

Access Matters: Integrating Trauma-Informed Reproductive Health Services into a Family Drug Court & Social Support Program

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Background & Significance

There is an unmet need for effective contraception among women with substance use disorders (SUDs)⁶. Substance use and unplanned pregnancy disproportionately affect minorities, those of lower socioeconomic status, and survivors of physical and sexual violence³. Though entering substance use treatment provides an opportunity for mental and physical healthcare, including reproductive health services and effective contraception, such services are overwhelmingly absent in treatment programs.

- Women with SUDs show high rates of inconsistent contraception use and less effective method choice⁶
- 83% of female respondents at an urban substance use treatment facility affirm likelihood of using family planning services if made available at their treatment facility⁵
- 86% of pregnancies amongst substance dependent women are unplanned (compared to 31%-47% in the general population), 34% mistimed, and 27% unwanted²

Purpose & Aims

The purpose of this quality improvement initiative was to integrate trauma-informed reproductive health education and family planning services into an urban family drug court and social support program in the mid-Atlantic region. There were four central aims:

- **Aim 1:** To increase client knowledge of reproductive health and family planning methods among women in a family-centered drug court program through group education sessions
- **Aim 2:** To increase client access to contraceptive methods at a family-centered drug court program over a 20-week period
- **Aim 3:** To determine reproductive healthcare knowledge and decision-making regarding family planning goals among women in a family-centered drug court program through use of the CDC validated Reproductive Life Plan worksheet
- **Aim 4:** To evaluate program staff and clientele satisfaction of integrating reproductive health and family planning education and service delivery over a 20-week period

Methods

- 20-week Quality Improvement; pre-/post-intervention
- Exploratory analysis needs assessment
- Voluntary sampling
- Stetler Model of Evidence-Based Practice⁴

Target Population

- **Clients:** English-literate females ≥18 years of age currently completing treatment or in recovery for substance use disorders and have mandated court and child social service requirements through the family drug court

- **Staff:** Male or female employees of the family drug court facility who have directly worked with clients for six months or more

Three-tiered Intervention

- **Health Education:** 4-module reproductive & sexual health group education curriculum
- **Individualized Health Counseling:** Reproductive life plan completion and debriefing
- **Clinical Service:** Clinical consultations; primary care & family planning “warm” referrals

Quantitative & Qualitative Data Measures

- Demographic survey
- Adverse Childhood Experience (ACE) questionnaire
- Pre-/post-intervention reproductive health knowledge & perception assessment
- Pre-/post-intervention reproductive health programming staff satisfaction survey
- Reproductive life plan worksheet
- Client & staff focus groups

Statistical Analyses

- Descriptive statistics using SPSS™
- Wilcoxon signed-rank test using SPSS™
- Thematic coding using Dedoose™

Summary of Results

- A total sample size of 25 clients ranging from 20 to 47 years of age (avg age of 31) participated in the intervention activities (Table 1)

- 58% of participants had an ACE score greater than four (figure 1). Parental divorce/separation, household member with mental illness or suicide attempt, and household member with a substance use disorder were the three most common ACEs

Table 1: Demographics N =25

Variable	N (%)
Race	-----
African American	16 (64%)
Asian American	3 (12%)
Caucasian	1 (1%)
Native American	2 (8%)
Other	3 (12%)
Ethnicity	-----
Hispanic	2 (8%)
Non-Hispanic	23 (92%)
Highest Level of Education	-----
Less than high school	12 (48%)
High school	5 (20%)
Some college	6 (24%)

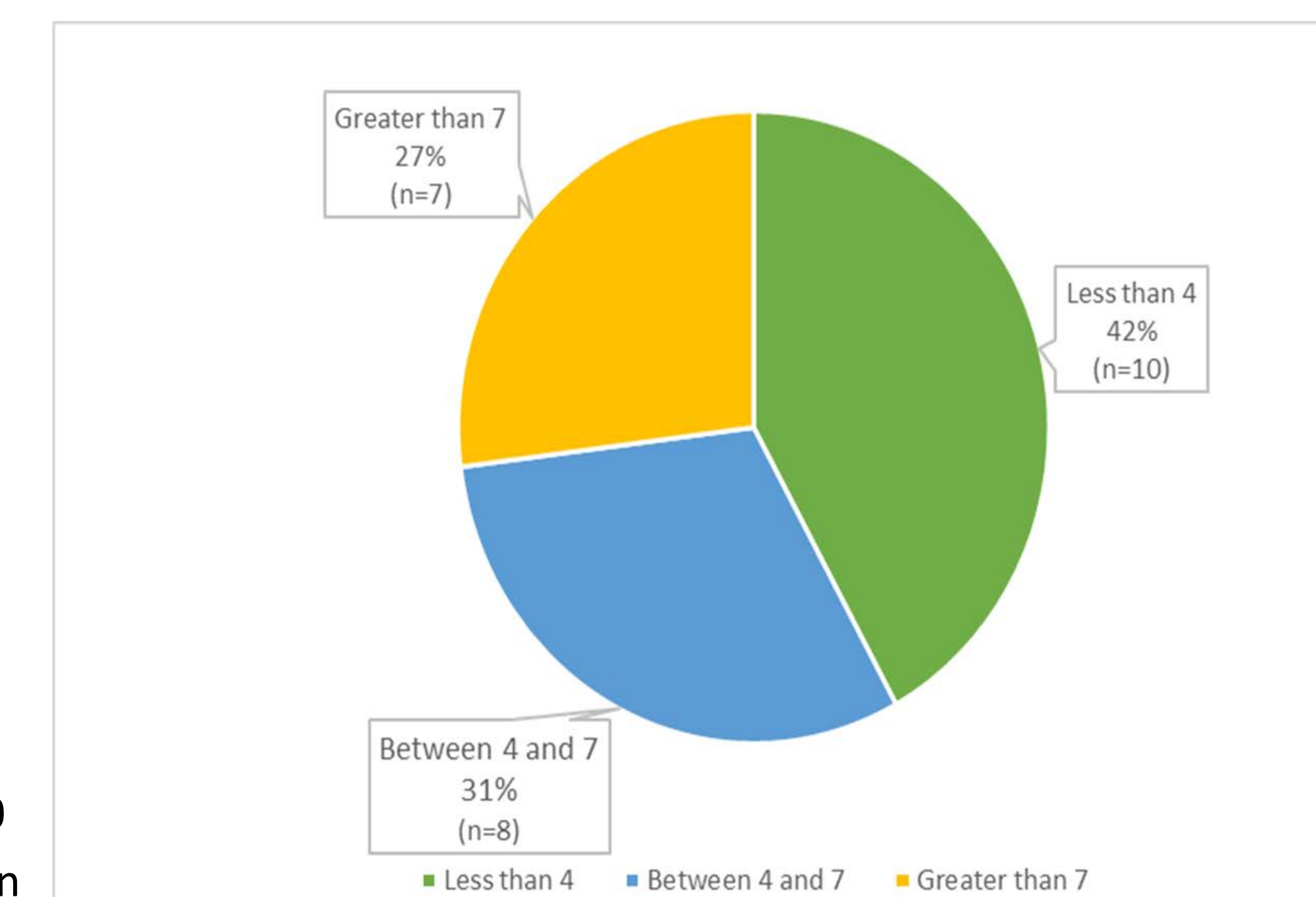


Figure 1: Total ACE Score Distribution

Table 2: Pre-/post-test Knowledge Scores

Timepoint	Avg. Score	Median	IQR	N
Baseline	.53	.50	.25	17
Post-intervention	.65	.75	.25	17

- 68% of clients completed all four modules of the reproductive health curriculum (Table 2)
- Non-statistically significant increase between pre- and post-intervention knowledge scores (Table 2)
- Clinically significant shifts in knowledge around contraceptive effectiveness and STI treatment options
- All seven staff participants endorsed the need for reproductive health programming at the family drug court facility beyond making condoms available
- Satisfaction with programming at the site changed from dissatisfied or neutral to very satisfied (figure 2)
- Client and staff focus group participants voiced that transportation, poor self-efficacy, and low health literacy were barriers to accessing primary and reproductive health care in the community for individuals with past or current SUD, even if they had already established care with primary care provider
- 78% of participants had a negative pregnancy intention—they DID NOT desire to be pregnant in the next year
- Condoms were the most common contraceptive method used amongst the sample
- 25% of the women used Depo-Provera injections. Four of the women used Nexplanon and only one client had an intrauterine device (IUD)
- More than 85% of clients agreed that “Taking care of my reproductive and sexual health is important for my overall recovery”

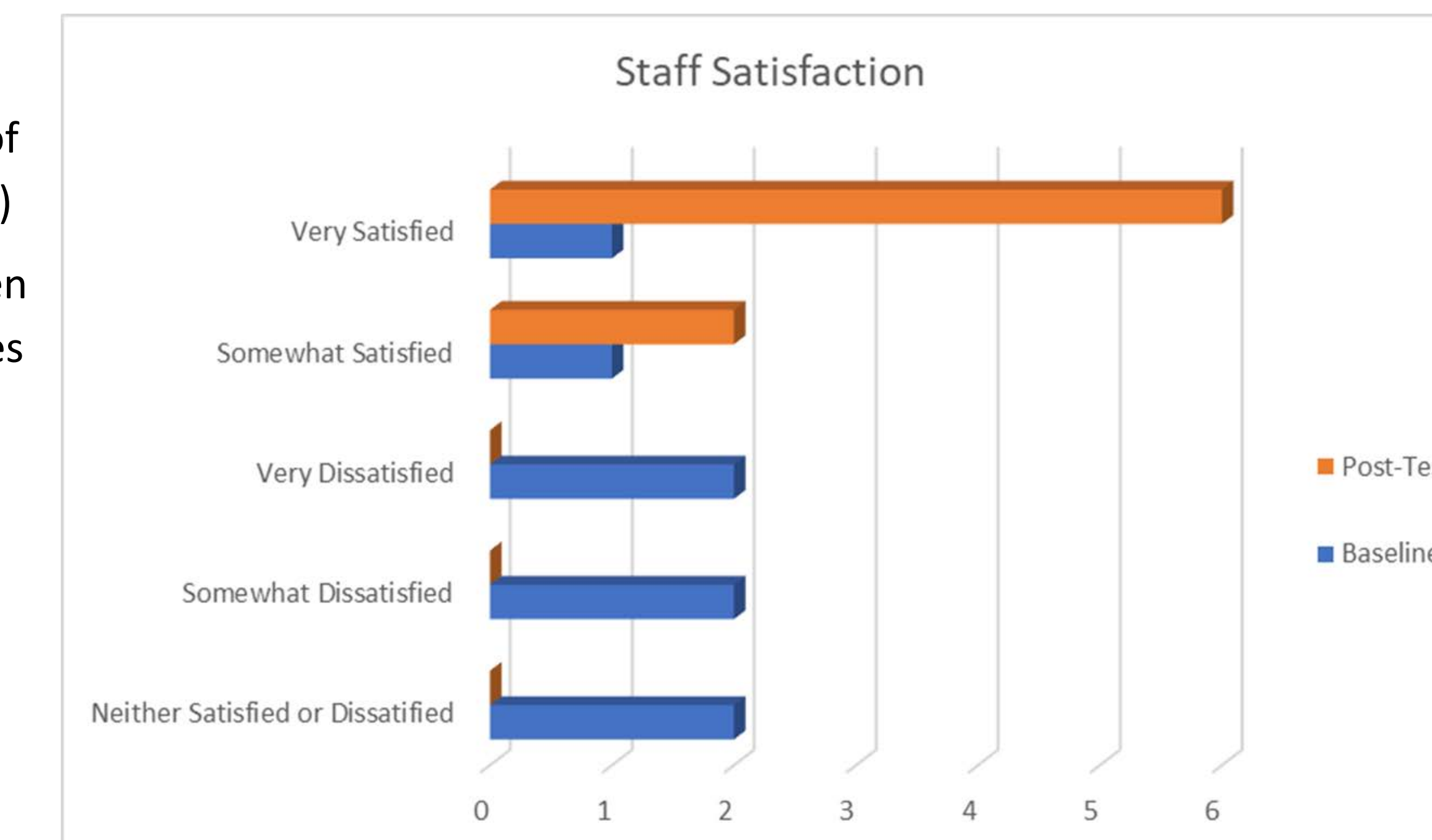


Figure 2: Staff Reproductive Health Programming Satisfaction

Conclusion

Family drug courts in the mid-Atlantic region offer a unique opportunity to actualize reproductive justice for women with low health literacy and limited utilization of more effective contraceptive methods. Sixty-eight percent of participants reported that they would use reproductive health and family planning services if offered at the drug court facility. The Stetler Model of Evidence-Based Practice can be used to guide the implementation of reproductive health programming in non-traditional settings and help prevent elements of coercion. There is a demonstrated need for an individualized and trauma-informed approach to reproductive life planning and access to care in the primary and tertiary prevention of substance-exposed pregnancies and the inter-generational effects of ACEs.

Implications

- Court-ordered programs should be better utilized to improve access to health care, and address ACEs for individual, familial, and societal benefit
- Research, policy, and practice must recognize the relevance of reproductive justice across the lifespan, and match increased access to contraception with more opportunities for reproductive health education
- Future projects should address the needs and perceptions of court-involved males
- Nursing professionals play a critical role in the design and sustainability of integrated models of care

References

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