The Boston Consortium Model: Treatment of Trauma Among Women with Substance Use Disorders

Hortensia Amaro, Ph.D.
Institute on Urban Health Research
Northeastern University
1. Background of the Problem

Co-Occurring Disorders
HIV Risk Behaviors
Complex Clinical Presentation
Worse Prognosis
Gender Specific Treatments

2. Integrated Treatment Study

Purpose & Methods
Intervention
Findings
The Boston Consortium Model

October 1998 - September 2004

SAMHSA

Implemented in:
Women and Family Division
Bureau of Addiction Treatment
Boston Public Health Commission

National Registry of Evidence Based Models
BCS Research Question

How effective are comprehensive, integrated, trauma-informed services in reducing symptoms of trauma, mental illness and substance abuse, and HIV sexual risk behaviors compared to services as usual?
Intervention Principles and Elements

Principles

- Consumer participation
- Cultural and linguistic tailoring
- Gender specific
- Use of evidence-based approaches

Core Elements

- In-depth staff training on trauma informed care, links between trauma, mental illness and substance abuse disorders; and trauma specific intervention.
- Integration of trauma and mental health in assessment, crisis intervention, counseling, psychotherapy.
- Trauma-specific treatment with HIV component
Elements of Clinical Intervention

- MH & Trauma Diagnostic & Integrated Tx Plan
- System Boundary Spanner for:
  - MH Emergency Services
  - Individual/Family/Group Therapy
  - Psychopharmacological Treatment
- ‘Package’ of manualized trauma recovery skills building groups
  - Culturally and linguistically tailored

Staff Training

1. Case study workbook for staff training
2. Uses case examples to engage staff in discussions of issues that emerge in integrated treatment

Trauma Recovery and Empowerment

Saber es Poder

1. TREM cultural adaptation & translation
2. 25-week psycho educational trauma weekly group treatment.
3. Focuses on personal safety, empowerment and coping skills, links among substance abuse, mental health problems, and trauma.
4. Enhanced with HIV intervention focusing on sexual negotiation and sexual safety.

Leadership Skills

3-session (half-day each) educational curriculum teaches women how to:

1. regain voice and agency
2. become leaders and
3. learn to speak up on behalf of themselves and other women in recovery.

Economic Skills

8-session educational curriculum designed to assist women in

1. money management in the recovery process,

2. effective money management skills and

3. identifying and planning educational, vocational, and job training opportunities and objectives.

Family Reunification

10-week educational curriculum

1. impact of substance abuse on parenting, family reunification and self-care
2. learn about child protective services and self-advocacy
3. build skills to cope with triggers related to child custody issues

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse:</td>
<td>Addiction Severity Index</td>
</tr>
<tr>
<td></td>
<td>• Alcohol Composite (ASI-A)</td>
</tr>
<tr>
<td></td>
<td>• Drug Composite (ASI-D)</td>
</tr>
<tr>
<td>Mental Health:</td>
<td>Brief Symptom Inventory</td>
</tr>
<tr>
<td></td>
<td>• Global Severity Index (GSI)</td>
</tr>
<tr>
<td>Trauma:</td>
<td>Post Traumatic Diagnostic Scale</td>
</tr>
<tr>
<td></td>
<td>• Post Traumatic Symptom Scale (PSS)</td>
</tr>
<tr>
<td>HIV:</td>
<td>Unprotected sex in last 30 days</td>
</tr>
</tbody>
</table>
Findings: Alcohol and Drug Use

- **Alcohol Addiction Severity**: non-significant Condition X Time interaction

- **Drug Addiction Severity**: non-significant Condition X Time interaction

- Post-hoc analyses: Intervention group reported significantly higher drug abstinence rates than the comparison group at both 6- and 12-month follow-ups (6-month: 67% vs. 38%; 12-month: 75% vs. 40%; all *p* values < 0.0001)


Findings: Mental Health and Trauma

- Mental health symptoms: significant Condition X Time interaction, $F(2, 556) = 4.55, p = .01 (d = .32)$, favoring the intervention group.

- PTSD symptoms: significant Condition X Time interaction, $F(2, 553) = 4.49, p = .01 (d = .35)$, favoring the intervention group.

Findings: HIV Risk Behaviors

■ Strong significant association between intervention status and sexual risk behaviors was replicated (OR: 0.22, 95% CI: 0.093 – 0.52)

■ Comparison group women had 4.5 times more likelihood of engaging in unprotected sex than intervention group women.

Relationship Power

- Perception of relationship control and decision-making measured by the Relationship Power Scale (RPS) (Pulerwitz et al., 2002).
  - Analysis were restricted to those in relationships in the past 6 months
- At baseline, no differences in RPS
- At both follow-ups, intervention group had significantly higher RPS than comparison group (p<.01)
- RPS was significantly associated with lower HIV risk behaviors at 6M f-up (p<.01)

Conclusion

- Limitations of quasi-experimental study design.
- Evidence that integrated treatment results in better treatment outcomes including lower HIV risk behaviors.
- Qualitative data from staff and clients indicate high level of acceptability, feasibility and fit of intervention.
- Staff training needed to integrate treatment of MH and trauma into SA tx and requires systems change.
- Warrants further research on efficacy, mediators and key program elements.