Northeastern Latinas
Reclaiming Lives

by Sandra Gardner

Born to drug-addicted parents, a pregnant, high school dropout at 15, and soon on the road to addiction herself, Ilhana Ojeda-Rivera's story might well have been a journey on the road to disaster.

Instead, Ojeda-Rivera is now a certified substance counselor and a field coordinator for the Institute on Urban Health Research at Northeastern University in Boston, Mass. She's also working on a master's degree in an accelerated program for adult learners at Cambridge College, a private college in Cambridge, Mass.

Though she still struggles with mental-health issues and a learning disability, she says, "I want that master's degree so bad, it's like the icing on the cake."

The oldest of four children of Puerto Rican parents, Ojeda-Rivera grew up bungling back and forth between Brooklyn and Worcester, Mass., after her parents divorced when she was 10. She got drunk for the first time at the age of 12 or 13. By 18 or 19, she was regularly using alcohol and crack cocaine.

"My boyfriend, at 16, was a cocaine addict, and I started snorting cocaine with friends and parties and on the streets," recalls Ojeda-Rivera, who is now 43.

What eventually motivated her decision to get into recovery, she says, were her four children. "I was making them suffer so much. We were homeless, we'd been without an apartment for a good few years," she says.

At times, they lived with Ojeda-Rivera's mother, with one of her sisters, with friends, and illegally in her grandmother's old apartment in the Fort Greene projects in Brooklyn and in shelters. Her children's schooling was erratic — her oldest daughter changed schools six times in one year.

"We never slept on the streets, thank God," Ojeda-Rivera says. "And my sister was my savior. She'd always pick up my kids."

She went to rehab programs in Manhattan, Brooklyn, Staten Island, Boston, and Westborough, Mass., but always ended up relapsing after going back to hang out in the same neighborhoods where she'd been using.

"They were the people I knew, people using like I was," Ojeda-Rivera says. "I had to learn to detach myself from everybody and everything."

Finally, she entered the rehab program at Women's Inc., in Boston, where she stayed for a year, and she started to do well, obtained her GED, and then began volunteering at Casa Esperanza, in Roxbury, Mass., where she became a role model for other Latinas.

"It was like a community," she says. "It really gave me an added incentive, that I was having an impact on people's lives. A whole community needed me."

Her faith in God helped, and soon, another positive came into her life. Dr. Hortensia Amaro. Amaro is director of the Institute on Urban Health Research (IUHR) and distinguished professor, Bouve College of Health Sciences at Northeastern University. The mission of the IUHR is the improvement of health in urban communities, particularly those of the urban poor, African-American, and Latino communities, through interdisciplinary community-based and basic research strategies. The IUHR also serves as an interdisciplinary research and training center for graduate students and faculty in urban health issues. Its core funding is from the university, and specific research projects are funded by federal programs, such as the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Institutes of Health, under the U.S. Department of Health and Human Services; the Massachusetts Department of Health; the Boston Public Health Commission; and various foundations.

In Amaro's previous position, as professor...
sor of psychology at Boston University’s School of Public Health for 18 years, she founded the Mom’s Project and Entre Familia, two integrated treatment programs for substance-abusing women.

The Mom’s Project is a comprehensive, community-based outpatient program designed to improve the health, well-being, parenting, and life success of drug-addicted pregnant women. It also seeks to improve birth outcomes by reducing substance abuse in pregnant women, reducing HIV infection, and providing a link to health and social services.

Entre Familia is a residential treatment center for substance-abusing Latinos and their children, providing comprehensive, linguistically and culturally appropriate treatment; a gender-specific approach, and a family-centered model. It houses 24 families of women and children, aged newborn to 18. Families have their own rooms and bathrooms and a common dining and living room, in a building that is staffed 24 hours a day. The majority of women stay five or six months, but they may choose to stay up to a year.

“It varies, depending on the treatment goals decided by the woman and her counselor,” says Amaro. “It’s voluntary. And a number of women come back, if they relapse.”

Both the outpatient and residential programs link the women and their families up to many services and agencies in the area, including social services, job training, health-care providers, educational institutions, English-as-a-second-language providers, mental-health services, and child-care and child-development services.

Ojeda-Rivera went to work for Amaro as a case manager in 1998, while obtaining her credentials as a substance-abuse counselor at the University of Massachusetts, in Boston. She later was clinical coordinator for the Mom’s Project, running counseling and leadership groups for the women, training them to become empowered, find their voices, speak up, and become knowledgeable about political process. The program includes other groups, such as group therapy and a spirituality group. The women are encouraged to attend a local Alcoholics Anonymous-type of meeting, and there are also 12-step groups within the program.

After Amaro left Boston University for Northeastern and founded the IUHR five and a half years ago, Ojeda-Rivera became a research interviewer for a study funded by a five-year grant from SAMHSA. Amaro is principal investigator for the study of her program, one of nine sites in the country selected for a study on an integrated model for substance-abusing women. Her study’s participants are volunteers from the Mom’s Project, Entre Familia, and several other programs in the area.

As a field coordinator, Ojeda-Rivera meets with the women for a baseline interview. “I get tons of information from them as to how I’d be able to reach them if they drop out of the program – their contacts of family or friends,” she says.

The first interview includes information about the client’s substance abuse, trauma history, parenting and family, income and education, spirituality, mental-health issues, and substance-abuse treatment. Ninety percent of the women in the treatment programs agree to participate in the study, for which they are paid out of the grant funds.

Ojeda-Rivera does three interviews: the baseline, another at six months, and a final one at one year. “At five months, we start to find them for the six-month interview. That point is where it gets tough,” she says.

She starts calling contact numbers, which are often disconnected. So she’ll have to go out to the woman’s house and knock on the door, or to a local shelter or methadone clinic. Though her routes take her to communities frequented by addicts, no one has ever threatened her, she says.

“I tell them I’m not [Department of Health and Human Services] or probation. They’re pretty open with me because I establish a relationship. I let them know I understand their situation and that they can trust me. It’s an important part of the job,” she says. “I’m also bilingual and use a lot of Spanish, especially when I’m looking for the women, so they feel comfortable.”

If the woman has been incarcerated, Ojeda-Rivera will go into the prison to do the interview. But at times, the woman is nowhere to be found. “Sometimes we lose them,” she says. This is not often the case, though, since the conditions of the grant require an 80 percent follow-up rate, which the study has been meeting.

“When I meet with them at six months, the goal is that the responses should be different to some of the questions, like: How did you cope with your anger? Did you act out violently?”

The aim of the study is to determine whether integrating treatment for post-traumatic stress disorder (as a result of physical or sexual abuse) and mental-health services into substance-abuse treatment for women resulted in better treatment outcomes. Most substance-abuse treatment still does not adequately address issues of mental illness and trauma in women, and most HIV-prevention interventions with women drug users do not address issues of trauma history and mental illness, according to Amaro.

“We found that women who participated in sites with the new integrated treatment model compared to those who receive services as usual [substance-abuse treatment only] in other treatment sites had better outcomes regarding substance abuse. They also had significantly fewer symptoms related to mental-health problems and trauma,” says Amaro.

“We also reported findings related to HIV-risk behaviors in the same group of women. The intervention resulted in a significant increase in safe sex from treatment entry to the 6- and 12-month follow-ups.”

The sample for the study comprised Latina, African-American, and White women entering treatment for drug addiction in the facilities that participated in the study. There were 181 women in the intervention group and 161 women in the comparison group. The average age was about 38 with about half not having a high school degree, and more than 90 percent were not employed at the time of treatment entry.

Amaro has recently added a new component to the integrated-treatment plan: a Mindfulness-Based Stress-Reduction intervention, adapted from a model created by Dr. Jon Kabat-Zinn, Center for Mindfulness in Medicine, Health Care and Society, University of Massachusetts Worcester Medical School.

“Women with a history of trauma and substance abuse usually have incredible amounts of stress,” Amaro says. “We’re looking at how teaching women yoga and meditation techniques can help, and Iliana is doing follow-up research with the women.”

Ojeda-Rivera commutes to her work in Boston from her home in Woonsocket, R.I., where she lives with her husband, also a substance-abuse counselor, and a case manager for Span, Inc., an agency that helps ex-offender addicts and HIV-positive males integrate into the community in the Boston area.

“Iliana is incredible,” says Amaro. “The women love her; they feel very at ease with her. She’s walked in their shoes.”