjunmuth@wisc.edu

To Register: Call 608-262-1397 / 800-725-9692 or online at www.boysgirls-atrisk.org



Wisconsin Women's Education Network
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Professional Development and Applied Studies
University of Wisconsin-Madison
610 Langdon Street, Room 516, Madison, WI 53703
608•265•4267

