



The Effectiveness of the Trauma Recovery and Empowerment Model (TREM) on Asian Female Drug Users with Trauma

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Abstract

The review underscores the critical need for culturally responsive, trauma-informed care specifically tailored for Asian female drug users. Trauma frequently leads individuals to substance use as a coping mechanism, elevating the risk of co-occurring PTSD and complicating treatment due to emotional distress and increased dropout rates. TREM is highlighted as an effective, structured intervention group grounded in feminist theory to reduce PTSD symptoms and enhance emotional regulation, self-awareness, and problem-solving abilities among participants. Findings indicate that an indigenous TREM interventions yield promising outcomes, with ongoing collaboration with social service providers essential for sustainable recovery.

Keywords: Trauma; Drug Use; Empowerment; Recovery

Introduction

Trauma can overwhelm an individual's adaptability and sense of control, because the disturbances in biopsychosocial functioning, healthy development, and brain performance in regions related to emotions, behavior, and executive functions [1]. To alleviate mental, emotional, and physical suffering, many trauma survivors turn to substance use as a coping mechanism [2]. However, such attempts to mask the pain and associated symptoms often exacerbate into severe substance use disorders, thereby increasing the risk of mental health complications [3]. Research indicates that 11–60% of individuals entering substance use treatment have a co-occurrent PTSD diagnosis [4-6]. Additionally, 25–55% report symptoms indicating the likelihood of a current PTSD diagnosis and 60–89% report a severely violent traumatic event in their lifetime [4,7]. Women are particularly vulnerable to developing PTSD and are more likely than men to use substances to cope with trauma [8,9].

Substance-involved women often have higher rates of mental health diagnoses and extensive trauma histories compared to men [10,11]. The co-occurrence of trauma and substance use complicates treatment, as affected individuals often present with heightened vigilance, suspicion, or aggression, resulting in early dropout and lower treatment engagement [12,13]. Research indicates that for every 10% increase in PTSD severity, drug treatment attendance may decrease by up to 36%.

A trauma-informed paradigm that emphasizes personal strengths and resilience is essential for addressing these challenges. Expecting immediate abstinence from survivors who use substances for self-medication may be impractical [14,15]. SAMHSA [16] defines recovery as a process through which individuals improve health, self-direction, and overall wellness. This perspective highlights the importance of diverse recovery factors, including social support, empowerment, mental health, spirituality, meaningful

activities, human rights, and stigma reduction-all of which play a role in sustainable recovery [17,18].

The Evidence of TREM's Efficacy

The Trauma Recovery and Empowerment Model (TREM), grounded in feminist and relational theories, have emerged as a pivotal response to the specific needs of women who experience co-occurring trauma and substance use. Being recognized and widely implemented, TREM is a structured group intervention that incorporates an inclusive approach aimed at developing trauma recovery skills [19]. The model offers a supportive, skill-building curriculum that not only acknowledges the profound impact of trauma but also focuses participants' efforts on creating practical strategies to navigate current life challenges.

A comprehensive scoping review has demonstrated that TREM can lead to significant reductions in PTSD symptoms, anxiety, and psychological distress [19]. In evaluation of adapting this indigenous model on 59 Asian female drug users with trauma, a qualitative interviewing from 21 participants responded various positive outcomes. These women reported improved emotional regulation, enhanced self-awareness, learned self-protection, efforts to mend relationships with family and partners, strengthened problem-solving abilities, and positive feedback on group participation (Wu, in press). This underscores the need for culturally sensitive adaptations to trauma-informed care models to address the unique challenges faced by these populations.

Conclusion and Practical Implications

The recovery process for vulnerable and cultural-sensitive populations, such as Asian female drug users, requires an approach that attends to their trauma experiences, builds self-identity, fosters emotional regulation, and strengthens family and social relationships, particularly in collective cultures where social bonds play a central role. Participants are more likely to feel safe, disclose their experiences, and engage actively in group sessions when therapists employ trauma-informed techniques that encourage vicarious learning. Ensuring the continuity and impact of TREM depends significantly on collaboration with social service providers, who can provide ongoing support and resources for sustainable recovery outcomes.

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