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SUBSTANCE USE DISORDERS AND TRAUMA-SPECIFIC TREATMENT FOR LATINAS WITH CO-OCCURRING DISORDERS WITH AND WITHOUT NEURODEVELOPMENTAL DISORDERS

Background: Previous research suggested that treatment efficacy is directly proportional to the number of treatment sessions offered and received. We assess changes in quality of life (QoL) domains after the completion of a short vs. traditional version of Proyecto Mujer intervention among Latinas with co-occurring mental disorders (COD) with and without neurodevelopmental disorders or schizophrenia (NDoS).

Methods: A total of 151 Latinas with co-occurring mental health and substance use disorders (SUDs) receiving services at the clinic were enrolled in the study. The recruitment period lasted about 14 months. Data collected included sociodemographic information (i.e., age, educational attainment, race/ethnicity, and marital status), alcohol and drug use, mental health disorders, the severity of SUD (as defined by the DSM-5), quality of life (as measured by WHOQOL-BREF Spanish version), and treatment encounters (8 vs. 11 sessions). Descriptive statistics were used to summarize the characteristics of the participants. Post-hoc power ($1 - \beta$) analyses were also conducted and reported. Linear mixed models were carried out to compare QoL differences by treatment duration; to evaluate time-intervention interactions and to adjust for potential confounders.

Results: Latinas were 40 years old ($SD = 11.08$) on average. NDoS was present in 25.8% of the sample. The mean QoL scores were higher at six months for the physical domain, the psychological domain, and the environmental domain, whereas the mean QoL scores were lower at six months for the social domain for Latinas with NDoS. Statistically significant differences were reached for all the QoL domains of the traditional version and the physical and psychological domains of the short version. Among Latinas without NDoS, the mean QoL scores were higher at six months with statistically significant differences in each domain for both versions of the intervention.

Conclusions: The concept of QoL has been recognized as an outcome indicator for behavioral health services. Our findings confirmed the effectiveness of combined substance use and trauma-specific services based on a motivational approach for Latinas with SUD and traumatic experiences.