



Substance Abuse Treatment Response in a Latino Sample: The Influence of Family Conflict



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ABSTRACT

Latino Americans report underutilization of treatment and poor treatment response for substance use and abuse compared to other racial/ethnic groups; thus, it is important to assess factors that contribute to these disparities. The current study objective was to assess the influence of family conflict on substance abuse treatment response in a sample of Latino Americans using two different yet complementary analyses. First, ordinary least squares regression was used to assess the association between overall family conflict and pre- and post-treatment substance use. Second, repeated measures latent class analysis was used to identify groups based on family member conflict and timing of conflict during treatment. Findings indicated that family conflict contributed unique variance to concurrent substance use; however pre-treatment family conflict was not related to post-treatment outcomes. Results also identified three distinct family conflict groups: no/low conflict, pre-treatment conflict, and post-treatment conflict who differed in pre- and post-treatment substance use. Post hoc investigation revealed that those who experienced pre-treatment conflict but low post-treatment conflict showed the greatest decrease in substance use. Findings highlight the importance of considering family conflict during all stages of treatment for Latino American substance users.

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1. Introduction

Substance use among Latino Americans is lower than national averages. For example, 46.1% of Latinos report alcohol use during the past month compared to the national average of 55.2% (Substance Abuse and Mental Health Services Administration (SAMHSA) (SAMHSA), 2010). However, research indicates that Latinos are more likely to participate in risky drinking behavior and experience disproportionate levels of adverse consequences as the result of substance use when compared to African Americans and Whites (Caetano, 2003). Further, research suggests that Latinos underutilize substance abuse treatment services when substance use and abuse issues are present (Feaster et al., 2010; Mulvaney-Day, DeAngelo, Chen, Cook, & Alegría, 2012) and display poorer treatment response compared to other ethnic groups in the United States (Amaro, Arévalo, Gonzalez, Szapocznik, & Iguchi, 2006).

Given the disparities in substance use treatment response among Latinos, it is important to identify factors that may contribute to treatment outcomes. Identifying these factors would provide researchers and program providers the information necessary to design and implement treatments that best address these influences and improve treatment outcomes for Latino substance users. Given the

growing body of research emphasizing the role of families in substance abuse treatment coupled with the importance of family in many Latino cultures (i.e., familism; Sabogal, Marin, Otero-Sabogal, Marin, & Perez-Stable, 1987), it seems prudent to assess how family conflict influences Latino's response to substance abuse treatment.

1.1. Family conflict and psychosocial outcomes

For the general population, research has illustrated a link between partner and family conflict and substance use (Easton, Swan, & Sinha, 2000; Repetti, Taylor, & Seeman, 2002; Woods, Priest, Fish, Rodriguez, & Denton, 2014; Wu, Lu, Sterling, & Weisner, 2004) and post treatment relapse (Ellis, Bernichon, Yu, Roberts, & Herrell, 2004). For example, Whisman (2007) found that the presence of a distressed romantic relationship increased the risk of meeting the diagnostic criteria for a substance use disorder. Similarly, 75% of women in substance abuse treatment programs reported experiencing intimate partner violence (Fowler & Faulkner, 2011; Walton et al., 2009), and men with substance abuse problems report less relationship satisfaction with their partners (Fals-Stewart, O'Farrell, & Birchler, 2001). Regarding the family as a whole, Costantini, Wermuth, Sorenson, and Lyons (1992) found that heroin-addicted adults showed a negative association between self-reported perceptions of family cohesion and patient drug use.

Though there have been studies linking family conflict to substance use in the general population (Arteaga, Chen, & Reynolds,

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2010; Frone, Russell, & Cooper, 1997; Skeer et al., 2011), we found no studies specifically testing the associations between family conflict and adult Latino substance use. However, results from available research on Latino families suggest that family conflict is associated with poorer physical health such as self-reported chronic conditions (Bostean, 2010), psychological distress (Lee & Liu, 2001), and an increased risk of anxiety disorders (Priest & Denton, 2012).

1.2. Family conflict and treatment outcomes

Although evidence supports the role family relationships play on the onset and course of substance abuse problems, research examining the influence of family functioning on adult substance abuse treatment outcomes is limited. Studies on the general population indicate that poor family relations is linked to perceived family dysfunction (Griffith, Knight, Joe, & Simpson, 1998), lower motivation at treatment entry (Griffith et al., 1998), and higher drug related problems before, during and after treatment (Broome, Knight, Knight, Hiller, & Simpson, 1997).

Despite research highlighting the important role of family to Latino psychosocial outcomes, there are no available studies that assess the role of family conflict in adult Latino substance abuse treatment outcomes. Research examining the function of family in mental health treatment showed that the presence of family living and support attenuated differences between White and Latino treatment outcomes (Snowden, 2007); such that, Latinos who lived with families and received family support responded to treatment at rates similar of Whites. Further, studies that investigate the role of family in Latino adolescent substance users suggest the importance of family in treatment outcomes (Prado et al., 2007). For example, in Santisteban et al. (2003), substance using Latino youth participating in brief strategic family therapy reported better outcomes than those in group therapy settings. Despite the use of adolescent samples, these preliminary studies warrant the exploration of family conflict in adult Latino substance abuse treatment as they may provide information on how to improve treatment response.

1.3. The current study

The current study assesses the association between family conflict and substance use treatment outcomes in a sample of Spanish-speaking substance users from the National Drug Abuse Treatment Clinical Trials Network (CTN) using two different, yet complementary, statistical analyses. Specifically, we tested (1) whether overall reported family conflict was related to individual substance use (i.e., alcohol and drug use and problems related to use) and (2) how different patterns of family conflict (i.e., with different family members and the family overall) over the course of treatment were related to pre- and post-treatment substance use. This latter approach was used to help differentiate how different forms of family conflict (i.e., parental, sibling, partner) and the timing of the conflict during treatment were related to later substance use.

Using hierarchical multiple regression to test the overall influence of family conflict, we hypothesized that those individuals who experienced higher levels of pre-treatment family conflict would report more alcohol and drug use both pre-treatment and 16 weeks post-treatment than those who reported less family conflict. Regarding our examination of differential patterns and timing of conflict, we used an exploratory analytic approach (i.e., repeated measures latent class analysis; Collins & Lanza, 2010) to (1) identify groups based on individual reports of conflict with different family members prior to and following substance abuse treatment and (2) assess how these different profiles of family conflict differ in their reports of substance use and problems associated with substance use at baselines and then again at follow-up. We hypothesized that differential experiences of family conflict and timing of conflict would be associated with

differences in reported pre- and post-treatment substance use. Findings from this exploratory study will help identify different patterns and timing of family conflict and the subsequent association with post-treatment outcomes for Latino/a substance users.

2. Materials and methods

2.1. Sample

The National Drug Abuse Treatment Clinical Trials Network (CTN) is comprised of 13 research centers across the United States. For this study, secondary data analyses were performed on the publicly available data for CTN-0021 (Carroll et al., 2009), which originally tested whether a three-session Spanish version of Motivational Enhancement Therapy (MET) was more effective at retaining Spanish-speaking clients in outpatient substance abuse treatment when compared to a control group who received standard treatment, which consisted of individual psychoeducational counseling teaching concepts related to recovery, self-awareness in addiction, and coping strategies (for more information on MET, see Miller & Rollnick, 2002). For this study, participants were screened for interest and eligibility and randomly assigned to one of the two treatment groups. Both groups received three sessions of either MET or standard treatment over the course of 28 days as well as a standard clinical assessment.

The multi-city randomized trial began in November of 2003 and was completed in October 2005. Eligible participants were men and women 18 years old and older who were seeking substance abuse treatment at community treatment centers. Data were collected in outpatient substance abuse treatment programs in Colorado, Florida, New Mexico, New York, and Oregon. The final sample at baseline consisted of 446 adult participants, 66% of which completed all three sessions in the treatment program. Eighty-two percent of the sample reported lifetime abuse or dependence to alcohol followed by cocaine (43%), marijuana (29%) and opiates (13%). For a complete description of the methods of CTN-0021 see Carroll et al. (2009). Only baseline/pre-randomization and 16 week post-treatment survey data were used in the analyses.

2.2. Measures

All measures and protocols were conducted in Spanish. The original Spanish-language procedure was designed to mirror English-language CTN Motivational Enhancement Therapy trials (Ball et al., 2007). A team at the University of Miami performed translational and back-translational protocol for the informed consent and assessments that were not already translated and validated in Spanish (including the Addiction Severity Index; Carroll et al., 2009). Items from the Addiction Severity Index (ASI, McLellan et al., 1985) were used differently depending on the analyses to test hypotheses.

2.2.1. Family conflict items

Measured at pre- and post-treatment sessions, family conflict items were used from the Family/Social Relationships section of the Addiction Severity Index (ASI, McLellan et al., 1985). Items from the Family/Social Relationships section were used in two different ways. First, a composite was rendered to test the effects of overall family conflict on outcomes using hierarchical linear regression. Second, items were used independently as binary indicators for the repeated measures latent class analysis. As research has demonstrated inconsistent reliability in the original composite scale (Mäkelä, 2003), the more reliable 4-item European Family Composite scoring method (Colpaert, Da Maeyer, Broekaert, & Vanderplasschen, 2013; López-Goñi, Fernández-Montalvo, & Arteaga, 2012; Melberg, 2004), was used.

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