

INTRODUCTION

Social support for abstinence and employment are predictors of successful functioning after substance abuse treatment (Reynolds, Fisher, Estrada, & Trotter, 2000). Unemployment problems are often significant in Native American communities (Thomason, 2000). To address this problem, the Southwest Node of the National Institute on Drug Abuse's (NIDA's) Clinical Trials Network (CTN) conducted a single-site adaptation of its national Job Seekers Workshop study (Svikis, P.I.) in a Native American treatment program (NCI). Participants were randomized to (1) a three session, manualized program (JSW) or (2) a 40-minute Job Interviewing Video (JIV). Main effects for treatment on job-seeking behavior or employment rates were not found at 3-month follow-up. One explanation for these null findings is that participant characteristics, i.e., treatment history, may have moderated treatment effects. This study tested for potential moderating effects of treatment history on job seeking behaviors at 3-month follow-up among Native Americans enrolled in the larger study.

METHODS

Intake ASI-Lite data for 102 study participants (80% men, mean age 36.31 years, 100% Native American) indicated that 14% of the participants reported having a psychiatric treatment and 88% reported substance use disorder (SUD) treatment (excluding detox-only treatments). Mean ASI psychiatric and alcohol composite scores were .067 (SD .124) and .373 (SD .205). Analyses were conducted to see if these participants differed from non-psychiatric participants on job seeking behaviors reported in the Vocational Survey, an interview-administered measure. Psychiatric treatment history and substance use disorder treatment history were each coded as categorical (yes/no), and t-tests and chi square tests were conducted on job seeking behaviors at 3 months.

RESULTS

Participants with histories of psychiatric treatment submitted non-significantly more job applications (effect size $d = .13$, $p < .64$, see Figure 1). Participants with histories of SUD treatment submitted non-significantly more applications than

those with no SUD treatment history (effect size $d = .41$, $p < .15$).

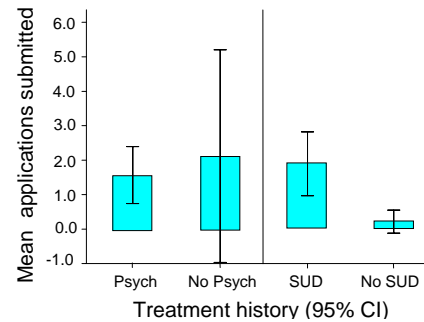


Figure 1. Mean job applications submitted, by treatment history

Prior psychiatric and SUD treatment were also examined as moderators in relation to submission of résumés. A significantly larger proportion of participants with SUD treatment history submitted résumés to prospective employers ($\chi^2(1) = 4.47$, $p < .03$, see Figure 2). A non-significantly larger proportion of participants without a psychiatric treatment history submitted résumés ($\chi^2(1) = .685$, $p < .41$).

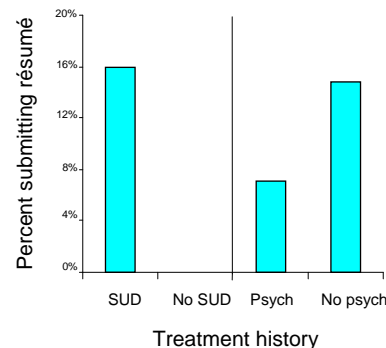


Figure 2. Percentage of clients submitting résumés, by treatment history

DISCUSSION

SUD treatment history was associated with greater job seeking behaviors at 3 months. Participants with an SUD treatment history, as compared to those without prior SUD treatment, reported significantly higher rates of submitting résumés on the Vocational Survey.

This finding may be interpreted in terms of differential levels of motivation. Perhaps individuals who previously sought treatment for substance use problems in the past have an increased awareness of the necessary steps required for attaining a goal (i.e., realizing treatment is needed to overcome problematic substance use and realizing submitting a resume is needed to overcome unemployment). Though ultimately these participants were not more successful in finding a job, the increased level of job seeking indicates an understanding of the sequence of behaviors necessary for goal attainment. SUD treatment history may moderate the effects of the JSW intervention on job seeking behaviors

REFERENCES

- Reynolds, G. L., Fisher, D. G., Estrada, A. L., & Trotter, R. (2000). Unemployment, drug use, and HIV risk among American Indian and Alaska Native drug users. *American Indian and Alaska Native Mental Health Research*, 9(1), 17-32.
- Thomason, T. C. (2000). Issues in the treatment of Native Americans with alcohol problems. *Journal of Multicultural Counseling and Development*, 28(4), 243-252.

ACKNOWLEDGEMENTS

This research was supported in part by NIDA's Clinical Trials Network, grant U10DA1533.

We are grateful for the support of the Navajo Nation Human Research and Review Board.