Program Evaluation of a Trauma-Informed HIV Prevention and Vocational Development Intervention for African American Women, 7030

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Disclosures

Presenter(s) has no financial interest to disclose.

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Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Recognize the infusion of a trauma-informed framework in the design of the Common Threads intervention for African American women living with HIV.

2. Describe evidence-based results of a grounded theory program evaluation of the Common Threads intervention.

3. Identify key strategies and direction to improve the health and vocational development outcomes for African American women living with HIV.
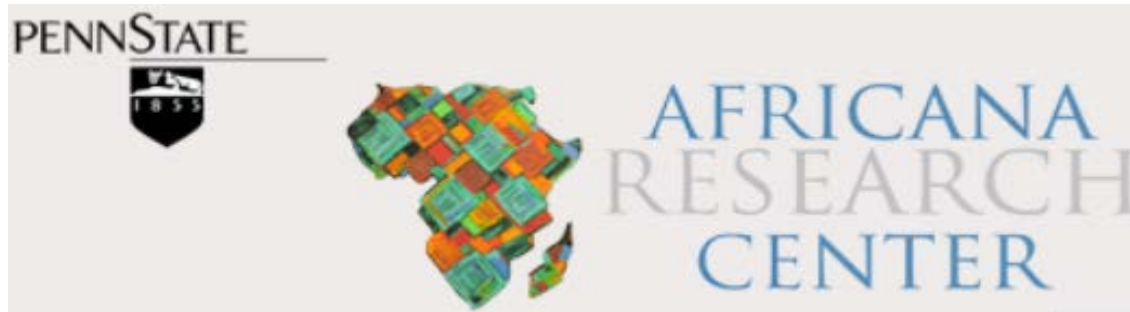
Obtaining CME/CE Credit

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http://ryanwhite.cds.pesgce.com

Acknowledgement

Women of Common Threads
Mark Misrok
Vanessa Johnson
Liza Conyers

Topics Covered

- Trauma and Women Living with HIV
- Trauma-Informed Services
- Program Overview
- Program Evaluation
  - Research Design
  - Results
- Discussions
- Implications
- Limitations

Trauma

"Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." – SAMHSA

Substance Abuse and Mental Health Services Administration.. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. Retrieved from: http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf

Trauma and Women Living with HIV

Categories	Number of studies	Pooled n	Prevalence[a] (%)	95% confidence interval	Reference prevalence[b] (%)
Recent PTSD	6	499	30.0	18.8–42.7	5.2
Intimate partner violence	8	2285	55.3	36.1–73.8	24.8
Adult sexual abuse	8	2237	35.2	20.1–51.4	–[c]
Adult physical abuse	5	1791	53.9	30.2–76.8	–[c]
Adult abuse unspecified	2	532	65.0	58.9–70.8	–[c]
Childhood sexual abuse	7	3013	39.3	33.9–44.8	16.2
Childhood physical abuse	6	1582	42.7	31.5–54.4	22.9
Childhood abuse unspecified	2	232	58.2	36.0–78.8	31.9
Lifetime sexual abuse	8	1182	61.1	47.7–73.8	12.0
Lifetime physical abuse	6	878	72.1	60.1–82.1	–[c]
Lifetime abuse unspecified	6	1065	71.6	61.0–81.1	39.0

[a] Pooled prevalence from random-effects model (DerSimonian-Laird)
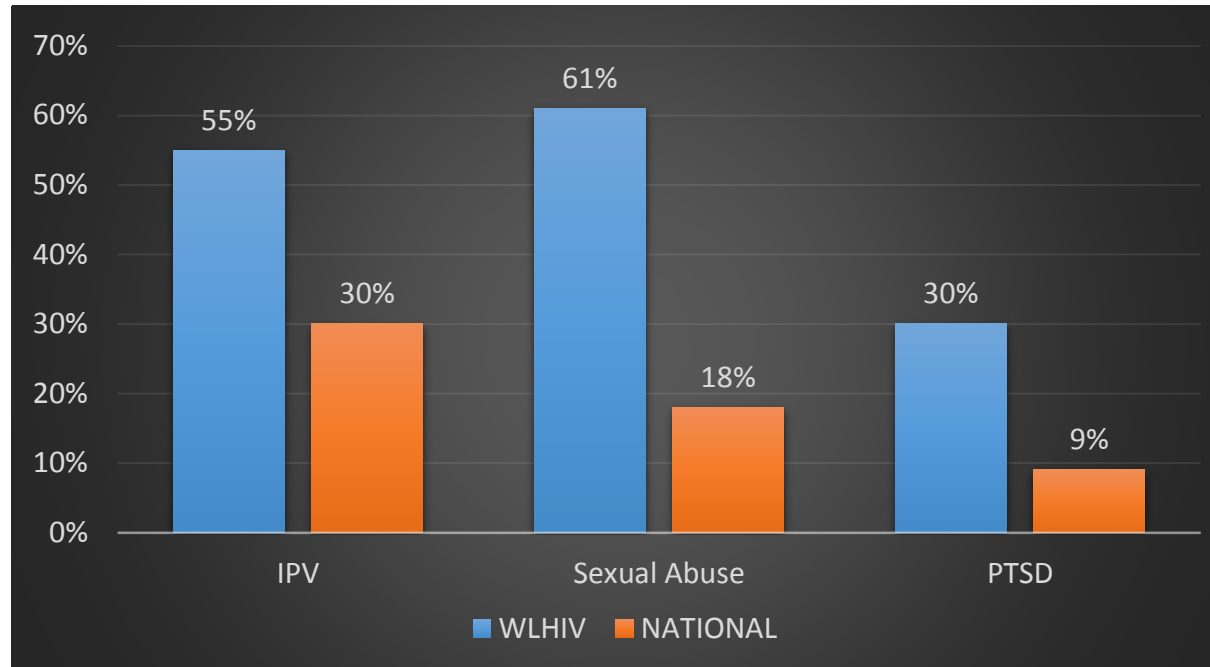
[b] National samples of US women (citations in text)

[c] Data from a national sample not available or national samples report conflicting rates

Machtinger, E. L., Wilson, T. C., Haberer, J. E., & Weiss, D. S. (2012). Psychological trauma and PTSD in HIV-positive women: a meta-analysis. *AIDS and Behavior*, *16*(8), 2091-2100.

Trauma and Women Living with HIV

Cougle, J. R., Timpano, K. R., Sachs-Ericsson, N., Keough, M. E., & Riccardi, C. J. (2010). Examining the unique relationships between anxiety disorders and childhood physical and sexual abuse in the National Comorbidity Survey-Replication. *Psychiatry research*, *177*(1), 150-155.

Kilpatrick, D. G., Resnick, H. S., Milanak, M. E., Miller, M. W., Keyes, K. M., & Friedman, M. J. (2013). National Estimates of Exposure to Traumatic Events and PTSD Prevalence Using *DSM-IV* and *DSM-5* Criteria. *Journal of Traumatic Stress*, *26*(5), 537–547. http://doi.org/10.1002/jts.21848

Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., & Merrick, M. T. (2012). The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report. Atlanta: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from: https://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf

Impact of Trauma
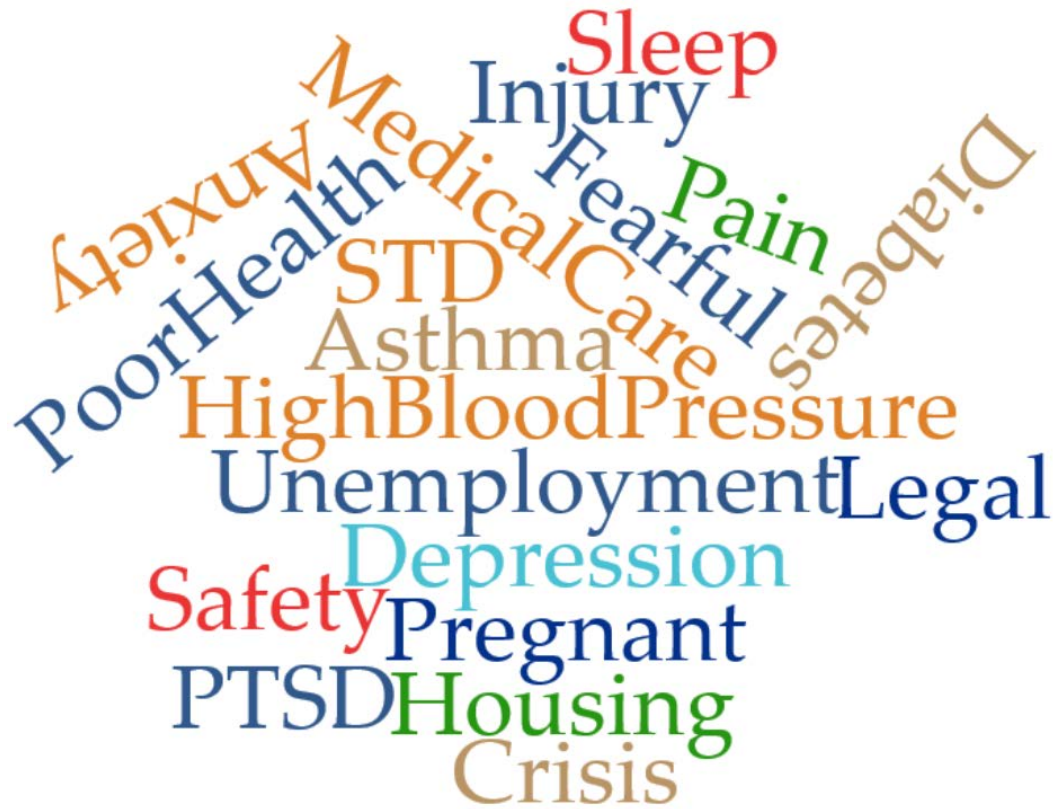
Impact of Trauma

Table 6.1

Prevalence of Physical and Mental Health Outcomes Among Those With and Without a History of Rape or Stalking by any Perpetrator or Physical Violence by an Intimate Partner — U.S. Women, NISVS 2010

Health Outcome	Weighted %		
	History	No History[1]	p value[2]
Asthma	23.7	14.3	<.001
Irritable Bowel Syndrome	12.4	6.9	<.001
Diabetes	12.6	10.2	<.001
High Blood Pressure	27.3	27.5	n.s.[3]
Frequent Headaches	28.7	16.5	<.001
Chronic Pain	29.8	16.5	<.001
Difficulty Sleeping	37.7	21.0	<.001
Activity Limitations	35.0	19.7	<.001
Poor Physical Health	6.4	2.4	<.001
Poor Mental Health	3.4	1.1	<.001

[1]No history of rape, stalking, or intimate partner physical violence
[2]p-value determined using chi-square test of independence in SUDAAN™
[3]Non-significant difference

Cougle, J. R., Timpano, K. R., Sachs-Ericsson, N., Keough, M. E., & Riccardi, C. J. (2010). Examining the unique relationships between anxiety disorders and childhood physical and sexual abuse in the National Comorbidity Survey-Replication. *Psychiatry research*, *177*(1), 150-155.

Impact of Trauma

HIV-Related Outcomes

- HIV Risks

- Poor linkage to care

- Mortality

- ART Failure

- Treatment failure

Leserman, J., Whetten, K., Lowe, K., Stangl, D., Swartz, M. S., & Thielman, N. M. (2005). How trauma, recent stressful events, and PTSD affect functional health status and health utilization in HIV-infected patients in the south. *Psychosomatic Medicine*, *67*(3), 500-507.

Machtinger, E. L., Haberer, J. E., Wilson, T. C., & Weiss, D. S. (2012). Recent trauma is associated with antiretroviral failure and HIV transmission risk behavior among HIV-positive women and female-identified transgenders. *AIDS and Behavior*, *16*(8), 2160-2170.

Trauma-Informed Framework

A strength-based framework that emphasizes the pervasiveness of trauma and it advocates service delivery utilizes the concept to identify, prevent, or intervene traumatic events

Recognize

Respond

Recover

**Safety   Trustworthiness   Choice   Collaboration   Empowerment**

Harris, M. E., & Fallot, R. D. (2001). *Using trauma theory to design service systems*. Jossey-Bass.

Substance Abuse and Mental Health Services Administration. (2015).Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from http://store.samhsa.gov/shin/content//SMA14-4816/SMA14-4816.pdf

Program Overview

"**Common Threads** is a peer-led HIV training that addresses social determinants of health as an integrated prevention, trauma-informed and vocational development training."
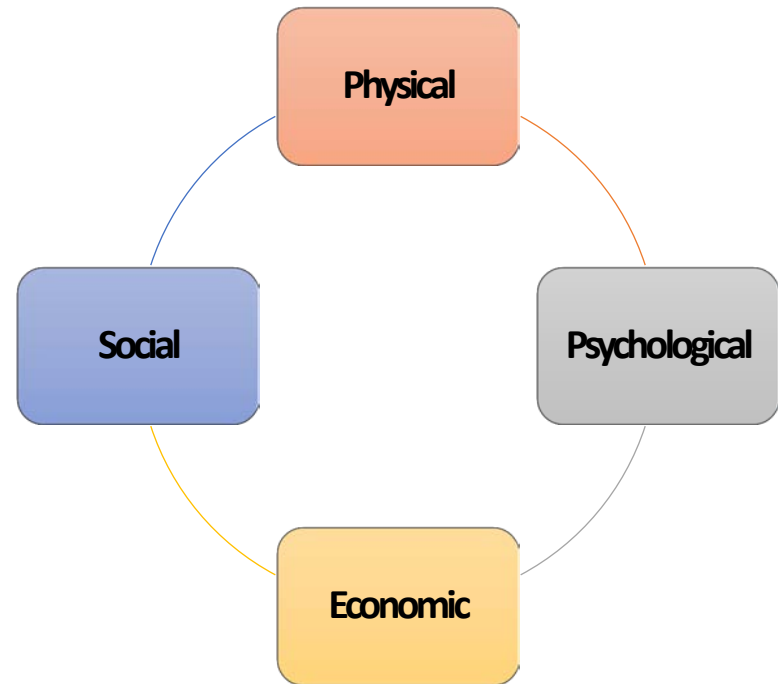
Trauma-Informed HIV Prevention and Vocational Development Model

Johnson, V. (2013). Made it ourselves: A marketplace for women living with HIV/AIDS in the southern region of the United States. USCA Conference Presentation.

Common Threads
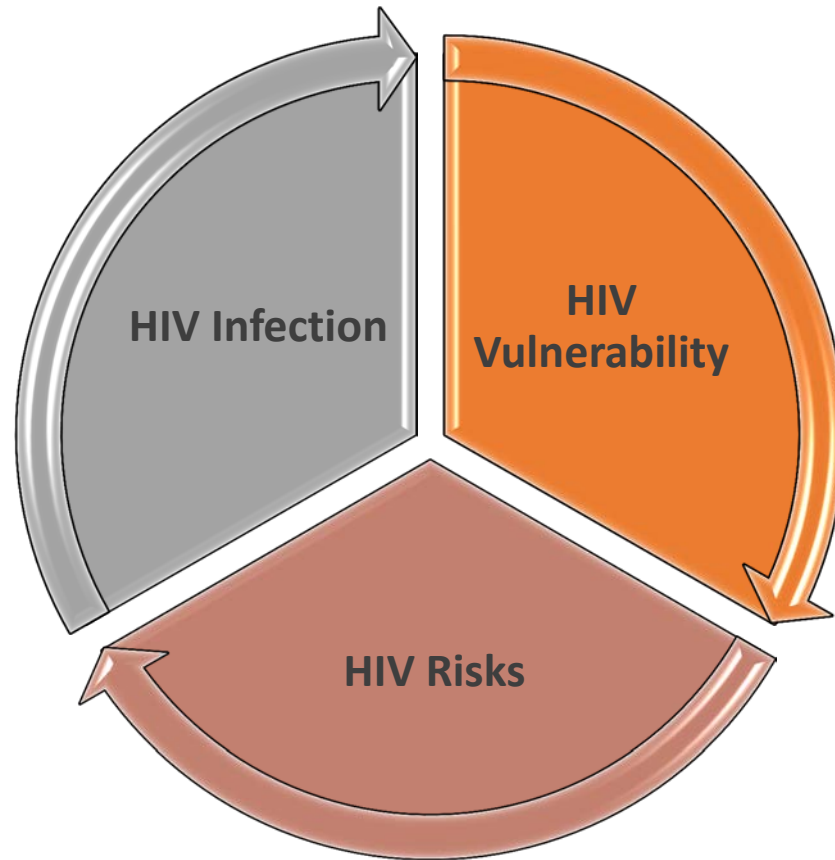
Common Threads

Program Structure

Four-days HIV Prevention Training*

- **Female trainers** (i.e., a licensed professional counselor, a group facilitator, and two HIV peer specialists)
- **Cultural Strength:** Storytelling (i.e., Trauma Timeline and Family trees)
- **Interactive Discussions**

Microenterprise

- Economic intervention to increase financial stability and self-sufficiency
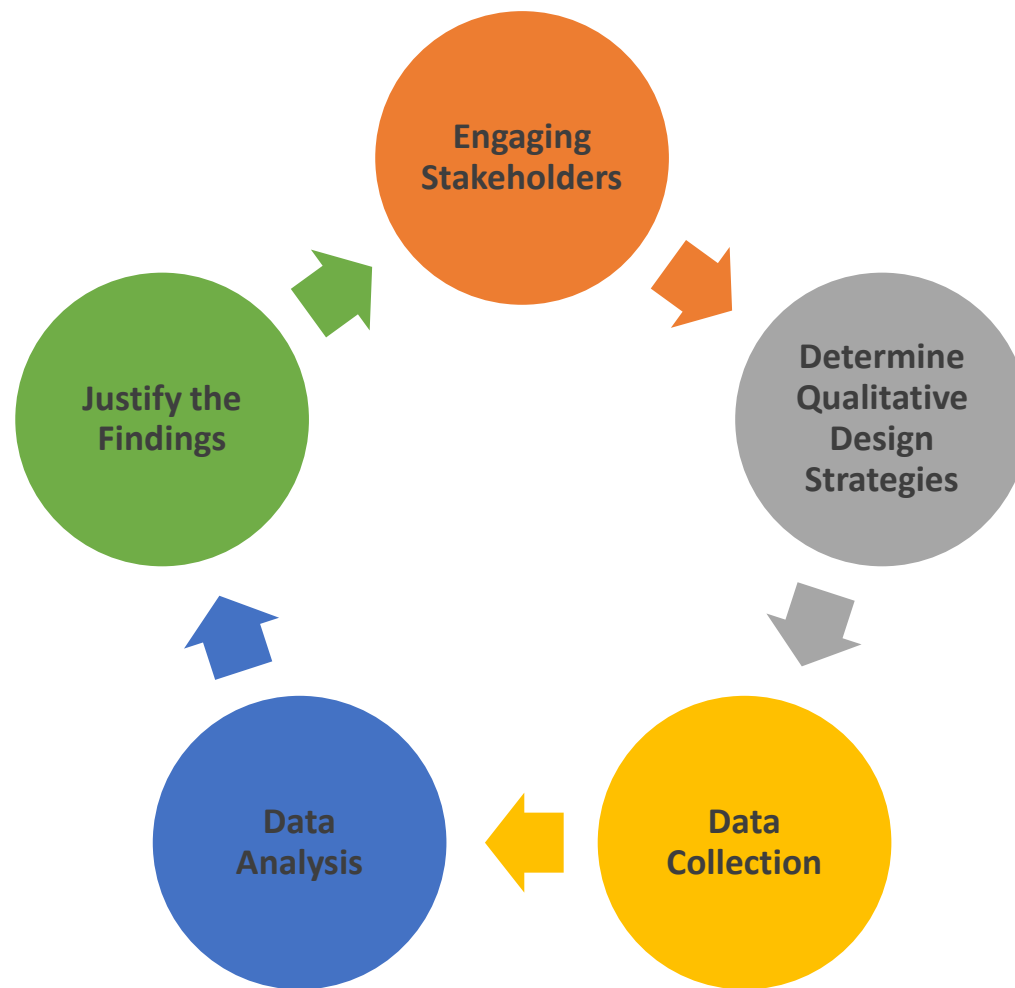
Civic Engagement

- Increase participation on community services, representation on decision making bodies, consultation and employment

Common Threads


Timeline

Pilot Program Evaluation

Satisfaction (n=31)

Question	Agree 5 %	4 %	3 %	2 %	Disagree 1 %	Mean	Median
Training met my expectation	84.2	10.5	0	0	5.3	4.68	5.0
The training was an effective use of my time	89.5	5.3	0	0	5.3	4.74	5.0
The lodging was satisfactory	57.9	26.3	10.5	0	0	4.67	5.0
The training space was satisfactory	63.2	31.6	0	0	0	4.89	5.0
Meals	42.1	26.3	15.8	5.3	5.3	4.0	4.0

(Madondo & Johnson, 2012)

Disclosure status (n=29)

Variables	Frequencies		Percentages	
	Yes	No	Yes	No
Print Media	13	1 6	33.3	66.7
Television	12	17	22.2	77.8
Internet	16	13	66.7	33.3

Changes in Storytelling techniques
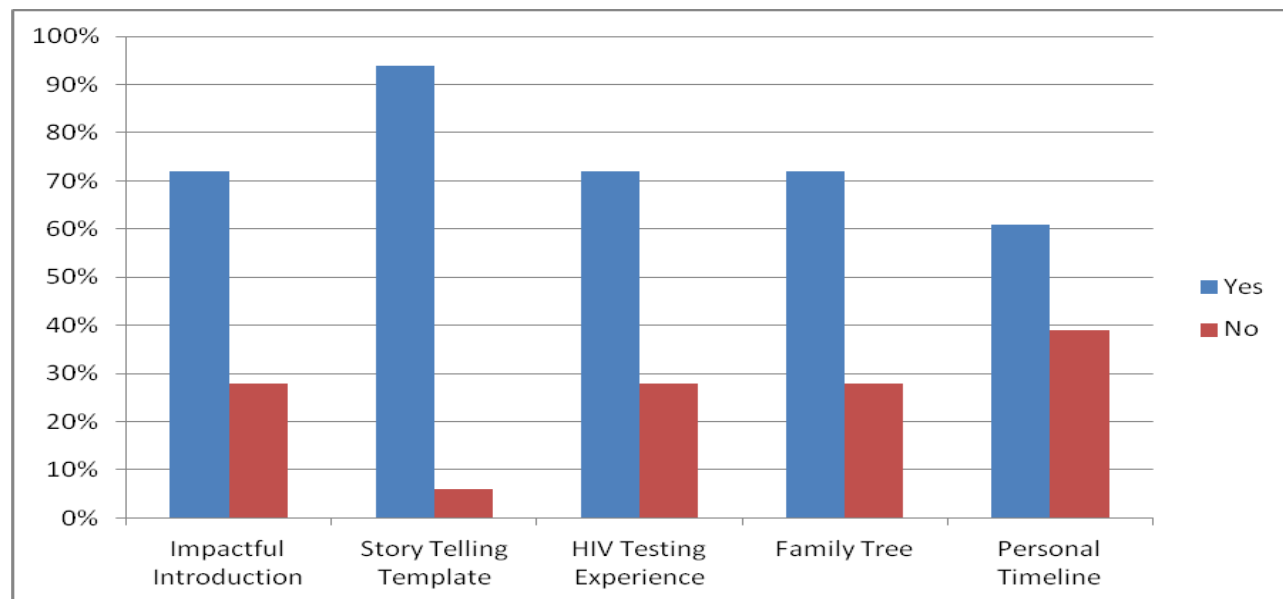
(Madondo & Johnson, 2012)

Methods

Purpose
Understanding the Perceived Impact of African American Women in Common Threads program

Data Collection: Engaging Participants
Snowball Sampling
Interview

Data Analysis: Grounded Theory Approach
Transcribe Data
Levels of Coding
Triangulation

Results
Generate Themes
Integrate Findings

Coding Example

I had no idea that all those things shaped, what I thought, what I perceived, what I believed in, and it [Timeline] was just power to me, that I had something now I could draw on, because for so long I thought it was me, it was my fault, I should have been more careful, it never dawned on me that any of those things played a part. It was powerful.

Coding Example

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Gaining Self-Awareness

Self-Acceptance Self-Esteem

Learning New Tools

No More Self-Blame

Gaining Self-Awareness

Self-Acceptance Self-Esteem

Results

Demographics	
Characteristics	**N=10**
Age (range)	**45-64**
Age of HIV Diagnosis	
15-24	1
24-34	2
35-44	4
45-54	3
Expose to HIV	
Heterosexual contact	9
Unsure	1
Education	
High School	2
Some College	6
Bachelor's degree	2
Household Income	
Less than $24,999	6
$25,000 to $49,999	2
$50,000 to $99,999	2

Change of Employment Status
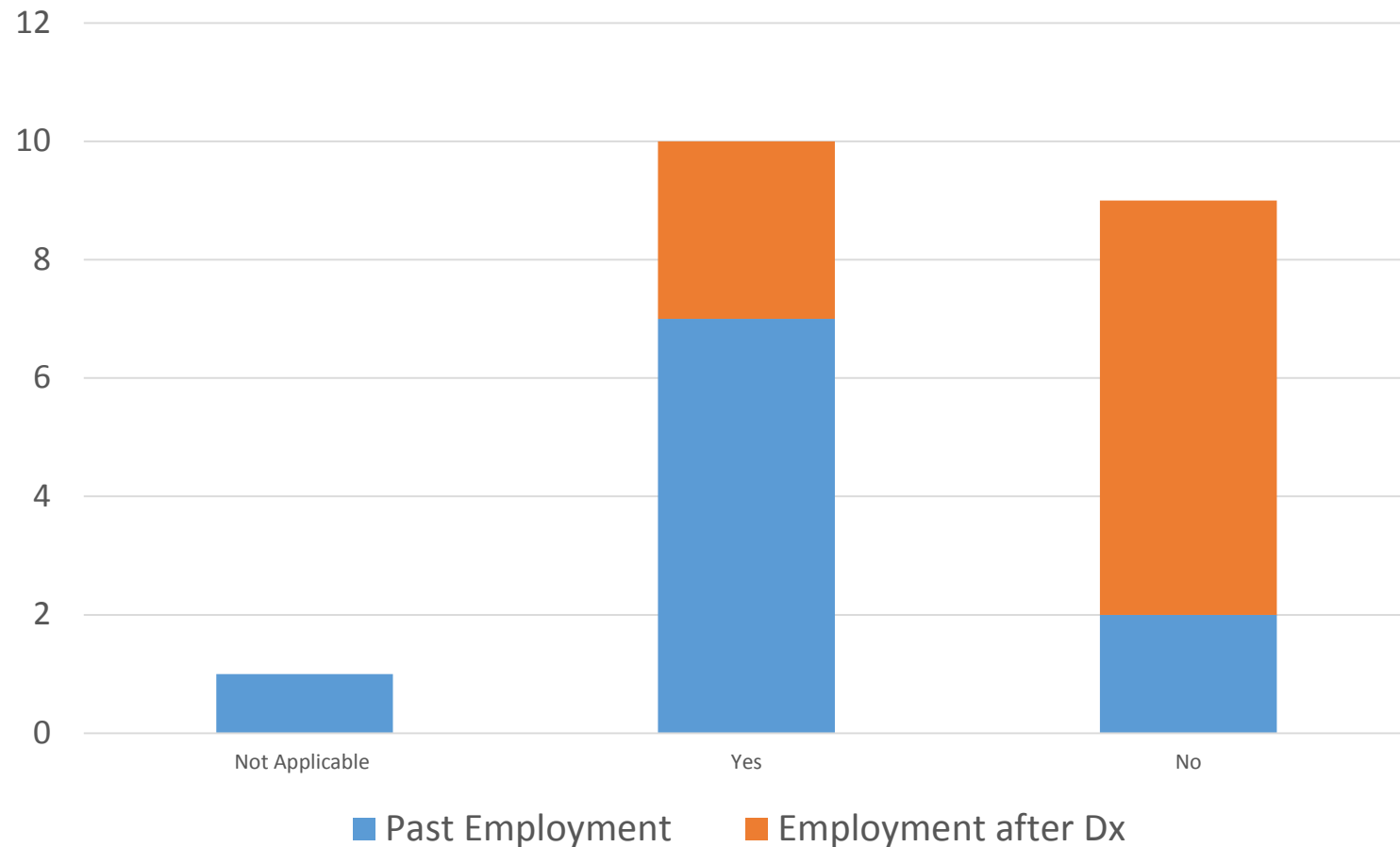
Consider Employment

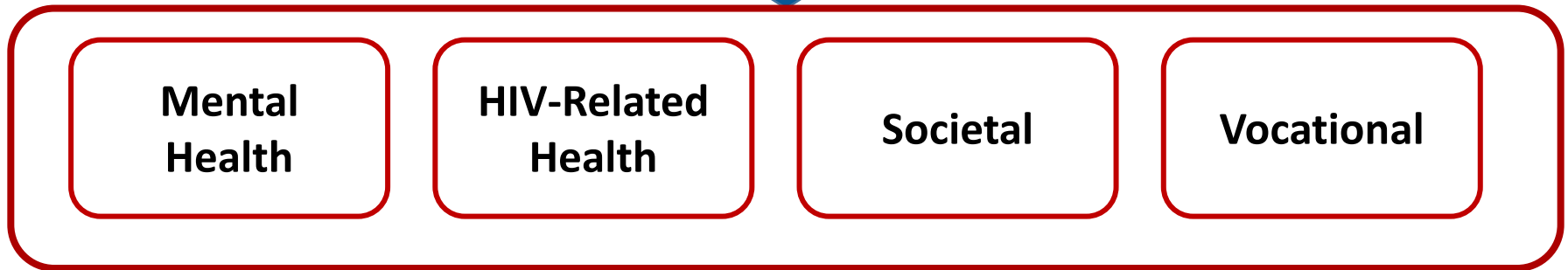| Question	Mean	Median
I have carefully considered the impact of working on all parts of my life	**4.4**	5.0
I know how to achieve my vocational goals	**4.7**	5.0
I know what I want to do vocationally	**4.7**	5.0
I am determined to get a job despite the obstacles	**4.1**	5.0
I need to learn more about laws and supports that can help me to work	**4.3**	4.0

Results

Group Dynamic

Safety	Trust	Openness	Account-ability	Hope

Mental Health	HIV-Related Health	Societal	Vocational

Perceived Program Outcomes

Results

Group Dynamic

Safety	Trust	Openness	Account-ability	Hope

Mental Health	HIV-Related Health	Societal	Vocational
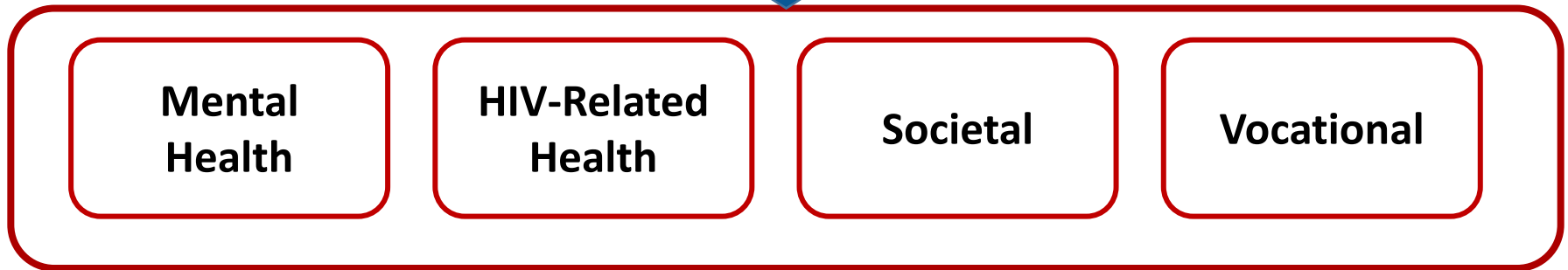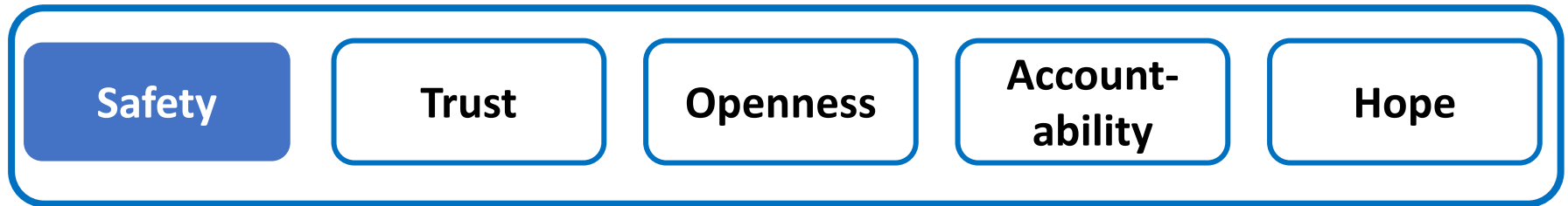
Perceived Program Outcomes

Safety

- ## Gender-specific

  - **Trauma History:** "My trauma was all male oriented. If there had been any man in Common Threads I wouldn't have gone. I would not have gone.

- ## Culturally sensitive

  - **Shared culture and language:** "[Being in a group of AA women] we didn't have to tippy toe around what we said, how we said it because we were all black, I didn't have to walk around on egg shells...We get it because we were all black, we get it."
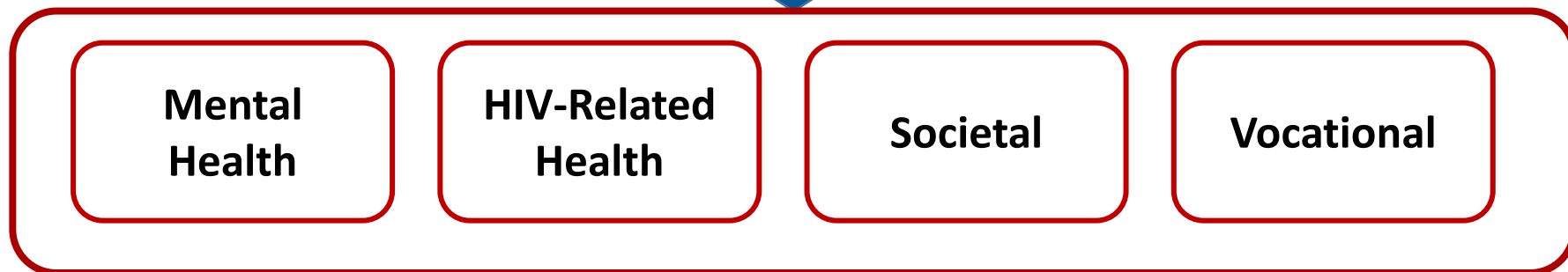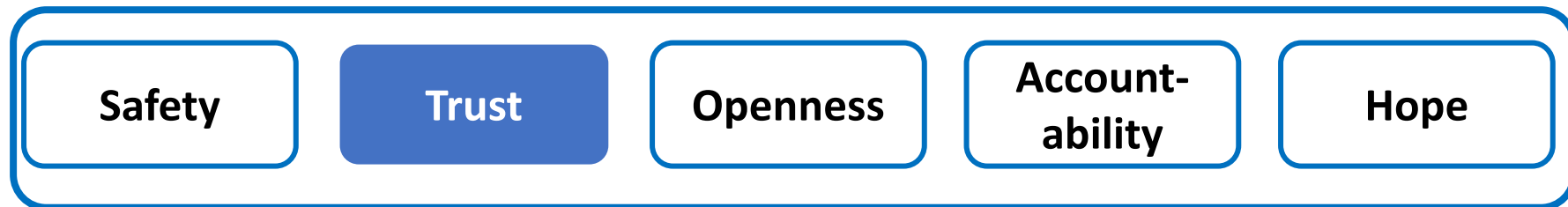
- ## Training Location

  - **Privacy:**

  "You don't have to feel like you have to look a certain way."

  "Everybody is not disclosing their status publicly, so it was important to feel safe and secure and comfortable in a setting."

Results

Group Dynamic

Safety	Trust	Openness	Account-ability	Hope

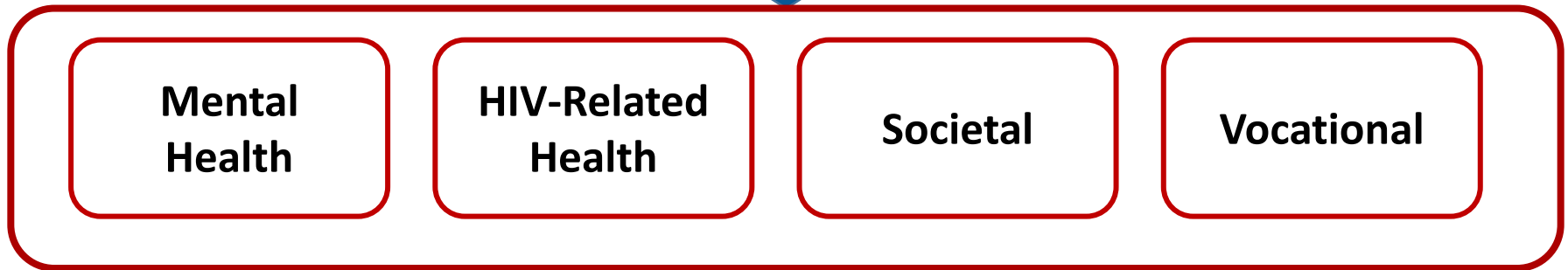| Mental Health	HIV-Related Health	Societal	Vocational

Perceived Program Outcomes

Trust

- **I've got your back:** "You are free to just scream, to cry or to say this really what I have been holding in for so long and I am just gonna let it go right there. And there is a sister right there, I understand, **I've got your back.**"

Results

Group Dynamic

Safety	Trust	**Openness**	Account-ability	Hope

Mental Health	HIV-Related Health	Societal	Vocational

Perceived Program Outcomes
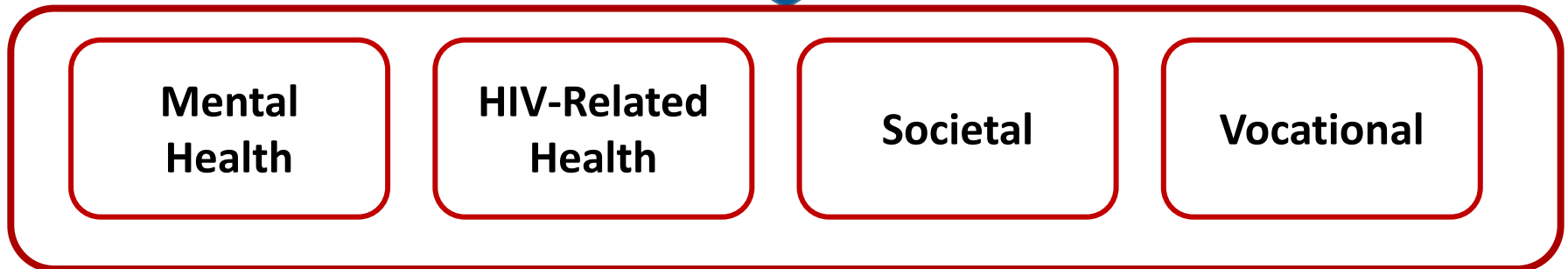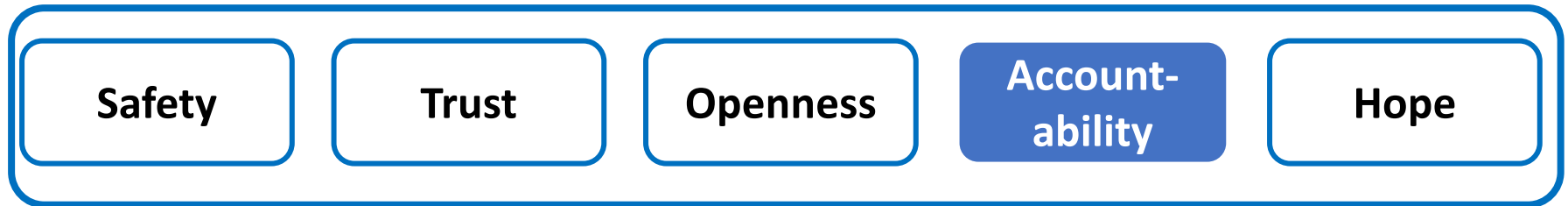
Openness

- ## Honesty
  - "Not only were they honest, they didn't sugar coat nothing for me. But when I hurt, they held my hand. When I cried they gave me a tissue. They never told me "don't cry", for the first time they never told me don't cry."

- ## Transparency
  - "She [The trainer] is the first disclosed to us, the history of her family that dynamics [of abuse and addiction]. I could still identify with her."
  - "They [other women] were transparent and open enough to share with me that they were HIV positive, that help me to be more comfortable [to share] and I felt less judgement"

Results

Group Dynamic

| Safety | Trust | Openness | Account-ability | Hope |

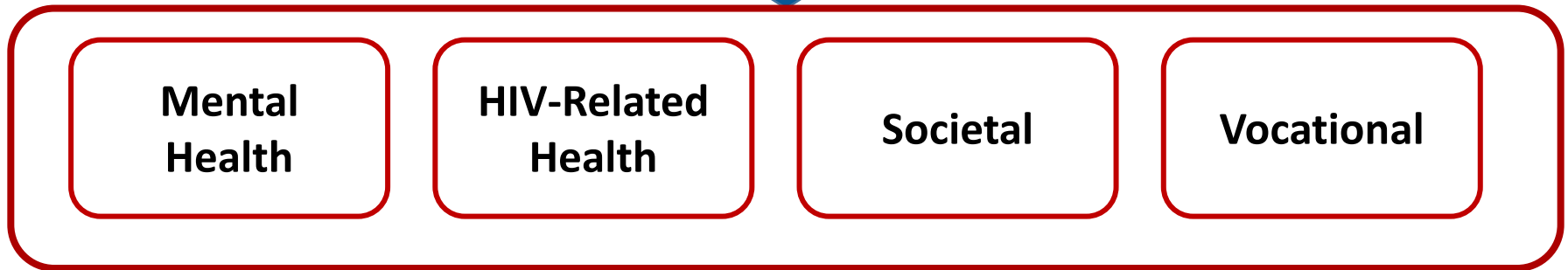| Mental Health | HIV-Related Health | Societal | Vocational |

Perceived Program Outcomes

Accountability

- **Responsibility**
  - **To others:** "When you hear a life story it perhaps opens up the idea that it is okay at this moment to let someone else know this and maybe just let it go, or share ideas, because other women were like, I've never thought of something like that.

  - **To self :** "I promised myself looking in the mirror at other me that I would nurture you, take care of you and I would love you and I would never ever let anybody hurt you ever again, it was life changing for me."

Results

Group Dynamic

Safety	Trust	Openness	Account-ability	Hope

Mental Health	HIV-Related Health	Societal	Vocational
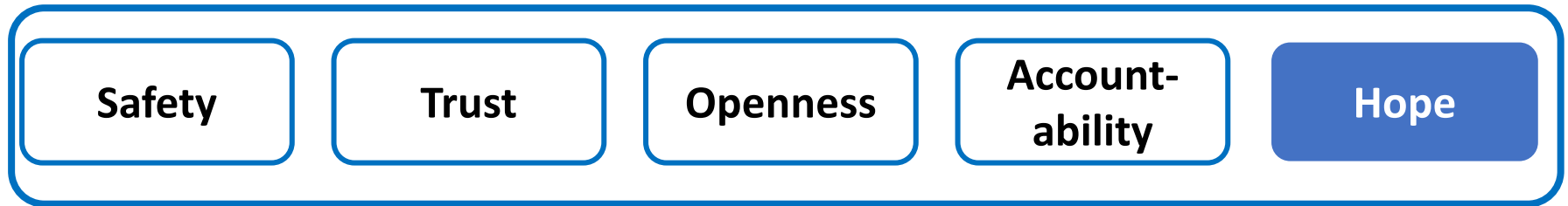
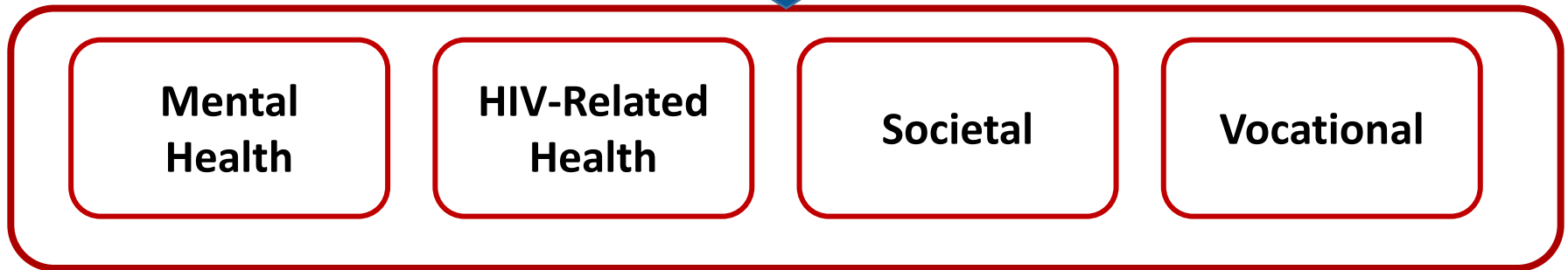## Perceived Program Outcomes

Hope

- ## Seeing progress
  - [i.e., trauma timeline] just let me know how much I processed and progressed myself up more than I you thought I did."

- ## Peer modeling
  - "Seeing all these women and strong and years of living with HIV, I am two years in. I am not where they are, but…if I can talk about it, I can talk about it here. Or I can talk about it to anybody or anywhere else. So I think that's how I was able to talk now."

Results

Group Dynamic

Safety	Trust	Openness	Account-ability	Hope

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Mental Health	HIV-Related Health	Societal	Vocational

Perceived Program Outcomes

Results

Group Dynamic

Safety	Trust	Openness	Account-ability	Hope

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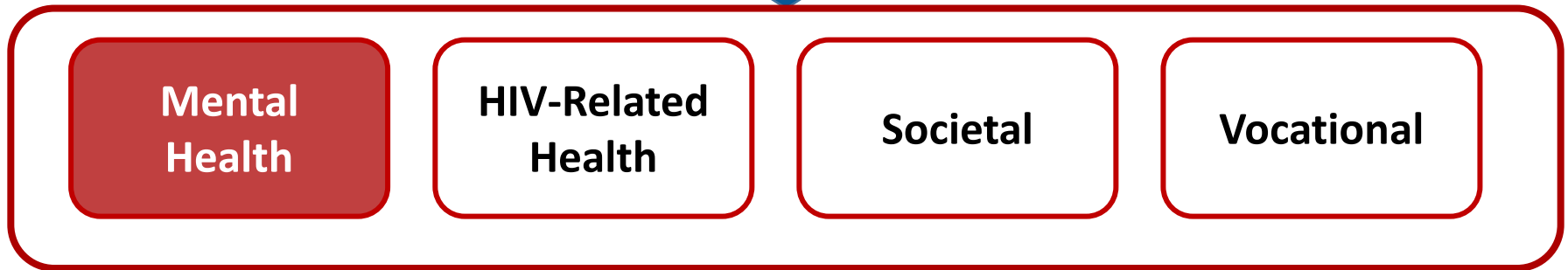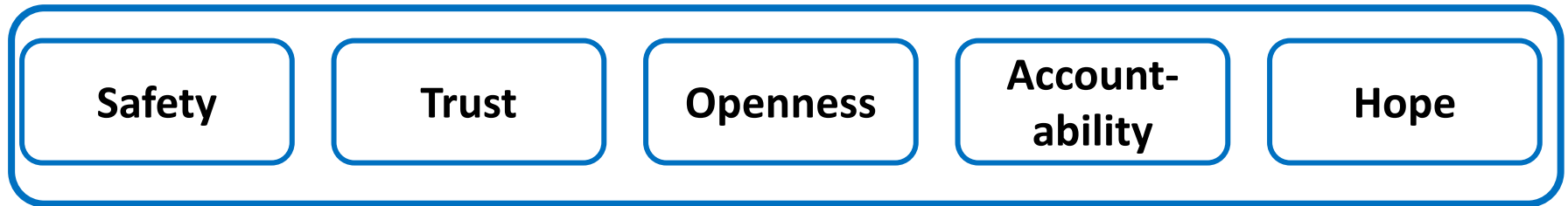
Perceived Program Outcomes

Mental Health Outcomes

- ## Self-esteem and Courage

  - It [Common Threads] was the first time I realized that as much as I had been through, I was important in this world. That I mattered, that I mattered to me and other people.

  - That greater confidence came from the other women that was in that group that was out there more than I was, and seeing them and hearing them do what their doing, made me want to do that you know.
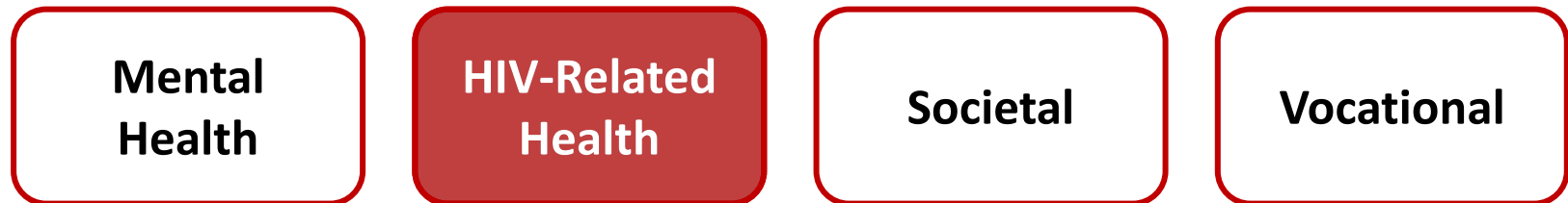
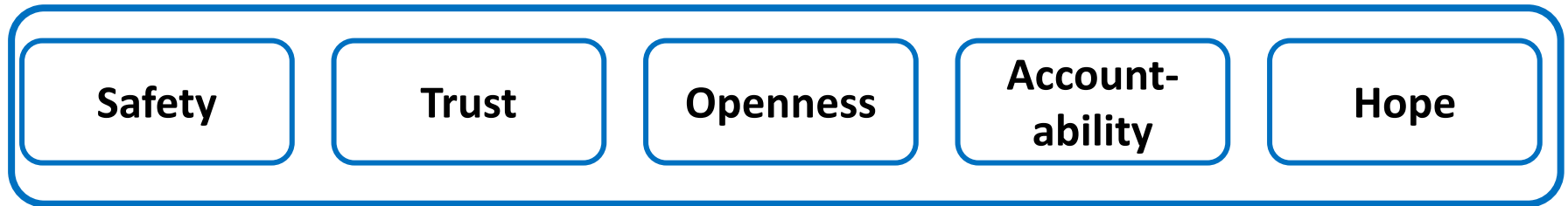- ## On-going support

  - When I'm going through a bad time, I can pick up the phone and call somebody...I'd continue to feel empowered and when I get really, really tired I get out my bubble bath and I look in the mirror I always feel Sam [peer's name] and I'd see her face and I'd know that all is well.

Results

Group Dynamic

Safety	Trust	Openness	Account-ability	Hope

Mental Health	HIV-Related Health	Societal	Vocational

Perceived Program Outcomes

HIV-Related Health Outcomes

Health Monitoring

- **Medication adherence**
  - "[I take medication regularly because] I'm accountable for me, my health is important to me, and if its important to me, than I need to do what I need to do, to stay above ground."
  - "We all go back and forth with this, but the motivation if I keep making building my body and keep it healthy, I can continue to do these good things, with other people who are producing."

- **Self-care**

Results

Group Dynamic

Safety	Trust	Openness	Account-ability	Hope

Mental Health	HIV-Related Health	Societal	Vocational
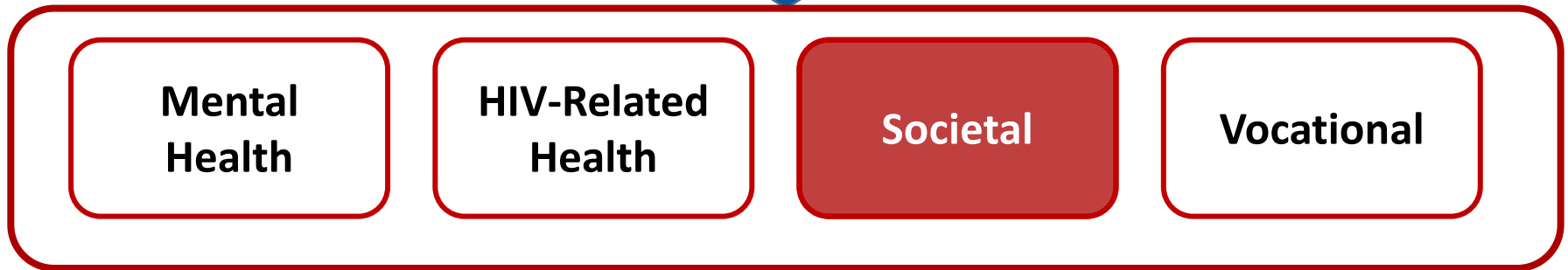
Perceived Program Outcomes

Societal Outcomes

- **Womanhood**

- **Common Threader**

  Embrace vulnerability, Powerful, Assertive, Collaborative WLHIV

  - "I'm one of them [WLHIV]. I'm one of the ladies that believe in you can be self-sufficient motivated to do something."

  - "They said; "Cathy you can do it, you have a voice," and from Common Threads to now that's how I wrote the book and everyone started learning about the book."

  - "When I think I am being abused, or looks like abuse, I will be able to say, well there will be breaks, I learned the power of saying, "no, I am not doing it. Doesn't feel good, no." And learned that saying, "no," it's okay to say."

  - "I am a Common Threader, I own it. We all locked arms and made an agreement that this is what we were going to do."
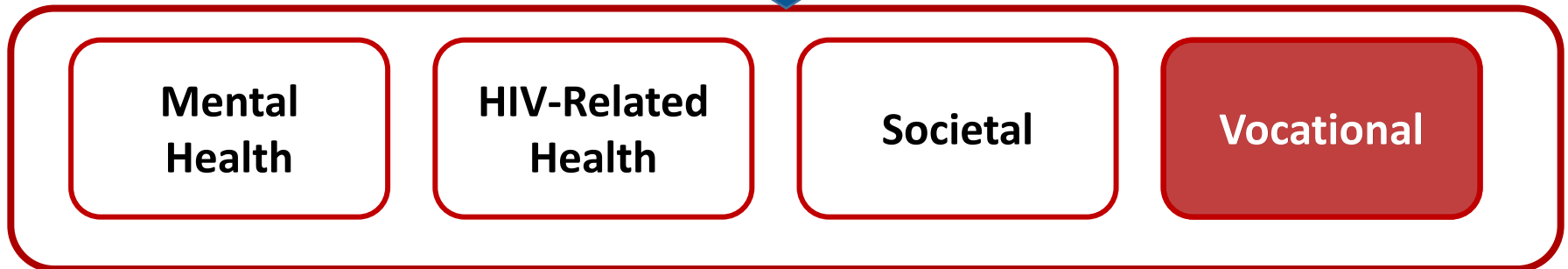
Societal Outcomes

- ## Networking

  - "We have a real collaborations [in the market place], thread connection as common threads did do to give women the opportunity to go out there and feel life"

  - "Once I got with them [i.e., Common Threads] and there was more organizations that found out then I started reaching out to different organizations that will give me more tools to work"

Results

Group Dynamic

| Safety | Trust | Openness | Account-ability | Hope |

| Mental Health | HIV-Related Health | Societal | Vocational |

Perceived Program Outcomes

Vocational Outcomes

- **Improved communication/ Interpersonal skills**
  - "You have to learn how to take the positive feedback; constructive criticism…some people can't accept criticism but if you explain yourself why than that makes a difference."

- **Lessened financial burden**
  - "It [Microenterprise/Marketing] gives you the opportunities to have a little bit more moneys available."

Vocational Outcomes

- **Considered different vocational opportunities**
  - "Once I left Common Threads, I felt different, I felt that I can do this, I do belong here, I have some skills that are marketable. So I went to another one, when an opportunity came up for a training, I said can I go to that. I told my husband I'm going to go to other trainings so I can facilitate other HIV intervention group."

  - Advanced education
  - Microenterprise: Start your own business
  - Peer-specialist

Discussion

- The participants reported positive changes in mental health, HIV-related health, social and vocational functioning

- Positive impacts of Common Threads provided an on-going support to the participants even after they completed the training.

- Each outcomes are not independent from each other. Development of HIV and vocational intervention should consider aspects that are highlighted.

Implications

- Trauma-informed HIV prevention and vocational development intervention can lead to positive experiences for women living with HIV.

- It also enhance motivation to explore different vocational opportunities.

- Through recognizing vulnerabilities, participants are able to find their voice that empowered them to make change.

- HIV interventions should be established upon these five key trauma-informed elements: Safety, Trust, Openness, Accountability and Hope.

- Highlighted group dynamic factors maybe key components to support gender-specific and culturally responsive HIV and vocational interventions.

Limitations

- Need to examine HIV prevention and vocational intervention programs that used similar framework

- May be interesting to examine long-term outcomes of the Common Threads

- The initial analysis is a pilot study, for the ongoing research, more in-depth interview.

Challenge Question

How do we set the groundwork for programs, such as Common Threads, to be well known?

Questions & Discussions

Thank you!

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