

Acting SAMHSA Administrator Joseph H. Autry III, M.D., pointed out, “Addiction tears families apart. We know effective treatment can bring families together. Our job now is to continue to put what we have learned into the hands of community-based treatment providers. *Recovery Month* gives us an opportunity to raise awareness that treatment can restore hope and reclaim lives.”

“These programs indicate that substance abuse treatment can save taxpayers money that otherwise would be spent on other medical costs,” said H. Wesley Clark, M.D., J.D., M.P.H., CSAT Director. “Data in a 1998 study on drug-exposed infants indicate that it cost an additional \$7,700 in medical care before these babies leave the hospital. The infants in our study, whose mothers were in residential substance abuse treatment, avoided low birth weight, premature delivery, and death at rates better than the rates for all U.S. pregnancy outcomes. This saves not only dollars but also heartache and misery for the family, friends, and community.” The programs achieved a 7.3 percent rate of premature delivery among clients in treatment, representing a 70 percent risk reduction compared to an expected 24 percent rate of premature deliveries among untreated alcohol or drug abusers. More than 60 percent of the clients reported being completely free of alcohol and drugs throughout the six months following discharge. An additional 13 percent relapsed since discharge but were completely alcohol and drug free in the 30 days prior to being interviewed. Six months following discharge, clients who stayed in treatment longer than three months were more likely to remain alcohol and drug free, less likely to be arrested, more likely to report employment as their main source of income, and more likely to report having custody of one or more of their children.

DEALING WITH THE UNTHINKABLE: COPING SKILL PRIMER

COPING WITH THE AFTERMATH

Most people who are coping with the aftermath of a disaster are normal, well-functioning people who are struggling with disruption and loss caused by the disaster. They do not see themselves as needing mental health services and are unlikely to request them.

Community outreach may be necessary to seek out and provide mental health services to individuals who may be affected by a disaster.

The Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Mental Health Services (CMHS) with the Federal Emergency Management Agency in overseeing national efforts to provide emergency mental health services to survivors of Presidentially-declared disasters. The Branch’s activities support individuals and communities affected by disasters, state and local mental health administrators, and other groups that respond to those affected by human-caused disasters.

Source: *Press Release by The National Clearinghouse for Alcohol and Drug Information*

PREVENTION OF PSYCHIATRIC MORBIDITY IN CHILDREN AFTER DISASTER

Exposure to a psychologically traumatizing event constitutes a significant risk factor for later psychiatric disturbance at all ages.

In most cases, it takes the form of what is sometimes a very persistent Post-Traumatic Stress Disorder (PTSD). Episodes of depression, particularly when they are associated with a significant loss, also occur along with other problems that are known as regressive behaviors. Onset is rarely delayed, and most children and adolescents with sequelae are symptomatic immediately after the trauma. The likelihood of significant psychiatric sequelae developing appears to be directly proportional to the degree of trauma experienced. This can be gauged by such indicators as proximity to the impact zone and the extent to which the disaster posed a direct threat to the child’s life, caused physical injury, or resulted in a significant loss. Certain modifiable experiences that often follow a disaster might promote the persistence of symptoms. These include the child or adolescent witnessing injury or death in others, being discouraged from talking about the experience, or being separated from his parents or significant others. More comprehensive studies have shown little evidence of an interactive effect with social demographic factors. Some suggested preventive intervention models show how knowledge about risk factors can be practically applied. Children and adolescents at the greatest risk, those who suffered significant exposure and who are symptomatic immediately after the trauma, are readily identifiable and can be referred for psychological debriefing and other therapies that might be reimbursable with federal disaster relief funds. The disaster’s impact can be minimized by keeping children with their parents or siblings whenever possible, encouraging them to talk about the experience, and refraining from using them as rescuers.

Source: D. Shaffer, I. Philips, and N.B. Enzer, Eds., [Prevention of Mental Disorders, Alcohol and Other Drug Use in Children and Adolescents](#). University of California, Los Angeles, CA. OSAP Prevention Monograph No. 2, 1998.

PROJECT OFFICER: Kenneth Robertson, Division of Practice and Systems Development, Treatment and Systems Improvement Branch, Center for Substance Abuse Treatment
PROJECT DIRECTOR: Donna D. Atkinson, PhD, Principal, ACS Federal Healthcare, Inc./Birch & Davis Associates, Inc. (ACS/B&D)
DEPUTY PROJECT DIRECTOR: Louis Podrasky-Mattia, ACS/B&D
NEWSLETTER AUTHOR: ACS/B&D CSAT TCE and HIV Outreach Team
NEWSLETTER DESIGN/LAYOUT: Carolee Pojak, ACS/B&D

This publication was developed and published by ACS/B&D under Contract No. 270-99-7068 for the Center for Substance Abuse Treatment.

TCE HIV AND HIV OUTREACH GRANTEE HIGHLIGHT PROGRAMS AT NATIONAL HIV PREVENTION CONFERENCE

The 2001 National HIV Prevention Conference was held in Atlanta, Georgia, August 12-15, 2001. The conference was organized by numerous agencies and national organizations and was convened by the Centers for Disease Control and Prevention (CDC). These groups represent public and private organizations who are united in their efforts to prevent HIV and AIDS in the United States. A number of TCE HIV and HIV Outreach grantees made either an oral presentation or a poster presentation at the conference, highlighting the Center for Substance Abuse Treatment (CSAT)-funded projects. Grantees made the following oral presentations:

- “Preventing HIV Infection in Mothers and Their Children,” Veronica Catan, PhD, Beth Israel Medical Center, New York, NY, and Lorraine Montenegro, United Bronx Parents, Inc., Bronx, NY
- “HIV Risks and Barriers to Drug Treatment Among Drug Users in a Community-Based Outreach Program—Comparison Between Homeless and Nonhomeless,” Jianghong Li, PhD, Merrill Singer, and Elsa Huertas, Hispanic Health Council, Hartford, CT
- “Innovative Approaches to Integrating Substance Abuse Treatment and HIV Prevention for Women,” Gloria Lockett, California Prostitutes Education Project, Oakland, CA; Lorraine Montenegro, UBP, Bronx, NY; Kelly O’Bryant and Miriam E. Phields, ACS/Birch & Davis (ACS/B&D), Rockville, MD
- “Innovative Approaches to Engaging At-Risk Populations in HIV Services and Substance Abuse Treatment,” Robert Atanda, PhD, ACS/B&D, Rockville, MD; Sandra McDonald, Outreach, Inc., Atlanta, GA; Kelly O’Bryant and Miriam E. Phields, ACS/B&D, Rockville, MD; David Thompson, CSAT, Rockville, MD
- “Integrated Systems of Care: Substance Abuse Treatment, HIV/AIDS, and Other Services,” Carolyn Castro-Donylan, Massachusetts Department of Health, Boston, MA; Judith Cohen, PhD, East Bay Community Recovery Project, Oakland, CA; Kelly O’Bryant and Miriam E. Phields, ACS/B&D, Rockville, MD
- “A Case Study of the California Prostitutes Education Project’s (CAL-PEP) Integrated HIV Prevention and Substance Use Treatment Program,” Lisa Ryan, Carla Dillard Smith, and Gloria Lockett, CAL-PEP, Oakland, CA

- “Connecting HIV Prevention, Substance Abuse, and Mental Health Service for High-Risk Minority Adolescents and Young Adults,” Susan Chudwick and Nancy Kingwood, The Greater Bridgeport Adolescent Pregnancy Program, Inc., Bridgeport, CT

Grantees made the following poster presentations:

- “Innovative Approaches to Providing HIV Prevention and Substance Abuse Treatment to a Criminal Population,” Craig Love, PhD, CLOVE, Inc., Providence, RI; Kelly O’Bryant and Miriam E. Phields, ACS/B&D, Rockville, MD; Willard York, New Directions Club, Inc., Houston, TX
- “Challenges of Program Evaluation Within a Cultural Context of HIV and Substance Abuse Treatment and Outreach Programs,” Bridget Murphy, CODAC Behavioral Health Services, Inc., Tucson, AZ; Kelly O’Bryant and Miriam E. Phields, ACS/B&D, Rockville, MD
- “Engaging and Sustaining Successful HIV/AIDS Prevention Relationships Within MSM Populations,” Darrell Wheeler, Columbia University School of Social Work, New York, NY; Keith Cylar, Housing Works, Inc., New York, NY; David Thompson, CSAT, Rockville, MD
- “Outreach as a Gateway to the Prevention-Care/Prevention Continuum: Results of a Continuous Quality Approach to Program, Staff, and Data Development and Evaluation,” Debbie Indyk, PhD, Mount Sinai School of Medicine, New York, NY; A. Boyer, Mount Sinai/Health Bridge, New York, NY; I. Ellis, Dominican Sisters Family Health Service, Ossining, NY; G. Love, Women’s Information Network, New York, NY; Debbie Pantin, Project Return Foundation, New York, NY; Danielle Strauss, VIP Recovery Project, Inc., New York, NY

R E M I N D E R

QUARTERLY REPORTS should be submitted on time. Any delays must be cleared with your CSAT Project Officer. We look forward to receiving your reports by October 31, 2001. If you need assistance in any way, please call Aaron Benton at (301) 721-5731.

Thank You.
ACS Federal Healthcare, Inc./Birch & Davis
CSAT Team

CASE STUDY: INITIATIVE FOR POSITIVE CHANGE-OVER THE HILL* EASY DOES IT (NEW DIRECTIONS CLUB, INC.)

The following is a poster session presented by Willard York of New Directions Club, Inc. (NDCI) at the 2001 HIV Prevention Conference in Atlanta, Georgia. Herein is a detailed description of the client family and the interventions utilized by New Directions staff in their TCE HIV project. In addition NDCI utilized a family genogram of substance abuse (Fig. 1) to help the staff and the clients to understand the impact of intergenerational substance abuse. This poster illustrates the complexities of working with clients affected by the twin epidemics of substance abuse and HIV/AIDS. The clients described represent a composite of real clients but are not actual clients.

The *Initiative for Positive Change (IPC)* program is a collaboration between three community-based substance abuse treatment and HIV/AIDS-related service providers. This collaboration was formed in response to the ever-burgeoning HIV/AIDS infection rate in the African American community. This program specifically addresses HIV/AIDS prevention and intervention among the ex-offender population. This population has not been targeted due to the mass denial of the high incidence of HIV/AIDS by the prison system. Ex-offender substance abusers are at extremely high risk for HIV/AIDS due to their risky behavior. Therefore the *IPC* program holistically addresses the needs of this population.

A TCE HIV grantee, NDCI is one of the IPC providers. It is a residential treatment facility for ex-offenders in Houston, Texas, which provides intensive inpatient and outpatient substance abuse treatment services. Through the *IPC* program, probationers, parolees, or those recently released from state jails can self-refer into NDCI for treatment if they have relapsed. They receive a variety of counseling services. The *IPC* program is unique in that the clients receive case management services not only for themselves but also for their entire families.

Due to the nature of substance abuse, families have been torn apart by this insidious disease. The case managers refer the families to needed social services and work with them for an entire year as the client transitions back into the home and community. Clients are continually counseled on behavior changes so they can stay HIV-negative or, if positive, adopt healthy lifestyles so they can live longer, higher-quality lives.

The Easy Does It component of the IPC program provides counseling and other social services such as food for the families who have lost a breadwinner and school interventions to the children of those who are in the NDCI facility. The Over The Hill component of the IPC program provides testing and counseling for HIV, Hepatitis C, syphilis, chlamydia, and gonorrhea.

The IPC program provides the following services at no cost:

- ? HIV education and testing
- ? Substance abuse education and counseling
- ? Inpatient and outpatient treatment
- ? Life skills classes
- ? Parenting/relationship classes
- ? Anger management classes
- ? Stress reduction classes
- ? In-home case management, including family counseling
- ? Educational groups for adults and adolescents

Initiative for Positive Change: Case Study

Tyrone, age 45, and **Erica**, age 39, are both NDCI residents in the IPC program in Houston, Texas. They have been married (common-law) for more than 20 years. Both entered the program as a result of crack addiction. They have been in residential treatment for 2-1/2 months.

Tyrone has a 25-year addiction using a variety of substances; he entered the program first. He was adamant that his wife enter treatment as well. He has a long history of involvement with the criminal justice system. He has three children (twin girls, 23-years-old, and an older daughter) by his first wife, **Dee Dee**. The twins have three children among them and reportedly have used marijuana. The eldest daughter is reportedly doing well, is employed, and has just bought a new house. He also has three children by his current wife, **Erica** (15-year-old twin girls, **Meesha and Keysha**, and a 17-year-old son, **Pookie**). **Tyrone** previously sold cars and drugs to support the family. He is now working at Skilled Services and is currently looking for another job. He wants to get an apartment for his family. **Tyrone** recently admitted to **Erica** several infidelities during their 20-year union. The women included **Erica's** sister and best friend.

Erica has used crack for approximately two years and marijuana for several years. She entered the program within two weeks of **Tyrone** after Easy Does It staff brought her in. She stated that she has supported the family for years and was a good mother. Although **Tyrone** worked, Erica stated that she was the primary breadwinner. She stated that she never did any hard drugs in the past. She further stated that she asked **Tyrone** what it was like to smoke crack and he shared it with her. She reports that she immediately went all the way down in her addiction and lost everything. **Erica** recently completed her studies to become a Certified Nursing Assistant and is looking forward to getting a job and an apartment for her and the kids. Due to the recent revelations by **Tyrone**, Erica admits she is seriously thinking about moving into an apartment with the girls without **Tyrone**. **Erica** is, anxious to get an apartment now because of the girls living situation.

Prior to entering treatment at New Directions, **Tyrone, Erica**, and the 15-year-old twins lived with **Erica's** mother (**Tyrone's** mother-in-law), who is disabled in a wheelchair and is on oxygen.

She has two houses, both of which are reputed crack houses, in the Sunnyside section of Houston. She is known as the “queenpin” in the area. **Erica’s** side of the family is heavily entrenched in the drug culture. Several family members—sons and daughters, nieces and nephews, cousins and even grandchildren—are involved in the “business.” **Tyrone** reportedly went to jail this last time for the mother-in-law. Initially, **Erica** was in denial about her mother’s “business.” She did not see anything wrong with **Meesha** and **Keysha** living in the home, which was reportedly in bad shape (doors hanging off the hinges, people in and out all day and night). She has since admitted that her mother is a dope dealer, and it is not a safe place for any of them to be. However, she is still somewhat in denial about her mother’s situation. **Erica’s** and **Tyrone’s** son, **Pookie**, 17 years old, is in the Texas Youth Commission (juvenile offender) system and is reported to have been involved in using and dealing drugs. He went to an alternative school and is on probation living with his girlfriend.

The 15-year-old twins, **Meesha** and **Keysha**, are not involved in drugs at this time. They were, according to **Erica**, doing well in school earlier this year. However, they flunked the 10th grade because they missed so many days of school. They were living in their grandmother’s crack house but were moved to live with **Dee Dee**, **Tyrone’s** ex-wife. She took them to school, but they apparently did not go to class. **Dee Dee’s** health has deteriorated, and she is now on dialysis several times a week. She recently was hospitalized. Both **Tyrone** and **Erica** acknowledge that if they had not found a place for the girls to stay, they would not still be engaged in treatment.

For the summer, the twins are staying in Beaumont (approximately 40 miles from Houston) with **Tyrone’s** elderly parents. According to **Erica**, the twins have complained that they are bored and want to return to Houston. The 81-year-old grandfather is now hospitalized. Because the grandmother, age 76, is alone, the twins have been a great help to her. **Meesha** has threatened to catch a bus and come to Houston. When she spoke with her parents, she was able to manipulate **Erica** and make her feel guilty about their living situation. **Tyrone** talked to them and assessed the situation without emotion. After the girls repeatedly asked to return home, **Tyrone** had to tell them that they had neither a home nor any place to return to. One of the current dilemmas facing the family is the girls’ living situation. At this time, they do not have a residence for the upcoming school year. It is suggested that they go to Contemporary Learning Center, an alternative school where they can make up the lost year in the Houston Independent School District. Both parents have felt guilty about the current situation of their family, but **Erica** has yet to admit or disclose. **Tyrone** and **Erica** visited the girls after they had been with their grandparents for approximately three weeks in Beaumont. The girls were doing fine and not really ready to come home as **Erica** feared because they are taking care of their grandmother while the grandfather is in the hospital. The girls were anxious to know where they will go to school and where they will live. **Erica** wants **Tyrone** to get an apartment first so he can get the girls and get settled. At this time, neither **Tyrone** nor **Erica** is capable of taking on the responsibility of the household because they have neither the financial means nor enough sobriety or stability. The girls moved to Houston to live with their brother, **Pookie**, but he has been locked out of the

apartment due to nonpayment of rent. They are now temporarily staying with one of **Tyrone’s** 23-year-old twins. Therefore, **Erica** has applied for residence in a transitional living facility at a homeless shelter. She will reside there with the girls until she has saved enough money to get into an apartment and supply the basic needs. While there, she will continue outpatient treatment at NDCI and will be enrolled in the substance abuse program at the transitional living facility. **Tyrone** will reside in a Texas Rehabilitation Commission-funded facility for 90 days until he is able to save enough money to get an apartment, and he also will continue in the outpatient treatment program at NDCI. **Tyrone** and **Erica** talk weekly, either on pass or through their children, and apprise each other of their ensuing plans.

- (1) Tyrone enters substance abuse treatment at New Directions.
- (2) Easy Does It staff, at the request of Tyrone, locates Erica within two weeks to bring her into treatment.
 - A. Meeting held with New Directions and Easy Does It staff, Tyrone, Erica, Meesha, and Keysha to determine proper placement for Meesha and Keysha.
 - B. Dee Dee’s twin daughters were excluded as an alternative placement for Meesha and Keysha due to the twins’ suspected drug use and age.
 - C. Meesha and Keysha were difficult to locate during this time due to their living in and running from various relatives’ homes.
 - D. Meesha and Keysha were removed from “queenpin’s” crack house.
- (3) Meesha and Keysha were taken to live at Dee Dee’s home by Easy Does It staff who also provided Dee Dee with groceries to help take care of the girls.
- (4) New Directions and Easy Does It staff found Pookie after numerous attempts to locate his exact residence.
- (5) Over The Hill staff completed a full screening on Tyrone and Erica for HIV, Hepatitis C, Syphilis, Chlamydia, and Gonorrhea.
- (6) Dee Dee became ill and is now on dialysis. Meesha and Keysha had to be taken to Beaumont, Texas (40 miles outside of Houston city limits) to live with Tyrone’s parents.
- (7) Tyrone’s brothers and sisters pitched in to help the parents with money and transport the girls where they needed to go.
- (8) While in treatment, Tyrone began day laborer employment. Tyrone will reside in TRC-funded housing for 90 days so he can save enough money to secure his own residence.
- (9) While in treatment, Erica completes vocational training to become a Certified Nursing Assistant and is now employed in her field.