

5. Substance Abuse, Posttraumatic Stress Disorder and Ethnicity

October 1, 2001—January 22, 2004

2003

Brave Heart, M. Y. (2003). "The historical trauma response among natives and its relationship with substance abuse: a Lakota illustration." *J Psychoactive Drugs* **35**(1): 7-13.

Historical trauma (HT) is cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences; the historical trauma response (HTR) is the constellation of features in reaction to this trauma. The HTR often includes depression, self-destructive behavior, suicidal thoughts and gestures, anxiety, low self-esteem, anger, and difficulty recognizing and expressing emotions. It may include substance abuse, often an attempt to avoid painful feelings through self-medication. Historical unresolved grief is the associated affect that accompanies HTR; this grief may be considered fixated, impaired, delayed, and/or disenfranchised. This article will explain HT theory and the HTR, delineate the features of the HTR and its grounding in the literature, offer specific Native examples of HT and HTR, and will suggest ways to incorporate HT theory in treatment, research and evaluation. The article will conclude with implications for all massively traumatized populations.

Montoya, I. D., L. D. Covarrubias, et al. (2003). Posttraumatic stress disorder among Hispanic and African-American drug users. *American Journal of Drug & Alcohol Abuse*. **Vol 29**(4): 729-741.

Explored cocaine abuse (CA)/dependence with physiological dependence (CDPD) and posttraumatic stress disorder (PTSD) diagnosis differences between out-of-treatment Hispanic and African American adults, in order to identify cultural differences in how experiences and attitudes affect cocaine use behaviors. This study uses data collected as part of a 3-yr longitudinal study. 347 adults from the Houston metropolitan area were interviewed to measure differences between cocaine users who are dually diagnosed and those that are not. For the dual diagnoses categories, 102 (29%) participants met the requirements for CA/PTSD or CDPD/PTSD. Logistic regression models were used, with CA/PTSD and CDPD/PTSD as the dependent variables. Age, race, gender, and income were used as the independent variables. Results indicate that individuals with higher income have a greater probability of developing CA/PTSD. For both dual diagnoses categories, results indicate that being female increases the likelihood of developing both of these dual diagnoses. However, being an older female decreases the probability that an individual would develop these dual diagnoses. No differences were found for race/ethnicity among the dually diagnosed Hispanics and African Americans, however, gender differences were found. (PsycINFO Database Record (c) 2004 APA, all rights reserved)

Murphy, R. T., K. Wismar, et al. (2003). "Stress symptoms among African-American college students after the September 11, 2001 terrorist attacks." *J Nerv Ment Dis* **191**(2): 108-14.

The current study examined stress reactions to the events of September 11, 2001 among African-American college students not directly exposed to the attacks. Within 3 days of September 11, 219 undergraduates (78.3% women) completed self-report measures assessing stress symptoms and other reactions to the attacks. The results indicated that many students

experienced a variety of stress symptoms and distressing thoughts and feelings in response to the events of September 11, including academic problems, concerns about family and friends in the military, and fear about war. Most students were highly distressed by specific attack-related news reports and images. Anger toward persons of Middle Eastern descent was not frequently reported. Later college year and having parents not currently together were predictors of overall stress symptom severity as assessed by the Posttraumatic Stress Disorder Checklist. Later college year also predicted academic problems after September 11. The findings are discussed in terms of intervention implications and suggested directions for future research. The study specifically addressed three research questions. First, what is the severity and prevalence of stress symptoms and academic adjustment problems among the students? Second, how distressing are the various attack-related events, images, or news reports? Third, are there predictors of distress in this sample? Regarding this question, it was hypothesized that greater overall stress symptom severity would be predicted by parental marital status other than currently married, earlier college year, and having personal connections to the attacks, including having family or friends in the military. Gender was also examined as a possible predictor, but no specific hypothesis was made.

2002

Rosenheck, R. and A. Fontana (2002). "Black and Hispanic veterans in intensive VA treatment programs for Posttraumatic Stress Disorder." *Med Care* **40**(1 Suppl): I52-61.

OBJECTIVES: This study examines differences in treatment process and outcomes among minority veterans treated in specialized intensive VA programs for war-related Posttraumatic Stress Disorder (PTSD). **DESIGN:** A concurrent panel study assessing four different types of intensive PTSD treatment program. **SUBJECTS:** Black (n = 2,906; 23.4%), Hispanic (n = 661, 5.3%), and white veterans. **METHODS:** Hierarchical linear modeling was used to compare black and Hispanic veterans with white veterans on admission characteristics, treatment process, and outcomes, overall, and to determine whether treatment in three newer types of programs, each designed to improve efficiency, was associated with in changes in minority group experiences. **RESULTS:** At the time of program admission, black patients had less education, were less likely to be married or to receive VA compensation, and had more severe alcohol and drug problems, but had less severe PTSD symptoms than either white patients or Hispanic patients. There were no differences among groups on 8 of 11 measures of treatment process or outcome but black patients showed greater improvement than white patients on one measure of PTSD symptoms and Hispanic patients were more satisfied with their treatment than white patients although they showed smaller gains in employment income. There were few changes associated with newer program types: gains for minorities were observed on three measures and losses on two. **CONCLUSIONS:** Using data from a large national sample, this study found little evidence of systematic differences in either treatment process or outcome between white, black, and Hispanic patients overall, or in association with the implementation of more efficient program types.

Tracy, L. C. (2002). Post-traumatic stress disorder, depression and heavy alcohol use among *Substance Abuse, Posttraumatic Stress Disorder and Ethnicity*

Chinese Americans: The salience of trauma. Dissertation Abstracts International Section A: Humanities & Social Sciences. Vol 62(7-A): 2574.

The role of trauma as a substantial contributor to mental health and alcohol problems is well documented in the general population. Researchers and clinicians argue that culture and personality may play a part in traumatic reactions and these factors deserve attention. Trauma has rarely been studied in the clinical or research literature focusing on Asian Americans, with the exception of Southeast Asian refugees. The current study examines the rates of traumatic events and post-traumatic stress disorder (PTSD) and the comorbidity of PTSD with depression and heavy alcohol use among Chinese Americans, the largest Asian American group in the U.S. Further, the study utilizes multivariate models incorporating measures of self-esteem and acculturation to predict PTSD, depression and heavy alcohol use. The data were collected as part of the Chinese American Psychiatric Epidemiology Study in Los Angeles County. Using a three stage probability sampling method, a total of 1735 (weighted) Chinese Americans participated. Standardized instruments used in national studies were adapted for the current study, including the National Comorbidity Study PTSD module (Kessler et al., 1995), University of Michigan Revised Composite International Diagnostic Interview Schedule (Kessler et al., 1994), the Rosenberg Self-esteem Scale (Rosenberg, 1962, 1979), and Burnam and colleagues' (1987) acculturation scale. Of the participants, 35.9% had experienced at least one traumatic event, 14.5% had experienced two or more traumatic events, 1.7% had experienced PTSD at some point in their lifetime, and one percent had persistent current or past year onset PTSD. Depression was comorbid with PTSD, while heavy alcohol use was not. Cumulative trauma increased risk for both lifetime and past year PTSD, depression and heavy alcohol use. Having experienced any trauma increased risk for lifetime and past year depression, and for lifetime heavy alcohol use. Those born in the U.S. were at greater risk for lifetime and past year PTSD and depression than immigrants. High self-esteem was protective against lifetime PTSD and both lifetime and past year depression. Being bicultural was protective against both lifetime and past year PTSD and depression. Females were at increased risk for lifetime PTSD, while males were at increased risk for lifetime and past year heavy alcohol use. The findings suggest that Chinese Americans should be screened for trauma history in social work practice and other health and mental health practice settings, particularly when exhibiting symptoms of PTSD, depression, and alcohol misuse. Depending on the community context, support for traditional cultural values and community and family ties should be encouraged in community prevention and intervention efforts and in social work practice with individuals, families and groups, while assisting with ESL acquisition. (PsycINFO Database Record (c) 2002 APA, all rights reserved)