



Trauma Symptoms for Men and Women in Substance Abuse Treatment: A Latent Transition Analysis



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ABSTRACT

Differences in trauma symptoms among men and women in two court-involved substance abuse treatment programs were examined using latent transition analysis (LTA). It was hypothesized that women would be more likely to report clinical-level trauma symptoms than would men, but that both groups would show reductions in symptoms over time. Symptom classifications were determined by the LTA. Scores on the *Trauma Symptom Inventory* (TSI) were obtained on 381 program participants, 112 men and 269 women, at intake and after 6 months in treatment. Three ordered classes were obtained for men and women at each time point: *non-clinical* (no TSI scales elevated), *moderate symptoms* (1 or 2 scales elevated) and *severe symptoms* (all scales elevated). Men were more likely to be represented in the *non-clinical* class at intake, while women had higher representation in the *severe symptoms* classification. There was a reduction of trauma symptoms for most men and women, but some groupings had symptoms that remained the same or became worse over time. Using gender and trauma-symptoms to help determine interventions is discussed.

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1. Introduction

A history of trauma, and the experience of trauma-related symptoms, are common among adults with substance abuse disorders, with the co-occurrence as high as 80–90% among participants in substance abuse treatment (Farley, Golding, Young, Mulligan, & Minkoff, 2004; Wu, Schairer, Dellor, & Grella, 2010). A number of reasons have been offered for the co-occurrence of these disorders, including the use of drugs to self-medicate to avoid the experience of trauma-related symptoms, and the impact of substance abuse disorders on creating risky environments resulting in trauma, and, subsequently, further substance abuse (Douglas et al., 2010; Hien et al., 2010; Stewart & Conrod, 2008).

While the co-occurrence of substance abuse and trauma is found among men and women (e.g., Danielson et al., 2009) gender differences in trauma exposure and trauma-related symptoms have also been noted. Women are more likely to report a history of sexual and physical abuse and trauma-related symptoms than are men although both men and women who have experienced abuse are more likely to report psychiatric symptoms than are men and women who have not experienced abuse (Keyser-Marcus et al., 2014). In their review of research on gender, traumatic experiences and trauma symptoms, Tolin and Foa (2006) reported differences between men and women in both the types of traumatic experiences commonly reported and the symptoms expressed in response to those experiences. Despite these differences, the impact of trauma on client functioning is significant for both sexes, associated with

substance abuse, suicide attempts, depression, and marital problems (Chapman et al., 2004; Dube, Anda, Felitti, Edwards, & Croft, 2002; Dube et al., 2006; Felitti et al., 1998). Differences in treatment outcomes have been noted by some; in a relatively small study ($n = 24$ for men; $n = 27$ for women), Heffner, Blom, and Anthenelli (2011) found higher relapse rates for the women who had experienced trauma than for the men with similar trauma profiles, but no theory is offered to explain these differences. However, in a study on cognitive interventions for post-traumatic stress disorder (Felmington & Bryant, 2012) men were less likely to retain gains than were women. Thus, understanding the trauma-related needs of both men and women is important.

To respond to the needs of clients with trauma-related concerns, substance abuse treatment programs are attempting to be sensitive to those needs and to provide 'trauma-informed' interventions (Elliott, Bjelajac, Falot, Markoff, & Reed, 2005). Programs can integrate interventions for substance abuse and trauma in many ways (van Dam, Vedel, Ehring, & Emmelkamp, 2012); most commonly, substance abuse treatment programs provide non-trauma-focused therapies that help the client cope with present-oriented problems resulting from exposure to trauma. These trauma-informed interventions create an environment of safety in which clients can address their problems with substance abuse while also learning about, and learning how to control, the impact of trauma on their functioning (Elliott et al., 2005). Studies of trauma-informed substance abuse treatment indicate that it can increase treatment engagement and reduce trauma symptoms, substance abuse, and recidivism, particularly for clients more affected by trauma (Amaro, Chernoff, Brown, Arevalo, & Gatz, 2007; Clark & Young, 2009; Farley et al., 2004; Hien et al., 2010; Jaycox, Ebener, Damesek, &

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Becker, 2004; McGovern, Lambert-Harris, Alterman, Xie, & Meier, 2011; Messina, Calhoun, & Braithwaite, 2014; Messina, Calhoun, & Warda, 2012; Messina, Grella, Cartier, & Torres, 2010; Saxena, Messina, & Grella, 2014; Torchalla, Nosen, Rostam, & Allen, 2012; van Dam et al., 2012).

Despite these promising findings, however, a majority of studies on the impact of trauma-informed substance abuse treatment to date have focused on women alone (e.g., Clark & Young, 2009; Hien et al., 2010; Messina et al., 2010; Messina et al., 2012; Messina et al., 2014; Saxena et al., 2014). Further, while the co-occurrence of trauma and substance abuse is common, it is not pervasive, with differences in trauma-symptoms evident among, as well as between, men and women entering substance abuse treatment. Thus, it is important to understand individual differences, as well differences by gender, in trauma-related symptoms on entry to treatment and responsiveness to trauma-informed interventions.

1.1. Purpose

The purpose of this study was to understand differences in patterns of trauma-related symptoms for men and women at intake to treatment and after 6 months of participation in a trauma-informed substance abuse treatment program. Latent transition analysis (LTA) was used to identify constellations of trauma-related symptoms and responsiveness to treatment as a function of group membership. Given prior literature, it was expected that women would report more clinical trauma-related symptoms than would men, and that the experience of trauma-related symptoms would be associated with a history of traumatic experiences. Specific constellations of trauma-related symptoms for men and women, variations in trauma-related symptoms between men and women at intake, and differences in responsiveness to treatment, were not specified, but left to identification through the LTA.

2. Materials and methods

2.1. Subjects

The sample consisted of 381 adults enrolled in one of two substance abuse treatment programs in one county in central California from 2010 to 2012. Both programs had grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide assessment and intervention for trauma within substance abuse treatment programs. Subjects were participants in a drug treatment court ($n = 267$) or a justice-involved program for perinatal women ($n = 114$). The drug court served county residents charged with a non-violent misdemeanor or felony and who demonstrated a need for substance abuse treatment; offenders were ineligible if they had been charged with a violent crime, the distribution of drugs, or a sex crime. Participants in the program for perinatal women were pregnant, postpartum, or parenting women with substance abuse problems, referred to the program by Child Welfare Services, Dependency Court, or alcohol and drug treatment providers.

Participants were 71% female; 52% were Caucasian, 36% Latino, 3% African American, 4% Asian, and 4% Native American, ranging in age from 18 to 59 years ($M = 30.24$; $SD = 8.72$). Six-month follow-up assessments were available on 279 (73%) of these subjects. A majority of those without follow-up assessments ($n = 82$) were in treatment for less than 6 months, while others were not reachable for the assessments. Subjects with and without follow-up data were statistically similar with regard to gender, ethnicity, age, and trauma symptoms at intake.

2.2. Interventions

Both programs were part of a county-wide effort, utilizing grant funding obtained from SAMHSA, to develop a trauma-informed approach to substance abuse treatment. All staff members at the

participating agency attended a 2-day workshop on trauma-informed treatment at the beginning of the project; this training including guidelines on the use of trauma-informed interventions, in general, as well as specific training on Seeking Safety (Najavits, 2002), a cognitive-behavioral treatment program designed to build coping skills for adults with substance abuse problems and a history of trauma (Najavits, 2002). Each subsequent year, an additional 1-day training was conducted to retrain staff and reinforce these concepts. In addition, staff sensitivity to clients' trauma-related symptoms was monitored through confidential consumer surveys; feedback was provided to staff members and supervisors at monthly program team meetings and efforts made to address concerns.

In both programs, clients received an array of services which included attendance at Seeking Safety groups once a week. These groups focused on helping clients understand the co-occurrence of substance abuse and trauma, and the impact of both on their daily functioning. Studies of this intervention have had promising results with regard to reductions of trauma symptoms and substance use (e.g., Desai, Harpaz-Rotem, Najavits, & Rosenheck, 2008; Gatz et al., 2007). While Seeking Safety is appropriate for use by men and women, fewer studies have been conducted on men's outcomes; however, a summary of several pilot studies found that men also find the intervention helpful (Najavits et al., 2009).

Participants in the drug treatment court also received court supervision and substance abuse treatment by community-based treatment providers. The drug treatment court followed the guidelines established by the National Association of Drug Court Professionals (1997) including use of a non-adversarial approach toward offenders, judicial supervision, drug and alcohol testing, use of graded incentives and sanctions in response to compliance with treatment, and ongoing judicial involvement. In addition to weekly Seeking Safety groups, the program provided case management, relapse prevention groups twice a week, weekly individual counseling, vocational assessment, and drug testing 2 to 3 times a week.

The perinatal program was designed for women who were either pregnant or parenting young children. It provided residential treatment followed by outpatient services. In addition, to weekly Seeking Safety groups, interventions included case management, relapse prevention groups twice a week, weekly individual counseling, parenting classes once a week, child care services, drug testing 2 to 3 times a week, and case management.

2.3. Measures

This study utilized 2 measures that were administered to participants in both programs: the *Addiction Severity Index* (ASI; McLellan et al., 1992) and the *Trauma Symptom Inventory* (TSI; Briere, Elliott, Harris, & Cotman, 1995). The ASI is a structured interview designed to assess psychosocial functioning across 7 domains: drug use, alcohol use, legal problems, medical problems, family/social functioning, employment, and psychiatric problems. Questions in each domain examine problems over one's lifetime and in the past 30 days. Composite scores are derived from critical items in each domain and range from 0 to 1, with higher decimals reflecting more problems in that domain. Severity ratings are provided by the interviewer in each domain and range from 0 to 9, with higher scores reflecting the interviewer's perception that the client had a greater need for further treatment in that domain. Overall, the instrument has been shown to have adequate reliability and validity for examining changes over time when administered as indicated (Leonhard, Mulvey, Gastfriend, & Schwartz, 2000). Some concerns about the scale are addressed in the 6th edition of the ASI (McLellan, Cacciola, Alterman, Rikoon, & Carise, 2006), but that version was not available at the time of this study. This current study used items from the 5th Edition of the ASI to describe client demographic characteristics (e.g., age, gender, ethnicity, and education), and composite scores and severity ratings for problems with drug use, to address changes in substance abuse over time. In addition, history

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