A Trauma-Informed Approach to Serving HIV+ Women with Co-Occurring Disorders & their Affected Children

UCSD Mother Child Adolescent HIV Program

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Integrated care model providing comprehensive services including HIV primary care, intensive case management, mental health & substance use services, nutrition, health coaching, clinical trials, partner services, transportation, & benefits counseling from a family systems approach.

Serving:

...Pregnant women
...At-risk women
...Children
....Youth <25 years
...affected family members
UCSD MCAP Demographics

492 patients (2015): 77% female, 30% <25 yr old, over 50% below poverty
81% women & 89% youth retained in care virally suppressed

Race/Ethnicity

- Hispanic: 43%
- White: 23%
- Black: 23%
- API: 6%
- Mixed: 4%
- Native Amer: 1%

HIV Risk

- Heterosexual: 50%
- Perinatal: 21%
- MSM: 21%
- IDU: 6%
- Other: 3%
Background

- **1.2 million** people living with HIV (≥13 yrs) in the U.S.\(^1\)

- Proportion of women living with HIV more than tripled (1985-2000)\(^2\)

- A quarter of people living with HIV in the U.S. are women\(^3\)

- Women **13-34 years** old accounted for over half of new infections (2010)\(^4\)

- Profound health disparities, of women diagnosed with HIV\(^5\):  
  - Black women account for 65%  
  - Latinas account for 14%  
  - White women account for 17%

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Background: Syndemics

The **Substance Abuse, Violence, and AIDS (SAVA) syndemic** among women has received important research attention highlighting the clear association between gender-based violence, HIV infection & drug use (Gilbert et al., 2015).

HIV treatment must address ‘**triple diagnoses**’ of HIV, mental illness and substance use which requires integrated treatment (Hobson, 2014; Durvasula & Miller, 2014; Altice et al., 2010).

- **35%** HIV+ mothers screened positive for a psychiatric or substance use disorder (Malee, et al., 2014)
- **32%** HIV+ women are virally suppressed (CDC, 2014)
- **30%** HIV+ women have PTSD, *five times* national average for HIV(-) women (Machtinger, et al., 2012)
Objectives:
Families First Demonstration Project

- Administration on Children Youth & Families (Children’s Bureau), 4 yr grant
- Quasi-experimental multisite demonstration project
- Inclusion: HIV+ mother (≥18 yrs) with history of or current substance use

**Purpose**: Families First seeks to reduce the risk of child abandonment and neglect through early identification and implementation of a countywide integrated intervention designed to treat substance use and mental illness in HIV+ parents and to develop and support their role as active, engaged parents.

Integrated services offered in context of HIV primary care:
1. Therapy  
2. Psychiatry  
3. Substance use counseling  
4. Parenting support
Methods

Eligible participants:
- HIV+ woman ≥18 yrs receiving care through UCSD MCAP
- Parenting or of childbearing age
- Active or historical substance use (including TOB/ETOH)

Social workers or medical providers referred participants

Participants were consented & offered co-located & in-home services: 
*therapy, psychiatry, parenting, substance use*

Measures collected depending on arm:
BASIS-24, ASSIST, AAPI

Protocol approved by UCSD IRB
Families First Demonstration Project

Consented (53)

- Therapy (36)
  - BASIS-24

- Psychiatry (43)

- Substance Use (32)
  - ASSIST

- Parenting (34)
  - AAPI
Primary Outcomes

- BASIS-24® score
  - validated self-report measure
  - Baseline & 6 mo

- HIV RNA
  - Serum lab results
  - Baseline & 24 mo
Behavior & Symptom Identification Scale (BASIS-24®)

Validated behavioral health assessment tool

Domains:
1. Depression & Functioning
2. Interpersonal Relationships
3. Self-Harm
4. Emotional Lability
5. Psychosis
6. Substance Use
### Findings:
#### Families First Demographics (N=53)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>White</td>
<td>31%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>27%</td>
</tr>
<tr>
<td>Black</td>
<td>29%</td>
</tr>
<tr>
<td>Asian</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>9%</td>
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<table>
<thead>
<tr>
<th>Measurement</th>
<th>Value</th>
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<tr>
<td>Mean Age</td>
<td>37 (SD 8, Range 22-54)</td>
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<tr>
<td>Number of children</td>
<td>3 (SD 1, Range 0-9)</td>
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<tr>
<td>Mean Years since HIV dx</td>
<td>10 (SD 7, Range 0-29)</td>
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<td>% Virally suppressed (Baseline)</td>
<td>55%</td>
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<tr>
<td>% Incarceration history</td>
<td>42%</td>
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Findings: Substance Use

Most frequently used substances (ASSIST N=32):

1. ETOH = 29 (91%)
2. Cannabis = 28 (88%)
3. TOB = 27 (84%)
4. Stimulants = 24 (75%)
5. Opioids = 9 (28%)

IVDU = 8 (25%)
Treatment history = 17 (53%)
Polysubstance use 100%
Findings: Primary Outcomes

• Improved viral suppression
  - 21% increase in number of women with undetectable VL
  - Baseline: 55% to 24 Mo FU: 76%

• Reduced substance use (N=21)
  - 20% decrease in recent substance use
  - BASIS-24® substance use domain

• Improved mental health functioning (N=21)
  - 20% overall decrease in behavioral risk symptoms
  - Composite BASIS-24® score
Discussion: Limitations

Demonstration project in a clinical setting with a small N

Participants chose from a ‘menu’ of available services limiting comparisons across groups
Conclusions

• Program efficacy to achieve positive health outcomes for HIV-positive mothers with co-occurring disorders

• Integrated models, which include the family system, are effective in improving well-being and health for high-risk families

• Multidisciplinary treatment teams are essential to address the diverse needs of families impacted by HIV with co-occurring disorders
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