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Purpose

• To develop and determine the feasibility of a phone-delivered intervention (CONNECT) for reducing PTSD for low-income minority women exposed to chronic interpersonal trauma.

• To evaluate the preliminary effectiveness of CONNECT in a non-treatment seeking sample for reducing PTSD and related outcomes.
Rationale

• Chronic trauma exposure among low-income, minority women

• Trauma exposure often associated with PTSD and other mental health problems

• Stigma and other barriers limit mental health care for reducing PTSD and addressing trauma.
CONSORT Diagram

Approached (n=1436)

Screened (n=1281, 85.7%)

Consented (n=38, 40%)
- CONNECT (n=20)
  - Engaged in Treatment (n=14, 60%)
    (retained 85.7%, n=12)

Declined Participation (n=46, 60%)
- Control (n=18)
  (retained 83.3%)

Met eligibility criteria (n=84)
- IPV/PTSD

Excluded

CONSORT Diagram
CONNECT Intervention

- Delivery of intervention
  - Telephone (provided cell phones)
  - 11 weekly sessions delivered over maximum of 20 weeks
  - Interventionists were trained master’s level supervised graduate students

- Content of intervention
  - Safety and advocacy
  - Psychoeducation and skills development
    - Anger, self-esteem, sleep hygiene, breath awareness, imagery, stress reduction
  - Trauma-focus
    - Mindfulness awareness and acceptance
    - Behavioral change based on individual values
PTSD: PCL Scores over Time

Post-intervention comparison:
F=6.33, df=2,26, \( p \leq .02 \), controlling for baseline PTSD

Cohen’s \( d = .82 \)
Depression: CES-D Scores over Time

Post-intervention comparison:
$F=2.3$, df=2.26, $p \leq .08$, controlling for baseline depression
Self-Reported Sleep Problems
(Sleep Index 1 MOS)

Sleep Problem #1

3-mo. follow-up comparison:
F=6.01, df=2,22, p < .02, controlling for baseline levels
Mindful Awareness (FFMQ, Self, Others, World)

- Baseline, Mid, Post and Follow-up

Post-intervention comparison:
F=2.17, df=2.26, p < .05, controlling for baseline mindful awareness
Summary

- Delivery of a telehealth intervention to address IPV and PTSD was shown to be feasible within this sample of predominately African-American women.

- CONNECT intervention showed preliminary evidence for effective reduction in PTSD symptoms to below clinical threshold levels.

- Additional evidence for beneficial effects on depression and mindful awareness.
Conclusion

• Telehealth is a feasible delivery mechanism for intervention with PTSD and related outcomes among urban predominately African American women with lifetime exposure to IPV.

• A telehealth intervention such as CONNECT may help to reduce mental health disparities in this population

• A randomized clinical trial is needed as a next step to test effectiveness using rigorous methods.