

Episode 85 - Dr. Stella Resko: Risk Factors for Early Treatment Dropout Among Women with Co-Occurring Substance Use Disorders and PTSD

[00:00:08] Welcome to living proof podcast series of the University at Buffalo School of Social Work at www.socialwork.buffalo.edu. We're glad you could join us today. The series Living Proof examines social work research and practice that makes a difference in people's lives. I'm your host Adjoa Robinson and I'd like to take a moment to address you our regular listeners. We know you have enjoyed the living proof podcast as evidenced by the more than 150000 downloads to date thanks to all of you. We'd like to know what value you may have found in the podcast. We'd like to hear from all of you practitioners researchers students but especially our listeners who are social work educators. How are you using the podcast in your classrooms. Just go to our website at www.socialwork.buffalo.edu forward slash podcast and click on the contact us tab. Again thanks for listening and we look forward to hearing from you drop out is one of the more challenging issues faced by the drug and alcohol abuse field in the early stages of treatment. Dropout rates can exceed 50 percent. Dr. Stella Resko conducted a secondary analysis of data from a national study examining the effectiveness of seeking safety and integrated gender specific treatment program for women with both substance abuse issues and post-traumatic stress disorder. Dr Resko is an assistant professor with the Maril Palmer Skillman Institute and the School of Social Work at Wayne State University. Dr Resko has participated in several national multi-site studies with Majda Clinical Trials Network and community based drug and alcohol treatment program settings.

[00:02:15] Her research interests and experience are focused on substance abuse treatment and prevention. Violence sexual risk behaviors and community based prevention and intervention research. In today's podcast Dr Resko discusses her work investigating the possible role of substance use PTSD and barriers to treatment in contributing to early drop out. Dr Amy Manning recent graduate of the University at Buffalo School of Social Work spoke with Dr Resko by telephone. Hi we're here today talking with Dr Stella Resko from Wayne State University. She's going to be talking to us today about the women and trauma study that she participated in. Welcome. Thank you. Can you start by telling us what the woman and trauma study is and what your involvement was. Sure. The women in trauma study was a large study that was sponsored by the Knight Clinical Trials Network and Denise Heen who's now at the City University of New York was the principal investigator on the project. It was a large multi-site study. There were seven different sites and I actually worked at one of the sites which was located in central Ohio. Each of the sites in the study were substance abuse treatment centers that were located in the community and the agency that I worked at was called Mary haven and it was an agency that targeted primarily medically indigent clients as well. It also served a number of racial and ethnic minorities. The study was designed it was a randomized controlled trial to test the effectiveness of Seeking Safety which is an integrated cognitive behavioral therapy that was developed by Lisa Javits of Harvard in seeking safety a treatment that it simultaneously addresses substance abuse and post-traumatic stress disorder.

[00:04:09] And so it's a very interesting approach in that it says the integrated treatment. It's also gender specific designed for women. It can be administered in either an individual or group format. The women in trauma study. They had it in a group format and the way the study was designed they compared the effectiveness of Seeking Safety to another control treatment which was called women's health education and for that treatment it was just a more general treatment that addressed women's health more broadly. It didn't specifically address trauma or PTSD. And so it was used as a comparison group. But the women in this study in order did participate. Each of the women had met the criteria the DSM criteria for PTSD either full or sub threshold PTSD. They also had to have reported substance use in the past year and have a current diagnosis of either drug or alcohol abuse

or dependence. And the site that I worked at in the study was actually the largest site we had over 100 participants at our site and the women and trauma study was actually the largest clinical trial of seeking safety. That I believe has been done to date. While that sounds like quite an undertaking. Well you're working within the study. What was your role in the study that would be independent assessor in each site. The reason dependent assessor who would concoct some of the screening to determine whether potential participants were eligible for this study. So we needed to make sure that they met the criteria for the PTSD and the substance use disorders.

[00:05:45] We also collected a lot of the baseline data we collected data on a range of health issues from everything from depression and emotional health to physical health and employment and economic support to just a range of issues. And for the follow up once the participants were randomized into the study if they were eligible I then conducted the follow up assessments after they completed treatment. Then one of the things that was kind of unique about my role that I was blind to the treatment randomization so I wasn't aware of whether the women got randomized into the intervention group where they got seeking safety where if they had the more broad health education intervention. That sounds like a really interesting role to be in. What were some of the outcomes that the principal investigators were looking at. Well I think some of the main things that the primary investigators were looking at were the impact of the treatments on PTSD symptoms and as well as the substance of these symptoms. And one of the interesting things that the lead authors did find and there's an article by Denise Hene talks about these results. I believe it's in the Journal of Consulting and Clinical Psychology. But they did find that there were no significant differences actually between the two interventions in terms of the PTSD symptom that the outcomes they did see significant reductions in PTSD symptoms. But there were no reliable differences when you looked at the two different groups. They also did not finding any substance the outcomes that were significantly different over time. So that's kind of where the main results of the study were. And one thing that I've done is to do some secondary analysis looking at this data in some different ways.

[00:07:26] The primary investigators had not looked at it. The focus on early attrition. You're looking at why is this an important issue to to look at. I think treatment retention is really one of the more challenging issues that we see in the drug and alcohol treatment field. There's been a lot of research that shows that the time spent in treatment is predictive of a positive outcome for clients. And there's attrition. So a major problem particularly in the early stages of treatment the first few weeks it's not uncommon to see dropout rates of 50 percent or higher and in some studies in some of the published literature I think also to link with the tightening of resources that we do see in our healthcare system. Now I think it's important that we provide the most effective and efficient treatment for our clients with attrition. We do end up spending considerable resources on individuals who subsequently don't engage in the treatment process. I think it's important that we really focus on proving our ability to retain client retention can also contribute to staff frustration and burnout which is another challenging issue. So I think it's definitely one of the important issues that we in the substance abuse field and my interest in early attrition part of why I became interested in this particular topic is when I was seeing the participants in doing these assessments the women had to undergo fairly lengthy assessments in order to be entered the study. So typically they would take a few several hours.

[00:08:55] And so I was kind of curious about why certain women would come in go through these assessments and baseline screenings several hours worth but then would never show up for any of the treatment at all. So that was one thing that really kind of interests me and I was kind of curious just from my clinical experience. Was it an issue like they didn't like which group they got randomised to where they disappointed they didn't get the trauma group but I was also curious maybe it was other factors maybe they didn't feel ready to talk about the trauma or made them uncomfortable to do the screenings and so that motivated me to look further at these issues. When you were looking at these issues did you come up with any findings that would be important for us

to continue on looking at research. I think there are some interesting things a couple of things that I was really interested in looking at was whether or not different types of barriers were associated with early attrition. A couple of things that I looked at like I looked at some logistical barriers so just the idea that maybe some of the thing barriers like having children in your household also having transportation issues maybe those are some of the challenges that impacts women's ability to participate in treatment. So I looked at some of those factors. I also wanted to think about some of the issues related to the trauma or PTSD or general kind of mental health and mental wellbeing. So we looked at some of the factors that are associated with PTSD severity depression symptoms and some of those are some things I looked at as well.

[00:10:24] The other thing that I was really interested in looking at is seeing if there's a role in terms of the substances that the women are used whether or not there are differences between like women who used cocaine versus women who used alcohol or other substances. So for the analysis we ran a logistic regression we looked at the results first by Varsity the relationships by variably and then for those variables but were significant are met as a cut off in the by varied analysis we then included them in a multivariate model and some of the things that we did find is that randomization to whether or not the women were assigned to the experimental or control group that was not significantly associated with early drop out. We also found there was no evidence that either some of the demographic factors like age as well as logistical barriers to things like access to an automobile having children in your household legal pressure those were also not negotiated with early drop out and we didn't find any evidence that PTSD severity or depression or partner violence as an adult were significantly associated with early drop out. What we didn't find though in the multivariate models is that some women who had a history of partner violence during adolescence they were more likely to actually drop out of treatment early and women who perceived the need for psychological or emotional treatment. The women that preceded it either an extreme or considerable need they were actually significantly more likely to drop out early.

[00:11:55] So with dropping out without attending a single session and we found some other results too related to the substances that the women used and we found that women who screened positive for opioid abuse they were significantly less likely to drop out while women who screened positive for stimulant abuse stimulants such as methamphetamine and Adderall they were actually more likely to drop out of treatment early as well. And finally we also found that women who self identified as one of the other races in our survey which included individuals who identified as multiracial as well as Latino or Asian they were significantly more likely to drop out than the white women in the sample. And so those are some of the main kind of findings that we did see and I think a couple of things really stood out to me. One related to the logistical barriers. The results really suggested that the logistical barriers to things like such as transportation or child care also employment those were not significant factors associated with early treatment drop out. And this suggests there may be some other issues may have greater influence on early attrition and with the partner violence we did look at partner violence during adulthood as well as adolescents. And the findings suggest that women who experience partner violence during lessons may be a particularly difficult group to engage in treatment. I think what I took away from this kind of findings that women may be impacted by make meaning of partner violence during adolescence in different ways than they are impacted by partner violence during adulthood.

[00:13:37] I think it may also suggest to you that women experiencing partner violence as an adolescent they may experience more cumulative violence throughout their lifetime so that may be a group that may need to pay particular attention to a couple other things that we did find is that although PTSD severity and depression were not significantly associated with early attrition the women who perceived a need for psychological or emotional treatment were more likely to drop out early and I think that does raise some concerns because these women do recognize the need for treatment but they may not actually be ready at this point to take action. So some of the work like

on the trans theoretical model of behavior change may be a useful way to kind of think about those results and maybe it may indicate that these women are in the earlier stages of that where they're just in the contemplation phase or in the planning stage where they actually haven't taken that action yet considering these outcomes which are actually very interesting because I know just from listening I don't think that those were the issues that were going to end up being associated with early drop out considering these as being the issues that didn't of being associated. What do you think some of the practical implications are for future research and for practice in general. Yeah I think the findings are in some way they were fairly surprising but I was focusing on a particular outcome so I'm just focusing on early attrition of those that drop out before they even attend a single session. I think some of the implications kind of highlight that it's really important to look at treatment retention issues because it can help us identify clients that are going to be at risk for early drop out. And for those clients that may have lower rates of attendance and this potentially I think can really help us more effectively intervene with particularly vulnerable clients. And I think these findings also provide some insight into the characteristics of women who are less likely to follow through with the treatment for comorbid PTSD and substance use disorders.

[00:15:43] And so these women may need additional supports in order to begin and remain in treatment. So I think it's a particularly important issue that we address Ruggero Rio Tinto from Columbia University has also done some work on looking at treatment retention with this data. And he was looking at actually the rate of attendance among the women. And so I think one thing that really stands out is that there may be some differences in terms of the factors associated with the rate of attendance versus those who do drop out early without even attending a single session. I think it's important to think about that group because in this sample most of the participants did attend the treatment. I think the average participant attended about six sessions but there was a proportion of women about 18 percent that actually attended zero sessions for the study. And so I think that's something we really need to focus on. And if these women kind of met the criteria indicated they had the problems in these areas. So I think it's important that we really work to engage them in the treatment process. How many women in total participated in the study. The total study across the southern sites was at least 353 and for the current analysis I just created 340 of the women who had the data for the variables we were looking at. So 18 percent was rather significant. It's around 64 women yeah that's rather significant amount for such a size rideable study. Where to next with us are you interested in looking further into this research specifically or branching out and going in a different direction.

[00:17:22] Of my work broadly focuses on substance abuse and violence and sexual risk taking behaviors a lot of the work I do look at how these behaviors are interrelated and how substance use can contribute to adverse health outcomes. One thing that when I worked on this project that really stood out is we did see a lot of women on the project who had experienced trauma and then then later developed a substance abuse problem in response to that as a kind of a coping strategy. The substance used then actually put that oftentimes they'll put them in higher risk situations so they experience additional traumas and so it kind of you ended up with the cycle that goes back between the trauma and the substance abuse and a kind of for other women it started and maybe it started with the substance use and that the traumas happened later. But for my future research I'm really interested in issues kind of the overlap of substance abuse and trauma. I'm particularly interested in some of the treatment issues such as additional looking at kind of retention issues but also looking at Fidelity treatment fidelity so looking at the idea of how well the therapist do in terms of delivering the intervention are they kind of consistently following the approach so looking at those types of issues which I think are also really important in terms of being able to tell how effective an intervention is it's important to make sure that we look at how well it's been delivered and so I think that might be an issue that's really important to look at another thing in terms of the treatment retention issues.

[00:18:54] I think there's some other variables that I didn't look at in this study at this point and so it might be helpful to consider some other issues. I think it might be important to consider like the social support that the participants had. This was the age of onset for either the PTSD symptoms or the substance disorder. So I think there's definitely some directions to go and to kind of continue this work further. It sounds like a very interesting study that you've presented for us where can researchers go to find out more about this and other studies that have been conducted as part of this clinical trial network from nine to the clinical trials that work that they've conducted to date a number of studies and they're typically large multi-site studies and there's a wealth of data out there and I think it's a great resource but more researchers should be taking advantage of the clinical trials that work has set up a dissemination library that has links to publications and presentations from the studies that they conducted. There's also online access to the data from the study so if individuals are interested in working with the study but data from the study are as well as any of the other projects that data is available from the Web site CTN data share datashare. dot org. There's access to a number of studies from every you know there's been a lot of issues studies related to morphine. There's been studies looking at brief strategic family therapy as well as a host of other topics. So it's a great resource and I would encourage other researchers that are looking for secondary data sources that are related to substance use to consider that as an option. Thank you very much for taking the time to speak with us today.

[00:20:37] Really appreciate your insight into these topics and your presentation of this research was very interesting. Thank you for having me. It created talk to you. You've been listening to Dr. Stella Resko discuss her work on investigating contributing factors to early drop out of substance abuse treatment. Thanks for listening. And join us again next time for more lectures and conversations on social work practice and research. Hi I'm Nancy Smyth professor and dean at the University at Buffalo School of Social Work. Thanks for listening to our podcast. For more information about who we are our history our programs and what we do we invite you to visit our website at www.socialwork.buffalo.edu. At UB we are living proof that social work makes a difference in people's lives.