

# A SYSTEM OF CARE APPROACH IN TREATING SUBSTANCE USE DISORDERS AMONG ADOLESCENT GIRLS

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# Overview

- ❑ The intersection of trauma, substance abuse, mental health, delinquency, and sexual risk among adolescent girls
- ❑ Las Rosas: An adolescent girls substance abuse treatment program
  - ❑ Sanctuary Model: A trauma-informed approach for organizations and individuals
  - ❑ Recovery-oriented System of Care approach
  - ❑ Integrated program components approach
- ❑ Methods and Outcomes
  - ❑ Sanctuary model
  - ❑ Substance use
  - ❑ Sexual knowledge and sexual risk
  - ❑ Recovery support and self confidence
- ❑ Conclusion/discussion/limitations

# Intersection of Trauma, Substance Use, Mental Health, Delinquency, & Sexual Risk among Adolescent Girls

- ❑ Childhood trauma is associated with co-occurring substance use disorders (SUD) and mental health disorders (MHD) among adolescent girls
- ❑ Girls involved in the juvenile justice system have high rates of co-occurring SUD-MHD disorders
- ❑ Sexual risk-taking is associated with SUDs, MHDs, and delinquency
- ❑ It is important to address this constellation of problems within a trauma-informed milieu to promote positive outcomes.

# Current Programs:

- Trauma-informed care is not typically incorporated into substance abuse treatment, despite high prevalence of trauma among adolescents with SUDs
- 29% of substance abuse treatment facilities reported specifically tailoring programs or groups to persons who have experienced trauma
- 71% reported using trauma-related counseling always, often, or sometimes as part of their clinical/therapeutic approach

# Current Programs:

- Substance abuse treatment programs do not routinely integrate sexual health interventions to address co-occurring substance abuse and sexual risk-taking
- Among substance abuse treatment facilities nationwide approximately:
  - 58% provide HIV or AIDS education, counseling, or support
  - 54% provide health education other than HIV/AIDS or Hepatitis.

# The Intersection of Trauma, Substance Use, Mental Health, Delinquency, & Sexual Risk among Adolescent Girls

So, there is need for...

...programs that are trauma-informed at the organization and individual levels,

...an integrated Systems of Care approach that addresses the constellation of problems with which adolescent girls enter treatment,

...specific services that address the constellation of issues with which adolescent girls enter treatment.

# Las Rosas Project (“the Roses”)

- Funded by the Substance Abuse and Mental Health Services Administration (Grant #TI 020138)
- Collaboration between UA-SIROW and an adolescent residential substance abuse treatment program
- Utilized a trauma-informed approach at the organization and service delivery levels, and
- Expanded, enhanced, and strengthened the Recovery-oriented Systems of Care for girls ages 12-17 in Southern Arizona.

# Las Rosas: Program Overview

- ▣ Residential adolescent substance abuse treatment program (30 - 60 days)
- ▣ Sanctuary Model at the organizational level to create a trauma-informed culture within the treatment milieu
- ▣ Recovery-oriented System of Care Consortium for coordinating care across systems (e.g., juvenile justice, education, medical, mental health, medical, recovery)
- ▣ Main program components
  - Substance abuse treatment
  - Seeking Safety
  - SIROW's Health Education for Youth (SIROW-HEY)
  - Recovery supports



# Sanctuary Model

- Developed by Sandra Bloom in collaboration with a number of clinicians
- A process that assists organizations in creating a trauma-informed culture
- Parallel process: traumatic symptoms in clients and traumatic symptoms in organizations
- Strategies for both individuals and organizations to avoid trauma-reactive behaviors
- Trauma-informed shared language (SELF)
- Practical tools
- <http://thesanctuaryinstitute.org>

# The Recovery-oriented System of Care Consortium (ROSCC)

- Purpose:
  - ▣ To inform on areas in which adolescents are involved (e.g., juvenile justice; mental health, substance abuse) and learn from each other
  - ▣ Identify and strengthen existing community recovery supports for youth
  
- Members and Activities:
  - ▣ Business leader, school superintendents office, substance abuse treatment, policy/government, mental health, women's commission, behavioral health funding authority, faith based, adolescent medicine, and select project staff
  - ▣ Held quarterly meetings, hosted a town hall, created a policy brief to learn from each other, educate the community, and disseminate the importance of an integrated - trauma-informed – recovery oriented – system of care for adolescent girls.

# Las Rosas: Substance Abuse Treatment

- Treatment included:
  - ▣ Screening and assessment
  - ▣ 30 to 60 days of residential treatment
  - ▣ Cognitive behavioral therapy
  - ▣ Individual and group counseling
  - ▣ Family component
  - ▣ Education component

# Seeking Safety

- Developed by Lisa Najavits PhD
- Addresses trauma and substance abuse simultaneously. Assists individuals in attaining safety from trauma and substance abuse
- 25 topics (PTSD: Taking Back Your Power; Setting Boundaries in Relationships; Compassion; Coping with Triggers; Detaching from Emotional Pain)
- Flexible
- <https://seekingsafety.org>

# SIROW-Heath Education for Youth

<b>CORE TOPICS (30 day – 8 sessions)</b>	<b>SUPPLEMENTAL TOPICS (60 day – 16 sessions)</b>
<ul style="list-style-type: none"><li>• Sex and sexuality</li><li>• Self-esteem</li><li>• Sexual/reproductive anatomy &amp; physiology</li><li>• Sexually Transmitted Infections (STIs)</li><li>• HIV/AIDS</li><li>• Safer sex protection methods</li><li>• Communication</li><li>• Relationships</li></ul>	<ul style="list-style-type: none"><li>• Body image</li><li>• Sleep and substance use</li><li>• Sexuality and substance use</li><li>• Women's health</li><li>• Mental and physical well-being</li></ul>

# Recovery Support

- Individualized plan with noted commonalities (GED enrollment; job seeking activities; NA/AA; pro-social activities)
- Social media (text messaging, podcasts)
- Groups activities (girls night in; performance art venues)
- Family activities (BBQs in the park)

# Las Rosas: Data Findings

- Client demographics
- Staff perception and use of the Sanctuary Model
- Impact of the Las Rosas program on clients' substance abuse, sexual health, trauma, recovery supports, and self confidence
- Assessment of client's trauma history and its impact on high risk drinking, drug use, and sexual health knowledge.

# Methods

- Staff and clients
  - ▣ Staff assessed after initial training and implementation of the Sanctuary Model and at about 12 months post-training and implementation
  - ▣ Clients assessed at intake to the residential treatment and six months post-baseline
- Self-report measures
  - ▣ Staff use of the Sanctuary Model
  - ▣ Client Trauma Symptom Checklist for Children (TSCC) and GPRA Client Outcome Measures for Discretionary Programs
  - ▣ Client knowledge tested during educational/treatment groups
  - ▣ Client perception on recovery supports and self-confidence at follow-up



# Client and Staff

## Clients (N= 84 girls)

67% = ethnic/race minority

15.2 = average age

56% = institutional living past 30 days

48% = arrested in past 30 days

80% = provided 6 month follow-up data (N= 67)

## Staff (directors to direct service providers)

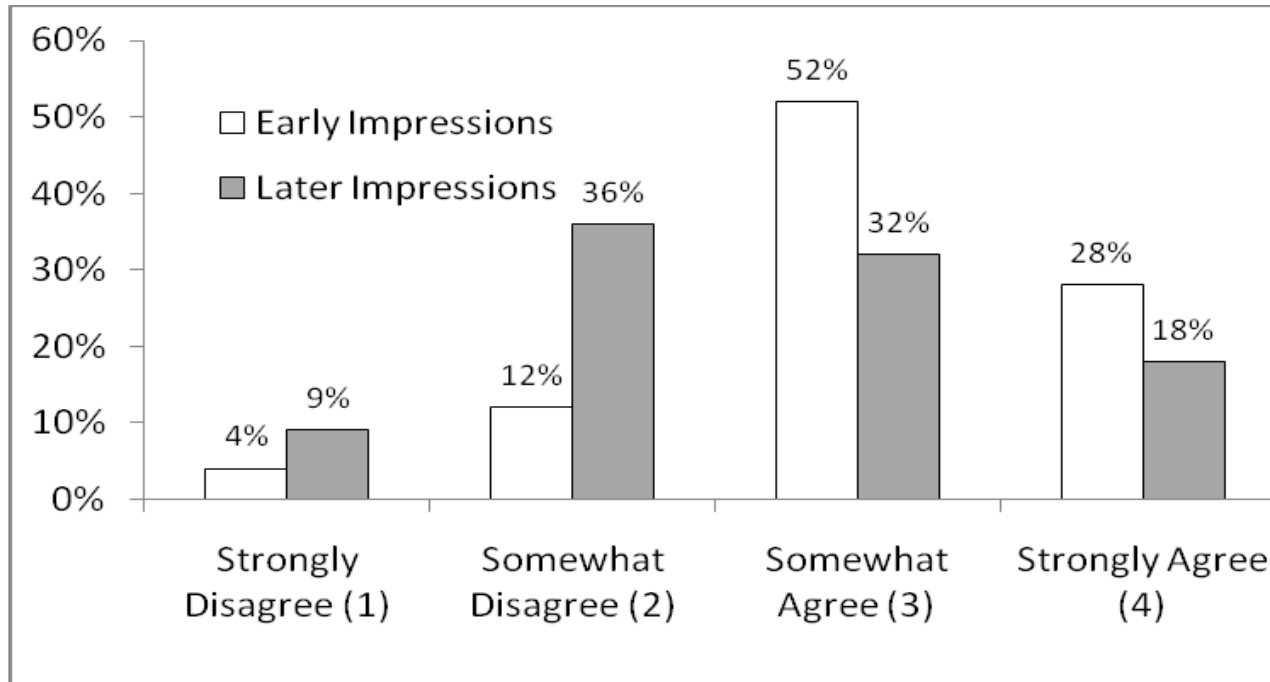
86% at Time 1 (25 of 29)

89% at Time 2 (31 of 35)

# Client Substance Use, Sexual behavior, and Trauma History at Intake

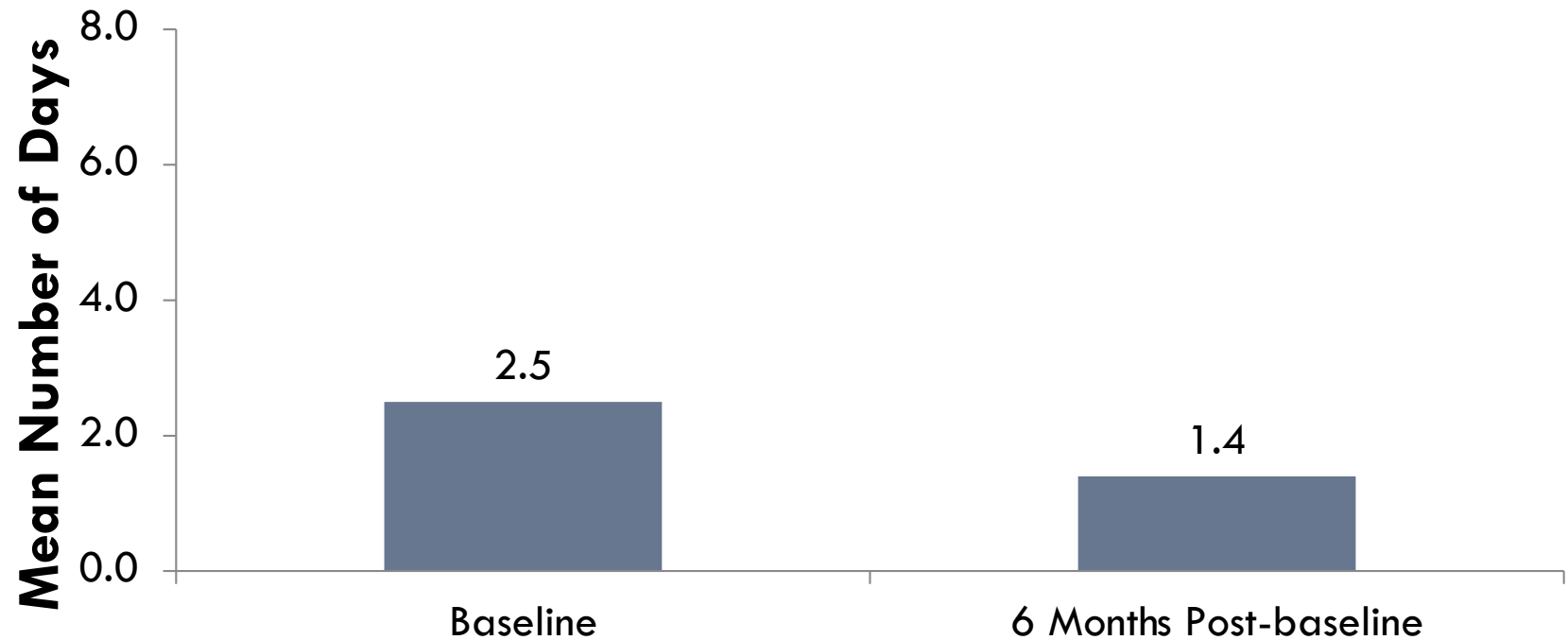
- Substance use in the past 30 days:
  - Marijuana/Hashish 53%
  - Opiates 43%
  - Alcohol 40%
  - Cocaine/Crack 14%
  - Benzodiazepines 12%
  - Methamphetamines 10%
  
- Sexual Behavior in the past 30 days:
  - Did not engage in sex 56%
  - Had unprotected sex 30%
  
- History of Trauma:
  - Met clinical significance 56%or suggestive of difficulty and subclinical symptomatology

# Outcomes: Las Rosas: Readiness to Implement Sanctuary Model



# Outcomes: High Risk Drinking

## Days of High Risk Drinking During the Past 30 Days



# Outcomes: Trauma and High Risk Drinking



The intervention had an impact on youth's high risk drinking behaviors, however, the impact was not affected by the youth's trauma history

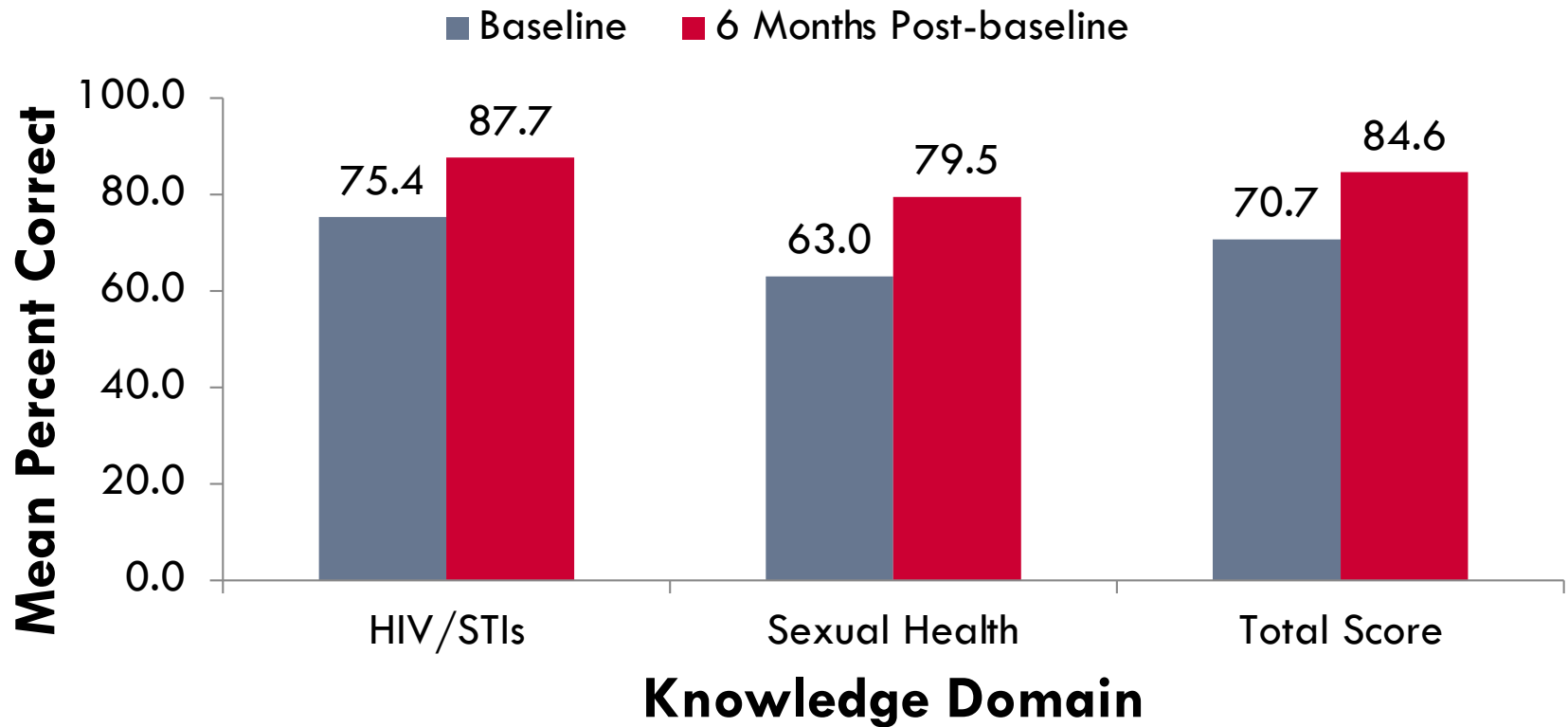
# Outcomes: Illicit Drug Use



There was no found significant change over time in youth's drug-using behaviors

# Outcomes: Sexual Health Knowledge

## Sexual Health-Related Knowledge



# Outcomes: Trauma and Sexual Health Knowledge



The intervention had an impact on youth's acquisition of sexual health knowledge, however, the impact was not effected by youth's trauma history

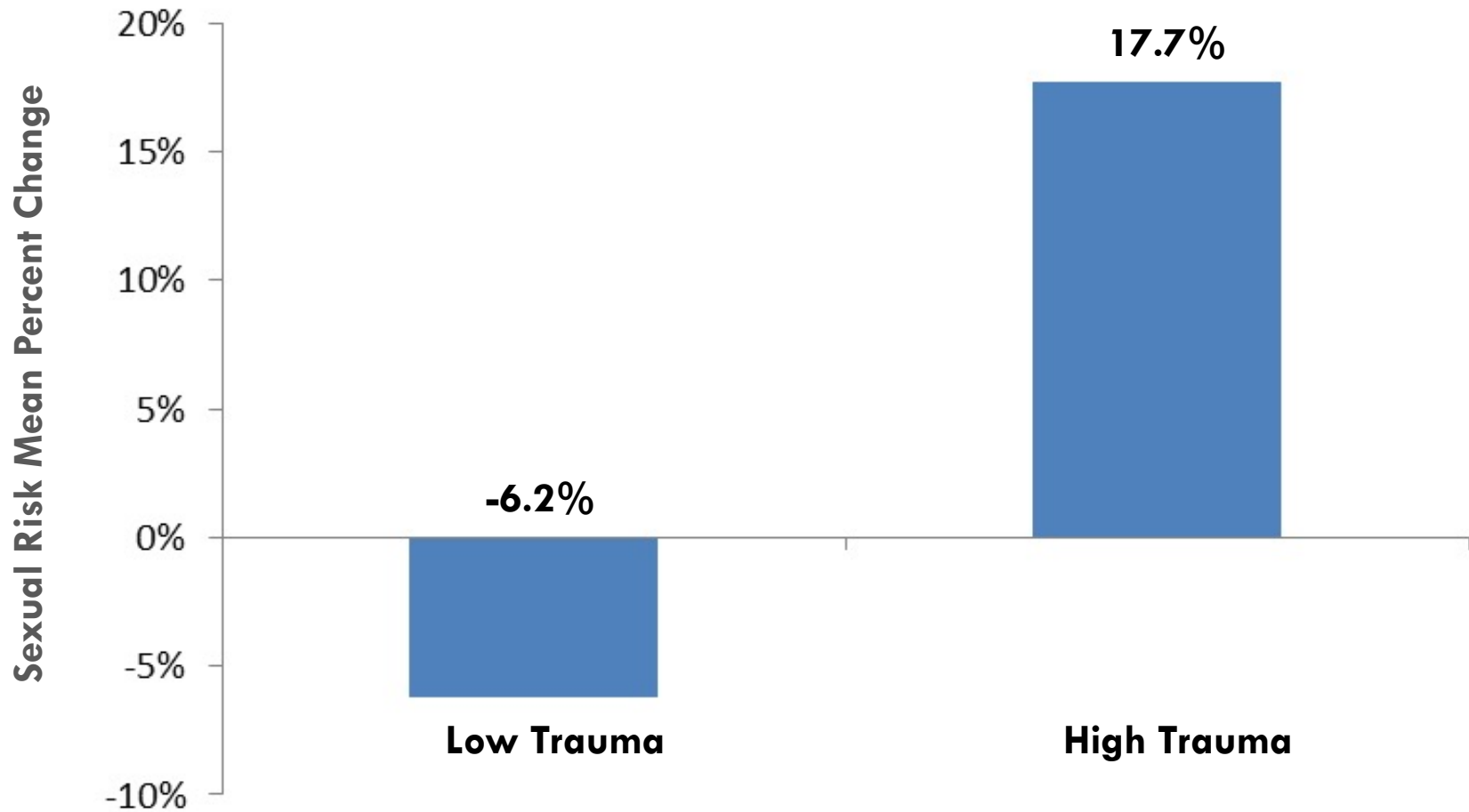


# Outcomes: Sexual Risk Behavior

## Sexual Risk Behavior Change from Baseline to 6 Months Post-Baseline

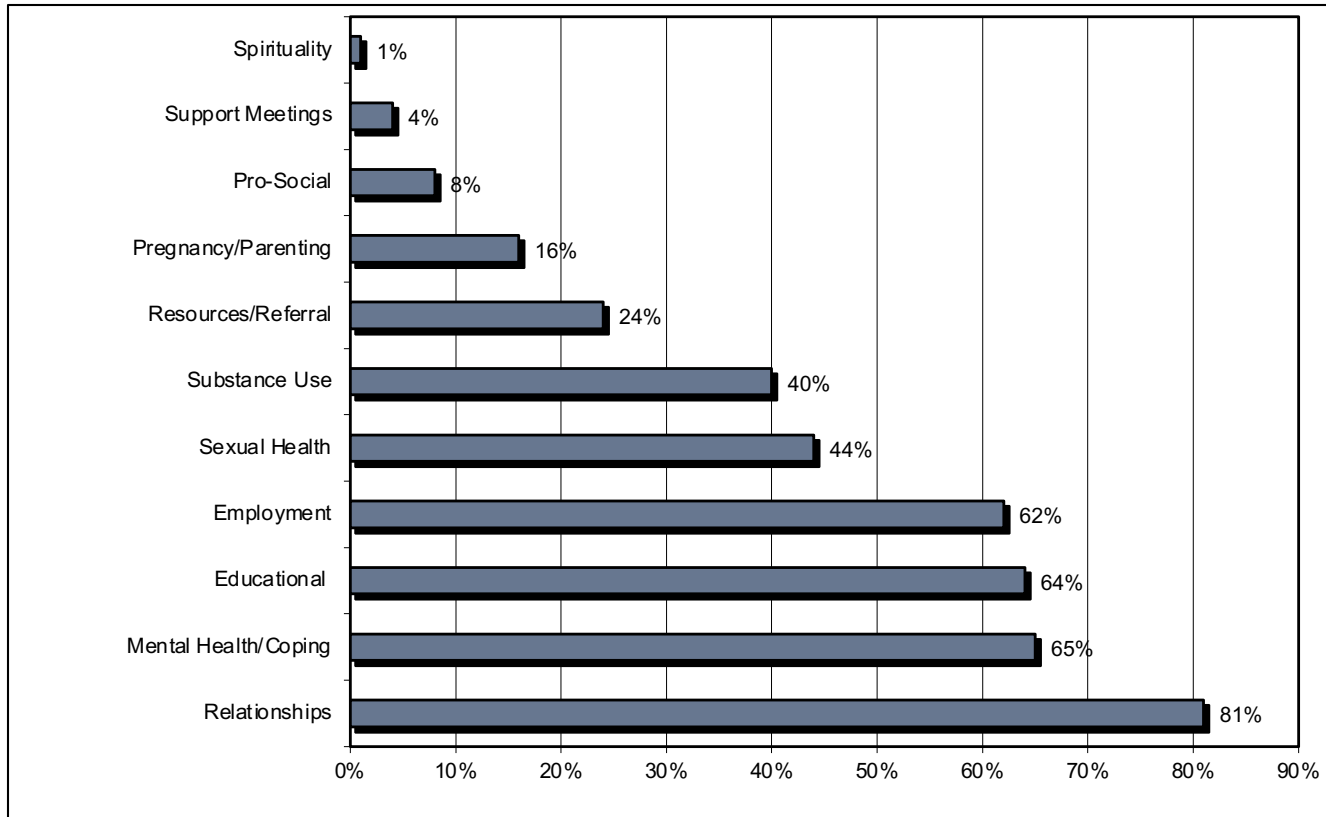
Maintained low sexual risk	57%
Decreased sexual risk from high to low or medium	23%
Total	80%

# Outcomes: Trauma and Sexual Risk

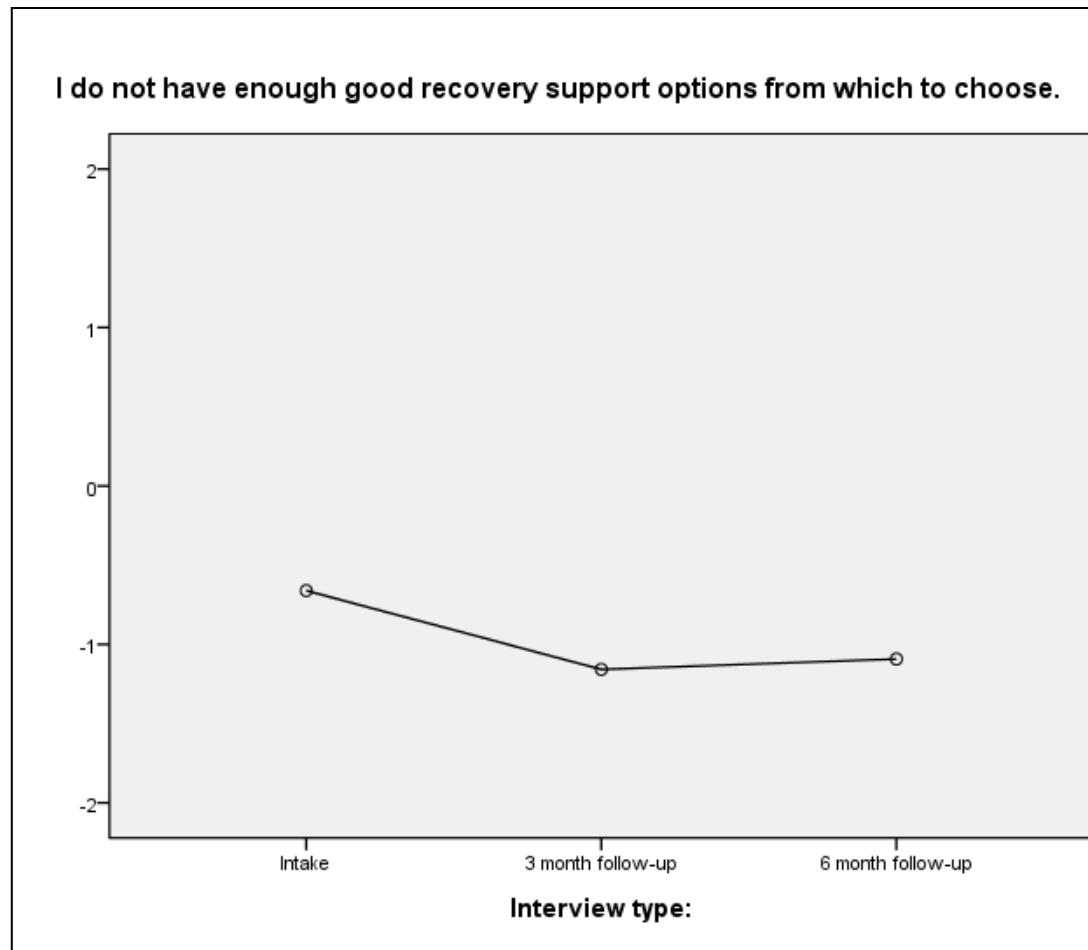


# Girls Recovery Support Topics

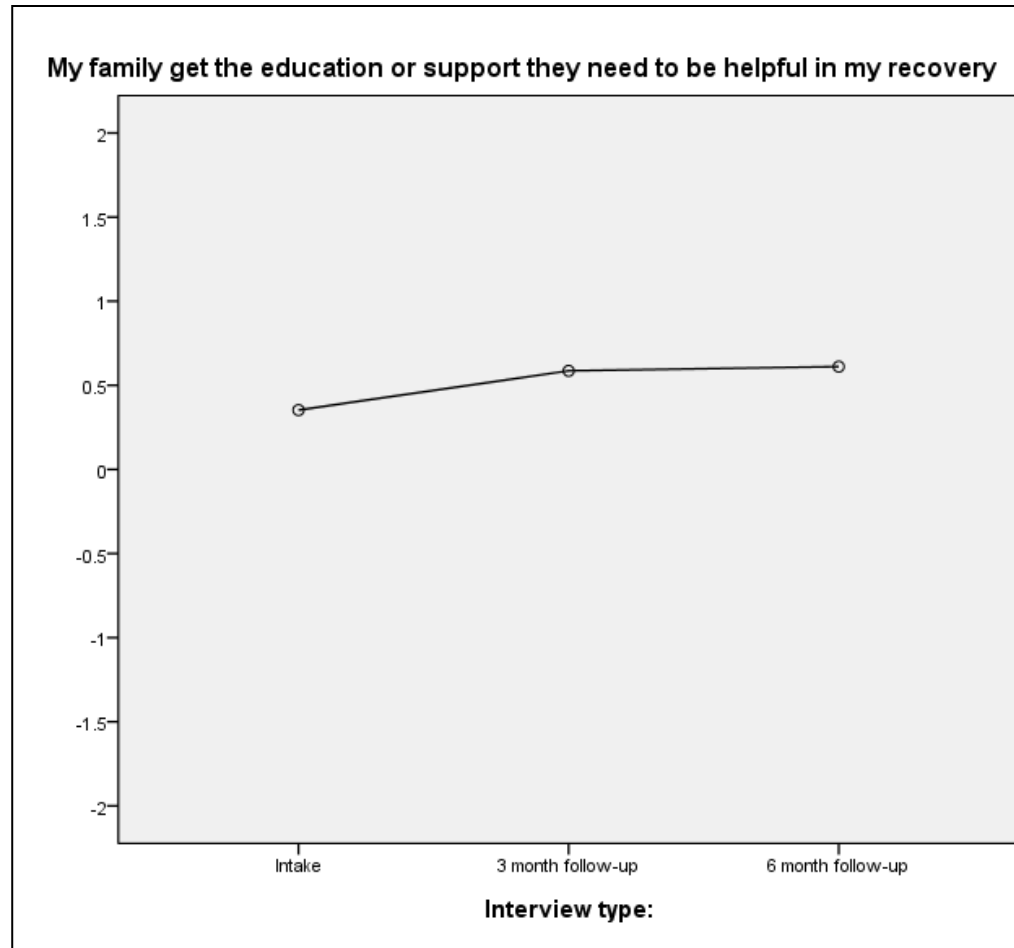
- 81% of girls wanted “relationships” as a recovery support topic



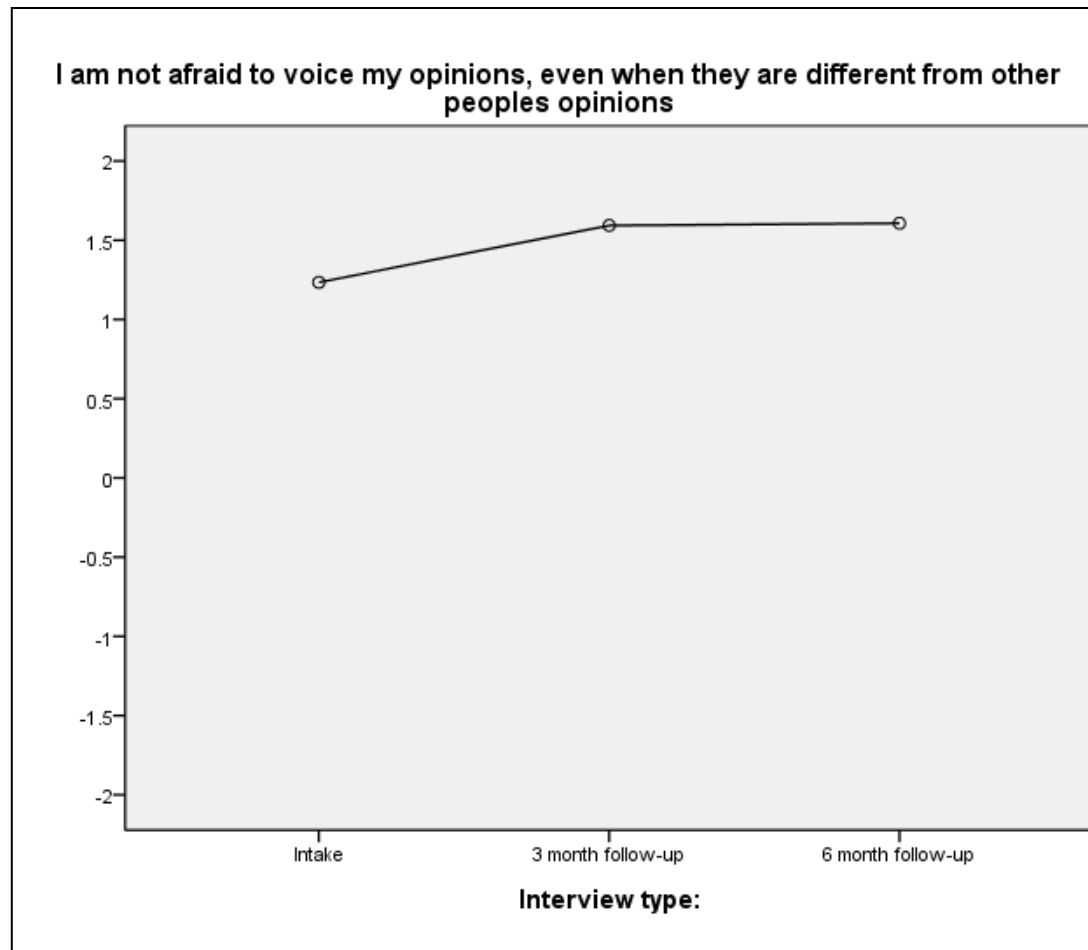
# Girls' Perception of Recovery Supports



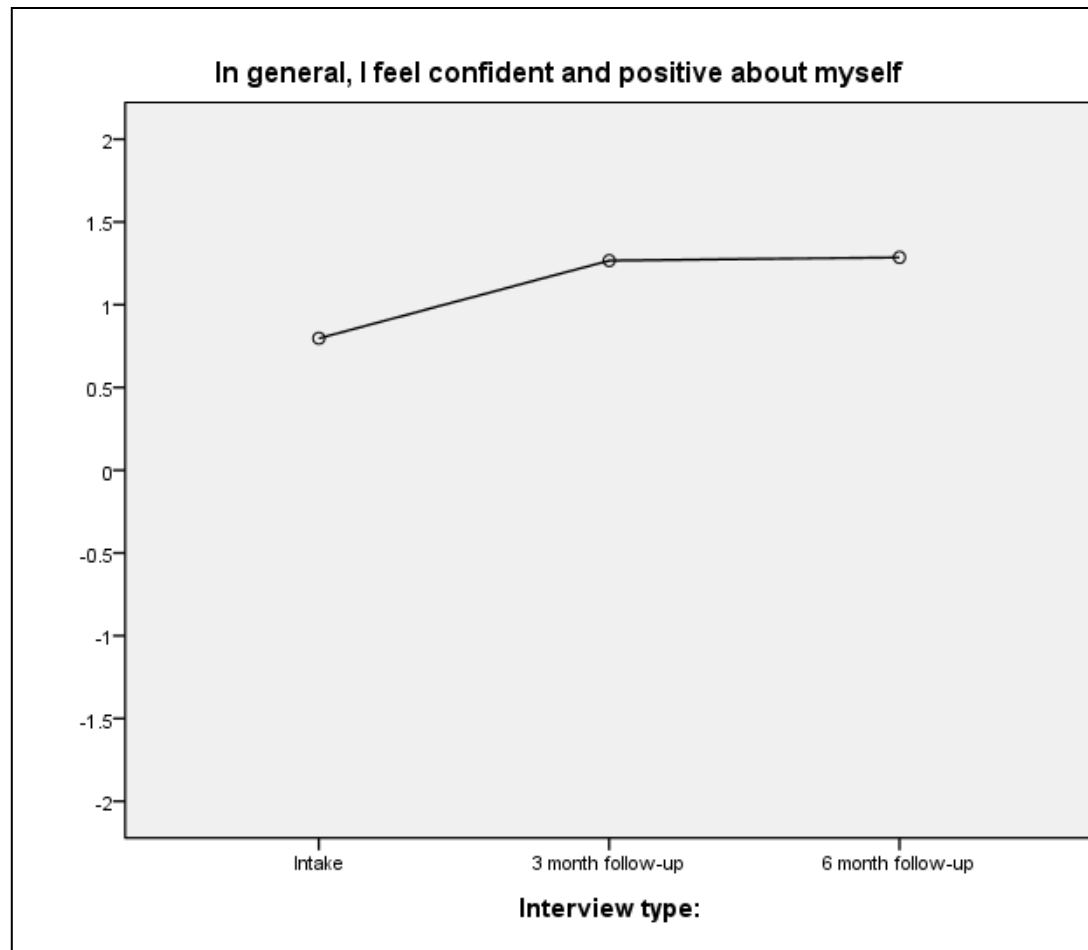
# Girls' Perception of Recovery Support Help for Family



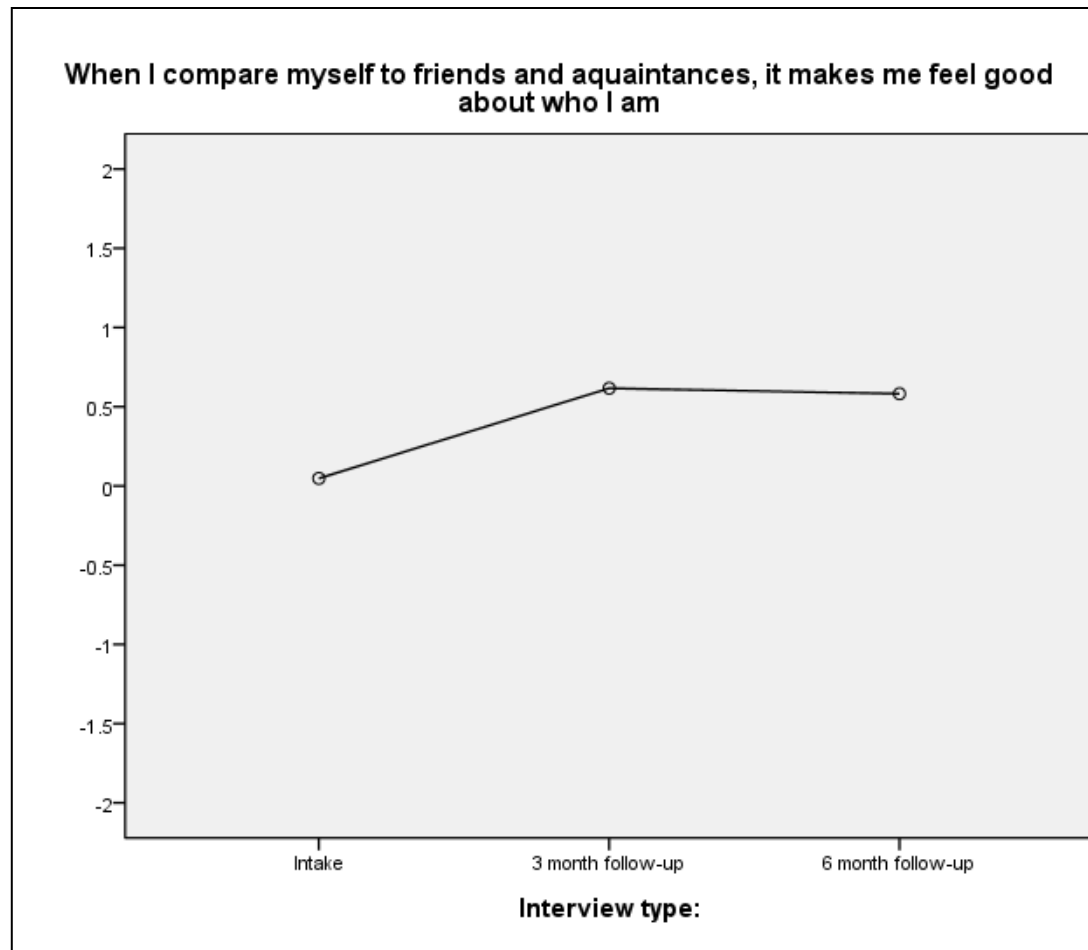
# Girls' Perception of Self Confidence



# Girls' Perception of Self Confidence



# Girls' Perception of Self Confidence





# Conclusions/Discussion/Limitations

- ❑ Substance use and sexual risk behaviors often co-occur
- ❑ Trauma is common among those with substance use disorders
- ❑ There is a need for integrated Systems of Care and interventions that address the constellation of problems with which adolescent girls enter treatment
- ❑ Outcomes (baseline to 6 months post-baseline):
  - ❑ Participants reduced the number of days they engaged in high risk drinking. However, this effect was not moderated by trauma history
  - ❑ Participants increased their sexual health knowledge. However, this effect was not moderated by trauma history
  - ❑ Participants reduced their sexual risk by engaging in less unprotected sex. This effect was moderated by trauma history. Girls with higher trauma benefitted more, reducing their risk at a higher rate, than girls with lower trauma.
  - ❑ While drug use did not change over time, involvement in recovery support and increases in self confidence may impact more distal changes in drug use.

# Conclusions/Discussion/Limitations

- Ongoing training and fidelity checks to the model of care are needed given turnover of staff and intervention slippage
- Additional research is needed to unpack:
  - ▣ the relationship between different types of trauma and client outcomes,
  - ▣ the impact of different types of recovery supports on client outcomes,
  - ▣ the impact of organizational culture on client outcomes, and
  - ▣ impact of integrated care on client outcomes.

# Conclusions/Discussion/Limitations

- ❑ Small sample size
- ❑ Limited data with regard to specific types of trauma experienced
- ❑ Data was entirely self report
- ❑ 56% were living in an institution prior to treatment entry making baseline “past 30 days” problematic.

# Questions? Comments?

**Las Rosas** was funded by Substance Abuse and Mental Health Services Administration - Center for Substance Abuse Treatment. Grant H79TI20138 awarded to UA-SIROW.

**Disclaimer:** The views expressed here are the authors and do not necessarily represent the official policies of SAMHSA-CSAT; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

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