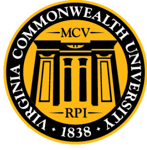

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This is to certify that the dissertation prepared by Patricia D. Hill entitled Addiction and Recovery Experiences of African American Women: A Phenomenological Study has been approved by her committee as satisfactory completion of the requirements for the degree of Doctor of Philosophy.

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Addiction and Recovery Experiences of African American Women:
A Phenomenological Study

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy at Virginia Commonwealth University.

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ABSTRACT

ADDICTION AND RECOVERY EXPERIENCES OF AFRICAN AMERICAN WOMEN: A PHENOMENOLOGICAL STUDY

Patricia D. Hill, M.S.W

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy at Virginia Commonwealth University.

Virginia Commonwealth University, 2005

Major Director: Marilyn A. Biggerstaff, D.S.W.

Historically, substance abuse research has for the most part excluded African American women. The small body of existing substance abuse research regarding African American women does not examine gender and socio-cultural issues from African American women's perspectives. The purpose of this phenomenological study is to develop a deeper, contextual understanding of the experiences and perspectives of this marginalized population of women. The major goal of the study is to examine the perspectives of African American women about their substance abuse, treatment and recovery. The knowledge gained from this research with African American women regarding their experiences and specific needs in substance abuse treatment is vital to our understanding of this special population and the complex phenomena of substance abuse.

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In-depth qualitative interviews were used to capture the personal accounts of 25 African American women in substance abuse treatment and recovery. The sample of women in treatment was recruited from public outpatient and residential substance abuse programs in the Richmond, Virginia metropolitan area. Recovering women were recruited through community contacts using snowball sampling techniques. A semi-structured interview guide was used for data collection and interviews were audiotape recorded with the permission of the participants.

The women in this study recalled specific events and experiences related to their substance abuse, treatment and recovery. Experiences with trauma were prevalent in the lives of many of the women in this study. The women identified a plethora of needs both met and unmet that are salient to their emotional and physical wellbeing. The women's perceptions of substance abuse treatment programs were influenced by a host of factors, however, the women overall expressed positive regard for substance abuse treatment. The women also evaluated the strengths and weaknesses of substance abuse treatment programs.

Substance abuse disorders are complex and have far-reaching ramifications for individuals, families and communities. The paucity of funding and lack of equal access to substance abuse and other related services remains a challenge in an environment of conservatism, high health care costs and cutbacks in human services. Where substance abuse treatment is available, programs must improve services in a manner that matches the multiple and complex needs of women. If substance abuse treatment programs are to become more effective, a family-focused service model that promotes recovery of the

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family system must also be adopted. Moreover, the women's participation in their own care is salient to their healing, empowerment and recovery. Socio-cultural factors related to oppression play a significant role in the daily lives of African American women in both direct and indirect ways and thus warrant attention in substance abuse treatment.

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CHAPTER I

African American Women and Substance Abuse

Overview of the Problem

Substance abuse is an ever-growing concern in our society, creating a major drain on our economic, social, personal and professional resources (Abbott, 2002). From an economic standpoint alone, the consequences of substance abuse are astounding. Nearly $184.6 billion is spent annually because of alcohol misuse (National Institute of Alcohol Abuse and Alcoholism [NIAAA], 2000). The combined cost of alcohol and drug abuse is nearly $250 billion including healthcare costs, motor vehicle accidents, lost productivity and property damage (Abbott, 2002). Results from the 2003 National Survey on Drug Use and Health indicated an estimated 19.5 million Americans aged twelve and older were current illicit drug users, representing an increase in persons using illicit drugs from 2001 to 2003. Overall, an estimated 21.6 million Americans (9.1 % of the total population) were classified with dependence or abuse of either alcohol or illicit drugs (National Survey on Drug Use and Health, 2003).

Reports from the Treatment Episode Data Set (Substance Abuse and Mental Health Services Administration [SAMHSA], (`2002) suggest an increase in persons abusing more than one psychoactive substance, with approximately 41% of admissions reporting concurrent abuse of alcohol and another illicit drug. Four substances, alcohol, opiates (primarily heroin), cocaine, and stimulants (primarily methamphetamine), account for approximately 95% of all admissions to federally

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subsidized treatment programs from 1992-2002 (SAMHSA, 2002). Persons admitted to public treatment facilities were less likely to be employed, had less education and were usually without health care resources, thereby placing an additional burden on government safety nets (SAMHSA, 1996). In 1996, treatment expenditures for alcohol abuse/dependence were $5 billion and treatment for drug abuse other than alcohol was $7.6 billion, with the public sector's share of mental health, alcohol and other drug treatment expenditures increasing from approximately 49% to 54% over the decade (SAMHSA, 1999). Although these data are limited by the wide variation in reporting among states and jurisdictions, these data attest to the mounting economic consequences of substance abuse and dependence. These consequences are inevitably shared by all taxpayers in a variety of ways including drug and alcohol related crimes and trauma, health and life insurance premiums, tax payments, pensions and social welfare insurance, and government services (SAMSHA, 1996).

A study conducted by the Institute for Health Policy at Brandeis University found substance abuse to be the number one health problem in this country, resulting in more deaths, illnesses and disabilities than any other preventable health condition (U.S Department of Labor, 2002). In 2000, emergency room visits attributed to drug abuse were estimated to be 243 per 100,000 population in the continental U.S. (The Dawn Report, 2000). Additionally, the psychosocial consequences related to substance abuse are all too familiar to human service professionals. Twenty-five percent of children under age eighteen live in households with one or more family members who misuse alcohol (Abbott, 2002). Concomitantly, child abuse and neglect, domestic violence

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and premature deaths, in particular, engender psychological costs that may not be measurable in dollars. Substance abuse is frequently implicated in individual and family dysfunction, and illicit drug use and its associated drug trade are major contributors to crime and violence in our communities (Magura, 1994). The pervasive effects of substance abuse impact every human social system, and inevitably individuals, families and communities are adversely affected. The deleterious effects of substance abuse on health and the health care system, productivity in the workforce, and safety and stability in our communities each carry a significant cost.

Historically in the U.S., much time, energy and resources have been expended attempting to control the use/abuse of psychoactive substances, as evidenced by the temperance movement, increasingly prohibitive legislation and criminalization, paramilitary interdiction operations and various medical approaches. In the human service field, the American disease/medical model has prevailed in the latter half of the 20th century as the predominant medical view for the treatment of substance abuse and dependence. In particular, acceptance of the Alcoholics Anonymous (AA) approach and philosophy both provided acceptance for the treatment of alcoholism as a disease and promoted more scientific research into alcoholism (Van Wormer, 1995). The disease/medical model asserts that there are some people who are more susceptible to addiction than others and that these individuals cannot drink without losing control over their alcohol use, in contrast to other individuals who can drink in moderation. The assumption that alcoholism is a pathology that lies within the

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individual and that the pathology can be measured and treated are basic tenets of the disease/medical model (Jellinek, 1960).

The disease/medical model and the AA philosophy provided a new and useful framework for understanding substance abuse and dependence, removing individuals' responsibility for the etiology of the disease and charging them with the responsibility for seeking treatment. With the World Health Organization acknowledging alcoholism as a medical problem in 1951, followed by the acceptance of alcoholism as a disease by the American Medical Association in 1966, the social response toward alcohol dependence became less punitive and more therapeutic (Van Wormer, 1995). Consequently, with the passing of the Hughes Act in 1970 and the founding of the National Institute on Alcohol Abuse and Alcoholism (NIAAA), research in the field of alcohol abuse and dependency grew more rigorous and the treatment apparatus more extensive (Van Wormer, 1995). Ultimately, substance abuse research and the treatment field expanded it parameters to other psychoactive substances.

A significant body of research has been conducted in an effort to more fully understand the complex phenomena of substance abuse and dependence. Despite the devastating effects of substance abuse in the lives of both men and women, historically most studies have focused primarily on White, non-Hispanic males. In the last two decades greater attention has been given to women's substance abuse. With the advent of post-modern and Feminist perspectives, a more recent body of literature in the area of substance abuse has begun to reflect an acceptance and greater understanding of gender differences (Finkelstein, 1996; Gomberg & Niremburg, 1993;

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Hagan, Finnegan & Nelson-Zlupko, 1994; Nelson-Zlupko, Kauffman & Dore, 1995; Weschberg, Craddock & Hubbard, 1998). However, significant gaps in our knowledge still remain.

Women and Substance Abuse

It has been estimated that about 6.5% of American women abuse or are dependent on alcohol or some other psychoactive substance (Goldberg, 1995). Substance abuse and dependence transcend racial, ethnic and socioeconomic groups, although there are distinct differences in patterns of use and socio-cultural determinants across racial/ethnic groups (Amaro, Beckman & Mays, 1987; Darrow, Russell, Cooper, Mudar & Frone 1992; Herd, 1988; Melchior, Huba, Brown, & Slaughter, 1999; Weeks, Singer, Himmelgreen, Richmond, Grier & Radda, 1998). Boyd, Hill, Holmes and Purnell (1997) note a complex interplay of psychosocial factors that contribute to the etiology and dynamics of women's substance abuse. The array of psychosocial factors includes parental substance abuse, depression, victimization/abuse, role stress, poverty and oppression (Boyd, Blow & Orgain, 1993; Darrow et al., 1992; Goldberg, 1995; Melchior et al., 1999; Rhodes & Johnson, 1997). Statistics from the Treatment Episode Data Set (TEDS) indicate that women represented approximately 30% of treatment admissions from 1993 to 1998; in addition, women are more likely than men to be in treatment for drugs such as heroin and cocaine and less likely to be in treatment for alcohol or marijuana use (SAMHSA, 1999). Although we are learning more about women who abuse substances and more women are entering treatment, our knowledge in important areas remains limited. In particular, our lack of knowledge

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about African American women is significant (Boyd, 1993; Davis, 1997; Herd, 1988; Saulnier, 1996).

African American women and substance abuse.

Thornton and Carter (1988) raised concern about the lack of accurate demographic data on alcoholism in African American women. Estimates of alcoholism among African American women ranged from 25 to 50% of the nation's 10.6 million alcoholics at that time. The 1990 National Household survey was the first to show higher prevalence rates of illicit drug use for African Americans than Caucasian Americans (Boyd, 1993). Despite a low percent of female admissions, in 1998, adult women entering treatment for crack cocaine were disproportionately African American: 61% compared to 22% of all women entering treatment (SAMHSA, 1999). These data may only begin to reveal the true prevalence of substance abuse and dependence among African American women. Furthermore, little is known about the impact on these women's lives since little attention has been given to the health/mental health care of this population (Amaro, Raj, Vega, Mangione & Perez 2001; Boyd & Pohl, 1996; Hooks, 1993; Rhodes & Johnson, 1997; Thornton & Carter, 1988).

Historically, substance abuse research has for the most part excluded African American women. In the literature on alcoholism from 1944 to 1974, there were no empirical research articles with African American women as the primary population of discussion (Watts & Wright, 1983). Alternately, some of this research superimposed ethnocentric interpretations of findings making African American women "objects of

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knowledge" (Collins, 1990, p. 97) rather than the focus of sound scientific inquiry. Over the past two decades, a small but growing body of empirical literature has turned its attention to African American women who abuse substances (Boyd, 1993; Boyd, Guthrie, Pohl, Whitmarsh & Henderson, 1994; Boyd et al, 1997**;** Broomes, Owen, Allen & Vevaina, 2000; Curtis-Bowles & Jenkins-Moore, 2000; Darrow, Russell, Cooper, Mudar & Frone, 1992; Davis, 1997; Herd, 1988; Uziel-Miller, Lyons, Kissiel & Love, 1998). Many of the empirical studies of African American women who abuse substances focus on alcohol use, although treatment data indicate that a broader array of substances is being abused (SAMHSA, 1999). The majority of these studies used a quantitative methodology. Overall, many of the cross-sectional, quantitative studies reviewed by this researcher confirm that African American women who abuse substances share some common attributes with substance abusing women in general. However, this researcher found that there was not consistency across quantitative studies in operationalizing many of the key psychosocial variables studied.

Oppression and substance abuse.

More recently greater attention has been given in the substance abuse research to larger social structure issues such as oppression (ie. sexism, racism, socio-economic disadvantage) (Kline, 1996; Stevens, Estrada, Glider & McGrath, 1998; Rouse, Carter & Rodriques-Andrews, 1995; Taha-Cisse, 1991). This trend in the research is consistent with the increasing theoretical literature focused on issues of oppression (Amaro, Raj, Vega, Mangione & Perez, 2001; Boyd & Pohl, 1996; Finkelstein, 1996; Goldberg, 1995; Rhodes & Johnson, 1997; Roberts, Jackson & Carlton-Laney, 2000;

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Saulnier, 1996). This emerging body of substance abuse literature may offer important insights about the needs of African American women who abuse substances. However, additional research is needed to empirically test the relationship between oppression, social structure and substance abuse among African American women.

Oppression has been identified as a major factor in the causation and maintenance of substance abuse in women in general and African American women in particular (Goldberg, 1995; Hooks, 1993; Rhodes & Johnson, 1997; Thornton & Carter, 1988). The roles of gender socialization, institutional racism and socio-economic barriers have recently begun to be examined in research and practice (Freeman, 1992). There is consensus among several writers that the prevalence of oppression precludes the likelihood that African American women have adequate access to services that appropriately meet their complex needs (Boyd & Pohl, 1996; Jackson, 1995; Rhodes & Johnson, 1997; Roberts et al., 2000; Taha-Cisse, 1991; Thornton & Carter, 1988). Oppression is important to this research topic given the need for African American women to have greater opportunities to access substance abuse treatment, receive culturally relevant services, and have a safe environment in treatment programs to talk about their experiences and receive validation. Given social work's commitment to social justice, it is imperative that social workers take a leading role in producing research that promotes social justice and gives voice to the experiences and needs of marginalized groups.

For the most part the existing substance abuse research does not examine gender issues, ethnicity/race and socio-economic issues from African American women's

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own perspectives. There is a need for more research to develop a contextual understanding of the experiences of African American women. In one of the few qualitative studies to date, Davis (1997) describes the traumatic experiences and paths of addiction from the perspectives of African American women. Research by Curtis-Boles & Jenkins-Moore (2000) combined quantitative and qualitative methods to compare substance abusing and non-substance abusing African American women's experiences with parental substance abuse and child abuse, exposure to racism and other traumatic experiences, as well as social supports and spirituality. Such studies give voice and meaning to the experiences of African American women and can help human services professions develop programs to better meet the needs of African American women. Thus far we have done a better job defining concrete and psychosocial needs of substance abusing women in general. However, as some of the literature suggests, there are essential missing elements relative to the treatment needs of African American women (Boyd & Pohl, 1996; Jackson, 1995; Rhodes & Johnson, 1997; Roberts, Jackson & Carlton-Laney, 2000; Saulnier, 1996; Uziel-Miller et al., 1998). The specific and unique treatment needs of African American women remain unclear. Reliance on our current knowledge base about substance abusing African American women significantly limits our ability to respond effectively to their treatment needs.

Research Topic

This researcher developed an interest in the needs of African American women from fifteen years experience working in the field of substance abuse. During that time

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the researcher has worked with women from diverse backgrounds, experiences and age groups who have abused substances. Many of these women were from low socio-economic backgrounds and African American. Some of the African American women who never entered substance abuse treatment or dropped out prematurely expressed concerns about the fit between the substance abuse treatment offered and their real life experiences. Their concerns have motivated this researcher to investigate the treatment needs of substance abusing African American women from their perspectives.

The proposed research is based on several assumptions. The first is that as members of an oppressed and marginalized group in our society, the voices of African American women matter to social workers. Secondly, the perspectives of African American women about their life experiences have value in helping all human services professionals achieve a deeper understanding of the complex phenomena of substance abuse, and the interplay between substance abuse and racial/ethnic and socio-economic oppression. Although African American women share important gender-related issues with women from other racial/ethnic groups, the historical and socio-cultural experiences of African American women also set them apart from their White non-Hispanic counterparts. This assumption underlies the design of specific interventions for African American women. As suggested in a growing body of substance abuse literature, African American women who abuse substances may have specific and unique needs that are socio-culturally based.

Based on this researcher's own experience in working with this population, African American women who abuse substances and have had at least one treatment

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experience (inpatient, residential, or outpatient) have the ability to critique and evaluate their treatment experience relative to its effectiveness in treating their substance abuse. Substance abusing African American women who have had a treatment experience have a better understanding of the purposes and goals of substance abuse treatment than their counterparts who have not been exposed to treatment. For purposes of this study, it is assumed that African American women who have had a substance abuse treatment experience are willing and capable of providing data that will be helpful in understanding their experiences. Substance abusing African American women who have never entered treatment are a far more elusive population. Their needs and concerns, although equally important, cannot be realistically addressed by this study.

Purpose of the Study

The major purpose of the proposed research is to examine the perceptions of African American women in treatment and recovery about their specific or unique needs in substance abuse treatment and related services. The research will explore the viewpoints of African American women regarding their substance abuse and treatment needs. This research will be guided by the following questions: (a) what are the needs for substance abuse treatment and related services reported by African American women who abuse substances?; (b) what are the perceptions of African American women about their experiences in substance abuse treatment?; (c) what treatment approaches or interventions are assessed by African American women as the most effective in promoting recovery from substance abuse?; and (d) what alternative or

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additional substance abuse treatment approaches or interventions might enhance recovery from substance abuse for African American women?

Significance of the Study

Consistent with the values of the profession, social work research should play a role in challenging the underlying assumptions of programs and social policies that sustain oppression. Unfortunately, little attention has been given to substance abusing African American women in the social work literature, attesting to the void in social work research in this area. Omission of the needs and concerns of this vulnerable population may constitute another form of oppression. Until oppression in all its various forms can be confronted and addressed we cannot hope to stem the tide of substance abuse in our communities.

The disease/medical model of substance abuse treatment, although favored by many physicians and recovering individuals focuses heavily on predisposition as the causal factor in substance abuse and dependence (Rhodes & Johnson, 1996). The model focuses primarily on the individual's illness rather than on the context within which the illness developed (Freeman, 2001; Rhodes & Johnson, 1996). Some writers assert that the disease/medical model has had marginal success among African Americans due to its lack of socio-cultural relevance (Bell, 1990; Freeman, 1992; Jackson, 1995; Schiele, 2000). The concern of many ethnocultural minorities regarding the disease/medical model is that it often does not acknowledge or address issues of cultural differences (Bell, 1990). Rhodes and Johnson (1997) also assert that the model discounts the environmental influences on vulnerable populations. African

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American women often experience more severe consequences from the environment such as poverty, sexism and racism, violence and crime, and poor health care. Epidemiological research finds that different populations have different rates of substance abuse and dependence, different responses to substances, and different beliefs and behaviors about them (Freeman, 1992). Hence, ecological models of causation that are more consistent with social work perspectives are beginning to gain recognition.

It has been proposed that an ecological model of causation may offer a more robust model for understanding substance abuse and dependence (Rhodes & Johnson, 1996). An ecological model focuses on the awareness that “individual behavior is shaped by the biological, psychological, and socio-cultural components of human experience” (Van Wormer, 1995, p. 8). Recognition of the dynamic nature of the transaction between the person and environment is central to an ecological framework for understanding substance abuse and dependence. Broader environmental issues of sexism, racism and socio-economic disadvantage are recognized and addressed as integral to the individual’s experience and substance abuse treatment. Effective use of an ecological framework with special populations is contingent upon a contextual understanding of the experiences and needs of the particular group.

The knowledge gained from this research with African American women who abuse substances is vital to our understanding of this special population and the complex phenomena of substance abuse. Research focusing on the needs of African American women from their own perspectives (what African American women think

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and say about their own experiences and needs) may help us to better understand the relationship between substance abuse and oppression. The aim of this research is to inform the development of culturally relevant treatment interventions and programs that have the potential to enrich the lives of African American women, and restore health and stability to their families. This research can add to our current knowledge base and may point out directions for other needed research with African American women regarding dual discrimination, marginalization within the larger society, perceptions of social supports, and relationships with substance abuse treatment staff and programs (Davis, 1997).

Chapter Two reviews the literature examining the existing body of knowledge specific to women's substance abuse, with particular attention to African American women who abuse alcohol and other psychoactive substances. Literature on perinatal addiction was not included in this review. Although relevant, much of the literature on perinatal addiction primarily focuses on the fetus or infant, whereas this researcher will maintain a focus on substance abusing women in their own right. Relevant empirical literature from contemporary social science journals from 1985 to present was reviewed. Journals in the health field with specific attention to issues related to alcohol and illicit drugs provided the majority of literature informing this study. Overall, there was little attention given to the issue of substance abusing African American women in the social work literature. The theoretical literature related to oppression, Africentric and Feminist perspectives, and a comprehensive service model of women's substance abuse treatment provided the conceptual framework for the

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review of the empirical literature. The empirical studies included in this review focused on women's access, participation and retention in substance abuse treatment, differences among ethnocultural groups of women who abuse substances, and psychosocial and treatment issues specific to African American women.

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CHAPTER II

Literature Review

There has been increasing attention given to gender issues in the substance abuse literature over the last two decades. In particular, with the advent of feminist perspectives that focus on the oppression of women, substance abusing women emerge as a particularly vulnerable group of women. Research and clinical experience shows that substance abusing women have much in common with other women in this society (Nelson-Zlupko, Kaufman, & Dore, 1995a). Substance abusing women mirror the dependence and oppression experienced by many women in U. S. society and for many women, substance abuse results from attempts to cope with oppressive conditions (Goldberg, 1995; Hagan, Finnegan, & Nelson-Zlupko, 1994; Nelson-Zlupko et al., 1995b). Due to the stigma attached to women who abuse substances, the experience of oppression is intensified for this group of women.

This chapter reviews the literature on women and substance abuse with a focus on African American women. In the theoretical literature review, attention is given to prevalence rates of substance abuse among women, gender and ethnocultural differences in patterns of substance use and treatment issues, evaluation of the relevance of traditional approaches to substance abuse treatment for women, and examination of alternative perspectives on substance abuse treatment for African American women as a special population. The empirical literature focuses on studies of the psychosocial characteristics and patterns of use of women who abuse substances

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across ethnocultural groups; issues of access, participation and retention; and women's specialized needs in substance abuse treatment. Several studies included in the empirical literature review focus on successful outcomes of interventions with samples of African American women. The empirical literature on African American women who abuse substances provides a small body of studies that begin to identify salient issues related to the socio-cultural context of substance abuse, illuminate gaps in our knowledge of this population of women, and raise relevant questions for further exploration in substance abuse research.

Prevalence

The rates of women abusing substances continue to increase and gender differences in adults' reported use of alcohol and other drugs has narrowed in recent years (The DASIS Report, 2001; National Household Study, 2000, Public Health Report, 1998). The Epidemiological Catchment Area Study (ECA) conducted by the National Institute of Mental Health (as cited in Yaffe, Jenson & Howard, 1995) reported substance abuse as the second most common psychiatric disorder among all female respondents. In a more recent National Household Survey (2001) women reported rates of non-medical psychotherapeutic drug use similar to males, consistent with previous finding for these drugs. Admissions data from federally-funded substance abuse treatment programs recorded 439,000 admissions of adult women, 40 percent of whom were entering treatment for the first time, while 13 percent had been in treatment five or more times (TEDS, 1998). The proportion of women 35 years and older entering treatment has increased significantly over time, from 19**%** in 1992 to

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43% in 1998 (The DASIS Report, 2001). Moreover, admissions of persons with co-occurring disorders are more likely to be female than substance abuse only admissions, based on 2000 data (The DASIS Report) from federally- funded substance abuse treatment programs.

African American women represent a particularly vulnerable and overlooked group of substance abusing women. Epidemiological studies indicate that both the prevalence and consequences of alcohol abuse are higher and more severe for African American women than among White, non-Hispanic women (Amaro, Beckman & May, 1987). Battle (1990) reported that among women considered heavy drinkers, 38% are African American and 11% are White, non-Hispanic. Recent national data from federally funded substance abuse treatment facilities on African American female admissions show cocaine as the leading substance problem (40%), followed by alcohol (27%) (The DASIS Report, 2002). Adult women entering treatment for crack cocaine abuse were disproportionately African American, 61% compared to 26% for all other women entering treatment (The DASIS Report, 2001).

Women who abuse substances may often use and become dependent on multiple psychoactive substances, thus increasing the severity of addiction and compounding its consequences. Zule, Fannery,Wechsberg, and Lam (2002) found greater addiction severity among a sample of out of treatment African American women who abused crack and alcohol. Their findings suggest that sexually risky behaviors and co-morbid mental health disorders were more common among the group of crack-using women

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who were heavy drinkers compared to light drinkers. This relatively small, regional study may give indication of the sequelae of polysubstance abuse/dependence.

Treatment admission data from federally-funded programs are important as an indicator of the prevalence rates for substance abuse and dependence. However, these data do not accurately reflect the prevalence of substance abuse among women, given that women are less likely to reveal their substance abuse due to the profound social sigma attached to women who abuse substances. Moreover, women are less likely to enter substance abuse treatment due to a host of barriers including lack of financial resources and economic security, childcare, transportation, social isolation, and lack of support for recovery from a spouse or partner (Finkelstein, 1996; Goldberg, 1995; Thornton & Carter, 1988; Westermeyer & Boedicker, 2000). Oppression works to maintain a social structure in which women are less likely to access substance abuse services than men. In particular, African American women are more likely to be punished for behavior associated with substance abuse than White, non-Hispanic women and thus, the least likely to access treatment (Bush-Baskette, 2000; Taha-Cisse, 1991).

Gender Differences

Substance abuse in women appears to be a multi-determined phenomenon in which genetics, familial history, psychosocial issues and other contributing factors play a contributing role (Ramlow, White, Watson & Leukefeld, 1997). More recently there has been greater attention to gender differences in the substance abuse literature, and earlier attempts to erroneously generalize study findings across genders have been

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challenged. Women who abuse substances differ from their male counterparts relative to physiological consequences of drug use, psychosocial characteristics, pattern of use, help-seeking behavior, and environmental context of drug use (Finkelstein, 1996; Moon, 2000; Nelson-Zlupko et al., 1995b; Wilke, 1994).

Physiological factors.

Recent developments in the study of alcoholism and drug dependency reveal bio-physiological differences in the course of the addiction process between women and men (Goldberg, 1995; Wilke, 1994). These differences result in women progressing more quickly toward dependency and experiencing more severe levels of physical impairment sooner, although they generally start using substances later than men (Nelson-Zlupko et al., 1995b; Wilke, 1994). In particular, female alcoholics have a higher prevalence of liver damage, a higher mortality rate, and higher rates of cognitive impairment and brain damage than male alcoholics. They also develop cirrhosis and hepatitis after a shorter duration of heavy drinking (Moon, 2000). Women who abuse other drugs also suffer higher levels of hypertension, anemia, and gastrointestinal disorders than men, and often develop reproductive and gynecological complications as a result of drug use (Corrigan, 1987; Nelson-Zlupko et al., 1995b).

Psychosocial characteristics.

A complex interplay of psychosocial factors contribute to the etiology and dynamics of women's substance abuse including parental substance abuse, depression and other psychiatric disorders, victimization/abuse, role stress, poverty and oppression (Finkelstein, 1996; Goldberg, 1995; Rhodes & Johnson, 1997).

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Concomitant with their devalued position in society, women in general experience feelings of low self-worth, lower expectations of themselves, higher levels of depression and anxiety than men and more negative feelings about their bodies (Reed, 1987; Wilke, 1994). These feelings are also often magnified for substance abusing women due to shame and guilt surrounding their drug use which may, in part, be reflected in women more commonly using drugs in isolation as compared to men (Nelson-Zlupko et al., 1995b).

Women are more likely to use alcohol and other drugs to medicate pain and to perceive the use of psychoactive drugs as a form of coping (Moon, 2000; Reed, 1987; Wilke 1994). This is consistent with findings that substance abusing women experience more traumas throughout their lives than men without having the resources to alter unfavorable conditions (Hagan et al., 1994; Goldberg, 1995). Trauma in the lives of women often leads to early substance use - women who abuse substances report higher rates of physical and sexual abuse; sudden illness and accidents; disruption in family life including substance abuse, desertion and death in their family of origin; and symptoms of post-traumatic stress than their male counterparts (Hagan et al., 1994; Moon, 2000). Many substance abusing women also have histories of harmful and painful relationships with men (Wilke, 1994). Hence, women generally describe the onset of their use as sudden and heavy in contrast to men who describe a more gradual progression (Nelson-Zlupkoet al., 1995b). In contrast, men are also more likely to engage in rule breaking behavior and to perceive their use as serving social and recreational purposes (Reed, 1987).

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Social/environmental factors.

Finkelstein (1993) notes that women's lives are predominantly and intimately entwined with those of others, from their children, spouses/partners and families to their friends. Women are extremely affected by what happens to them in their roles, relationships and related interactions. Women who abuse substance are more likely than men to be primary caretakers of children and others, bear over-responsibility in their families and have an alcoholic or drug using spouse or partner (Hagan et al., 1994; Moon, 2000).

Many women who abuse substance are introduced to drug use by a male partner, and are frequently involved with a steady partner who is a drug user; male partners often influence the progression of the women's drug use and their use patterns (Sterk, 1999). Sterk (2002) also observed that many substance abusing women interviewed during a one year Health Intervention Project supported their own habits as well as their partners' drug habit, often by exchanging sex for money or drugs. Among women who engaged in bartering for drugs, most lacked control over the method of payment (i.e., sex or money) and their partners were demanding and controlling of the sexual interaction.

The lack of power and control of resources by these women is evidenced in relationships of dependency, exploitation, economic disadvantage and lack of access to vital services. Substance abusing women as a group are less educated, have fewer marketable skills, less work experience and fewer financial resources than male substance abusers (Hagan et al., 1994). Consequently, many of these women must rely

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on another person or public entitlement programs to meet their basic survival needs. Crimes such as shoplifting, petty larceny, and prostitution to support their survival often bring these women into the criminal justice system compared to substance abusing men who more often commit crimes of robbery, burglary and con games (Nelson-Zlupko et al., 1995b).

It has been found that substance abusing women experience more interpersonal rather than behavioral problems characteristic of male substance abusers (Wilke, 1994). Moreover, substance abusing women often experience multiple social and personal losses or disconnections in their lives (Finkelstein, 1996). Consequently women are motivated to enter treatment by the desire to change something in the interpersonal sphere (Ramlow et al., 1997).

As a whole women are less likely to be properly diagnosed with a substance abuse problem and less likely to find treatment programs that meet their complex needs than men (Ramlow et al., 1997; Reed, 1987; Wilke, 1994).omen seek help more readily than men but in different settings. In particular, physicians, mental health and family service agencies rather than specific drug abuse settings are more likely to be sought out by substance abusing women since women may not frame their problems as substance abuse due to the pervasive stigma for women (Ramlow et al., 1997). Unfortunately, this may lead to many women's substance abuse being misdiagnosed or undetected (Reed, 1987; Wilke, 1994).

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Ethnocultural Differences

Psychosocial factors.

Numerous writers speak about the issue of oppression in the causation and maintenance of substance abuse in women in general, and African American women in particular (Comas-Diaz & Greene, 1995; Goldberg, 1995; Rhodes & Johnson, 1997; Thornton & Carter, 1988). Goldberg offers a meaningful definition of oppression as "systematic harm that people with more power do to people with less power" (1995, p. 791). Bell Hooks (1993) provides a poignant example when she notes that

> It makes perfect sense that in a society of domination, where black folks remain a majority of the oppressed and exploited, that folks will seek out those social mechanisms that enable them to escape, that they will look for ways to numb pain, to experience forgetfulness (p. 69).

Comas-Diaz and Greene (1995) point out that the interrelationship between racism and sexism must be appreciated for its complexity; the combined effects of racism and sexism on the social and psychological realities of African American women is a salient socio-cultural phenomena. A host of stereotypes and prejudices regarding African Americans are embedded in our society and thus impact the psychological development of African American women. African American women must struggle to maintain a positive racial identity and cultural affinity, despite repeated encounters with a legacy of ethnocentric ideologies of the majority society in the U.S. that has historically devalued African Americans, their history and culture. For the African American woman, the development of a healthy sense of self worth requires the

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successful integration of adaptive aspects of the majority culture without internalizing its accompanying derogatory messages (Comas-Diaz & Greene, 1995). Substance abuse may become a primary mechanism for coping with the distress generated by these psychological conditions and unique socio-cultural factors.

Socio-economic oppression.

As noted earlier, substance abusing women have fewer economic resources than men and therefore less power and control over adverse conditions that affect their daily lives. In particular, African American women are more likely to experience personal violence in their communities. Historically, African American women have been treated differentially from their White, non-Hispanic counterparts regarding rape prosecutions. African American women experience discrimination in the workplace, in career choices and job opportunities, as well as limited choices about entering the workforce versus child rearing at home (Boyd & Pohl, 1996). African American women are seven times more likely to be incarcerated than White, non-Hispanic women for criminal charges and Child Protective Services interventions are far more likely to be targeted toward women of color (Maher, 1990, Roberts, Jackson, & Carlton-Laney, 2000).

Roberts and his colleagues (2000) note that the addicted African American woman is in triple jeopardy for poor health as a consequence of being addicted, female, and a member of a minority group. The over-representation of African American women in poverty may severely compromise their health status as well as place them at a higher risk for addiction (Rhodes & Johnson, 1997). For example, the rate of AIDS cases

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among African American women (40 per 100,000) is significantly higher than the rate among white, non-Hispanic women (2 per 100,000) (Dept. of Health and Human Services, 2001). The psychosocial stresses noted for substance abusing women in general are compounded by the realities that many African American women experience daily. However, data from federally-funded substance treatment programs on admissions of persons with co-occurring disorders are more likely to be White, non-Hispanic (68 percent) (The DASIS Report, 2003); furthermore, raising the question of whether the mental health issues of African American women are being adequately diagnosed and addressed. Consequently, the matrix of oppression experienced by many African American women who abuse substances reduces opportunities for adequate assessment and effective treatment.

Substance Abuse Treatment

Evaluation of traditional approaches for women.

Substance abuse is a multi-faceted phenomena (bio-psychosocial and socio-cultural) with a longstanding and pervasive social stigma attached for women. A holistic view of women's experience is poorly addressed within the traditional male-oriented substance abuse treatment model (Finkelstein, 1996). The traditional disease/medical model of substance abuse treatment, although historically favored, unfortunately has had marginal success among women due to its lack of bio-psychosocial and socio-cultural relevance (Reed, 1987; Rhodes & Johnson, 1997). The complexity of women's lives often transcends the individualistic and uni-

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dimensional focus of models of intervention designed by and for men who have a greater degree of power and control in our society (Nelson-Zlupko et al., 1995b).

Several writers have discussed the effects of how the male norm in substance abuse research and treatment serves to obscure and distort the experiences and needs of substance abusing women (Hagan et al., 1991; Reed, 1987; Wilke, 1994). We have historically relied upon a male-focused model of treatment: a model that works to maintain a social structure in which women are unlikely to receive adequate substance abuse services and are more likely to be punished for deviation from the male-dominated norms and expectations. Finkelstein (1996) illuminates how a male-focused substance abuse model has culminated in a plethora of systemic issues creating an oppressive environment for substance abusing women within the current institutionalized arrangements. These systemic issues include punitive attitudes toward substance abusing women; lack of access to prenatal, pediatric and general health care; treatment reimbursement issues, particularly problems in Medicaid reimbursement for treatment services; discrimination against accepting pregnant substance abusing women into substance abuse treatment facilities; liability concerns in treating pregnant women and women with children; controversies and misunderstandings surrounding the detoxification of pregnant women. Additionally, a host of unresolved legal issues remain, such as whether, how, when and for what purposes toxicology screenings should be performed; child abuse and neglect reporting; and criminalization efforts.

Other writers note that assessment and intervention with substance abusing women is adversely affected by a male-centered bias. The use of male-biased

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standardized assessment tools, the lack of training of practitioners in the unique issues of women's etiology and development of women's substance abuse, the use of aggressively confrontational approaches and therapeutic interventions that are aimed at male behavioral responses, bias against the appropriate use of psychotropic medications and lack of understanding of the need for a comprehensive services approach are all manifestations of the bias implicit in the traditional model of substance abuse treatment (Goldberg, 1995; Hagan et al., 1994; Wilke, 1994). Hagan and colleagues (1994) also point out that expectations for recovery cannot be appropriately evaluated without assessment of developmental levels among women who are drug dependent.

Empowerment is central to the philosophy of a gender-specific model of treatment for women who abuse substances. The 12-Step themes of powerlessness and acceptance starkly contrast with the principle of empowerment. Powerlessness and acceptance can denote dependency beyond dealing with substance abuse, which can compromise the mission of women-oriented treatment (Saulnier, 1996). Reed (1987) identifies the role of women-oriented substance abuse services as addressing women's treatment needs, reducing barriers to recovery that are most likely to occur for women, delivering services in a context that is compatible with women's styles and orientation (taking into account women's roles, socialization and relative status within the larger society), and providing safety from exploitation. In summary, many feminist writers posit that the traditional medical model has not adequately addressed the reality of many women's experiences and needs.

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As previously noted African American women have encountered different historical and socio-cultural experiences in the U. S. than their White, non-Hispanic counterparts. African American women may be disproportionately affected by substance abuse and present treatment issues and needs that may remain unaddressed even in gender-specific treatment programs (Boyd & Pohl, 1996; Goldberg, 1995; Jackson, 1995; Rhodes & Johnson, 1997). In particular, the medical model disregards the environmental experiences of vulnerable populations (Rhodes & Johnson, 1997; Saulnier, 1996). Some treatment programs are demonstrating a greater understanding of the treatment needs of women in general. However, some treatment professionals are realizing that substance abuse treatment programs may not be effectively serving the needs of African American women (Jackson, 1995, Rhodes & Johnson, 1997).

The 12-Step philosophy of recovery (often affiliated with the traditional disease/medical model) has been called into question regarding the experiences and needs of African Americans. The focus on powerlessness and acceptance has been challenged by some Womanist writers (Rhodes & Johnson, 1997; Saulnier, 1996). Saulnier (1996) points out the disparity between a Womanist perspective and traditional substance abuse philosophy when she asserts that the 12-Step model was designed to meet the needs of mainstream, White, non- Hispanic, heterosexual men and strongly questions the relevance of the model to other marginalized groups. She also raises concern that the 12-Step philosophy serves to undermine social action and is less likely to "hold an oppressive culture responsible for oppression" (p.117). Furthermore, the issue of anonymity may also reinforce the invisibility of African

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Americans as “a non-person, faceless and hidden from society” (Smith, Buxton, Bilal, & Seymour, 1993, p. 102).

Several writers propose that effective substance abuse treatment for African American women who abuse substances should be designed to address socio-cultural issues, the relational needs, and power status of this historically marginalized group of women (Hagan et al., 1994; Jackson, 1995; Rhodes & Johnson, 1997; Roberts et al., 2000). Interventions at the community and larger social structural level are proposed to address the plethora of negative environmental issues that African American women encounter daily (Freeman, 2001; Penn, Stahler, Shipley, Comfort & Weinberg, 1993; Rhodes & Johnson, 1997). The disease/medical model often precludes engagement of clinicians and counselors in the social context of clients, openness to alternative explanations of behaviors and phenomena (a socio-cultural perspective), and an understanding of differential responses to oppression and marginalization (Bell, 1990; Roberts et al., 2000; Saulnier, 1996).

Gender-specific perspectives.

A gender-specific model for treating women who abuse substances emanates from feminist perspectives. Feminist perspectives contrast with the traditional disease/medical model in that they promote skill development, consciousness-raising and confidence-raising through the examination of gender role attitudes and expectations that could jeopardize attaining increased self-esteem, recovery, and independent functioning (Hagan et al., 1994). Moreover, feminist perspectives assert that women are exposed to dependency on many levels in our society -

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psychologically, physically, and financially (Lengerman & Niebrugge-Brantley, 2000). Even when free from economic dependence, gender role expectations contribute to other forms of dependence that may complicate the addiction/recovery phenomena (Goldberg, 1995; Hagan et al., 1994). Hence, family therapy to address the prevalence of substance abuse in the family, family preservation, mending the mother-daughter relationship with respect to incest survivors, and recovery from domestic violence have all been proposed as important psychosocial issues to address in the lives of women who abuse substances (Finkelstein 1996; Reed, 1987). Attention to these issues is often missing from the traditional disease/medical model.

Alternative Perspectives for African American Women

Gender-specific approach.

Due primarily to the efforts of feminist writers, the phenomena of substance abuse among women has been given greater attention in recent literature. Recognizing the inherent bias and limitations of the traditional model of substance abuse treatment, alternative program models have been proposed. Over the last two decades, many feminist writers have advocated for a comprehensive service approach that offers a more holistic view of substance abusing women's experiences. An approach to treatment that gives due attention to substance abuse/dependence as well as other quality of life issues is touted as essential (Finkelstein, 1996; Goldberg, 1995; Hagan et al., 1994; Jackson, 1995; Rhodes & Johnson, 1997).

Goldberg (1995) defines comprehensive services as an approach to serving substance abusing women that addresses substance abuse as well as housing, medical,

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educational and counseling needs of the whole family. More concrete supports such as transportation, parenting support and childcare necessary for treatment access and success are also deemed essential (Finkelstein, 1996; Wilke, 1994). In sum, comprehensive services address a woman's substance abuse holistically within a broad definition of health as overall well-being and in the context of her relationships with her children, other family members, the community and society (Ramlow et al., 1997).

Africentric approach.

A review of recent literature on substance abusing African American women reveals significant attention to issues of oppression. Within this body of literature, there is consensus among several writers that the prevalence of oppression precludes the likelihood that women in general, and women of color in particular, have adequate access to services that appropriately meet their complex needs (Boyd & Pohl, 1996; Goldberg, 1995; Jackson, 1995; Rhodes & Johnson, 1997; Taha-Cisse, 1990). Moreover, these writers support the notion that substance abuse and dependency occurs and must be treated within a culturally specific milieu (Jackson, 1995; Penn, et al., 1993; Poitier, Niliwaambieni & Rowe, 1997; Roberts et al., 2000; Smith et al., 1995). Saulnier (1996) cites problems with the 12-Step model of recovery from the perspective of African American women, who voiced concerns about feeling underrepresented, unwelcomed and culturally estranged in meetings, and that their concerns were not understood. Hence, several writers endorse an Africentric approach to meeting the needs of African American women who abuse substances (Jackson, 1995; Penn et al., 1993; Poitier et al., 1997; Roberts et al., 2000). The Africentric

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approach proffers a tripartite framework for understanding and addressing substance abuse among African Americans- political/economic oppression, spiritual alienation and cultural misorientation (Schiele, 2000).

The Africentric perspective is grounded in observations about phenomena related to the particular experiences of people from the African diaspora in relation to Eurocentric social structures and hegemony (Asante, 1988). The perspective postulates causal relationships between oppression and a host of psychosocial, environmental, economic and political problems (i.e., substance abuse, feelings of alienation, sense of personal failure, political disfranchisement, etc.). The solutions proposed by the cadre of Africentric writers are particularly directed toward the spiritual healing and liberation of African Americans and have implications across a range of human service settings and practice modalities.

From an Africentric standpoint, substance abuse is viewed as a result of alienation from traditional African values of race consciousness, social responsibility, collectivity and spirituality (Schiele, 2000). Integrating an Africentric worldview into one's consciousness is viewed as a potentially critical protective/healing factor in substance abuse treatment for African American women. African American women can be helped to clarify their cultural identity and its effect on their addiction and recovery. Their cultural strengths, beliefs, values, meanings, and positive experiences can be used as a source of collective power for combating substance abuse. The Africentric principles of spirituality, self-definition/affirmation, personal/collective responsibility, liberation from oppression, and harmony are reflected in the

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interventions described by the Africentric writers (Jackson, 1995; Penn et al., 1993; Poitier et al., 1997; Rhodes & Johnson, 1997; Roberts et al., 2000; Saulnier, 1996).

The Africentric perspective integrates African traditions while taking into account the experiences of African people in America (Poitier et al., 1997). Primary interventions include exposure to the history, traditions, literature and world contributions of the African diaspora. The concepts and interventions are purported to be effectively utilized in programs providing substance abuse treatment to African American women (Jackson, 1995; Penn, et al., 1993; Poitier et al., 1997; Roberts et al., 2000), although these interventions have not yet been empirically validated. In sum, an Africentric approach to the treatment of African American women who abuse substances focuses on the strengths of African Americans, self-definition/affirmation, liberation from oppression, and the spiritual healing process of African American women.

Womanist approach.

Patricia Hill Collins, noted for her contributions to Black feminist (Womanist) thought, adds another dimension to the theoretical framework for the treatment of African American women. Her standpoint as an African American woman integrates both Africentric and Feminist ideologies. Collins (1990) believes that the two ideologies are interconnected through their shared values of concrete experience as a criterion for credibility, the importance of dialogue in assessing knowledge claims, the ethics of caring and the ethics of personal responsibility. An Africentric-Feminist

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(Womanist) perspective allows validation of formerly *subjugated knowledge* and values multiple ways of knowing (Collins, 1990).

The Womanist perspective challenges historical stereotypes of African American and women as inferior, and attempts to seek explanations that are grounded in the socio-cultural context of African American women's reality. This perspective examines the existing body of knowledge about African American women critically and looks beyond individual deficit models for answers about the etiology and maintenance of substance abuse. Writers aligned with a Womanist perspective also view a holistic rather than fragmented approach to treatment of women as likely to attain greater success with African American women (Jackson, 1995; Rhodes & Johnson, 1997; Saulnier, 1996).

More than a decade ago, Thornton and Carter (1988) published empirical observations on their work with low-income African American women who abused alcohol, in which they supported the concept of an integrated medical-psychosocial service approach to working with these women. They further noted that when treatment was offered in a comprehensive modality that addressed psychological, medical and social services, resistance to seeking help may be minimized. Moreover, the stigma attached to receiving mental health services in the African American community may be reduced when services are offered in a more comprehensive health care context. In addition to addressing the host of psychosocial and environmental issues identified above, education about alcohol/drug related physical disorders and knowledge about subjects related to general good physical/mental health is deemed

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essential given that many are in poor health by the time they seek services (Thornton & Carter, 1988).

The cadre of writers whose views about treatment for African American women were consistent with a Womanist perspective gave significant attention to both the issues of empowerment and cultural relevance (Hooks, 1993; Jackson, 1995; Penn et al., 1993; Poiter et al., 1997; Rhodes & Johnson, 1997; Thornton & Carter, 1988). Their writings reflect an appreciation and understanding that a comprehensive service approach would likely hold little value for African American women without recognition that ethnocultural background plays a role in how the symptoms of substance abuse and dependence develop, are reported and interpreted, and consequently, if and how these are treated (Thornton & Carter, 1988). The more holistic view of women advocated by a Womanist approach recognizes the socio-political context of women's experience and attends to the ethnocultural diversity of women, their differential experiences of oppression, and the lack of basic resources that serve as barriers to therapy/treatment (Boyd & Pohl, 1996; Rhodes & Johnson, 1997; Roberts et al., 2000).

In the context of our experiences in the U.S., race/ethnicity is a significant facet of culture that warrants understanding and validation of its importance for many African Americans. A Womanist perspective advocates for a substance abuse treatment model that recognizes the historical and socio-cultural experiences of African American women that set them apart from their White, non-Hispanic counterparts while acknowledging important shared gender-related issues (Boyd & Pohl, 1996; Roberts et

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al, 2000; Saulnier, 1996). Hence, an effective model for the treatment of African American women who abuse substances is embedded in a social justice perspective that gives voice to the experiences of African American women, is culturally-relevant, addresses structural issues of oppression, and challenges old paradigms of practice and human service models. A Womanist perspective challenges human service providers to understand the reality of African American women's experience relative to the effects of "existing at the fringe of the consciousness of mainstream society" (Saulnier, 1996, p. 1268).

Empirical Studies

Empirical literature from 1985 to the present was reviewed for this study. Empirical studies were organized by their focus on substance abuse treatment and women, comparative studies of ethnocultural groups, and African American women's particular experiences and needs in substance abuse treatment. Advocates of gender-specific services and programs for women point to a traditional, male-oriented substance treatment model as a primary barrier to some women's successful access, participation and retention in treatment (Finkelstein, 1996; Hodgins & Adington, 1997; Nelson-Zlupko et al., 1995; Ramlow et al., 1997; Wilke, 1994). Hence, issues related to access, participation and retention of women in substance abuse treatment are a central focus of many of the studies reviewed. Treatment needs, interventions and treatment outcomes are also examined for various groups of women. Several Drug Abuse Treatment Outcomes Studies (DATOS) are included in this review. DATOS was a five-year collaborative research project funded by the National Institute on Drug

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Abuse (NIDA) and comprised a large national sample drawn from drug treatment facilities across the U.S. Empirical studies chosen for this review included adult samples with 20% or greater women participants.

Women's Access to Substance Abuse Treatment

Concerns regarding women's access to substance abuse treatment focus on ways in which women seek help and where, as well as barriers that may preclude access to alcohol and drug specific treatment. One recent national cross-sectional study by Green-Hennessey (2002) found that female gender was associated with a higher likelihood of receiving treatment. This may reflect a relatively new trend given the attention and federal mandates that have been directed toward addressing women's substance abuse in recent years. Green-Hennessey further reported that approximately one-third of her sample (N = 1893) of adults with substance abuse problems sought mental health care rather than specific substance abuse treatment. A similar pattern of help-seeking was found among female problem drinkers in samples of adult admissions (N = 4017) to alcohol and drug treatment, mental health, and emergency and primary health care settings (Weisner & Schmidt, 1992). A study of 3,000 adults treated in 83 alcohol and drug treatment programs conducted by Harwood, Fountain, Carothers, Gerstein and Johnson (1998) also found that women with substance abuse problems were more likely to receive treatment in less expensive residential and outpatient programs than men.

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Considerable concern still remains regarding the multitude of barriers women face in their attempts to access substance abuse treatment. Grella, Polinsky, Hser and Perry's (1999) study of 294 drug treatment programs found that mixed gender programs were more likely to pose barriers for women due to fee policies and sources of payment, restriction on special populations (pregnant women, AIDS), the structure of programs and services offered. In particular, the lack of attention to the needs of women with minor children poses a considerable barrier. In one Drug Abuse Treatment Outcome Study (DATOS) (N = 1022) women reported more concerns about children of whom they had legal custody and were living in their households than men (Wechsberg, Craddock & Hubbard, 1998). Women in this study also reported having more public-funded health insurance than men, which denotes lower incomes and restrictions on health insurance coverage for substance abuse treatment. Another study by Weeks and colleagues (1998) confirmed the prevalence of substance abusing women (N = 231) with children under age eighteen and also found approximately one third reporting homelessness at the time of treatment. Women in this study also reported unsuccessful attempts to enter treatment within the prior year.

Negative perceptions of substance abuse treatment may also pose a barrier for some women entering treatment. In a small sample of adults participating in a focus group, Kline (1996) examined help-seeking patterns and perceptions about substance abuse treatment for both women and men. Motivations for seeking help were reported by participants as: perception of substance abuse as a problem, and as serious and life disruptive; belief that treatment can arrest addiction and benefits in other life areas will

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result; and social and financial costs are not excessive. In this study, women reported more negative expectations about treatment than men, and problems related to being in a treatment program with men such as sexual harassment and discomfort in mixed gender groups. Another small study (*N* = 24) also supported the above concerns about mixed-gender programs, with women also reporting the presence of sexual harassment in conventional treatment programs, and that co-ed groups hindered openness among women participants (Nelson-Zlupko, Morrison, Kauffman & Kaltenbach, 1995).

Participation of Women in Substance Abuse Treatment

Five studies were found that addressed some facet of women's participation in substance abuse treatment. A recent study by Brown, Melchior, Panter, Slaughter and Huba (2000) found that women in the preparation and action stages were more willing to enter outpatient drug treatment and to change issues with more immediate potential for harm (i.e., domestic violence, HIV risk, substance abuse and emotional problems, respectively). In a study of women (*N*=24) receiving either specialized (i.e., gender-sensitive) or non-specialized drug treatment, individual counseling was deemed the single most important service (Nelson-Zlupko, Morrison, Kauffman, & Kaltenbach, 1995). Volpicelli, Markman, Monterosso, Filing and Obrien (2000) also found that individual therapy was the most extensively used outpatient service within a sample (*N* = 84) of predominantly African American women.

For many substance abusing women children are a primary motivator for seeking treatment, but arrangements for their care may also be a hindrance to participation and completion of treatment (Davis, 1997; Finkelstein, 1996). Stevens and Patton's

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(1998) study provides support for the inclusion of children in residential treatment. The women in this study (*N* = 107) who had their children living with them in the treatment program had longer lengths of stays and more positive outcomes in their substance use, employment, child custody and criminal justice status than women without their children. In contrast, Wexler, Cuadrado, and Stevens' (1998) study of women in residential treatment (*N* = 83) found no difference in outcomes for women living with their children in treatment compared to women without their children. The inconclusiveness of these study findings suggest the need for further inquiry into this important issue related to women's treatment outcomes.

Retention of Women in Substance Abuse Treatment

Retention in treatment continues to be an important clinical issue as data from recent studies indicate that substance abuse treatment has a positive impact on reducing substance abuse and related problems of individuals who complete treatment compared to individuals who do not (Delva, Allgood, Morrell, & McNeece, 2002). Both client-related and program-related factors significantly influence a woman's retention in and successful completion of substance abuse treatment. Client-related factors are psychosocial issues that a woman brings to the treatment experience that interface with the program-related factors of the treatment environment. Significant attention has been given to both client-related and program-related factors in recent empirical literature in an effort to more fully understand and effectively treat women who abuse substances.

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Client-related factors.

Several studies examined the constellation of psychosocial issues that substance abusing women present that may impact retention and treatment success. A DATOS study (*N* = 10,010) using a longitudinal, prospective, cohort design found that women entering treatment had more prior treatment, more childhood sexual and physical abuse, more health issues, less education and employment, and higher rates of illegal activity than men (Wechsberg et al., 1998). Dodge and Potocky (2000) found some of the same characteristics in a sample (*N* = 64) of women in residential treatment. They found that women in their study had little education and employment experience, poverty-level incomes that included money from public financial assistance programs and illicit activities, and prior substance abuse treatment. Weeks and colleagues (1998) also confirmed many of the above finding in their study of out of treatment crack and intravenous drug users (*N* = 1022). Women in their study reported more use of all types of treatment, poverty-level incomes, unemployment and reliance on ADFC, less than a high school education, more sexual partners, and higher rates of HIV and sex trading than men. Melchior, Huba, Brown and Slaughter (2000) also found unemployment, abusive relationships, homelessness, and criminal justice involvement to be prevalent in an ethnoculturally diverse sample (*N* = 665) of substance abusing women.

The prevalence of trauma, specifically assault, in relationship to the development of substance abuse problems in women was examined by Kilpatrick, Accierno and

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Resnick (1997). Findings from their national study (*N* = 3000) of women showed that women who experienced assault were more likely to develop substance abuse problems, may be targeted as vulnerable by perpetrators, and are likely to rapidly progress in their use if new assaults occur. Hence, the likelihood of women who abuse substances presenting for treatment with a history of assault is significant.

A study by Brown, Koken, Seraganian and Sheilds (1995) found that women substance abusers and their spouses (*N* = 85) showed greater dysfunction in several areas than male substance abusers and their spouses. Women substance abusers in their study, in addition to their own psychological distress, had psychologically distressed partners who exhibited poor communication and less involvement with children. The above picture may serve to support the findings of a study of persons admitted to 96 substance abuse treatment programs throughout the U.S. in which women reported more prior treatment, more mental health treatment particularly for anxiety and depression, more family drug abuse and concerns about children than men (Grella & Vandana , 1999). The higher likelihood of women having a substance abusing spouse or family member was also confirmed in a more recent study of outpatients (*N* = 642) by Westermeyer and Boedicker (2000). These studies may, in part, help to explain Harwood and colleagues' (1998) findings that women more likely deteriorated in functioning in the year following treatment than men. The complex constellation of psychosocial issues evidenced in the above studies undoubtedly complicates the retention of women in substance abuse treatment.

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In contrast to the above, several studies focused on client-related factors that appear to facilitate retention and successful completion of substance abuse treatment among some women. In a residential sample of women (*N* = 187), Knight, Logan and Simpson (2001) found that women completing treatment were more likely to have a high school diploma or equivalency, no recent arrest history (within six months prior to admission) and fewer deviant friends. Loneck, Garrett and Bank's (1997) study examined outpatient case records from an all women sample (*N* = 109) and found that the group of women most likely to complete treatment were older, working full-time, entered treatment as a coerced referral or a as a result of a planned, professional-facilitated intervention, and did not relapse during treatment. Another study found that improvement in drug use severity also increased retention (Hser, Polinsky, Maglione & Anglin, 1998).

In a DATOS sample (*N* =10,010), Broome, Flynn and Simpson (1999) found that current psychiatric symptoms were better predictors of retention in substance abuse treatment than lifetime DSM-III-R diagnoses; in particular, current depressive symptoms were related to a higher likelihood of retention beyond 90 days. These findings are supported, in part, by a later study by Volpicelli et al. (2000) in which women (*N* = 84) entering an outpatient program with high scores on the Brief Symptom Inventory attended significantly more weeks of treatment than women with lower scores. However, Roberts and Nishimoto's (1996) study of substance abusing women across treatment modalities (*N* = 369) concluded that pre-treatment client

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characteristics were generally not predictive of longer retention in treatment. Exceptions noted were married women's high risk of non-completion, women with prior treatment histories being at greater risk of non-completion in intensive day treatment, and severity of drug problems and anxiety increasing the risk of non-completion in residential treatment.

Despite progress made by women who make a commitment to treatment, women who abuse substances may continue to experience distress and have difficulty coping in recovery, as pointed out in a study by Weaver, Turner and O'Dell (2000). These researchers examined psychosocial stress and coping before and during recovery in a sample (*N* = 102) composed of equal numbers of African American and White, non-Hispanic women. This study identified common psychosocial stresses and concerns between the two groups. Findings showed that approximately one-third of the sample had an increased risk for depression, although their stress scores decreased in recovery. Notwithstanding improvements during treatment, the women identified a host of continued sources of stress: money, emotional and physical health, relationships with family and significant others, and parenting. Findings from this study suggest that the first and fifth years of recovery are critical periods for highest symptomotology.

Two studies reviewed also examined the relationship between retention and successful treatment outcomes. Wexler and colleagues (1998) found in their study of women in residential treatment with their children (*N* = 83) that women who remained

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in treatment more than three months had better outcomes. Killeen and Brady's (2000) study of another residential sample of women with children (*N* = 35) also supported the earlier findings of Wexler and colleagues, with women who completed treatment showing improvement in all domains of functioning, experiencing decreased stress and improved parent/child relationships, resulting in a decrease in child behavior problems.

Program-related factors.

Bride (2001) examined whether the provision of single gender substance abuse treatment would increase rates of treatment retention and completion for women. Bride (2001) found that providing a women-only environment for treatment within an outpatient sample (*N* = 407), without a significant change in treatment philosophy, did not increase retention or completion rates for women. The aforementioned study by Roberts and Nishimoto (1996) of a sample of woman in day treatment, traditional outpatient and residential programs lends support to the importance of program philosophy in the treatment of substance abusing women. In their study, women had higher retention rates and were more likely to complete day treatment. Day treatment was described as woman-focused, structured, intensive and comprehensive, six-months in duration and women only.

Two other studies also suggest that specific program elements and an empowerment philosophy may enhance retention and treatment success. Delva and colleagues (2002) found that providing human/social services and case-management in

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addition to substance abuse and mental health services, as well as building on an individual's strengths, increased retention and treatment success in their sample (N = 499). Hser and colleagues (1998) also reported improved retention in their study (N = 171) by matching client's identified needs with services, and providing vocational training, childcare, housing, and transportation.

Comparative Studies of Ethnocultural Differences

Despite the many similarities in bio-psychosocial issues presented by women who abuse substances, there are differences in experiences and needs among various ethnocultural groups. Recognizing that ethnicity and culture interact and influence each other, and that substance abuse also develops within a cultural context, increasing attention has been given to various sub-populations of substance abusing women in the empirical literature. Several studies attempted to compare patterns of use, access and retention issues, treatment needs and outcomes across groups of women based on ethnocultural groupings. The majority of studies reviewed presented findings primarily from samples of White, non-Hispanic, African American, and Hispanic women, although not exclusively.

Drinking and illicit drug use patterns.

Two studies reviewed compared large samples of White, non-Hispanic and African American women's drinking patterns. Herd (1988) was one of the earliest studies using a large, national representative sample of women (N = 2258) to examine

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patterns of alcohol use among White, non-Hispanic and African American women. Findings from this study showed equal proportions of each group were heavy drinkers and the probability of using alcohol was greater for young, employed women across both groups. However, African American women had higher rates of abstinence (particularly past age 40) while White, non-Hispanic women tended to drink more frequently and in larger amounts.

Darrow, Russell, Cooper, Mudar and Frone (1992) also examined drinking patterns among a sample (N = 1131) of White, non-Hispanic and African American women and found different drinking patterns and determinants of drinking behavior between the two groups. Lower socio-economic status, church attendance and fundamentalist religious affiliation were associated with abstinence among African American women in this study. Family history of substance abuse was found to be associated with heavy drinking across both groups of women. The researchers also concluded that African American women who entered the workforce may be at risk for heavy drinking as a result of high levels of stress due to dual work-family responsibilities.

Two other studies reviewed examined personal attributes, drug use patterns, and drug-related behaviors across several groups of women. Stevens, Estrada, Glider and McGrath (1998) recruited a sample (N = 547) from residential and street outreach that included White, non- Hispanic, Hispanic, African American and Native-American women. In this study, African American women began substance use later than the other groups, reported lower rates of substance use among women who were not in

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treatment, and had higher rates of arrest than White, non- Hispanic women. In contrast, White, non- Hispanic women were more likely to be married and more educated (high school education or more), and have higher rates of alcohol/drug detoxification and significantly lower rates of substance abuse treatment in jail/prison. Commonalties in psychosocial attributes were also found-women across all of the ethnocultural groups in this study reported high rates of childhood sexual abuse, parental addiction, introduction to drug use by their partners and sabotage by their partners of their efforts to stop using substances. A study by Weeks and colleagues (1998), which also included samples of women across several ethnocultural groups, found less intravenous drug use among African American women than White, non-Hispanic and Puerto-Rican women, but more crack cocaine use. In this study White, non- Hispanic women reported more sex partners and sex trading but more condom use than African American and Puerto-Rican women.

Access, participation and retention in substance abuse treatment.

Few studies were found that provided a comparative examination of issues related to access, participation and retention in substance abuse treatment across ethnocultural groups. In their sample (N = 92) of White, non- Hispanic and African American women, Amaro, Beckman, and Mays (1987) found that African American women had more limited financial resources, lacked alternatives to public alcohol treatment except Alcoholics Anonymous, and had less access to insurance coverage than White, non-

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Hispanic women. Despite the financial barriers, African American women's social networks encouraged seeking treatment.

Brown, Joe and Thompson (1985), in an earlier study of minority status and treatment retention, focused on the association between majority and minority status in regards to census in treatment programs and treatment outcomes. In this large, national study (*N* = 27,141), with the exception of African Americans, the ethnic/racial group in the minority (i.e., numbers in treatment) was significantly more likely to receive unfavorable discharges and to be retained in treatment for shorter periods compared to the group in the majority. African Americans, however, were significantly more likely to receive unfavorable discharges in comparison to White, non- Hispanic persons, regardless of their numbers in treatment programs. This study, however, did not specify demographic characteristics of the sample by gender.

Differential treatment needs among ethnocultural groups of women has just recently begun to be explored in the substance abuse literature. Although it is commonly recognized that women across ethnocultural groups share common treatment needs based on their generally oppressed gender status in this society, different historical and socio-cultural factors may dictate unique or additional treatment needs for some sub-populations of women. Nyamthi and Flaskerud (1992) inventoried current concerns of impoverished homeless and drug-addicted women (*N* = 109) and found that both Hispanic and African American women experienced significant loneliness and concerns about their children. African American women

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identified survival needs (food, shelter, money) as paramount, as well as concerns about physical violence, the dangers of unprotected sex with multiple partners and AIDS. In contrast, Hispanic women voiced concerns about hopelessness and emotional pain, racial discrimination, lack of financial security and social supports, low self-esteem and loss of control over their lives.

Gender-specific treatment needs.

Feminists assert that relationships are central to women's lives (Finkelstein, 1996; Gilligan, 1982; Reed, 1987) and therefore should be given due attention in women's substance abuse treatment. Another study by Amaro and Hardy-Fanta (1995) provides empirical findings to support this proposition among women who abuse substances. Among a sample of African American and Puerto-Rican women (N = 35), the researchers found that the women had a strong desire to be cared for but experienced significant disconnection in their relationships. Many experienced hardships due to the centrality of drug use in sustaining their intimate relationships, participation in criminal activities to support her and her partner's addiction, the emotional and physical unavailability of partners, and significant violence from partners and men in the street drug culture.

In another sample of Hispanic and African American women (N = 91), Schilling, El-Bassel, Gilbert and Schinke (1991) found that negotiation of safer sex practices and condom use in the relationships of substance abusing women are a significant health issues. In this sample of women, frequent heroin and cocaine users had more sex

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partners who were intravenous drug users, heroin users used condoms less, and the less educated women were less receptive to HIV/AIDS prevention information. African American women reported more comfort in addressing sexual health issues with their partners than Latinas. Notably, although the women in this sample were participating in methadone treatment, they reported continued use of alcohol and drugs other than heroin, which may have also served to impair their ability to effectively address this important health issue within their relationships.

Pottieger and Tressell (2000) also examined relationships, specifically among women who used cocaine. Their sample (N = 851) included women across several ethnocultural groups. Findings showed that women in their sample were more likely to be engaged in criminal activity with female friends/associates rather than with male sexual partners, and that the majority get support from family and friends. Women in the treatment sample and African American women (in general) had more emotional and financial support from their families than women in the outreach sample (i.e., not in treatment) and White, non-Hispanic women. Much like the aforementioned three studies, this study serves to validate the significance of relationships in the lives of substance abusing women and points to the impact of support, both positive and negative.

For women who are able to successfully participate in treatment, aftercare may be a vital component to sustain positive connections and gains made in treatment. Walton, Blow and Booth (2001) examined diversity in relapse prevention needs across

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genders and ethnocultural groups. In their study (N = 331) of inpatient and outpatient treatment populations, African Americans reported significantly greater coping and self-efficacy, expressed greater expected involvement in sober leisure activities, and fewer cravings and negative social influences than their White, non-Hispanic counterparts. These results may point to some inherent strengths of African Americans that may be supported and bolstered in aftercare or conversely, indicate the need to address possible culturally-based defenses (minimization/denial) regarding socio-cultural forces faced by this oppressed and marginalized group.

African American Women and Substance Abuse Treatment

African American women represent a significant sub-group of women who abuse substances, and who have been virtually ignored until recently. The few early studies of substance abuse among African American women primarily dealt with alcohol abuse/dependence, although treatment data indicate that a broad array of substances is being misused (SAMHSA, 1999). More recently attention has been focused on crack cocaine and heroin use, two specific illicit substances that have been implicated in the HIV/AIDS epidemic within this sub-group of women. A small body of empirical literature was found that focused specifically on African American women who abuse substances, with attention to psychosocial and socio-cultural issues contributing to substance abuse and interventions that may offer promise for greater clinical efficacy in substance treatment with this sub-group of women.

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African American women undoubtedly shared many common characteristics with other groups of substance abusing women as evidenced in several of the aforementioned studies (Amaro & Fanta, 1995; Kilpatrick et al., 1997; Pottieger & Tressell, 2000; Stevens et al., 1998). Several studies within the last decade have focused on African American women who abuse cocaine in an attempt to better understand this highly stigmatized population of women. In one of the earlier studies of this marginalized population of women, Boyd (1993) found high rates of childhood sexual abuse, depression, and spouse/partner and family substance abuse in an urban sample (N = 105) of African American women, some of whom were in treatment and others who were still active users. Furthermore, in this study a strong correlation was found between age of first use and first depressive episode. In another study using a sample (N = 80) of outpatient records of urban African American crack cocaine users, Boyd, Blow and Orgain (1993) found higher rates of sexual abuse and parental substance abuse (particularly maternal substance abuse) among African American women than men.

Boyd, Guthrie, Pohl, Whitmarsh and Henderson (1994) continued to explore these psychosocial issues among women who abuse crack cocaine and found that over 60% of one sample (N = 64) comprised of women in treatment and those who were actively using had experienced sexual trauma prior to age seventeen. Notably, women who experienced incest had less positive perceptions of their mothers than those who were abused by a non-family member. A fourth study utilizing the same sample

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composition (N = 208) found the lifelines of African American women who abused crack cocaine to be complex, with histories of multiple disturbing and stressful events (Boyd et al., 1997). The findings of this study also lend support to the notion of substance abuse as self-medication of emotional pain, in that, despite earlier onset of drug use and greater severity of use than women who did not experience sexual trauma, women who reported sexual trauma (incest, rape) did not report depression. Ross-Durow and Boyd (2000), in addition to confirming significant rates of sexual abuse and depression in another sample (N = 208), found rates of eating disorders higher among African American women who use crack cocaine than in the general population.

Cohen postulated that identification of subtypes of women who abused crack cocaine is important for clinical efficacy in treatment, matching treatment intensity to client's needs and for developing more effective community-based prevention and intervention efforts (Cohen, 1999). To this end, the researcher attempted to identify subgroups in a sample (N = 107) of African American women who abused crack cocaine based on clinical and behavioral characteristics. Within this group of women entering intensive outpatient treatment, the researcher found that the majority was indigent, unskilled or with limited employment histories, had young children, and had experienced childhood sexual and physical abuse. The researcher concluded that salient personality traits such as character disorders and other indicators of

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psychopathology have a relationship to high-risk sexual behaviors for HIV, prior physical and sexual abuse, and drug use patterns and history.

Studies of other African American women who abuse substances support many of the above findings, as well as identify other important psychosocial issues. Three studies using qualitative methods to gain a more ideographic understanding of African American women's experiences with substance abuse appeared in the empirical literature. Davis (1997) found themes of family substance abuse, lack of a nurturing childhood, trauma, and difficulty coping in recovery in a phenomenological study of a community sample (*N* = 15) of addicted African American women. Importantly, women in this study identified their relationships with significant others, love of their children, connections with other supportive women and desire to find alternative ways to cope with emotional pain as motivators for recovery. Ehrim (2001), in another qualitative study of a sample of African American women (*N* = 30) in a transitional home with their children, found that many had unresolved feelings of guilt and shame regarding their perception of failure in their maternal role during their active addiction. In a study using mixed methods, Curtis-Boles and Jenkins-Moore (2000) attempted to compare coping strategies in a sample (*N* =30) of substance abusing and non-substance abusing women. Findings from their sample suggest that substance abusing women employed a limited repertoire of defensive strategies-notably, denial and acting out via anger and violence.

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Some studies attempted to examine the influence of both psychological and social structural factors on African American women's use of substances. Taylor and Jackson (1990) examined variance in psychological well being in relation to numerous variables, particularly alcohol consumption. Findings within this urban sample (N = 289) drawn from low to upper middle income neighborhoods suggested that alcohol consumption was directly related to life events, physical health and internalized racism. In contrast to the later study by Darrow and colleagues (1992), the researchers concluded that African American women of lower socio-economic status had greater alcohol consumption mediated primarily by internalized racism. Cutrona and colleagues' (2000) findings, in another larger two-state study (N = 703), also lends support to Taylor and Jackson's findings (1990), in that life events and personal resources were found to be significantly associated with distress, and social disorder (often common in lower-income neighborhoods) was significantly related to depression.

In contrast, the positive effects of an optimistic outlook and personal resources such as religious beliefs, positive affectivity, physical health and good interpersonal relationships were found to be stronger in low-income neighborhoods and served as protective factors (Cutrona et al., 2000). Hence, Cutrona and colleagues concluded that African American women display considerable resilience and adaptability despite poor social conditions that are often a characteristic of lower socio-economic environments in which some may reside. Their findings further point to the active role

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of African American women in constructing cohesive neighborhoods that confer positive mental health benefits on other women with positive outlooks. Broomes, Owens, Allen and Vaaina's (2000) findings in a sample (*N* =146) of recovering African American women also suggest that spirituality is significantly related to positive mental health outcomes.

For the most part, there was a scarcity of empirical literature that specifically focused on African American women's participation in substance abuse treatment, effective treatment approaches and interventions, and successful outcomes with this population. One study by Howard, Thomas, LaVeist and McCaughrin (1996) found that the social environment in which the treatment organization operates appeared more significant in determining treatment success than the racial composition of the program. This may be an important finding relative to the debate about culturally-specific treatment programs as well as point to larger social structural issues that undermine treatment success.

Three other studies reviewed focused on examining outcomes of various interventions with predominantly African American women substance abusers. Volpicelli and colleagues (2000) examined outcomes of a sample (*N* = 84) of women assigned to two different substance abuse treatment interventions (psychosocially enhanced treatment and case-management). In this study, women in both modalities decreased their frequency of cocaine use and all of the women's scores on the Brief Symptoms Inventory (BSI) improved over time. However, women in the

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psychosocially enhanced treatment attended more sessions and reported less drug use at 12-month follow-up. Psychosocially enhanced treatment included additional onsite services such as access to a psychiatrist, parenting skills classes, individual therapy and GED classes. Findings from this study also support the finding of Nelson-Zlupko, et al. (1995a), in that, individual therapy was the most extensively used service.

Stein, Nyamathi and Kington (1997) also reported findings from a larger sample (N = 384) of women assigned to one of two cognitive-behavioral community-based AIDS interventions. In this study both groups' outcomes showed decrease in risky sexual behaviors, cocaine and heroin use, high-risk drug-related behavior and illegal activity. Notably, women participating in the specialized intervention (culturally sensitive and empowerment focused) showed more significant decreases in drug use and risky sexual behaviors (i.e., cocaine use, prostitution and sex trading).

The 12-Step philosophy and program continues to be hailed as the most effective modality for achieving recovery for persons who abuse substances. Saulnier (1996) explored the perceptions of a small sample (N = 7) of African American women who participated in 12-Step groups. In this sample, the women perceived the 12-Step program as "white" in membership and culture, reporting sometimes feeling unwelcomed and that their experiences were not understood. However, despite concerns they reported deriving some benefit from the program, although the benefits were not clearly identified.

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Increasing attention has been given to the Stages of Change Model (Prochaska, DiClimente & Norcross, 1992) as an alternative approach in engaging persons in treatment and recovery from substance abuse. Melchior and colleagues (1999) found the Stages of Change Model effective in addressing ambivalence toward treatment in their sample (*N* = 665). However, they concluded that entry into substance abuse treatment is contingent upon both readiness to reduce drug use and readiness to seek counseling, and that women with multiple issues may be more difficult to engage in care.

Conclusions

Quantitative studies reviewed showed a lack of consistency in the operationalization of many of the key psychosocial variables examined and utilized a variety of standardized and non-standardized measures across studies. Nevertheless, findings across studies show high rates of psychiatric disorders, childhood physical and sexual abuse and other trauma histories such as sexual assaults, violence from partners, death of a child or significant other, health concerns, parental and family substance abuse, relationship issues, and oftentimes lack of support for recovery from spouses and partners among substance abusing women. Recent data suggests that more women are entering treatment, although many seek help initially via medical and human service settings. Hence, a host of barriers continue to jeopardize women getting the full spectrum of their needs addressed. Some of the studies reviewed are promising

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in identifying treatment philosophies, modalities and interventions that show success with some women who abuse substances.

It has been proposed that single gender treatment can be organized at the program level or alternatively at the group intervention level in substance abuse treatment programs (Hodgins & Addington, 1997). However, a women-centered treatment philosophy, comprehensive and integrated human and social services, inclusion of children in treatment, longer lengths of stay, and spousal/partner support for recovery are important elements for retention and successful treatment outcomes for substance abusing women. Further empirical investigation of successful treatment outcome factors, including program organization and structure, is needed.

Notwithstanding the oppressed status of women in our society, African American women are a particularly vulnerable and marginalized group because of the legacy of racism in this country. Overall, the studies reviewed confirmed that African American women who abuse substances share some common psychosocial characteristics and needs with substance abusing women in general. However, as findings from several of the above studies indicate, African American women who abuse substances are generally less educated, more subject to homelessness and being victims of violence, have fewer resources and less access to treatment, and are more likely to enter the criminal justice system than their White, non-Hispanic counterparts, in particular. Few studies give attention to these social structural issues and their impact on substance abuse and recovery within this population, although socio-cultural

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oppression has been theoretically linked to some of the variables examined in the empirical literature.

Many of the quantitative studies that focused specifically on African American women are based on small, non-representative samples, as well as lack a contextual understanding of the experiences of African American women. Qualitative research is scarce within the current body of literature on women and specifically this special population. Although the increasing body of empirical literature on women and substance abuse is replete with descriptions of the concrete and psychosocial needs of substance abusing women, several of the above studies suggest that there may be essential missing elements of our understanding of the experiences and needs of African American women. A few of the studies reviewed call particular attention to the need for further exploration of the relationship between racism and substance abuse in regards to prevention and treatment issues.

Studies that explored the perceptions of African American women from their own perspectives were rare. An understanding from African American women's perspective of how socio-cultural factors contribute to and sustain substance abuse, their motivations for entering treatment, the unique challenges faced in recovery, and the personal, familial, and community resources that may be mobilized in recovery is needed if we are to successfully engage, retain and treat this population of women. Some studies suggest inherent personal and community strengths that can be brought to bear in addressing substance abuse. In particular, studies suggest that religiosity and

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spirituality are protective factors in prevention and treatment. Hence, these phenomena must be further explored from an emic perspective.

This study attempts to fill a void in the social work literature since few studies focused on African American women and substance abuse were found in social work journals. This study provides an idiographic view of African American women's experiences with substance abuse, treatment and their perspectives about effective approaches and interventions. This study may challenge historical assumptions about substance abuse treatment and prospectively redefine the "realities" that have been previously presented regarding this group of women. The aims of this study are consistent with social work's mission as a change agent and commitment to social justice by giving voice to a marginalized group, African American women who abuse substances.

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CHAPTER III

Study Method

The few existing studies on African-American women who abuse substances primarily use quantitative methods. Quantitative methods are well suited for addressing variance questions concerned with difference and correlation - the difference between two or more phenomena and the particular variable(s) that explain the difference, or determining whether a particular result was causally related to one or another variable, and to what extent (Maxwell, 1996). In contrast to variance questions, the research questions posed in this study primarily focus on gaining an understanding of the meaning of events and activities to the research participants, and the influence of the environmental context on the phenomena. Hence qualitative methods are better suited to address the research questions posed in this study.

Research Design

A qualitative research design is used in this study to explore the perspectives of African-American women who are in substance abuse treatment and recovery. Given that little is known about this population of women, the nature of this study is exploratory and descriptive. Qualitative research focuses on people's lived experiences and is "fundamentally well suited for locating the meanings people place on the events, processes and structures of their lives… and for connecting the meaning to the social world around them" (Miles & Huberman, 1994, p. 10). The purpose of this study is to examine the phenomena of substance abuse treatment from an emic

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perspective - the subjective view of the research participants. The goal is to develop a deeper understanding of the experiences and perspectives of a marginalized group of women. By employing qualitative research methods this study is able to build descriptions of complex phenomena that are presently unexplored in the literature. Qualitative research has often been advocated as the best strategy for discovery- exploring a new area and developing hypotheses (Maxwell, 1996; Miles & Huberman, 1994).

Qualitative research takes place in natural social settings, is interactive, emergent and interpretive (Marshal & Rossman, 1999). Using a qualitative research method, the researcher will meet the study participants where they are in community-based settings, thus allowing the data to be collected in close proximity to the specific phenomena of substance abuse treatment. Qualitative methods allow the researcher to gain an understanding of the meaning of participants' actions and perceptions through their thoughts, feelings, beliefs, values and assumptions about their world. An interactive mode of qualitative inquiry will be used which allows in-depth study using face-to-face techniques of data collection. In contrast to quantitative research, relevant variables in qualitative research have yet to be defined and emerge from the interactive process. The evolving and flexible design of this study allows for the building of a more holistic picture, rather than the researcher overlooking valuable data by imposing her worldview on the participants (Marshall & Rossman, 1999) or stripping data from its social context (Neuman, 1997).

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Qualitative methods are better suited than quantitative research methods to address the specific research questions of this study due to their idiographic approach. Qualitative research methods can capture the experiences and voices of this group of marginalized women in ways that quantitative methods cannot. Using thick description, qualitative studies take the reader into a phenomenon with a vividness and detail that is not typically present in more analytic reporting formats (Marshall & Rossman, 1999). In order to achieve the above aims, a phenomenological study is chosen as the qualitative mode of inquiry. This phenomenological study focuses on gathering detailed accounts from a few selected cases. Consistent with the tradition of phenomenological studies, qualitative interviews are used as the sole source of data. Qualitative interviewing is “open-ended and allows participants their own perspectives in their own words” (Rubin & Babbie, 1997, p. 390), thus providing first person accounts.

The perspectives of African-American women that are reported in this study regarding their lived experiences have value in helping professionals achieve a clearer understanding of the complex phenomena of substance abuse, and the interplay between substance abuse and socio-cultural factors. An understanding of their experiences and perspectives is important for the development of more effective substance abuse treatment interventions for African-American women. Human service professionals and policy makers may be able to derive greater meaning and thus a deeper understanding of this group’s experiences and needs from the straightforward

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personal accounts that are characteristic of qualitative research and presented in this study.

Research Relationship

In qualitative studies, “the researcher is the instrument of the research” (Maxwell, 1996). Reflexivity refers to “the recognition that the researcher is inextricably part of the phenomena studied” (Maxwell, 1996, p. 67) and an “understanding of how the particular researcher’s values influence the conduct and conclusions of the study” (p. 91). Hence, reflection on the researcher’s relationship with study participants and researcher reflexivity is warranted.

As an African-American woman, the researcher shares ethnocultural similarity with the target group of this study. It is assumed that this similarity may facilitate rapport with study participants and access to more substantive information about study participants’ experiences. This researcher also brings the professional experience of fifteen years work in the field of substance abuse as a clinician and supervisor of substance abuse programs. The researcher has an in-depth knowledge of substance abuse, has worked in a variety of substance abuse treatment settings with diverse populations, and has numerous professional contacts in the field. The researcher’s professional knowledge and experience can be an asset to facilitating access to study participants. The researcher’s professional contacts may facilitate gaining access to multiple treatment settings.

Conversely, both the researcher’s ethnocultural similarity with the target group and knowledge of the research subject can lead to bias in data collection, analysis and

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interpretation of findings. The researcher did not include individuals in the sample with whom there has been a prior therapeutic relationship. Reflections on the researcher's relationship with study participants and the researcher's subjective thoughts and impressions regarding the conduct of the research study will be recorded in a reflexive journal to be processed with the peer debriefer and principal investigator throughout the study duration.

Assumptions of the Study

The assumptions that underlie the selection criteria are that African American women who abuse substances and have had at least one treatment experience (in-patient, residential or outpatient) have the ability to critique and evaluate their experiences in substance abuse treatment regarding the impact on their substance use and quality of life. Moreover, they are more likely to have a better understanding of the purposes and goals of substance abuse treatment than their counterparts who abuse substances but have not been exposed to treatment. They may also be more willing and capable of addressing the research questions than their counterparts who have not been exposed to treatment. African American women who are actively using and have not received treatment are an important but more elusive population (as research participants) who exclusions from the study sample represents a recognized sampling bias.

Several other assumptions underlie this study. The first is that as members of an oppressed and marginalized group in our society, the voices of African American women who abuse substances matter to social workers and other health and human

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service professionals. Secondly, the perspectives of African American about their own experiences have value in helping all human service professionals achieve a deeper understanding of the complex phenomena of substance abuse, and the interplay between substance abuse and ethnocultural and socio-economic oppression. Although African American women share important gender-related issues with women from other ethnocultural groups, the historical and socio-cultural experiences of African American women also set them apart from other groups of women. This assumption underlies proposals for the design of specific interventions for African American women. It is also assumed the study participants will articulate some of their special and unique socio-cultural experiences and needs, some of which are being discussed in a small but growing of literature on African American women who abuse substances.

Sampling

In qualitative research, purposeful sampling denotes a strategy in which particular settings, persons or circumstances are deliberately selected in order to provide important information that cannot be obtained as well from other choices (Maxwell, 1996). African-American women who are currently in treatment for a substance abuse disorder as defined by DSM IV-TR (American Psychiatric Association, 2000), or have prior substance abuse treatment experience and are currently in recovery (a period of abstinence and remission of DSM IV-TR symptoms for at least six months) is the criteria for inclusion in the study sample. A sample of 25 adult females between the ages of 18 to 50 who are English-speaking, were born in the U.S.A., have at least one

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parent of African descent, and identify themselves as an African-American woman were sought.

Qualitative research is concerned with gaining insights through in-depth study of a few information-rich cases. Consideration must be given to recruiting an adequate sample to accomplish the aims of the study. The sample of twenty-five women in this study affords the researcher the opportunity to capture variation in the target population. Heterogeneity in the sample increases the likelihood that study conclusions represent a range of cases and affords the researcher the opportunity to establish comparisons among cases. Consideration of feasibility issues regarding data management and time parameters for completion of the study also contributed to decisions about sampling.

The substance abuse literature identifies various subgroups of African-American women who abuse substances based on age, drug use history, trauma history, health /mental health history and status, and legal status (Boyd, Hill, Holmes & Purnell, 1997; Cohen, 1999; Haller, Miles & Dawson, 2002; Nyamathi & Flaskerud, 1992). Hence, attention was given to recruiting a diverse sample of women. Based on the researcher's aim of capturing an "insider" perspective of the treatment needs of African-American women, a Participant Information Form (see Appendix A) was used at the time of the interview to obtain demographic information about the study participants. The subgroup characteristics the researcher sought to capture were: (a) history of criminal justice involvement- court ordered to treatment; (b) parent of

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child(ren) in out-of-home placement by DSS; (c) present/past experience with homelessness; (d) positive HIV status; and (e) history of trauma (i.e., childhood physical and/or sexual abuse, domestic violence, sexual assault, or other severely distressing events). It is recognized that these sub-groupings are not mutually exclusive and are intended to describe the diverse characteristics of the study sample. Inclusion of subgroups of African American women who abuse substances with different characteristics increased the likelihood of incorporating multiple and broader perspectives within the data. Looking at a range of similar and contrasting cases adds confidence to findings- thus, the precision, validity and stability of findings are strengthened (Miles & Huberman, 1994).

Women who were deemed by a treatment professional to be psychiatrically unstable (currently exhibiting symptoms characteristic of a Psychotic Disorder, Major Depression or Bi-Polar Disorder as defined by DSM IV-TR or severely cognitive impaired (unable to understand and give informed consent) were excluded from the study sample. Women who were non-English speaking and would have required a translator, or who are hearing-impaired were also not included in the study sample.

The sample of women in treatment was drawn from public outpatient substance abuse programs in the metropolitan area (Henrico and Richmond). Richmond represents the larger urban area between the two geographic locations. Approximately 20% of Henrico's 150 traffic zones are also urban areas, although the majority of the county is less densely populated suburban and rural areas. There is significant socio-economic diversity across the two locales. African-American women who are from

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urban locations in the metropolitan area as well as involuntary treatment candidates are more likely to be found in publicly-funded rather than private out-patient treatment programs, thus creating an element of sampling bias. Many of these women are without private insurance and consequently rely on publicly-funded substance abuse treatment resources.

Recruitment Strategies

The flyer used for recruitment of the study sample and the Research Subjects Information and Consent Form (see Appendix B) were approved by the Internal Review Board of Virginia commonwealth University. Recruitment strategies entailed using a flyer (see Appendix C) and contact with substance abuse treatment professionals at the area Community Service Boards, and in the community at large. The researcher used well-established professional contacts to gain access to outpatient substance abuse treatment programs in the identified locales. Initial telephone contacts were made with each of the outpatient programs and a formal letter introducing the researcher and the nature of the study (see Appendix D) was mailed. A copy of the completed proposal with related documentation was forwarded to the respective agency's research reviewer or committee. The researcher visited both outpatient program sites to meet with the program manager to discuss the research project. A presentation of the research project was subsequently conducted with the agency substance abuse staff at one of the sites.

Treatment professionals were informed of the selection criteria for the study sample and were requested to comply with the aforementioned exclusion criteria.

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Treatment professionals working in the respective programs referred potential participants for the sample who were in substance abuse treatment at the time. The researcher used a Referral Information Form (see Appendix E) to collect information from the referral sources regarding referrals to the sample. This information was later compared to information collected from study participants on a comparable form (Participant Information Form) to estimate the adequacy of the sample of women referred from substance abuse treatment programs. Each outpatient treatment professional was given a research packet containing a flyer, Consent to Contact Form (see Appendix F), a copy of the Research Subjects Information and Consent Form and a pre-addressed stamped envelope. Prospective research participants were asked to return the Consent to Contact Form to the researcher by mail. Upon receipt of the Consent to Contact Form, the researcher contacted prospective participants, answered questions about the research study and discussed informed consent.

Recovering women in the metropolitan area who were not currently in treatment were recruited via snowball sampling. The participants were identified through community contacts and the sample was expanded through participant referrals. Interested women from the community at large contacted the researcher via telephone. After the telephone contact the women were forwarded a research packet. The Research Subjects Information and Consent Form was reviewed with each study participant prior to her interview, thus allowing an opportunity for additional questions and clarification.

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All of the women agreeing to participate in the research signed and receive a copy of their signed Research Subjects Information and Consent Form, specified in 45 CFR 46.116 (a)(b), as a measure of protection of participants in this research study. The informed consent form detailed the purpose of the research, procedures for the study and the participant's rights. The opportunity to request a copy of a summary of the study findings was offered to all research participants. Women agreeing to participate in the study were asked to identify a pseudonym to be used in the reporting of the research and to provide a contact number for the purpose of participating in a participant review and/or receiving a copy of the study findings.

Participation in this study was voluntary, without any form of coercion from treatment providers, program administration or community contacts. Participants received a $25.00 gift certificate to Target and two bus tickets as appreciation for their time in completing the first research interview. If a participant agreed and was randomly selected to participate in the follow-up interview (participant review) she received a food and entertainment coupon book at the end of the second interview. No inducements were offered to agency staff or community contacts in the recruitment of participants for this study.

Sample Description

The 25 African American women who agreed to participate in this study and completed an interview ranged in age from 22 to 52 years old. The decision to include the two 52 year-old women in the final sample was made based on the researcher's goal of increasing the diversity of the sample and richness of data. Of the 25 women,

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12 were between the ages of 40 and 52. The majority of the women (*n* = 21) had completed high school or a GED; 8 women had some college education and 5 had completed a four year degree or beyond. Slightly less than half of the women (*n*= 11) were employed full-time and 9 reported being unemployed at the time of the interview. The majority of women (*n* = 22) had children, who ranged in age from 3 months to 35 years. Approximately half of the women (*n* = 12) had two or three children; three women reported having 5 or more minor children. Two women reported having children currently in the custody of the Department of Social Services. Several of the women reported having their children in the care/custody of family members for varying periods of time during their active substance use.

Seven women were currently in substance treatment for the first time or experienced one episode of substance abuse treatment prior to maintaining abstinence. The majority of women (*n* = 17) had multiple treatment episodes and six women reported five or more substance abuse treatment episodes. These women had treatment experiences in a variety of settings (acute inpatient, outpatient, and residential). The majority of the women (*n* = 21) reported entering treatment voluntarily, although several noted external pressures (family, employers, Social Services). Slightly less than half of the women (*n* = 11) reported having less than one year of clean time free from substance use. Among the women in recovery, nine reported five or more years of clean time. The range of abstinence among the women was 30 days to 18 years. The majority of the women (*n* = *20*) had participated in 12-Step meetings at some point in their treatment and/or recovery.

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Of the 25 women who participated in the study, one reported a positive HIV status. Eight women reported a past or present history of homelessness. More than half of the women (n = 15) reported a history of trauma, specifically physical and sexual abuse, rape, domestic violence, and violent assault). Approximately half of the women (n = 12) reported past or present mental health treatment. Depression and bi-polar disorder were the most commonly mentioned diagnoses.

Five women completed the research forms but did not participate in the study. Three of the women completed treatment and left the local area prior to being contacted for an interview. Two women in long-term recovery did not follow through to complete interviews. The vast majority of the women who contacted the researcher to participate in the study were enthusiastic and committed to completing an interview and did so.

Data Collection

In-depth face-to-face qualitative interviews were used to collect data from the sample of African-American women in treatment and recovery. A semi-structured interview guide (see Appendix G) was used to ensure a greater degree of focus and structure than informal conversational interviews, and maintain more flexibility than standardized open-ended interviews. The interview guide lists in outline form the topics and issues covered in the interview, but allowed for adapting the sequencing and wording of questions to each particular interview as noted by Rubin & Babbie (1997). The use of an interview guide afforded the researcher the freedom to probe unanticipated responses and issues as they emerged. By using this interview format, the researcher

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had the opportunity to gain more substantive information and learn from the participants about the meaning of their experiences with substance abuse, treatment and recovery. However, the limitation of relying solely on face-to-face interviews regarding highly sensitive information as the single data source in this study posed the risk of self-report bias.

The qualitative interviews were conducted at the outpatient treatment program sites. In arranging interviews, attention was given to the potential bias related to conducting the interviews at the substance abuse program treatment programs. Participants' confidentiality was strictly maintained. Program staff were not present during interviews or privy to study participants' responses. Interviews were audiotaped with the permission of the participants in an effort to capture verbatim interview data. The majority of participants were interviewed once and most interviews were approximately 90 minutes in duration. The data was collected over the period from October 2003 through August 2004.

Participants' review of findings and conclusions was a strategy used by the researcher as a measure to enhance design validity. Participant review entailed systematically soliciting feedback about the researcher's interpretation of the data and conclusions from the study participants (Maxwell, 1996). Participants who indicated a desire to participate in reviewing and giving input into the preliminary study findings ($n = 23$) were randomly selected and re-contacted by telephone to take part in a participant review ($n = 8$). Two of the women could not be reached and six agreed to participate in the participant review.

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Field notes were used as another data collection strategy. The researcher recorded information about dates, times, places, persons interviewed and observations during interviews. Expanded field notes were written following each interview. Marshall and Rossman (1999) point out the value of field notes even in studies using in-depth interviews, noting the important role observation plays in capturing the participant's body language and affect in addition to her words. The recording of descriptive observations in field notes was vital to data analysis. Observations often enable the researcher to draw inferences about someone's meaning and perspective that could not be obtained by relying exclusively on recorded interview data (Maxwell, 1996). The researcher's field notes provided the context for analysis of the interview data.

Interview audiotapes were transcribed verbatim into a personal computer. The researcher purchased transcription services. Audiotapes and interview transcripts were identified by a pseudonym and the date of the interview. Audiotapes were destroyed after transcription. A backup copy of each transcript was maintained on a floppy disk. Field notes were attached to a hard copy of the corresponding transcript and maintained in a hard copy file for coding and data analysis. The file was organized chronologically and kept in a secure location. Informed consent forms and contact information were also maintained in a locked file in a secure location.

Data Analysis

Grounded theory analytic methods were used for data analysis. Grounded theory is a method of qualitative data analysis that consists of "systematic inductive guidelines for collecting and analyzing data to build middle-range frameworks that explain the

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collected data" (Charmaz, in Lincoln & Guba, 2000, p. 509). Grounded theory, as described by Strauss and Corbin (1998), refers to "theory that was derived from data, systematically gathered and analyzed through the research process" (p.12). This study sought to explore and describe the phenomena of substance abuse and African-American women with the aim of enhancing understanding and providing insights into an area in which there is limited knowledge. The use of grounded theory analytic techniques is consistent with the aim of this study. Strauss & Corbin (1998) note that, "[T]heory derived from the data is more likely to resemble the 'reality' than is theory derived by putting together a series of concepts based on experience or solely through speculation (how one thinks things ought to work)." (p. 12). Grounded theory analytic techniques helped to facilitate a more in-depth analysis of the phenomena of interest to this study.

Strategies of grounded theory include simultaneous collection and analysis of data (Charmaz, in Denzin & Lincoln, 2000). Data analysis entails interpreting and organizing the study data using coding procedures consisting of conceptualizing and reducing data into categories, elaborating upon and relating categories, and writing analytic memos and diagramming. Through the use of grounded theory procedures the researcher integrated systematic techniques and the researcher's creativity as the human instrument into the analytic process. Analysis began after the transcription of the first interview and consisted of a process of constant comparison of the data for the purpose of maximizing opportunities to further develop concepts and categories in terms of their properties and dimensions as described by Strauss & Corbin (1998).

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Given that theoretical sampling was not used, the participants who were interviewed earlier in the data collection process had less influence on the study findings, thus creating some degree of bias in the study findings.

Thought units were used as the coding unit in the data analysis. A numeric audit trail that entails coding participant responses with a code representing the participant was used. A detailed, line-by-line analysis of each interview was performed in order to generate initial codes and categories, and prospective relationships among categories. Using the grounded theory techniques of open and axial coding, the researcher transformed the data into meaningful clusters of associated themes. Next, selective coding was used to develop a description of the nature of the participants' experiences. Participants' personal accounts were integrated into the interpretation of data to capture the essence of the participant's experiences. A process of constantly comparing and contrasting patterns and themes through coding, memo writing and diagramming was used. The data was compared and contrasted across the characteristics of the participant sample for comparable themes. Both supporting and discrepant data was closely examined in the process of determining initial findings and in assessing the need to retain or modify conclusions. Discrepant evidence in the findings was reported by the researcher to allow readers to evaluate and infer their own conclusions.

Reliability of data was addressed in two ways. A colleague familiar with qualitative research and the research topic participated as a peer bebriefer in this study. During

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data analysis, codes were developed from the first interviews and refined as necessary based on subsequent interview transcripts. Definitions of codes were developed to maintain consistency in coding. Discrepancies in coding were resolved by consensus with the peer bebriefer. Codes, categories and related decisions about changes were discussed with the peer bebriefer, recorded in memos throughout the data analysis and maintained in a computer file.

Maxwell (1996) uses the term validity to refer to “the correctness or credibility of a description, conclusion, explanation, interpretation, or other sort of account” (p. 87). Validity threats to the study were addressed by the use of several strategies, including those noted throughout the chapter. First, the validity of study data was addressed using the process of participant review of the researcher’s interpretations of the initial research findings. Analytical triangulation involves having research participants review the findings by asking participants to examine the completeness, fairness and perceived validity of the findings (Patton, 2002). Study findings were interpreted in the participants’ frame of reference in an effort to represent the voices of study participants as accurately as possible. Differences in interpretations of findings across participants were reported as discrepant views in the research findings.

A second approach for establishing validity is analyst triangulation. As previously noted, a colleague familiar with qualitative research and the research topic participated in all phases of this study as a peer debriefer. The peer bebriefer assisted in the coding process, helped resolve coding discrepancies, and helped generate alternative plausible

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explanations or interpretations in the data analysis. Feedback was also solicited from the principal investigator, and diverse colleagues to identify researcher's biases and assumptions, and possible errors in logic or methods. Collegial feedback is consistent with the critical tradition of postpositivism (Lincoln & Guba, in Denzin & Lincoln, 2000) and assists the researcher in considering alternative explanations or understanding of the phenomena under study.

Given the flexible and emergent design of qualitative research, the researcher recorded design decisions in a journal as a strategy to further monitor and evaluate researcher subjectivity. Judgments about data validity, data management techniques, codes, categories and decision rules were recorded throughout the research process.

This chapter summarized the researcher's assumptions and the qualitative methods used in the study. The transcribed interviews with the 25 African American women participants became the data for the study. The analysis of the interviews revealed salient themes related to the substance abuse histories, treatment experiences and needs of this sample of women. The themes that emerged from the analysis of the interviews are presented in the following section on study findings.

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CHAPTER IV

Study Findings

The qualitative methodology used in this study enabled the participants to voice their experiences and perspectives in their own words. Their experiences with substance abuse, and their perspectives about substance abuse treatment and their unique needs were revealed through their interactions during the interviews and the researcher's analysis of the transcripts. The women shared their journeys from their initial use of a mood-altering substance to their struggles with addiction and recovery. The major focus of the findings is the participants' experiences with addiction and treatment, and their perspectives on their unique needs and alternative approaches for substance abuse treatment for African American women.

Analysis of the study findings revealed themes related to the following six areas: (1) Initiation to Substance Abuse; (2) Active Addiction; (3) Treatment Program Strengths; (4) Treatment Program Limitations (5) Treatment Program Challenges.
As each of the above areas is discussed, the reader will encounter the women's first hand accounts of their experiences and needs using their own language. Thus, the reader may have the opportunity to glean greater meaning of the perspectives of this population of women and thereby determine the implications for the field of substance abuse treatment with this special population.

Initiation to Substance Abuse – "That's when my journey began."

The majority of the women in this study had their first introduction to the use of a

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mood-altering substance during adolescence. A few women recalled drinking alcohol at earlier ages. In most cases, the women's first use of a mood-altering substance was linked to a significant relationship. Many of the women regularly observed the abuse of alcohol or another drug, had access to alcohol or other drugs through a family member or friends, or first participated in substance use with a significant other. Ten of the women described at least one of their parents as a substance abuser, although the realization may not have come until later when they examined their own addiction. Substance abuse among siblings and extended family members was also prevalent among the women. Intimate partners were described as playing a major role in the introduction and maintenance of many of the women's substance abuse. Marijuana or alcohol was the first substance used, although the vast majority of the women progressed to the use of cocaine, crack and heroin as well as polysubstance abuse.

Relationships and bonding appear to be central to many of the women's initiation to substance abuse. Many of the women describe their first use in the context of a bonding experience with a significant other. Lou, an only child, recounted her earliest memories of her first introduction to alcohol.

> My earliest remembrance of coming into contact with a drug is when my father gave me alcohol as a child. And at that time, he didn't think he was doing anything wrong. It was just something that he felt he was sharing with his daughter. I was five… My father drank and subsequently my father ended up becoming an alcoholic. But at the time, I think I was too young to even remember it. I can't recall when I actually realized he was

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> an alcoholic. But I do remember sitting in his lap and he was like, “Taste this, but don’t tell your mother I gave it to you.” And like I said, not to say that he was a bad guy, but that’s my first remembrance of a substance and it was alcohol.

I met Lou several months after she voluntarily entered outpatient treatment for the second time. She had relapsed after a ten-year recovery period, under the pressure of attempting to end an abusive relationship with a substance-abusing partner. Other women in the study also described their initiation to substance use as a means of bonding with significant others.

Many of the women described significant relationships that fostered, sanctioned, and abetted their substance abuse, hence, providing them negative support. Family substance abuse was a significant dimension of negative support and often provided the conditions for many of the women’s introductions to and/or continuation of substance abuse. The negative support described by these women afforded them opportunities for bonding with significant others. Through these negative relationships they experienced feelings of care and a desired sense of connection. Sam, at age 22 and the youngest of the study participants, was in treatment for the first time for crack addiction. She shared her insights about the perceived bonding and gratification of unmet needs experienced through negative support.

> My daddy who I always wanted to be there for me does the same drug I am doing. We would spend so much time together when we were getting high together. I was happy to spend time with him even though

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we were getting high. My girlfriend was there. We were together.
Everybody I love and want to be around does this drug. We all come
together when we do this drug.

Many of the women reported growing up in communities, nuclear or extended families where substance use was prevalent. In those environments alcohol and drug use was normalized, in some cases, as was criminal behavior related to substance abuse. Cake, a 41-year-old high school dropout with two years recovery time aptly described a negative support system that abetted her substance abuse for many years. She reflected, " [I] had plenty of friends who were involved, and sisters and brothers. There were eleven of us, eight of us were addicts. We would throw in our money together and rob people together. I had a friend that would come to the house and supply us at all times." Cake intermittently wiped away tears as she shared her story with me. She now revisits her former treatment center to help other women struggling with addiction, and aspires to resume her education.

Some of the women recalled from their earliest experience with alcohol or another mood-altering substance that they quickly learned to cope with emotional pain through substance abuse. Michelle, now with sixteen years of sobriety, found recovery after one lengthy treatment episode in another state at the age of 20. She described her first experience with alcohol in a deep, confident voice that resonated throughout my office.

…I was 11-years-old. A great uncle gave me what I thought was
Kool-Aid. Of course, they called it Kool-Aid… I was coming home
from school one day and I was very upset because there was a classmate

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> of mine whose mother and father brought him a birthday cake and balloons to the school. And while my mother always had the support of my grandparents, needless to say, she and my biological father never married. So I had some issues with that from as long as I can remember. But I never really manifested that in any kind of way. But that day I was exceptionally hurt. Passing by my uncle's house, I decided to ask if he would please share some of this Kool-Aid with me, which I felt would be very comforting. So he resisted for a long time... But at any rate, I begged and begged until he gave me some. And I remembered that it burned so in my chest, but Lord, after that the feeling! I thought, who cares about having a father, who cares if I ever see his face in life. And there I was. And so that first experience let me know that there was something that I thought would deal with all the ills of my entire life. And while I didn't begin to progressively drink- but then at age eleven I would sneak alcohol here and there.

Grief and loss were powerful themes in the lives of many of the women interviewed and a significant factor in their initiation and continuation of substance use. Loss of loved ones and unresolved grief was prevalent among the women in this study. Like Michelle, other women experienced the desire to numb out emotional pain over significant losses in their lives by their abuse of substances. Some lost parents through death or abandonment, others reported the premature death of a sibling or a child's father, and some the loss of children (multiple miscarriages, custody). In some cases the anticipated loss of a

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significant other served as a catalyst for substance abuse. Rochelle, 37 years old and 10 months clean and sober at the time of her interview lamented the loss of her mother and described how her mother's impending death affected her substance use.

> My mother was living at the time and she was terminally ill with cancer. That played a big part in my using. My mother deteriorated and I was the baby and could not take seeing her that way. She was very supportive of me. She wanted me to get my life together because she wanted to leave me her house. It was so many things that was pressing on me that I just thought it was too much.

Rochelle reported her substance abuse as a way of coping with the experience of watching her mother struggle with a terminal illness and ultimately die.

Experiences with trauma were also common among the women in the study, and sometimes were related to significant losses. Several women perceived the death of a parent or the premature death of a sibling or child's father as traumatic. Substance abuse not only anesthetized the pain of significant losses but also the emotional pain of other disturbing life experiences. Almost half of the women identified traumatic experiences in their lives and some reported multiple traumatic experiences. Abuse (emotional, verbal and/or physical) by parents and intimate partners, sexual abuse by relatives, violent attacks (rape, physical assault), and stalking and threats by partners were reported. The residual emotional pain of these disturbing life experiences often became a factor in the women's substance abuse. Sister C described the devastating events that propelled her toward addiction.

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> My brother was killed in 1973 and that is when I started using. When he first got killed I did not know how to deal with his death because we were so close and I did not want to live, but I did not want to die. The next thing to me committing suicide, because I thought about that too, was living but not living. So the drugs kept me walking around but I was still dead.... Then right after that my oldest daughter's father, who was 34, got killed. As I was trying to get through that, it got even bigger because I had two deaths. Death is something that I have not learned to grasp onto.

Notwithstanding the premature and tragic deaths of two significant persons in her life, Sister C encountered yet another traumatic experience at the hands of an intimate partner. She spoke on with a deep sense of spirituality that pervaded the interview.

> Yes, I was abused by this guy that I went with since _____. He was on drugs also. He broke my jaw. He knocked my teeth out. He hit me in the face with a crowbar. I was in the hospital for two months. I thought I was going to die. When he came to the hospital to see me, he told my mother that if I did not go back with him when I came out of the hospital, that what he had done to me was nothing. I was living in fear of that.... I was still dealing with the death of my brother and my daughter's father when I got into this crazy relationship... So I really was devastated. With everything that was going bad, this was just adding on. That was really one of my going down periods.

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Other women were haunted by childhood experiences of victimization. Meme, now 50 years old with 18 years of recovery behind her, apologized during her interview for her pronunciation and memory loss. She was recovering from a recent stroke, which had not erased one traumatic memory from her childhood. She recalled, "[T]hen I remembered as a child being raped and beaten by a stranger. I was put in a garbage disposal and left for dead. I remembered all those things that my mother never discussed." For Sister C, Meme and others, substance abuse became a way of coping with the tragedies in their lives, and in some cases as Rochelle stated, "… using just not to feel anything."

The vast majority of the women in this study reported being in intimate relationships that supported their substance abuse. Substance abuse among intimate partners was common- many of whom introduced the women to drug use and oftentimes supplied the drugs initially. Some of the partners were drug dealers and hustlers. Several women described being abused and/or exploited, yet, as Lou stated about her substance abuse with her intimate partner, "I thought it would bring us closer." Another woman, Butterfly, at age 45 with five years recovery time and one year of college behind her, reported that she began her substance abuse at the late age of 30. As she sat poised across from me in my office, she disclosed the volatile and exploitive nature of her relationship with one of her partners. She recounts,

> My boyfriend, we used to get high on a regular basis. The relationship always starts out good, but toward the end of our relationship, he started abusing me. 'Cause I used to go out …. and get the drugs and bring them back home and we would get high. And once the drugs were gone he

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used to abuse me. And I stayed in that relationship for a long time because I was afraid and he made me feel less than.

Butterfly's experience with an abusive relationship was similar to other women in the study. However, a small minority of women (n = 4) reported remaining connected to caring relationships with a non-using spouse or partner, who did not sanction their substance abuse. Sister C, who touted that the prison system saved her life because it was there that she found recovery after moving in an out of prison and substance abuse treatment numerous times, humbly looked back after nine years of recovery and pondered, "[M]y husband went through so much with me and my drug addiction. We are still together after twenty-five years. I do not understand why he stayed."

Family concern- "They tried to talk but I was not ready to hear it."

Just as many of the women's families and significant others played a role in their initiation to substance use, others reported that substance abuse was not familiar in their familial environments. In those cases, the women spoke of the concern for their well-being and positive support afforded them by their families as their substance use progressed. Many of these women reported attempting to hide their use because they felt that their families would not understand. Nevertheless many of their significant others became aware of their substance abuse; changes in social associations, attitudes and behaviors, and physical appearance evoked varied expressions of concern.

Family concern was often demonstrated through acts of positive support as the women sank deeper into their substance abuse. Several women reported that their children were cared for by close or extended family members. Parents and other relatives also provided

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money and shelter during hard times. Speaking with the hindsight of four years of recovery, Princess, a 41 year-old college graduate, reflected on her family's response as she spiraled into a substance abusing lifestyle.

> I was not the oldest grandchild, but I was the first in my family to complete college. They were so proud of me. They put me on a pedestal so high because all of my cousins did not go to college, and they were having children. I went to college and graduated, and that is when I had my child. Although I had my child out-of-wedlock, I still was the light of my family's eye. My using devastated the family. It tore them up. They were never judgmental. When I came around, they loved me, they showed me love. As thin as I was and thought I was looking cute, they loved and embraced me and never said an unkind word.

Princess' experience of feeling embraced and supported by her family was not uncommon among the women in the study.

However, responses among significant others varied. One woman reported that her young daughter offered her lunch money, "because she did not want me to be sick", while another woman's teen daughter reported her use to her parole officer. Others' families and partners sought services for them, and another's family took a tough love approach and contacted the police when she left her children for several days. Many of the women's accounts of their families' concern are exemplified in the statement of Joy, a 52 year old woman who was in methadone treatment for the second time when we met.

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Speaking of her family, Joy expressed in a low, monotone voice "…that's not what they wanted for me and they knew I could do better." Additionally, some of the women reported other positive supports in the community (a minister, a supervisor, a human service professional) that offered assistance to them as they became more actively engaged in their substance abuse.

Active Addiction- "Feeding that monster"

Many of the women candidly described the progression of their substance abuse, although their journeys to addiction took various paths. For some the progression was slower and subtler while others quickly plunged toward addiction. The majority of the women reported moving from alcohol or marijuana to other substances, and switching substances based on increasing tolerance, access and availability. Polysubstance abuse was common- as Icey I stated, "[I] was a garbage head" and another women, Sybil, remarked "[I]t was anything that would get me high" when asked about their drug use. Most of the women described a downward spiral of changes that engulfed many aspects of their lives. For the most part, attitudes and behavior toward significant others changed; self-care and other responsibilities were often neglected. A few women reported that they had periods of abstinence during pregnancy and nursing. Nevertheless, all of the women acknowledged that their relationship with the drug became increasingly more central. By their reports family life, employment, and daily responsibilities lessened in importance. Behaviors that enabled their addiction became more normalized; for some women, prostitution, dealing, forgery, stealing and shoplifting became part of their survival lifestyle. Some women reported continuing their substance use while they were in

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substance abuse treatment, incarcerated, or during periods of probation or parole. Several of the women vividly recalled their personal experiences with addiction.

Sister C

> I can honestly say today that when I used drugs I did not think about nothing else but getting some more drugs. I was not thinking about going home and cooking any dinner. The only thing I was thinking about was feeding that monster... That monster does not allow you to be into family life. You might start out doing a little small thing and you can hang for a minute... You are into the drug. That's your girlfriend and that was my boyfriend. Cocaine was my man.... This disease is terrible. It did not hear the crying, pleading, begging or prayers. It didn't hear anything or anybody that was concerned about your well-being... All it hears is, I wish you all would leave me alone so I can go out here and get me some money so I can feed this monster.

Cake

> .....I lost my apartment. Social Services was on me again about my daughter. No one would take us in. I did not have anywhere to live. I did not know where we would eat or take a bath. We were living in in a little cold water flat. She was crying. I was hurting. Every morning she would get up and say, “I wish you would stop using drugs". I started back selling my body and putting the spike in my arm. It got worse and worse. She kept asking me to stop.

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Mary M.

I was neglecting my children. I had three children at the time. The police came in because they realized that these children were being abused. They were not beaten, but abuse can be different things such as not feeding, clothing and sending to school... They got me for abandonment charges. It had gotten so bad. I was using the drug so bad until it got to the point that I was leaving my children alone to go get high. I was out of my mind. I did not know what was going on. All I wanted was the drugs. I am not saying that I do not love my children because deep down in my heart I love my children. It was just that the drug had so much control over me at the time that all I wanted to do was get high.

Meme

My husband brought the cocaine home... Then as I needed more of that feeling, it intensely grew. Then I found out that my husband was no longer able to supply what I needed. He kept it to his self, so I had to find other ways of getting drugs. I found out about these parties that people were going to and bringing various drugs. So I got to the place where I needed to figure out how I was going to be apart of those parties. So I started going to the clubs to get in with the right kind of people, so I thought, to have access to get to the parties... I did all kinds of manipulating stuff to keep me from spending money on bills and I would buy clothes to go to the party… A lot of confusion came about in my life but I was considered

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to be a functioning addict. I did not let go of my children or my home base but I was not present as much as I should have been. I had used other people to help me raise my children while I went out and partied. At times I was gone for a day or two. I did not think about calling home. That was not important to me. It was important to me to keep that feeling. I was feeling on top of the world, as if everything belonged to me.

Rochelle

Yes, I worked for the Post Office. They had an employee assistance program where they allowed me to go into treatment. When I came back, I just did not want to go back to work. I just walked away from the job, but they hired me back. I went back to the Post Office to work three or four times. Once I would start fully using again I would not show up. I did a lot of sneaking out of the house while my husband was sleep. I would take his wallet and car keys and creep out of the house in my night gown. I did a lot of things that I was not proud of. There were times when I was suppose to go to work and I would be in a hotel.

All of the above women survived their addiction and ultimately found a recovery lifestyle. Their respective clean times ranged from six months to 18 years at the time they participated in the research interview. For the most part, the women in the study acknowledged that the road to recovery was often arduous and frustrating, but substance abuse treatment was in some manner instrumental to each in their recovery.

Treatment and recovery - "You have to be willing."

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The majority of the women in the study reported multiple treatment experiences in a variety of settings: detoxification, inpatient, residential, halfway houses, outpatient and methadone maintenance. Several reported receiving substance abuse treatment in more than one state. The women described a host of motivational factors, both external and internal, as they recalled their experiences with substance abuse treatment, relapse and recovery. Although some felt coerced into treatment at some point by family, courts or an employer, most of the women reported entering treatment voluntarily at some later point. Voluntary entry into substance abuse treatment was most commonly motivated by concern for children; mental health (i.e., depression, feeling suicidal), and health issues were also significant motivators.

Many of the women expressed that self-esteem played a significant role in their motivation to enter and actively participate in treatment. Some reported feeling looked down upon by their families; some expressed that they felt at times that somehow they were not worthy of help, and still others believed that they could not achieve abstinence. For most of the women, their self–esteem was battered by a sense of shame and guilt related to their substance abuse. For the most part, the women expressed shame and guilt over failing to meet their parents', spouses' and children's expectations; breaking promises to loved one's about stopping their drug use; neglect of parental responsibilities; and their losses (marriages, children, property and jobs). Some described how their children's witness of their addictive behavior, and the children's pleadings and reminders of their behaviors served to intensify feelings of shame and guilt, thus reinforcing their low-self esteem. Some women reported feeling too ashamed to go to

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their families for help. Others expressed feeling that it was too late to make amends with family and significant others. Often these feelings drove the women deeper into their addiction.

The consequences of substance abuse to their significant others as well as themselves fostered feelings of shame and guilt that often prevented the women from asking for help, and in some cases, appropriately using help when offered. In many cases the feelings of shame and guilt were so intense that the women were reluctant to fully participate after entering treatment programs. Sister C described the cycle reported by many of the women during their early experiences with substance abuse treatment when she recalls, "I had just used that time to clean up and get pretty, gain weight and come out. Then I would just go out and start all over again." However, after multiple relapses and treatment episodes many of the women expressed feeling "sick and tired" of the their substance abuse lifestyle and desired to find a better way of living.

Most of the women described erratic but gradual shifts over time in their motivation, from focusing on external pressures from others or meeting basic survival needs (i.e., food and shelter), to an internal desire to get help and heal. Many were still greatly motivated, in part, by their children (i.e., wanting their respect, wanting to be effective parents, wanting a better life for them, wanting to regain custody). Intermittent periods of sobriety among the women, after leaving treatment programs, ranged from hours to years.

Some of the women reported that they had to be convinced of their addiction because they did not perceive themselves as fitting the stereotype of "an addict." Some admitted that they initially only wanted to stop a particular substance rather than embrace

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recovery, and thus became impatient with the treatment process. Others reported that they felt the need to test themselves over and over, not trusting treatment advice. A few of the women in long-term recovery expressed that they did not get what they needed to address their holistic needs during their early treatment experiences (i.e., programs focused on alcohol treatment vs. chemical dependency or chemical dependency vs. dual diagnosis). For the most part, the majority of the women remained ambivalent about abstinence and recovery for years before they asked for help and were willing to fully accept it.

For many of the women, fear of being killed, suicidal thoughts, or the perpetual return to their old lifestyles provided the ultimate motivation to become more active in their substance abuse treatment. Additionally, some wrestled with feelings of hopelessness, helplessness and anger at themselves before being ready to "surrender." However, in many cases over the course of multiple treatment experiences, the women's ideas started to change about what they needed from treatment. Many of them wanted to better understand the issues driving their substance abuse. Mary M, seven months clean at the time of the interview, sat poised across from me wavering between sadness and hope, as she described the mental shift that took place for her.

> When I got in I started getting better because I started talking about how I felt. I did not necessarily talk to everybody but I would talk to my counselor. We would have one-on-ones. She knew what happened. I started to get better and the focus was on me getting better. It was not about my kids anymore. I knew they were gone anyway. This was my second time around… So therefore I can not do this for my children

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anymore. I have to do this for myself. I have to do this for me because if I am not well, I can not do anything for them… So I said something has to change. Something has to give here. The drugs have to stop.

Despite their increased motivation, several of the women identified trust as a significant obstacle in their substance abuse treatment. Low self-esteem fueled by feelings of shame and guilt often made them feel afraid of the judgements of others, both peers and treatment professionals. In particular, many of the women spoke of their initial distrust of other women as they harbored old thoughts of competition for men and betrayals by other women with whom they had close relationships. Several of the women asserted that confidentiality was not absolute and they feared that information disclosed in groups would be leaked back to the community, sometimes with dire consequences. Nevertheless, most of the women gradually realized that they had to become willing to take risks in treatment in order to get the help they needed. However, many of the women reported being more willing to take risks in individual therapy or one-on-one than in groups.

The women identified their relationships with staff as a vital factor in their participation and success in treatment. The majority of the women recalled a positive relationship with a substance abuse treatment professional- generally their individual counselor. For the most part, the women reported that the majority of substance abuse treatment staff showed interest in their needs, listened to their concerns and responded with helpful information. The women expressed that they most appreciated the treatment counselors who demonstrated genuine caring - were accessible and responsive to their

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needs; able to adequately assess their needs and develop a pragmatic treatment plan; allowed input regarding their own treatment and the treatment program; showed interest in their children; held them accountable for their behaviors; and maintained a supportive relationship with them beyond discharge from the treatment program.

Many of the women reported that they were encouraged by staff's belief that they could recover from their substance abuse and succeed. In particular, several women reported being inspired by African American staff who were also in recovery and/or reached out to them. Several of the women reported that some staff made extra efforts to engage them in the treatment process rather than allow them to remain peripheral. They reported staff spending extra time with them, as Cake stated, going "above and beyond" to develop a supportive relationship, responding to their preferences where appropriate, and helping them through crises. Most of the women reported that gradually over time, and often over multiple treatment episodes, they began to feel "loved and cared for" and started to trust the guidance of treatment program staff. Counselors were referenced as "surrogate mothers" and the treatment program as "a big family" as the women shifted their attitudes and began to develop a greater sense of safety and closeness. Several of the women shared their thoughts about the unconditional positive regard experienced from treatment program staff.

Rochelle

> They were sympathetic to the needs of women. Lots of time when a woman comes into treatment and a day or week has passed, they start feeling a little better about theirselves. They think about what they

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have done and to have somebody sitting on the other side to say it's okay and it gets better from here … In my experience it has helped me because I have said a lot of things about myself in front of counselors. I thought it would raise some eyebrows but to my surprise, I was not treated any different.

Sybil

I had the opportunity to be myself in the rage, anger and frustration that I had. In the long-term program I built a real good relationship with staff… I could go in there and talk to her about anything at any time and she would listen. She never used. She did not tell me what I should or should not do. She listened to my problem and asked, "How can I help you?" She allowed me to be myself.

Dee Dee

When you see staff pulling for you, you see some hope. It is like they are not giving up on you. You have closed a lot of doors. So when you get in treatment it is like those doors begin to open. When you hear somebody accept you, you are willing to work the program.

The majority of the women reported that they had to make a cognitive shift in thinking before they became willing to recover. They described the cognitive shift as a determination to get involved in their treatment rather than just be present. As one woman, May, stated, "…I learned that I had choices." Hence, the women reported taking

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more initiative in their treatment, following program rules, learning and practicing new social skills, using treatment services effectively and more readily receiving the substance abuse treatment information and guidance offered. Some women reported being inspired by other's sobriety. For the most part, the women described a gradual process whereby they started opening up about their feelings and life experiences, honestly examining their behaviors, and focusing on self-healing.

Over time, and in most cases multiple treatment experiences, the women developed a positive regard for substance abuse treatment. For the most part, the women reported that services matched their needs, they received the services they requested (when available), and they began to acknowledge the credibility of staff (both recovering and those who did not have substance abuse backgrounds). Many of the women, admittedly, were initially angry and rebellious, ambivalent and doubtful about treatment. However, over time, they reported seeing changes in themselves, realized positive outcomes, and ultimately came to believe that substance abuse treatment works.

Treatment benefits- "They helped me to live."

Hence, many of the women reported that as they became better able to recognize their needs as well as destructive influences, they eventually realized that abstinence without recovery supports often lead back to relapse. Several made requests for extended treatment such as residential and recovery houses, specialized outpatient services or requests for other community supports. As treatment successfully progressed, many found gratifying positive outlets- using skills learned to effectively carryout daily responsibilities for themselves and their children, pursing additional education,

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participating in 12-Step meetings (getting sponsors and home groups) and even providing services to others. Cake aptly summed up the shift from ambivalence about substance abuse and treatment to the willingness to recover that many of the women experienced when she expressed, “[Y]ou just have to have the desire to stop. You have to be determined to cling on to some people that are willing to give you the opportunity for help. They can not do it for you. You have to believe in yourself.”

Most of the women reported deriving benefits from their participation in substance treatment, although the benefits varied by individual circumstances. Many of the women described attitudinal changes, psychological healing, skill development and obtaining resources for improving their quality of life as direct benefits of their substance abuse treatment. Many of the women reported that treatment helped them develop structure in their lives, prepared them for the responsibilities of family and community living, helped them regain morals and principles of caring for themselves and others, and helped them become more self–reliant. Most importantly, as noted by most of the women, substance abuse treatment provided education about their disorder, taught them skills to stay clean and improve their life circumstances. In most cases, the women who had the opportunity for inpatient and residential treatment expressed that these programs provided them with a sense of safety from the vices of their former environments: a safe haven to begin working on themselves, although sometimes the stay was too brief.

Those who were able to have extended treatment stays reported even greater benefits. Many of the women also reported benefiting from information obtained from related classes on sexual abuse, anger management, parenting, and other life skills as well as

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exposure to 12-Step programs. Several women reported that other mental health needs (depression, bi-polar disorder, trauma, etc.) were diagnosed and ultimately addressed as a result of their substance abuse treatment. Despite their admitted initial resistance, many of the women reported that they benefited from treatment staff's direct and honest confrontation of their behaviors. In general, the women in long-term recovery reported that the benefits of treatment were cumulative and enduring. Women who were afforded the opportunity to experience gender-specific treatment reported benefiting from the new relationships with other supportive women professionals and peers. Some of the benefits of substance abuse treatment were described as follows:

Viola

> First of all they gave me my life back. That really, really happened for me. And the things that I took away from that- the list is so long. Being a parent, you know, a good parent- being responsible. Knowing how to get up and go to a job. Knowing that when I'm in trouble I don't' have to sink, I can swim. I can ask for help. Being able to decide people that I want to be with versus people that I don't want to be with. I have choices today. Choosing who are healthy people for me. It doesn't take me a year into a relationship to find that out… I know how to back off of stuff. Those are just some of the things I learned.

Cake

> Just getting in there and getting rules and structure in my life. The fact that I could stay there and not have to leave if I did not want to. If I

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followed the rules, the outcome was awesome. I stuck to it and ended up getting a job and an apartment.

Sister C

My attitude, my way of looking at life, the way I treat myself. The value that I put back on myself. My self esteem because obviously that is something that I had to regain because I had lost all of that. From the years that I had used drugs, it left me feeling like a useless person. I had other people to love and care for me but I did not love and care for myself because of the way I did myself… Maybe I just had given up on life but I gained a lot back from going through the treatment. But I think my self-worth and love for self was first.

For many of the women substance abuse treatment planted the seeds for recovery. Just as many of the women had to learn to believe in their ability to get clean and heal from their substance use, they also had to gain an understanding of "recovery." There was general agreement among the women that recovery entailed staying clean from substance use and away from destructive influences, developing positive outlets and supports, introspection, and healing. Several perspectives on the meaning of recovery were offered

Icey I

Recovery is not just staying clean to me… Recovery means changing your whole lifestyle, your whole interests and the people you are around. It means changing your behaviors and attitudes- that's recovery. It's just

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not staying clean from the drug because you can be abstinent from the the drug and still practice the same behaviors. You have to change your behaviors, everything- how you think about things, how you look at things, how you handle situations.

DC

Well, recovery to me means internal change. A spiritual awakening and connection or change in your mentality, which will result in a change in your behavior. Or if you don't get that part first, if you start changing behaviors, your mind's going to catch up with your body eventually. But it takes work. And it is very, very different than just being abstinent. …It's a lifestyle. It's not just something that you do-it's who you are.

Michelle

In a word, freedom. And not just freedom from the bondage of the physical addiction, the chemical, but freedom of knowledge, of understanding, that even goes beyond that. Because even when you begin to be free in one aspect, if you still have that fervor or zeal for wanting to create a relationship with God or your higher power, your eyes are going to be open to see all these other freedoms. Not that you're necessarily entitled to, but that you can have as a result of the result of the life that you've started to live.

Lisa

In a short term way it's turning your whole life over to your higher

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> power, helping other people and being born again. The meaning of recovery is getting something back that, for me, I have not had since I was a little girl. In using I found that I got delayed… Recovery is growing up and learning to be responsible and loving and being loved. To reach out and help someone. I don't care if it is one person. Faith and staying focused, that is what I am working on.

Other women in the study offered similar perspectives about the personal meaning of recovery.

Spirituality- "I surrender."

As noted in the aforementioned statements regarding recovery, spirituality was perceived as playing a major role in the recovery of most of the women. Some of the women reported that they did not initially see the connection between spirituality and recovery; a few expressed that being in treatment gave them the opportunity to reclaim a sense of spirituality. Many of the women focused on spirituality in a religious context while some differentiated spirituality from religion. For the vast majority of the women, spirituality was reported as salient to their recovery- developing and maintaining a personal relationship with God or a higher power, finding one's self and purpose in life, a sense of forgiveness and service to others.

Many of the women believed that God had delivered them from their substance abuse and reported regularly engaging in prayer. Several of the women described what they believed to be "spiritual awakenings" that led them to seek treatment and recovery.

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> And when I got off drugs, I don't know what happened. It was just something started bursting forth in me. It was like I could hear the voice of God clearer… Seems like I started getting a focus on finding out what the truth is and who I am and who I'm supposed to be- what is my purpose?; what is my destiny?… And there was a transformation in me… I had this experience on my bed one day and come to find out I was saved. I had one of them Paul on the road to Damascus experiences laying on my bed while I was depressed…. I said I'd rather be dead than use crack again… And I said, "Jesus if you are real, help me because I do not want to die." And my life has not been the same since. That was the transformation.

Sunshine

> I have cried and I have shouted in my bedroom, in the bathroom and in the shower to my higher power for help with this addiction. Before I started treatment I told somebody that I felt kind of funny but I am going to take that feeling as a good thing. I am going to use it and thank God for using me and doing something that will clean me up. I just felt it.

Kathy

> I walked 13 blocks in the rain. I went to a house that I had been in the month before spending thousands of dollars and nobody in the house would give me a hit. That wasn't any body but God.

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He put me where I needed to be to see what I needed to see. …

The following morning I said, "Lord, I surrender" and threw my

hand up and said, "I'm yours." And I have yet to look back.

Every day I pray on it and he keeps it away from me.

Regardless of how the women personally defined spirituality, it was generally perceived as a change in their relationship with God or a higher power; positively transforming their lives and allowing them to love themselves and others; gaining a sense of inner peace and open-mindedness to accept guidance. A small minority of the women reported still struggling with spirituality in their recovery, in that they were still uncertain as to the significance of spirituality to the recovery process.

For most of the women, regardless of circumstances, spirituality was reported as one of their greatest recovery resources. Many of the women viewed spirituality as a strength, giving their lives a sense meaning and purpose. Hence, some of the women found supportive churches and others took on the role of advocates, assisting churches in better understanding addiction and supporting recovery. For many of the women spirituality also entailed reaching back to help other women transcend their addictions. Thus many of the women in long term recovery reported becoming active in the 12-Step recovery community- sponsoring other women, speaking at treatment centers, and locating new places in the community for 12-Step meetings. A few women also reported aspirations to start their own programs or develop special 12- Step support groups (i.e. for African American women).

Empowerment- "I have choices."

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Some of the women reported feeling empowered by the knowledge they gained about their addiction and their renewed spirituality. For many of the women in the study, substance abuse treatment provided an opportunity for empowerment that many of them had not previously experienced. Although one woman reported feeling empowered to wean herself from drugs prior to entering treatment and a few others reported continuing to carry out parental and familial responsibilities throughout their active addiction, the majority of the women expressed feeling empowered in new ways. Many of the women reported that they began to identify personal aspirations such as education, better employment and housing, and healthier relationships. Recognizing their strengths and potential, some of the women reported changes such as reading, investigating and pursing additional information about their interests, taking leadership roles in the treatment program (i.e., setting positive group norms and orienting newcomers, selecting group topics and making program suggestions), advocating for their rights, and standing up for their recovery with using family members and significant others. Using the knowledge of resources gained over the course of their journeys, most of the women reported the desire to continue to strive for a better quality of life.

Some of the women in the study reported that upon leaving substance abuse treatment, their connections with the Community Service Board programs/staff and other prior treatment staff provided them with a recovery resource in times of stress or crises. A few women reported contacting emergency numbers or otherwise gaining access to treatment professionals at their former treatment programs. Community resources for women, where they existed, provided a sense of connection and emotional security, particularly if

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support groups were available and clean and sober activities offered. Recovery houses, though scarce, were viewed as an important resource in early recovery during the transition from treatment because the facilities continued to provide a safe, structured, sober environment and guidance until the women felt more empowered to manage their own lives.

12-Step recovery- "I began to hear some people share my story."

Most of the women in long-term recovery reported that they found a deeper understanding of spirituality, and greater empowerment through their 12-Step participation. The majority of the women in the study had their first exposure to the 12-Step program during substance abuse treatment. However, some women reported feeling ambivalent upon their early encounters and admitted initially having difficulty finding their place within the 12-Step community after leaving substance abuse treatment. Amy went through multiple detoxification episodes before she requested and took advantage of one extended treatment stay. She described her feeling regarding the transition from treatment to 12-Step meetings.

> This time when I got clean, I was hurting so bad I was willing to do whatever. I liked it but I really did not feel welcomed and I did not get that sense of family. I got it in a way but I was on the outside looking in. It was like it took a while for me to get to that place. All I know is that I did not want to use and you all said do this, so I am going to do it.

Amy, 36, now celebrates seven years of recovery that she greatly attributes to embracing

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spiritual principles in her life and the 12-Step program.

Butterfly, another advocate of the 12-Step program, expressed presently feeling more spiritually grounded as she recalled her early experience with NA.

> Well, when I was first introduced to NA I didn't like it at all because I felt I was better than. I didn't want to go to any meetings and sit around for no hour listening to people tell their story. You know all that dirt and all the abuse, the shame, the prostitution, all that stuff. I didn't even want to hear that because I didn't think my story was like theirs. But as I continued to come and sit still, like my sponsor suggested, I began to hear some people share my story and I , too, was in the same position they were in.

For the most part, the women in long-term recovery agreed that spirituality and working a 12-Step program is integrally related and essential to recovery. However, not unlike Butterfly and Amy in their early recovery, some of the women interviewed expressed ambivalence about 12-Step meetings. Their concerns focused on confidentiality, negative behavior among non-committed participants, the mixed-gender setting, and cultural relevance.

The majority of the women embraced some aspects of 12-Step recovery, and some became strong proponents. For the most part, the women in long-term recovery reported that 12-Step meetings helped them see that people can recover and lead fulfilling lives. Following the suggestions given to newcomers-attending meetings weekly, getting a home group and a sponsor, and working the 12-Steps helped many of the women become

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rooted in the recovery process. Dee Dee, with thirteen years of recovery behind her, explained

> I find my NA meetings and my sponsor real helpful. I find that going to NA conventions help a lot. For me it means a new way of life because when you are out there you are shuffling yourself around. Once you come into recovery it is like being born again. For me it is like-mine has taken me to Paris and a number of places that I would not have dreamed of or went if I had not got into recovery. Paris is where they had the World Convention.

As with Dee Dee, for many of the women in long-term recovery, 12- Step programs may have helped to open up a new world of resources and opportunities.

Treatment Program Strengths – "They saved my life."

Most of the women in the study agreed that many of their treatment needs were met generally over the course of multiple treatment experiences. In general, medical, psychiatric, and counseling services were available on site or by referral as needed in most programs. The availability of these services ultimately engendered a favorable response to substance abuse treatment as the women were, as Butterfly expressed, "being taught how to take care of oneself." One third of the women in the study reported being diagnosed, while in substance abuse treatment, with a major mental illness (i.e., Major Depression or Bi-Polar Disorder) that required medication. Additionally, several other women reported dealing with their depression through individual counseling when offered in treatment programs. Many of the women also required and received medical

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attention while in substance abuse treatment. The range of health issues reported in this study included detoxification, malnutrition, pregnancy, high blood pressure, hepatitis, pancreatitis, HIV, and menopausal/hormonal issues. The women reported that the addiction education they received was helpful when it encompassed education about the bio-psycho-social aspects of addictive disease progression, relapse, and recovery, and education about drug interactions and the proper use of medications.

As previously noted issues of trauma were prevalent in the study population and were often related to childhood abuse (physical and/or sexual), rape or other violent attacks, domestic violence, disturbing life events and other traumas resulting from a substance abusing lifestyle. The women expressed that counseling (group and individual) afforded them the much-needed opportunity to begin healing from the trauma that had permeated many of their lives. Additionally, many of the women reported other salient psychological issues such as self esteem, feelings of deprivation and loneliness, fears, anger, unresolved issues related to estrangement/abandonment, suicidal thoughts and compulsive behaviors were given attention in the counseling services provided within substance abuse treatment programs. In general, the women reported appreciating being assigned female counselors based on their assessment data, the one-to one time they were afforded based on their needs, and the treatment staff's responsiveness to crises. The counseling services offered in treatment programs were regarded favorably by the women in the study, although some of the women (n = 5) expressed a preference for individual rather than group counseling in substance abuse treatment.

Some programs attended by the women in the study offered family counseling and

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other support services. Family-focused services sometimes included children, parents, spouses and siblings in counseling sessions. When family counseling services were provided, the women reported opportunities to work on family system denial, family relationships, boundaries, and trust. Of the women in the study who were parents, those who had the opportunity to take their children to residential treatment with them reported feeling most favorably about their treatment experiences. The women who brought their children to treatment with them reported that both they and their children benefited from the treatment programs' structure and parenting information. Additionally, many of the social activities helped enhance social and community living skills.

Likewise, programs that offered support services were perceived favorably as benefiting families by promoting the women's retention in treatment, mitigating/alleviating the residual adverse effects of substance abuse on the individual and family, and ultimately promoting skill development and greater self-reliance. The support services received by some of the women in the study included outreach (telephone check-ins/reminders, home-visits, and assistance with daily chores); childcare and transportation; referrals for vocational assessments, training and employment; social/life-skills classes and tutoring; acupuncture, treatment funding subsidies and housing resources. Several of the women reported that they appreciated other activities offered by the treatment program staff such as outings and celebrations.

Gender-specific treatment- "Our needs are different."

The vast majority of the women in the study had been in substance abuse treatment within the past twenty years. Thus, many of them had some degree of exposure to

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gender-specific, women only services. The women in the study who experienced gender-specific services reported generally favorable attitudes toward the services or programs. They expressed valuing gender-sensitive services and appreciated the recognition that their needs are different from their male counterparts in important ways. Many of the women articulated an awareness that the toll of their substance abuse was different than that of men, noting single parenting, family dynamics, relationship issues and trauma. Amy, however, noted that she believed that men experienced some similar issues although they may not get addressed. She expressed feeling that women get a " head start" with gender-specific treatment when offered parenting, family counseling, case management and other support services.

Most of the women who experienced gender-specific services recognized the vulnerability of both sexes to become distracted from a treatment focus in a co-ed treatment setting. For the most part, there was consensus among the women about discomfort in disclosing/addressing certain issues in the presence of men due to shame and the societal stigma regarding women and substance abuse-particularly in regards to certain drugs (i.e., crack, heroin). Hence, the women most appreciated the gender-specific groups offered by treatment programs for affording them the "time to build yourself up" as stated by Stephanie, a 27-year-old woman in treatment for the first time, and address "deeper issues."

Many of the women reported their experience in women's groups as the first experience of genuinely bonding with their same-sex counterparts, despite their prior aversions to developing close relationships with women. Kathy, age 40, sat across from

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me in a small office confidently articulating her treatment needs and preferences, when she explained,

> It is different from being in the other groups because there is nothing but women. During my addiction, I was close to no women because we did not get along… The group is so much different because you are bonding with women. You have to sit down and talk and listen. You build friends and feel that they are life-long friends. They are all addicts and we are trying to deal with the same issues.

Princess, further reflected upon her experience with gender-specific treatment stating,

> It makes you learn how to live with women and it makes you see that we are all sisters no matter what color. We are all we have and we need to nurture each other and bring each other up and learn sisterhood… So it teaches you to draw closer to women. We all have the issue about not liking women and not trusting women because we did not like ourselves.

The sentiments of Kathy and Princess about gender-specific groups were common among the women in the study.

There were also numerous women in the study who had experienced participating in homogenous groups with other African American women. These women reported valuing and appreciating the groups for their socio-cultural relevance. Moreover, one woman, Dee Dee, explained that African American women might generally be uncomfortable disclosing negatives about their family life in ethnoculturally diverse

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groups. Hence, several women reported greatly benefiting from the experience of having a female treatment counselor of the same ethnocultural background with whom to disclose more intimate issues.

Only one woman, Joy, held a dissenting opinion about gender-specific groups. Joy offered her perspective, stating,

> I really don't see any advantage to women's gender services only because I think overall it would be better if the two were together. I see it as really discriminating because a lot of things men need to know. A lot of things women know, they need to let men know- like this is what is going on. This is how we feel about certain things and they need to know about it.

Notwithstanding Joy's concern, overall the women reported learning to value and trust the opinions of other women, and appreciate other women across socioeconomic and ethnocultural differences through the exposure gained from gender-specific groups in substance abuse treatment programs.

For the most part, the women in the study reported most favorably on the treatment programs in which they felt valued, respected and treated fairly. Although some of the women reported that they did not have insight into their needs early in treatment, they expressed appreciation for treatment staff's receptiveness to their input into their own treatment. In general, the women perceived that treatment program staff's behavior communicated a message of whether the staff cared about what happened to them after they left treatment.

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Treatment Programs Limitations-"Everybody needs to be more educated."

Most of the women in this study experienced substance abuse treatment in a variety of settings, and therefore were able to evaluate program's limitations as well as their strengths. In general, their critiques of substance abuse treatment programs focused on an evaluation of the programs' ability to provide the following: (a) competent, caring staff; (b) longer lengths of treatment stays and appropriate transitional care plans from one level of treatment to another; and to the community; (c) individual and family-focused services with adequate support services (d) program flexibility to meet diverse needs; and (e) equitable access to treatment services despite ability to pay. The women also identified a host of barriers that served to limit access to treatment or jeopardize success in treatment. Some of the barriers reported by the women in the study are the lack of funding for substance abuse services, lack of availability of women-only services or programs, lack of community awareness of substance abuse programs and poor coordination between human service agencies, restrictive program requirements, and negative societal attitudes toward substance abusers.

Treatment program staff.

The women's perceptions about treatment staff and their relationships with staff were a salient dynamic in substance abuse treatment and recovery. Although the over-whelming majority of the women interviewed reported favorable perceptions about treatment program staff and their relationships with them, they also offered critical comments. Some women reported observing and in some cases experiencing unprofessional attitudes and treatment in substance abuse programs. Concerns about

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staff's conduct in programs included administrators' disconnection and insensitivity to clients, clients' questions and concerns not being appropriately addressed, demeaning behavior toward clients, staff abusing substances, permitting an unsafe program environment (stealing, substance abuse, breaches of confidentiality) and lack of knowledge of relevant socio-cultural issues.

The women offered mixed views regarding the confrontational approach often used in substance abuse treatment programs. Some women in retrospect expressed that staff often, in Sybil's words, "said something I didn't like but needed to hear" in an attempt to promote honesty and accountability for behavior. However, other women, like Princess expressed concern about the harshness they experienced.

> Treatment to me is hardcore…. They talk to you rough. That is what some of us needed. I did not particularly like it because I am soft. I like to be talked to softly. They were real abrasive in making their point… I think you can get to women with compassion rather than confrontational therapy.

Another women Viola, speaking from the wisdom gained from eight years of recovery also weighed the matter, stating,

> I think that it is effective for some women. I don't think it is effective for all women. I say that because some women come from backgrounds where they are hardened to that and that just does not scratch the surface for them You have to go another route. You have to use compassion… You got to break all that crust off to just get anything in. And I think what does that is softness.

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Most of the women reported feeling closer to staff who communicated empathy and compassion.

Concomitant with the women's desire to be treated with compassion were concerns regarding treatment program staff's biases and assumptions about women who abuse substances. Several women in the study reported experiencing harsher attitudes and consequences than their male counterparts, and experiencing differential attitudes from staff based on the primary substance of abuse (i.e., crack, heroin). Michelle explained what she perceives as "an implicit way of putting people down" in saying,

> …if you're in a treatment facility, I think there are assumptions about what this woman went through and what it was like for her to have to hit bottom. For example, not all women prostitute themselves. Not all women left their kids and went and got high-some of those ideas, lifestyles around abuse… No doubt there are assumptions about the lifestyles these women lead.

Michelle further warned professionals about the consequences of their assumptions and biases in substance abuse treatment. She cautioned,

> Those assumptions oftentimes perpetuate the denial in a person because if you know or get the feeling that a counselor looks down on people who use crack cocaine, then I'm going to sit up in there and say that I'm an alcoholic or that I never did that before. And thus never really end up working on it. And that's really unfortunate. There again, everybody needs to be more educated that there's not

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> only diversity in ethnicity, but that there's diversity in that- the kinds of substances we abuse and the things we did leading up to us hitting this quote, unquote bottom. And that needs to be explored as if you had no clue about it. And lots of time that's not the case.

Other women in the study shared Michelle's concerns, and some reported being called derogatory names, and observing favoritism on behalf of staff based on soci-ecomonic status, primary drug choice, family/community status and ethnicity. Some of the women reported the belief that their voices in their own treatment and the treatment programs were not solicited or wanted due to staff's biases. Recidivism was also reported as having been met with negative attitudes from substance abuse treatment staff.

Hence, some of the women in the study reported a preference for more staff with personal recovery experience in substance abuse treatment programs. These women reported the belief that recovering staff are more likely to respect the opinions of recovering persons due to their first-hand knowledge through lived experience, rather than just having a degree. Two women, Kim and Kathy, both having had multiple treatment experiences adamantly shared their views on the matter

Kim

> I had a problem with somebody counseling me on my use that has never been there. How are you going to tell me if you have never used. The counselor I have now is a recovering addict, so he can give me some input on me and my drug of choice because he has used it before. I respect his opinion more so than a person who is reading a book

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and is telling me about it than a person who has lived it and experienced it.

Kathy

I have run across those that have treated me as if I was a statistic…
Lord forgive me, but those are the ones that I have trouble with.
The ones that treat me like a number are the ones that have only
done it in the books. The ones who treat me as if I am a person and
an individual and have empathy have substance abuse behind them.
They separate it yet they still make you feel like you are special.
Those are the ones that I draw to.

Kathy further noted her respect for recovering persons who chose to work in the field of substance abuse.

There were also women in the study who held other perspectives regarding recovery staff in substance abuse treatment programs. Two other women, both with long-term recovery experience, offered their thoughts. Michelle reflected on the matter and commented,

The question has often come up as to whether clinicians who are,
in fact, recovering people are better at serving our community than others.
Personally, I don't think a clinician necessarily needs to be in recovery to
help this population. Because during the inpatient treatment stay, I
personally don't feel like I got any more or less from those clinicians who
were not in recovery… There's a saying in AA, that "when the student is
ready, the teacher will appear." And whoever that is, that's who they are

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going to be. You're either going to receive them or you're not.

DC, with both credentials and long-term recovery experience to back up her position remarked

> … many of the people in this field are in recovery. There are people who have been in this field for 20 years and they're still basing things on their personal experience. And we are so beyond that. So I understand all this legislation about credentials. I understand it. It is needed.

In the view of these women, the matter of substance abuse treatment programs effectively incorporating recovering persons as staff remains a challenge.

Cultural competence.

Cultural competency was also an issue that many of the women reported as relevant to the attitudes and behaviors they experienced from substance abuse treatment staff. The women in this study had varying experiences in programs and thus offered diverse perspectives. Some of the women expressed the view that ethnocultural issues are not relevant to substance abuse treatment, stating that the focus of treatment should be solely on addiction. While other women reported experiencing cultural tension due to staff not understanding relevant socio-cultural issues or feeling that the majority culture's views were being forced onto them. Of particular concern to many of the women, issues of single parenthood were ignored. Some of the women chose to candidly share their perceptions about the perceived lack of cultural competency on behalf of substance abuse treatment staff.

May

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> There was nothing really ever based on being of color. There was some type of research for African American women. I signed up for it but something happened and I forgot all about it. Even when we had that women's group, it was mixed. Some of issues we talked about were African American issues but we had to explain to the counselor, who was not an African American, where we were coming from.

Kiel

> …if they would just let us be who we are in our culture, no matter what that is, that would help the treatment a little better. We do need to find out who we are. If they let us find out what our culture is about, that will help us in our treatment.

Rochelle

> I had some of the personnel that was really genuine about their feelings. For example, this person was from down in the ghetto and they did not have any opportunities. Then I was in places that it did not matter where you came from. Their attitude was that you should know better. You knew that drugs could kill so do not sit here and tell me your boo hoo story I have experienced that-it was scary…. When you see somebody treat somebody who is down and out bad, you withdraw your feelings….
> If you're are a prejudiced person and your job is working with people who you are prejudice against, it is going to show.

Conversely, some women reported that some of the programs they attended did a good

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job managing cultural diversity by giving attention to religious differences, offering information and services geared toward African American women, and employing staff who, according to Michelle, "were professionally competent with people from minority backgrounds." The women in this study, as noted by their statements, were exposed to varying degrees of cultural sensitivity, awareness and competency in substance abuse treatment programs, thus impacting their relationships with staff and possibly treatment outcomes.

Recovery support.

Much like caring, competent staff, the length of treatment stay can significantly impact treatment outcomes. Several of the women in the study reported that they believed their treatment stays were inadequate to address their needs. The few women who experienced longer treatment stays earlier in their addiction reported more favorable long-term recovery outcomes. Most of the women expressed concern about funding for substance abuse treatment, and generally reported that 30-90 day programs were insufficient. Given the limited opportunities for extended treatment stays, some of the women reported concerns about transition from different levels of service, and to community resources (i.e., 12-Step programs, outpatient services). Some of the women reported concerns about the lack of a closer working relationship between substance abuse treatment programs and community resources that can support recovery. More access to 12-Step programs during treatment was reported as needed. Aftercare programs were reported as virtually unavailable.

Treatment program services.

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In general, the women reported that the services they received in treatment were vital to offering them hope and empowerment. However, treatment programs varied in the nature, scope and intensity of services offered. Most of the women in the study were parents; a significant number of women reported that their children did not receive services. One woman reported that her children had not gotten the services they needed despite being in the custody of the Department of Social Services. She questioned whether family reunification was one of the goals of substance abuse treatment and feared that her concerns were not valued. Family counseling was not universally offered in substance abuse programs. Hence, many of the women's spouses or partners were not offered participation in services.

Although many of the women did not report their children and family getting services during their treatment, they offered a host of reasons for the importance of family-focused services, particularly for children. The women reported concerns about children witnessing their addiction and sometimes reminding the parent of their behaviors; children moving back and forth among family members or foster care; emotional and physical neglect; physical, sexual, and other traumas as a result of exposure to the parent's substance abuse lifestyle, and early initiation of substance use. There was consensus among the women in the study that children needed an opportunity for addiction education, and to express themselves in individual, group or family counseling based on the appropriateness of the intervention to the age and needs of the child. Mary M.'s plea for substance abuse programs to give the parent and child(ren) "the chance to heal together" was particularly meaningful to many of the women in this study because

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they are single parents.

Despite the expressed value placed on individual counseling by the women in this study, a couple of the women reported needing to request this service as part of their treatment plan. Nevertheless, other women in the study expressed that there was not enough group therapy offered and that sessions were not long enough. Some women reported having to find resources outside the treatment program on their own or having been referred to outside resources for trauma/abuse groups. Lack of access to psychiatric services in some programs was also reported. In general the women reported concerns that there were not enough women's centered services in some treatment programs, while one woman, DC, reported concerns that some programs did not have any gender-specific groups and other services.

Most of the women in the study reported feeling that flexibility in treatment programs is important and needed. Although many reported ultimately appreciating the more structured environment of treatment programs, some of the women perceived some programs as too regimented and/or bureaucratic. A more customized approach to treatment was favored over a "one program fits all" model. Based on the experiences reported by the women in the study, some programs were better at assessment and individualizing treatment than others. Individualizing treatment as defined by some of the women included taking time to know each individual's needs and preferences, soliciting input/feedback regarding treatment planning, prioritizing client's needs, and appropriately pacing treatment based on the individual's level of functioning. Also, several women expressed that longer-term relationships with clients, based on one's

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needs, could actually help adjustment in the community.

Two of the women, Michelle and Kathy, with different substance abuse treatment histories candidly shared their concerns regarding what they perceive as some treatment program's inflexibility. Michelle recounted her extended treatment stay in a residential program followed by residence in a recovery half-way house in stating,

> I don't know that if I objected or felt I needed something else, that they would not have explored that. But the way I remember it, it was like- you need this, this and this. And if you don't do that, two chances to one you're going to end up getting high again. And I felt that I needed to do that… because once you walked across the door sill-okay, it's boot camp. This is what you do! …It was really like that behaviorist classical conditioning-reinforcement and punishment. So I wasn't trying to get in trouble so I just did it. Personally I don't subscribe to that because I believe people should be allowed to have a say in what's going on. And that I think kind of opens the door for the person to try to figure out some solutions for themselves.

Another woman, Kathy had sought substance abuse treatment for the second time when we met for the research interview. Kathy expressed her frustration about finding a treatment program that could address her needs without compromising her employment- she stated she loved her job. Kathy offered her critique and ideas about program flexibility.

> Maybe if there were programs that would accept you in whatever

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> phase you were in, instead of saying you do not fit our program- this is where you have to start. Not everyone walks the same and not everyone learns to walk at the same time. Substance abuse is the same way… Even during my addiction I would still go to work everyday. To have to quit this job because you say I do not fit your program does not feel right.

Consistent with Michelle's and Kathy's concerns regarding programs not incorporating client input and/or providing options, most of the women reported that participation in groups, regardless of when scheduled, was a requirement in most programs, despite some client's expressed concerns and discomfort with the modality.

The few women in the study who were participants in methadone maintenance programs offered several concerns about the lack of program flexibility. For the most part these women reported concerns about bureaucratic rules that they perceived as hindering their recovery (i.e., no dosage without daily presentation of identification and payment), and the lack of availability of other therapeutic services and options on-site- such as substance abuse education, resource information about treatment programs, and groups. They also reported feeling stigmatized by methadone program staff and not allowed input in their own care or the services.

Barriers.

Notwithstanding the above observations about substance abuse treatment programs, the women in the study perceived numerous other barriers and obstacles to their success in treatment and recovery. Many of the women in the study reported concerns about the

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increasing scarcity of funding for substance abuse programs, resulting in too few programs and less intense services. Some of the women offered particular concerns about availability of women's specific programs or services. Several women reported experiencing abbreviated treatment stays or services, or being denied longer treatment stays due to financial reasons (i.e., no private insurance, lack of ability to pay, no available subsidies).

A couple of women also reported that in talking with other persons seeking substance abuse treatment, they became aware that many persons in the community are unfamiliar with public treatment services offered through area Community Services Boards, and unaware of services specifically centered around women's treatment needs. Moreover, some of the women reported concerns about various programs' (methadone maintenance, domestic violence shelters, half-way houses) requirements regarding clean/sober time, employment, children, and fees for services, thus posing additional obstacles to obtaining needed services or retention in programs. Several women in the study reported concerns about the lack of a strong working relationship between substance abuse treatment programs and other community resources such as churches, businesses and even hospitals. One woman, Sunshine, who I met during her first outpatient treatment experience proudly reported that she had stopped using heroin prior to entering treatment. However, she also shared her frustrations with getting into treatment

> I can remember that there were times that I would try to keep myself
> off heroin. I would be so sick and dehydrated until I wanted to lay

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> down anywhere and just sleep. I would take a shower to try to get myself clean and the force of the water would be so strong that it would knock me down. I would go to the emergency room hoping and praying that they would keep me in the hospital. I would be there for four or five hours while they ran the IV fluid because I was dehydrated. Then they would send me home and say you can take some ibuprofen and that you will go through this for about seven days as your body rids itself of the drugs. By this time I am so frustrated and wondering why it is that I can't get some help.

Sunshine's frustration was shared, at times, by other women in the study during their interface with community resources.

Some women reported the preconceived notion among African American women that they would not be helped–so they do not ask for help unless forced to seek treatment. However, sometimes when the women began to engage in help-seeking their lack of skills in interfacing with community resources were an obstacle to getting their needs met. Reflecting upon the help–seeking behavior of women who abuse substances, Rochelle, explained,

> Sometimes you (*referring to human service providers*) are listening but you are not hearing what people are trying to say. Sometimes people want help but do not know how to ask for it. We are so used to being on the street and manipulating that when we are trying to get help we do not know how to ask for it in the right way. Sometimes

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> you are sitting talking in riddles and the person who is sitting with
> you is not listening and catching what you are saying.

Oftentimes wary of systems within the dominant culture, guarded about disclosing too much and frustrated that their needs are not perceived, many of the women continued in the vicious cycle of addiction. Fear of disclosing their substance abuse thus became a major barrier to getting help. However, the women's fears about disclosure were not unfounded as some women pointed out-persons living in federally subsidized housing may risk losing their apartments.

Treatment Program Challenges

The women in this study reported a diverse range of treatment experiences in different treatment settings. Their experiences in substance abuse treatment programs covered a period of approximately 25 years and thus reflected some progressive changes in substance abuse treatment programs over time. Nevertheless, there was significant agreement among many of the women that socio-cultural factors relevant to their lives were never given adequate attention in their substance abuse treatment.

Socio-cultural factors- "It's a lot harder for us."

Many of the relevant socio-cultural factors that the women perceived as permeating their lives were never discussed in substance abuse treatment; socio-cultural factors that are in many instances interwoven with oppression. At times during interviews, some of the women seemed to struggle with a host of feelings regarding their social status as African American women. Many of the women expressed the belief that the stigma of addiction was greater for them than their White, non-Hispanic counterparts. Those

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women perceived negative societal messages and multiple stigmas regarding being a woman, Black, in many cases poor, and in some cases felons. They perceived limited opportunities for substance abuse treatment (i.e., treatment vs. incarceration, lack of private insurance); to receive treatment in better facilities (i.e., public facilities used by poor Black as Whites retreat from the cities); and to be treated as someone with a chronic disorder rather than a statistic (i.e., just another number when they come to a treatment facility). Additionally, the workforce provided other discriminating forces with which the women had to contend. A few of the women poignantly shared their perspectives.

Dee Dee

> Sometimes as a woman you feel left out. So you are struggling to meet your family's approval and just being accepted out there in society. A lot of things society does not expect a woman to do. And then when we get caught we are bad people and a lot of people do not want to give us a second chance. We have to work a whole lot harder to get back on top.

Kathy

> I have seen White people treated as if they are better than I am. I have seen Black people treated as if they are a number. Those people are given chances and better facilities. They do not have any more than I have and their parents are no better off… I have seen it in the courts- especially in the courts. They will offer the White person treatment before they offer it to the Black person. They will send the Black person to jail and the White person will go into a treatment program… The Black person hasn't even

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had that chance.

Icey I

> I struggle. To achieve a lot of things is just harder… If you have a felony and you clean up and you want to raise you children. If, like me, you have been through some school and have the job knowledge and requirements, I can't get the job because I have a felony. But I need to raise my two kids. I can not raise them on $5.00 an hour pay. I have paid my dues for this crime. When is enough going to be enough?
>
> We have it harder with everything…. And then Black women alone just getting into certain jobs that are not women's jobs and they are certainly not Black women jobs. It is just a harder struggle.

As evidence by their statements, some of the women perceived many inequities in the majority society. Hence, many of the women in the study reported the perception that their White, non-Hispanic counterparts have more respect from society, and more resources, opportunities, privileges and positive attention. Some women reported feeling that they had no credibility or voice because they are addicts. Others reported feeling money and power were major issues that influenced their circumstances.

The negative messages, oftentimes accompanied by discrimination that were described by some of the women in this study came from ethnically diverse professionals and, sometimes, from their own communities. Many of the women reported struggling as single heads of households enduring adverse environmental conditions (impoverishment, drug/crime-infested neighborhoods; violence; homelessness) and/or limited resources (no

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private insurance, inadequate housing, poor healthcare, inadequate wages, few family financial resources). Some of the women perceived that these factors were rarely taken into consideration as increased risk factors for substance abuse and relapse. DC described the psychological toll for many of the women,

> Institutionalized discrimination is so entrenched in American society. Again, it goes back to what you are taught, some of your own resiliency, opportunities that you have in life and your belief that you are able to successfully accomplish your goal. If you don't feel good about yourself, a whole lot of things you're going to do to escape and to seek a better life, or external validation. Then you are looking at women who are told that we are nothing or we are less than. And then the abuse issues come in, whether its emotional, physical or whatever- sexual. Then the constant struggle to survive. Our history is such that we have had to be the heads of the families… If you have all those factors against you, you're going to want to escape-successfully escape.

Several women in the study expressed similar perspectives regarding the relationship between substance abuse and oppression. As pointed out, for some women substance abuse may represent a means of psychological escape in the absence of other effective means of coping with oppression and other adverse conditions.

Some of the women expressed the belief that African American women experience more barriers that than their White, Non-Hispanic counterparts while, as Meme pointed

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out, also striving for “pride and dignity.” Speaking from a half century of experience, Meme, further described the lack of resources, and sometimes, support in some African American communities. She explained,

> A lot of Black women are homeless when they come out of treatment. Family, if there is family, what do they have to offer you but nothing! Then you go back into the same environment and you find yourself doing the same thing as far as survival… Then there are no avenues that are ready to receive you. A lot of churches don’t understand the components of addiction. There are a lot of people who don’t know what addicts and addiction are. They do not receive it as a disease and not you wanting to do all these things that you want to do or have done.

Virtually all of the women in the study acknowledged sharing important issues with women from other ethnocultural groups. However, many of them also reported viewing their experiences as different and in some ways unique relative to some other groups of women.

Due to the unique historical experiences of African Americans in the U. S., many of the women in the study believed that issues of oppression and other socio-cultural factors are relevant to their substance abuse treatment and recovery. The women often reported contending with adverse physical and psychological environments- the stigma of living in poor, drug infested neighborhoods; intra-group prejudices; the stigma of single parenthood and lack of higher education; the absence of males in the child-rearing process; stressful intimate relationships; and over-representation of African Americans in

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the criminal justice system in addition to the aforementioned factors. Their identity as African American women and their self-esteem may be impacted by many more negative factors than their White, non-Hispanic counterparts. Cheryl, 34, sat across from me during her first treatment episode and reported concerns about feeling depressed. She reflected,

> I was reading a book the other day about these girls living in the projects. In order for them to feel like they were moving on up in the world they got Section 8. At one point in time I felt that same way…. We are all struggling. Most of us have two or more children and most of us are trying to find a way out. I think part of the problem is we do not know how to get started and some of us don't have the will to keep it going.

She went on to further recount her own struggle,

> When I went to school the first time for LPN, I was using then. I couldn't use it regularly because of my studies. It was no way in the world I was going to use everyday and hold all that knowledge. Then it got to the point where the pressure started coming and I collapsed under that pressure even though I was an Honor Roll student. I heard a word the other day that made me wonder- sabotage! You just don't see yourself there. I have heard that if you can picture it , you can do it.

Like other women in the study, Cheryl struggled with periods of depression and despair

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while trying to elevate herself from adverse conditions.

As some of the women pointed out, the treatment of African American women with substance abuse disorders may take more time due to unique socio-cultural factors that may be related to the legacy of oppression. However, discussion of ethnicity or related socio-cultural factors in treatment was perceived by many of the women as “taboo”, as stated by Sister C. Although many of the women perceived these issues as integral to their experiences and thus salient to their recovery, multiple episodes of substance abuse treatment proceeded with little attention to the socio-cultural context in which the women developed their addictions and within which they must recover**.** Other cultural diversity issues such as sexual identity, lifestyles, and religion were perceived as disfavored for discussion in treatment as well.

Some of the women in the study reported discomfort with the lack of attention to the unique experiences and needs of African American women. Mary M. shared her concerns related to parenting classes. She reported,

> I am attending a parenting class once a week. Parenting classes are okay and I understand that we have to learn to be a parent to our children but some of the things I do not agree with…. There are more White people around me than Black people. Sometimes I feel that there should be at least one or two people involved in a Black person’s life. If I am involved in this, I’d rather have someone there that can at least relate with my color and how I am feeling… It can be times when I am surrounded by White people and that bothers me. It is not an intimidation thing. It just

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> bothers me because they do no understand us a lot of the time and they try to push their culture off on us…. I am not you. You can't make me be you and you cannot make me do things the way you do. We do not do things the same way. I feel that we need some folks of color around sometimes.

Well intentioned though many of the interventions were, without attention to the socio-cultural context of the women's experiences, some interventions were not well received and were less effective.

Alternative approaches- "Remove this stigma."

Despite the lack of attention to important socio-cultural issues during their substance abuse treatment, many of the women over time attained some success in treatment, recovery and in transcending some of their adverse conditions. While appreciating the opportunity for substance abuse treatment, several of the women voiced concerns about their unique experiences and needs that were oftentimes overlooked. Attention to raising the economic standard of living of African American women through more education (college, vocational, technical), raising the quality of life through increased health education and services, addressing family and relationship issues unique to the African American experience, addressing the unique challenges of parenting African American children, and incorporating spirituality into treatment programs were deemed important by the women in this study. Michelle, in agreement with many of the other study participants, asserted that there are African American traditions that could have been built into treatment programs, particularly regarding spirituality and family. She also took

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the position that some African American women may need more opportunities for successful experiences with ethnocultural diversity as part of their recovery in order to promote greater success within the larger society.

More gender sensitive services were identified as needed by most of the women in the study, including more facilities for women who abuse substances and also experience domestic violence. An integrated approach to the simultaneous treatment of these issues was recommended. Additionally, many of the women reported the need for greater attention to women's health issues in treatment programs. Focus on educating women about the bio-chemical and physiological effects of alcohol and other drugs, preventive health screenings, and proper management of medications were viewed as essential.

Likewise, some of the women expressed the need for more education about mental health issues and community resources. Michelle explained the significance for African American women

> One of the things that African Americans have a hard time with- they ain't really trying to hear I have a mental illness. There again, if you're educated, if you have certain knowledge, if some of these myths surrounding some of these things abut yourself are able to be dispelled- you are probably more apt to embrace it as something that is going to be helpful to me and help me to stay sober. Instead of some taboo- "God, I can't go there!" And that is what I find is killing a lot of us that have managed, in the strength that we have just staying sober, to throw all of that away for not being knowledgeable enough to

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know #1- that I can ask for help; #2 there is help out there and when I do reach out I'm not going to be turned away.

Hence, some of the women identified the need for more dual diagnosis groups both within treatment programs and in the community (i.e., 12- Step).

It was generally felt that treatment programs could do a better job transitioning women back into the community. Many of the women proposed that treatment providers engage in more strategic discharge planning such as more education and discussion of issues that may be anticipated in early recovery prior to discharge, promote and facilitate follow-up therapy/counseling in the community, help women to understand and differentiate 12-Step programs from substance abuse and mental health treatment, as well as educate women as to how to better use each appropriately. Sister C raised particular concern for women transitioning from incarceration to have immediate access to outpatient resources due to what she perceived as high vulnerability. Hence, for women transitioning to the community more recovery houses and aftercare programs are sorely needed. Affordable housing resources for women were also viewed as vital to positive transition back into the community.

Some women reported the need for greater regard and respect for various lifestyle choices (sexual identity, religion) among women. Developing treatment approaches and interventions that facilitate integration of diverse women into substance abuse treatment programs was viewed as important. Sister C emphasized the need for more substance abuse information and treatment resources in prisons. Other women reported that substance abuse treatment and 12-Step programs could be better integrated thus further

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facilitating a smoother transition into the community. Upon transition from treatment programs, many of the women reported the desire for women-specific 12-Step meetings, particularly NA. Several of the women noted their discomfort with attending solely mixed gender 12-Step meetings, and would like the option and access to women-only groups. Dee Dee as well as several other women noted the importance of a support group for African American women. Dee Dee explained,

> I find it would be helpful to have a group of African American women to help build their self esteem because when we are in a group with other people African American women talk less. I feel that if we had our own support group we could be more helpful. A lot of African American women in treatment don't share about their sexual, physical and verbal abuse. When I was in treatment we backed away from those issues.

Given the general perception that some substance abuse treatment staff have limited knowledge of relevant socio-cultural and diversity issues related to substance abuse, continuing education for substance abuse treatment professionals was identified as essential. However, some of the women did not respect knowledge gained from degrees/credentials as much as knowledge gained from lived experience. Thus, as noted earlier, some of the women in the study expressed a preference for more recovering persons as staff in treatment programs. Princess, who now reaches out to other women in treatment, elaborated on the matter

> I do not have to be sitting here today. There was a plan for me. When the son of God walked the earth he used prostitutes and bums, so we

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> liken ourselves to that. So we who have walked in hell, we can help the ones who are still in hell.

Thus, it is important to some African American women that they encounter substance abuse treatment program staff who they perceive have walked in their shoes.

Hence, several of the women identified community outreach as a mechanism for treatment professionals to gain greater cultural competency as well as potentially increase access in the community to substance abuse treatment. The women spoke of community outreach on several levels-being present in the community to observe, first hand, the struggles of addicts and offer assistance; building relationships with treatment programs and agencies in other areas to stay abreast of new information and approaches; and making substance abuse treatment more visible and accessible in the community. Awareness of relevant socio-cultural issues, attention to socio-economic issues and empowering people to facilitate change in their communities were also viewed as important elements of cultural competency and essential to community outreach. Several of the women shared these perspectives and their suggestions for community outreach.

Icey I

> Going into the communities to talk to the women. Going into high schools to talk to kids to nip it in the bud before it even gets started. Churches need to start addressing the issue rather than being hushed about it. It is a problem and where else to hear about it but in church. Pastors have a good say and when they speak people listen. They need to let people know that it is okay to talk about it. It is not such

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a hush-hush thing any more. They need to let people know that they should not be ashamed about it because it happens to the best of people.

Sunshine

Since I have been in treatment I do know some women that could use treatment. I wish I could bring them to treatment with me. It would be good if there could be a truck that come around twice a week to pass out clean needles. This is happening in one state. If there were people to go around in the Black community and get these people off the street and just start to help them clean up and put them in treatment, some of the drug use would stop. The drug dealers would not have as many people on drugs.

Viola

In working with the housing authority and I think for the most part they want to see people doing well and moving on… Whose children do you see on a regular basis looking like they are lacking some things- little tell-tale stuff?… Can we reach these people?… I think that you can do this anonymously, you know, no jeopardy of losing your apartment, things of that nature. Then people would be willing to come forward- they would be willing if you sent out some soldiers. You tell me that Jane is over here having problems with her child and I need to go to Jane's house and see if there are some things that I can help Jane with. Can I help you?… I think you need soldiers, that's what I call them, soldiers

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> to go door-to-door to find out what's going on with people… and see
> what kind of assistance we can offer that person.

In the view of several of the women in the study, building more coalitions with churches, schools, the housing authorities, and other community-based entities might bring substance abuse treatment programs closer to those who need treatment.

One of the women in the study who had attended methadone clinics raised particular concerns about the lack of resources available on site. Joy viewed the methadone clinic as a potential site for education and dissemination of information about other substance abuse treatment options and community resources. She encouraged these programs to provide "something motivational" such as a community room where people could sit, talk, hear seminars and share resources.

Two of the women in the study were particularly strong proponents for more advocacy for substance abuse funding. They offered the following pleas

Icey I

> I know the Governor is cutting back. I have been down to the General Assembly. We just need to keep fighting for the money or else the world is going to be torn up with a lot of robbery, stealing and killing…
> Everybody does not have health insurance and some health insurance do not cover substance abuse services. Get in where you can help out and give your voice on substance abuse. It is not just something that people do and it is not just in the Black community. It is everywhere.
> It is an epidemic and needs to be looked at.

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Viola

> I think that society in general has to change their thoughts on substance abusing people. I think it has affected more people and more people are talking about it. People in the higher social and economic backgrounds, I think they are talking about it because now it is so prevalent. They got little crack babies too… I think that we need more money- more people are affected by substance abuse, whether they are selling it, you know, whether they are using it, whether they got family members using it or whatever the case might be. Everybody is affected…. We have to deal with it on a state level, then on a community level.

Summary

There was greater consensus than disagreement in the perspectives of both groups of women that composed the study sample (i.e., women in treatment at the time of the interview, women in long-term recovery) regarding the major themes found in this study. As can be gleaned from the above narratives, the women in this study recalled specific events and experiences related to their substance abuse, treatment and recovery. The women also identified a plethora of needs both met and unmet that are salient to their emotional and physical wellbeing. Relationships with significant others, grief, loss and trauma played an integral role in their progression to addiction. The positive support of family, other supportive women and caring professionals combined with, in most cases, the love for their children, enabled the women to seek an alternative way of coping with adversity. Substance abuse treatment often helped point many of the women in the

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direction of recovery.

The onset of substance abuse during adolescence was common among the women in the study. In many instances the young women's substance abuse was tied to one or more significant relationships in their lives such as family members, peers, or an intimate partner. Furthermore, substance abuse was perceived as a mechanism for bonding with a significant other that also used a mood-altering substance. The women's accounts of their initiation and continuation of substance abuse within the context of intimate relationships denotes the importance of relationships in these women's lives across the life span. Not unlike other women, the women in this study were significantly affected by the circumstances of their roles, relationships and related interactions (Finkelstein 1996).

Many of the women also described salient experiences coping with emotional pain. Grief over the loss of a significant other through death or abandonment contributed to increased reliance on substance abuse for psychological relief for some of the women in this study. Emotionally traumatic experiences that related to disturbing life events served to propel many of the women toward addiction. Substance abuse seemed to serve as a temporary but inadequate remedy for coping with the ills and problems of their lives, as reported by the women in this study. These findings lend support to the assertions in the literature that women are more likely to use alcohol and other drugs to medicate pain and to perceive the use of psychoactive drugs as a form of coping with distress (Moon, 2000; Reed, 1987; Wilke 1994).

The prevalence of trauma in the lives of the women in this study sample appears consistent with reported high rates of physical and sexual abuse; disruption in family

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life including substance abuse, desertion and death in their family of origin; and symptoms of post-traumatic stress found among women who abuse substances (Boyd, 1993; Boyd, Blow & Orgain, 1993; Hagan, Finnegan & Nelson-Zlupko , 1994; Moon, 2000). A similar finding of "multiple disturbing events" in the lifelines of another sample of African American women who abuse substances was reported by Boyd, Holmes and Purnell (1997). Approximately half of the women in this study (n = 12) reported past or present mental health treatment.

The women's accounts of their active addiction give testimony to the progressive and pervasive nature of addiction. Few of the women were able to restrict their substance abuse to one substance. More commonly, the progression entailed a loss of control over amounts and types of substances consumed, and ultimately the loss of adequate functioning in major life areas such as personal care, family and work. Many of the women also reported experiencing significant health problems characteristic of the physiological impairments commonly reported among women who abuse substances (Moon, 2000; Nelson-Zlupko, Kauffman & Dore, 1995; Wilke, 1995). For most of the women negative consequences mounted, their attempts at coping became more futile and their self-esteem plummeted as the spiral of addiction grasped their lives.

Although the women's motivation for considering alternate solutions to dealing with their emotional pain inevitably waxed and waned over time, concern for children, and their own lives and sanity ultimately served as motivators for the women to enter substance abuse treatment at some point. Whether initially perceived as coercion or a choice, substance abuse treatment afforded the women the opportunity to examine their

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life experiences and circumstances, and begin to regain some control over their lives. By the accounts of the women in this study, the hope offered by caring, committed treatment professionals, the knowledge and skills learned through active participation in substance abuse treatment services, and their greater utilization of resources combined with an emerging understanding of the recovery process ultimately lead to a sense of empowerment. There was consensus among the women, both in treatment and long term recovery, as to the value of substance abuse treatment in interrupting, albeit in some cases intermittently, the devastating course of addiction.

The women's experiences with substance abuse treatment varied based on the length of stay in substance abuse treatment programs, the treatment setting, the number of treatment episodes, and the time frames in which they entered treatment over the past 25 years. Thus, the women's perceptions of substance abuse treatment programs were influenced accordingly. Overall, the women in this study expressed a positive regard for substance abuse treatment. Of equal importance are the critical comments offered by the women regarding substance abuse treatment programs. Substance abuse treatment program staff's unprofessional attitudes and behaviors, the limited nature and scope of services offered in some programs, inequitable access to substance abuse treatment services, the lack of program's flexibility to meet diverse client needs, and the lack of awareness or attention to salient socio-cultural factors relevant to the treatment and recovery of African American women, in particular, are issues identified as important by the women in this study. The issues identified by the women in this study also support the concerns of a small cadre of writers regarding issues of oppression and the need to

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gain a more comprehensive understanding of the experiences and needs of African American women (Comas-Diaz & Greene, 1995; Jackson, 1995; Rhodes & Johnson, 1997; Roberts, Jackson & Carlton-Laney, 2000; Saulnier, 1996).

The connection between oppression and substance abuse initially appeared to engender some dissent among the women in the study. A minority of the women (n = 6) denounced the importance of socio-cultural factors in the treatment of substance abuse disorders. However, even in those instances the women subsequently identified issues related to oppression (i.e., poverty, discrimination, disenfranchisement) that impacted their substance abuse, treatment and recovery. Some of the women's reported concerns about favoritism in the criminal justice system and treatment programs, encountering demeaning behaviors on the part of substance abuse program staff, encountering multiple stigmas (i.e., racism, sexism, classism, felon), and the lack of attention to culturally relevant issues in the lives of African American women serve to validate the significance of oppression in the lives of the women in this study sample.

Spirituality permeated many of the interviews with the women in this study. A small minority (n = 3) of the women expressed still struggling with an understanding of spirituality, or a connection between spirituality and their recovery from substance abuse. In contrast, the women in long-term recovery, with one exception, perceived a strong inter-relatedness between spirituality and recovery. Most of the women perceived their spirituality as an asset, a finding consistent with another study of recovering women conducted by Broomes, Owens, Allen and Vevaina (2000).

For the most part, the women's reports of the services they received in residential and

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some outpatient gender-specific (women-only) substance abuse programs seemed to reflect a comprehensive service approach. This approach to substance abuse treatment for women is endorsed in the literature as offering a more holistic view of substance abusing women's experiences and needs (Finkelstein, 1996; Goldberg, 1995; Hagan et al., 1994; Jackson, 1995; Rhodes & Johnson, 1997). The skill-building groups such as parenting and anger-management, information on addiction and related topics, support services and exposure to community resources that the women reported receiving are consistent with a comprehensive services approach. Only one woman in the study denounced gender-specific (women-only) programs/services, noting the need for men to gain awareness of women's concerns. The vast majority of the women expressed the need for more women-only programs and services. A supportive, trusting environment where women can feel free to share their experiences was deemed valuable by virtually all of the women in this study and viewed as transformative, in some cases.

Family-focused services, including in many cases services for children, were not reported by the women as consistently offered by substance abuse treatment programs, although deemed important by the women in this study. Of the women who were parents, the women in this study who had the opportunity to have their children participate in substance abuse treatment programs with them reported most favorably about their treatment experiences noting the benefits to both mother and child. A study conducted by Stevens and Patton (1998) with a sample of women in residential treatment provides support for the statements of the women in this study. Likewise, spouses and partners were, in many cases, overlooked despite reports by many of the women in this study that

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their substance abuse occurred in the context of an intimate relationship. The lack of inclusion of spouses and partners in substance abuse treatment services runs counter to the proposition regarding the centrality of relationships in the lives of women. In a study of stress and coping in recovery, relationships and parenting were identified as significant stressors during the first 1-5 years of recovery from substance abuse (Weaver, Turner & O'Dell, 2000), thus calling attention to the critical need for more family-focused services.

While group counseling was greatly valued by the women in this study, individual counseling was viewed as preferable to group counseling by a minority of women ($n = 5$). However, due to concerns about confidentiality many of the women felt more comfortable disclosing certain issues with a trusted individual counselor rather than in a group modality. This finding appears to lend support to findings in prior studies of women in substance abuse treatment, in which individual counseling was deemed the single most important service (Nelson-Zlupko, Dore, Kauffman & Kaltenbach, 1995). In another study of African American women, in particular, individual therapy was the most extensively used outpatient service (Volpicelli, Markman, Monterosso & Filing, 2000).

Three of the women in the study voiced strong views about their preference for substance abuse treatment counselors with recovery experience whereas the majority of the women did not explicitly state a preference. The role of recovering persons in substance abuse treatment programs was not addressed in the literature reviewed. However, the role of recovering persons in substance abuse treatment is relevant to the cultural competency of substance abuse treatment programs. Recovery from addiction is

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as complex as the substance use disorders, encompassing holistic changes. Recovering persons possess an emic perspective that is valuable to both recovering and non-recovering persons in understanding and treating substance abuse.

On the matter of the socio-cultural relevance of the 12-Step model, Saulnier (1996) raised concerns that some African American women reported feeling unwelcomed, culturally estranged, underrepresented and their concerns not understood within 12-Step meetings. Saulnier's concerns have validity based on the comments of some of the women in this study. However, most of the women in long-term recovery reported finding ways to bridge or transcend the cultural divide. Many of the women were able ultimately to find sponsors of the same ethnocultural background, home group where other African Americans were active, and develop sponsor groups with other African American women. These strategies may speak to the adaptive functioning and positive coping strategies that African American women use to promote their recovery. Hence, despite possible initial cultural estrangement for some women, the women in long-term recovery reported that the 12-Step program played an instrumental role in their recovery.

The purposive sampling used in this study focused on incorporating diverse characteristics of African American women who abuse substances that included criminal justice involvement, children in out-of home placements by the Department of Social Services, experience with homelessness, positive HIV status and a history of trauma. Many of the women in this study (n =11) shared more than one of these characteristics (see Appendixes H and I). For the most part, there was more similarity than dissimilarity in perspectives across the characteristics of the women regarding the themes that

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emerged in this study.

Participant review

The aim of this study is to capture the insights and perspectives of the African American women about their experiences with substance abuse, treatment and recovery. The participant review gave opportunity for a representative sample of the women to give feedback regarding the researcher's construction of the participants' data. The six women contacted for the participant review were requested to give feedback regarding the researchers' capture of the participant's data, corrections to errors of fact and the accurate representation of their perspectives. This process afforded these participants the opportunity to confirm or disconfirm the authenticity of the data.

One participant, Michelle, made a correction regarding her length of recovery and otherwise reported that the narrative "fairly" represented her views and significant issues. Another, Lou, reported that she found the narrative "enlightening, all inclusive and enjoyed reading it." Kathy reported that the narrative was "well written", and specifically captured her views and many feelings. She further noted that when she read her own words she "experienced the feelings again." Meme who gave the most extensive comments. She described the narrative as "extraordinary", "in good taste" and stated that she was excited to read it, noting that she shared it with her sponsor. She further commented on the grammar used, stating that the researcher "didn't dress things up and used the women's language." Meme also expressed concern that there was little mention of step work and the contents of substances abuse treatment. She suggested that the issue

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of the components of treatment should be explored further. Two other participants did not follow through and give feedback.

The vivid descriptions of these women's experiences and candid perspectives offered in this study regarding substance abuse treatment sheds light on African American women's interface with the substance abuse treatment field over the past quarter century. The study findings are based on the women's reported experiences and needs, and thus have value in informing our understanding of substance abuse, as well as substance abuse treatment practice and policy. The following final chapter discusses the social work practice and policy implications of the study findings.

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Chapter V

Conclusions

A phenomenological study describes the meaning of a lived experience with the aim of understanding the participant's perspectives related to the particular phenomena. This study investigated African American women's perspectives about significant events and experiences related to their substance abuse, treatment and recovery. During the study many of the women's feelings, meanings attributed to their experiences, and perceptions about their lived experiences emerged, allowing for new knowledge and greater understanding of this sub-population of women who abuse substances.

The narratives of the women who participated in this study can inform both social work practice and policy in the field of substance abuse. The knowledge gained from the women's experiences with substance abuse and their perspectives about substance abuse treatment and recovery afford social workers the opportunity to examine our approaches to substance abuse treatment. Their voices implore us to operationalize social justice in an area that is subject to great social stigma and marginalization.

The paucity of funding and lack of equal access to substance abuse services remains a challenge in an environment of conservatism, high health care costs and cutbacks in human services. Some of the women in this study reported concerns about the lingering stigmas of the labels "addict" and "felon" as they struggle to embrace recovery and build new lives. Those stigmas serve to reinforce unfavorable attitudes toward increased funding for substance abuse services. Greater education about substance abuse disorders

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and the related societal costs is needed among both laypersons and legislators alike. The benefits of providing increased funding and equitable access to substance abuse services must to be realistically weighed against the multiple costs to society related to the deleterious effects of substance abuse on health and the health care system, productivity in the workforce, and the safety and stability of our communities. Thus, the women's pleas for advocacy are well informed. Social workers can continue to play a salient role in influencing public opinion and policy in this area by their lobbying efforts, education and mobilization of communities, and teaching women the skills to be more effective self-advocates.

Where substance abuse treatment is available, programs must improve services in a manner that matches the multiple and complex needs of women. The majority of the women in this study (n = 17) reported multiple treatment episodes, with 6 women reporting five or more treatment episodes. The recidivism of these women in substance abuse treatment programs may call into question whether the design of our assessment and treatment systems meet the needs of women who have complex substance abuse and mental health issues. The women in this study reported concerns about the need for more women-only services/programs, more dual diagnosis services, longer lengths of stay in substance abuse treatment programs, better transitional plans from in-patient and residential services, and community-based support services within our current system of care. Moreover, the numbers of women in this small sample who reported trauma experiences (n = 15) also speaks to the critical need to address trauma as an integral part of substance abuse treatment services for women. Finkelstein, Vandermark, Fallot,

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Brown, Cadiz and Heckman (2004) observed, "[T]he prevalence of predisposing trauma conditions in women entering substance abuse treatment programs points to the need to screen and assess clients for the possibility of trauma-related disorders." Systems must become better prepared to implement effective integrated models for treating women with complex needs (i.e., substance abuse, trauma and/or other mental health issues).

Many social workers that work in the field of substance abuse have the advantage of dual training in substance abuse and mental health. Our dual expertise affords us the opportunity to play a key role in helping systems make the transition from the current state of care to more integrated systems of care. Our dual knowledge can assist in the design of screening and assessment tools, program structures and processes, and interventions that facilitate more holistic healing and recovery for this population of women. The components of substance abuse treatment must be re-examined to assure that the holistic, and complex needs of these women are addressed in a manner that is compassionate, empowering, and consumer-focused. Notwithstanding our current level of knowledge, social workers working in the field of substance abuse have a responsibility to stay abreast of trauma-specific and integrated models for treatment of this population of women.

Substance abuse disorders are complex and have far-reaching ramifications for individuals, families and communities. Although substance dependence is often discussed in the addiction field as a "family disease", our policies and practices do not consistently give adequate attention to the women's families. Since the advent of women's substance abuse services, the majority of funding has been directed for mothers and children.

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However, in practice, it is not clear as to the nature and scope of services offered children in substance abuse treatment programs. As noted by many of the women in this study, more commonly services are primarily directed toward the woman who abuses substances, rather than embracing the constellation of significant others to whom she will return to recover or relapse. In other cases, like Mary M. and other women in this study with children in out-of-home placements, families may end up involved in multiple systems (i.e., Department of Social Services, Mental Health, and Criminal Justice) that have different goals, timelines and expectations. In such cases, families may be subjected to multiple conflicting requirements (Feinberg & Aniakudo, 2004).

Historically, many of the women's spouses, partners and children's fathers have not been included in their substance abuse treatment services to a significant degree due to fears of domestic violence (Kappos, 2004). The stories of the women in this study and experience have told many of us who work with women that these relationships are important to the women and often critical to their recovery. As observed by Feinberg and Aniakudu (2004), the women "are often viewed as recipients of discrete services, rather than as whole people with families, needs and preferences who have strengths and natural supports upon which they can build." Reality dictates the need to offer services to the women's spouses, partners and children's fathers if we are to become more effective with our interventions and truly adopt a family-focused service model that promotes recovery of the family system.

Whether we are not engaging the families in services or engaging them in uncoordinated, inadequate or fragmented service plans, these practices serve to

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jeopardize the recovery of both the women and their primary support system. Social workers by training are knowledgeable of systems as well as strength-based practice models. Hence, they can play a vital role on multidisciplinary treatment teams, and inter-agency coalitions and collaborations in identifying problems and barriers faced by substance abusing women and their families, and developing coordinated, consumer-focused, strength-based service plans.

The women's participation in their own care is salient to their healing, empowerment and recovery. Recent study findings from the Women, Co-occurring Disorders and Violence Study (SAMHSA, 2005) found that women's symptoms improved when they participated in the planning, implementation, and delivery of their own services. Treatment programs will need to afford women opportunities to begin regaining a greater sense of autonomy and control (Finkelstein et al., 2004) in their lives, beginning in treatment. The women in this study reported valuing choices regarding female counselors, recovering counselors/staff, and counselors of the same ethnocultural identity. Furthermore, many of the women preferred a choice as to when and to what degree they participate in a group modality, although participation in groups is mandatory in many treatment settings. The women reluctantly accepted the confrontational approach often used with male substance abusers as the status quo, however, several of the women made appeals for a more empathetic, compassionate approach. The words of some of the women in this study speak to the need for more consumer-focused structures, processes and interventions in substance abuse programs. Collaborating with the women in all

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phases of treatment and affording them a greater voice in treatment programs can better help us achieve this goal.

Socio-cultural factors related to oppression play a significant role in the daily lives of African American women in both direct and indirect ways. African American women often face multiple discrimination related to sexism, racism, socio-economic status, and criminal justice history, in addition to the stigma of addiction. Oppression-related circumstances and experiences may permeate many areas of their lives as evidenced by the accounts of some of the women in this study. For the most part, substance abuse treatment programs have not given due attention to the expression of these issues during the women's stay in treatment. Acknowledging and validating these experiences of African American women is vital to their psychological well-being. Addressing the realities of the environmental deficits (i.e., poverty, inadequate housing, poor health care, lack of transportation, drug/crime infested neighborhoods, etc.) that some of the women contend with on a daily basis through support services and community resources is critical to the retention and success of these women in substance abuse treatment. There is a critical need for additional funding for concrete services such as housing, transportation, emergency vouchers for food and shelter, and affordable childcare as well as more creative use of existing resources.

Notwithstanding the benefits of substance abuse treatment reported by the women in this study, concerns about the cultural competency of programs abound. Substance abuse treatment programs must adopt approaches that are more culturally relevant to the experiences and needs of African American women if they are to promote long-

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term recovery. In addition to addressing the women's substance abuse/dependence, substance abuse treatment must promote the development of a more positive and powerful sense of self; the capacity for greater critical understanding of the socio/political realities of the women's environments; and the competencies, strategies and resources for attainment of personal and collective goals within their communities. Substance abuse treatment professionals need a greater understanding of the experiences of this ethnocultural group of women coupled with skills in multi-level assessments, problem definition and interventions. Expanding our approach to substance abuse treatment beyond the disease/medical model to include an understanding of the socio-cultural context of the women, openness to alternative explanations of behaviors and phenomena, and an understanding of differential responses and adaptations to oppression is a necessary step if substance abuse treatment for women is to be effective.

Furthermore, substance abuse treatment program staff may need to become more familiar with Africentric perspectives that focus on spirituality, and clarifying one's cultural identity and its effect on one's addiction and recovery. This perspective allows for the use of ethnocultural strengths, beliefs, values, and positive experiences of African American women as a source of collective power for addressing substance abuse. Many of the women in this study linked spirituality to their recovery from substance abuse, thus helping them regain a sense of purpose in their lives. Accordingly, some of the women spoke of their aspirations and efforts toward reaching out to other women with substance abuse and mental health issues in their

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communities, educating and advocating with churches, and developing culturally-specific support groups. These strategies promote collective power. Social workers, in particular, have expertise in working with small groups for consciousness raising and social action and thus can assist African American women as well as other substance abuse professionals with developing and using these strategies.

The women in this study identified a paucity of community resources, and where resources exist, they are often uncoordinated, or not well known to those who are most in need of services. The women gave accounts of themselves or other women wanting services but not knowing where or how to access needed services. These concerns may speak to the need for more visible substance abuse treatment information and resources in the community, training other human service professionals in appropriate identification and referral of women, and development of more compassionate, and culturally sensitive policies across community resources. Recognizing that relapse may be an inherent aspect of substance abuse, promoting long-term recovery by bolstering both individual and community resources is critical.

Substance abuse programs may need to allow recovering women more opportunities to stay connected to treatment programs and staff with whom they have developed healthy, nurturing relationships without necessarily having to re-enter treatment. The women valued long-term relationships, where permitted, with their former counselors or programs. During times of increased stress or crisis, such relationships can help these women better sustain the gains made in treatment or access other needed and appropriate resources.

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For those women seeking to maintain a sense of positive connection, employing the recovering women's insights, skills and energy in treatment programs after their discharge promotes a sense of enhanced self-esteem and purpose. In this way, recovery becomes more visible and perceived as achievable by other women who may be struggling in treatment. In some instances, recovering women may be able to engage other "hard to reach" women and foster bonds that diminish social isolation for both women. Recovering African American women who are active in 12-Step programs may also help other African American women in treatment gain a better understanding of the 12-Step philosophy and recovery culture as well as better differentiate between 12-Step recovery and therapy/counseling needs.

The presence of recovering African American women and their voices in treatment programs can also assist non-recovering treatment professionals in gaining unique knowledge and perspectives regarding treatment and recovery with this population of women. Programs must make a greater commitment to recruit and also fairly compensate recovering women who perform roles and responsibilities in substance abuse treatment program comparable to other paid staff as well as support their efforts toward gaining appropriate credentials in the field, where desired. Recovering African American women may be an unrecognized and undervalued resource for programs striving to enhance cultural competency.

It is important that all human service professionals gain a clearer understanding of substance abuse given the costs to the individual, her family and society. Prevention and early intervention are critical in interrupting the progressive and pervasive nature

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of the disorder, yet gaps in our knowledge are limitations. African American women remain a population vulnerable to substance abuse due to the significant impact of oppression on many aspects of their lives. A clearer understanding of substance abuse among this population of women is warranted.

This study is one small step toward better understanding the experiences and needs of this marginalized group of women through their own eyes and words. More research that allows for the description and expression of the participant's lived experience is need to enhance our knowledge, understanding and compassion related to substance abuse and its treatment. Social work emanates from a social justice tradition that endows social workers with the knowledge, skills, social consciousness and conviction to take a leadership role in the substance abuse field, in particular, and in the human services to make a difference in our approaches to substance abuse. The voices of the women in this study implore social workers to advocate for the health, both physical and psychosocial, of women and to appreciate the experiences, needs, unique perspectives and challenges that African American woman bring to the human services field.

المنارة للاستشارات
www.manaraa.com

List of References

Abbott, A. A. (2002). Health care challenges created by substance abuse: The whole is definitely bigger than the sum of the parts. *Health and Social Work,* 27, 162-165.

Amaro, H., Beckman, L. J., & Mays, V. M. (1987). A comparison of black and white women entering alcoholism treatment. *Journal of Studies on Alcohol*, *48*, 220-228.

Amaro, H., & Hardy-Fanta, C. (1995). Gender relations in addictions and recovery. *Journal of Psychoactive Drugs*, 27, 325-337.

Amaro, H., Raj, A., Vega, R. R., Mangione, T. W., & Perez, L. N. (2001). Racial/ethnic disparity in the HIV and substance abuse epidemics: Communities responding to need. *Public Health Reports*, *16*, 434-449.

American Psychiatric Association. (2000). *Diagnostic and statistical manual -TR*, Washington, D.C.

Asante, K. A. (1988). *Afrocentricity.* Trenton, NJ: African World Press.

Battle, S. (1990). Moving targets: Alcohol, crack and Black women. In E. White (Ed.), *The black women's health book* (pp.251-256) Seattle, WA: Seal Press.

Bell, P. (1990). *Chemical dependency and the African-American: Counseling strategies and community issues*. Hazeldon.

Boyd, C. J. (1993). The antecedents of women's crack cocaine abuse: Family substance abuse depression and illicit drug use. *Journal of Substance Abuse Treatment*, *10*, 433-

المنارة للاستشارات
www.manaraa.com

438.

Boyd, C., Blow, F., & Orgain, L. (1993). Gender differences among African-American substance users. *Journal of Psychoactive Drugs*, *25*, 301-304.

Boyd, C., Guthrie, B., Pohl, J., Whitmarsh, J., & Henderson, D. (1994). African-American women who smoke crack: Sexual trauma and the mother-daughter relationship. *Journal of Psychoactive Drugs*, 26, 243-247.

Boyd, C. J., Hill, E., Holmes, C., & Purnell, R. (1997). Putting drug use in context: Life lines of African-American women who smoke crack. *Journal of Substance Abuse Treatment*, *15*, 235-49.

Boyd, C. J., & Pohl, J. (1996). Nicotine and alcohol use in African-American women who smoke crack cocaine. *Journal of Substance Abuse*, *8*, 463-469.

Bride, B. (2001). Single-gender treatment of substance abuse: Effect on treatment retention and completion. *Social Work Research*, *25*, 223-233.

Broome, K. M., Flynn, P. M., & Simpson, D. D. (1999). Psychiatric comorbidity measures as predictors of retention in drug abuse treatment programs. *Health Services Research*, *34*, 791-799.

Broomes, D. R., Owens, M. D., Allen, K., & Vevaina, T. (2000). An examination of spirituality among African-American women in recovery from substance abuse. *Journal of Black Psychology*, *26,* 470-486.

Brown, B. S., Joe, G. W., & Thompson, P. (1985). Minority group status and treatment retention. *The International Journal of the Addictions*, *20*, 319-335.

Brown, T. G., Koken, M., Seraganian, P., & Shields, N. (1995). The roles of spouses of

المنارة للاستشارات

www.manaraa.com

substance abusers in treatment: Gender differences. *Journal of Psychoactive Drugs*, 27, 223-229.

Brown, V. B., Melchior, L. A., Panter, A. T., Slaughter, R., & Huba, G. J. (2000). Women's steps of change and entry into drug abuse treatment: A multi-dimensional stages of change model. *Journal of Substance Abuse Treatment*, *18*, 231-240.

Bush-Baskette, S. (2000). The war on drugs and the incarceration of mothers. *Journal of Drug Issues*, *30*, 919-928.

Center for Disease Control and Prevention. HIV prevalence trends in selected populations in the United States: results from national sero-seveillance 1993-1997. Atlanta , GA: Dept. of Health and Human Services (US), CDC; 2001.

Charmaz, K. (2000). Grounded theory: Objectivist and constructivist methods. In N. K. Denzin, & Y. S. Lincoln (Ed.), *Handbook of qualitative research* (pp. 509-531). Thousand Oaks, CA: Sage Publications.

Cohen, E. (1999). An Exploratory attempt to distinguish subgroups among crack abusing African-American women. *Journal of Addictive Diseases*, *18*, 41-54.

Collins, P.H. (1990). *Black feminist thought: Knowledge, consciousness and the politics of empowerment.* Boston, MA: Unwin Hyman.

Comas-Diaz, L., & Greene, B. (Eds.), (1995). *Women of color: Integrating ethnic and gender identities in psychotherapy.* New York: Guildford Press.

Corrigan, E. M. (1987). Women's combined use of alcohol and other mind-altering drugs. In D. Burden & N. Gottlieb (Eds.), *The woman client* (pp.162-176). New York: Tavistock.

المنارة للاستشارات
www.manaraa.com

Curtis-Boles, H., & Jenkins-Moore,V. (2000). Substance abuse in African-American women. *Journal of Black Psychology*, *26*, 450-469.

Cutrona, C. E., Russell, D. W., Hessling, R. M., Brown, P. A., & Murray, V. (2000). Direct and moderating effects of community context on the psychological well-being of African-American women. *Journal of Personality and Social Psychology*, 79, 1088-1101.

Darrow, S. L., Russell, M., Cooper, M. L., Mudar, P., & Frone, M. R. (1992). Socio-demographic correlates of alcohol consumption among African-American and white women. *Women and Health*, *18*, 35-49.

Davis, R. E. (1997). Trauma and addiction experiences of African-American women. *Western Journal of Nursing Research*, *19*, 442-466.

Delva, J., Allgood, J., Morrell, R., & McNeece, C. A. (2002). A statewide follow-up study of alcohol and illegal drug use treatment. *Research on Social Work Practice*, *12*, 642-652.

Dodge, K., & Potocky M. (2000). Female substance abuse characteristics and correlates in a sample of inpatient clients. *Journal of Substance Abuse Treatment*, *18*, 59-64.

Drug and Alcohol Service Information System. (2002, March). *The DASIS report: Black admissions to substance abuse treatment: 1999*. Retrieved October 14, 2001, from http://www. samhsa.gov/oas/2k2/BlackTX/BlackTX.htm

Drug and Alcohol Services Information System. (2001, July). *The DASIS report: Women in substance abuse treatment*. Retrieved October 14, 2002, from http://www.samhsa. gov/oas/facts/ FemTX/FemTX.htm

المنارة للاستشارات
www.manaraa.com

Drug and Alcohol Services Information System. (2001, August). *The DASIS report: Women in treatment for smoked cocaine*. Retrieved October 14, 2001, from http:// www.samhsa.gov/oas/ facts/FemCrack/ FemCrack.htm

Drug and Alcohol Services Information System. (2004, April). *The DASIS report: Admissions with co-occurring disorders: 1995-2001.* Retrieved May 31, 2005, from http:// www.samhsa.gov/2k4/dualTX/dualTX.htm

Ehrmin, J. T. (2001). Unresolved feelings of guilt and shame in the maternal role with substance dependent African-American women. *Journal of Nursing Scholarship*, *33*, 47-52.

Feinberg, F. & Aniakudo, P. A. (2004, July). *A case of collaboration across systems: The single coordinated care plan.* Workshop conducted at the National Conference on Women, Addiction and Recovery, Baltimore, MD.

Finkelstein, N. (1996). Appendix A: Treatment issues for alcoholic and drug-dependent pregnant and parenting women. *From the source: A guide to implementing perinatal addiction, prevention and treatment programs*, SAMHSA.

Finkelstein, N., Vandermark, N., Fallot, R., Brown, V., Cadiz, S., & Heckman, J. Enhancing substance abuse recovery through integrated trauma treatment. (Available from the National Trauma Consortium, 520 Ralph Street, Sarasota, FL 34242)

Freeman, E. M. (1992). *Addiction process: Effective social work approaches*. New York, NY: Longman.

Gilligan, C. (1982). *In a different voice*. Cambridge, MA: Harvard University Press.

Goldberg, M. E. (1995). Substance abusing women: False Stereotypes and real needs.

المنارة للاستشارات

www.manaraa.com

Social Work, 40, 789-798.

Gomberg, E. S. L., & Niremburg, T. D. (1993). *Women and substance abuse*. Norwood, NJ: Ablex.

Green-Hennessy, S. (2002). Factors associated with receipt of behavioral health services among persons with substance dependence. *Psychiatric Services*, *53*, 1592-1598.

Grella, C. E., Polinsky , M. L., Hser, Y., & Perry, S. M. (1999). Characteristics of women-only and mixed-gender drug abuse treatment programs. *Journal of Substance Abuse Treatment*, *17*, 34-44.

Grella, C. E., & Vandana, J. (1999). Gender differences in drug treatment careers among clients in the national drug abuse treatment outcome study. *American Journal of Drug and Alcohol Abuse*, 25, 385-406.

Hagan, T. A., Finnegan, L. P., & Nelson-Zlupko. (1994). Impediments to comprehensive treatment models for substance-dependent women: Treatment and research questions. *Journal of Psychoactive Drugs*, *26*, 163-171.

Harwood, H., Fountain, D., Carothers, S., Gerstein, D., & Johnson, R. (1998). Gender differences in economic impact before and after substance abuse treatment. In S. J. Stevens, & H. K. Wexler (Eds.), *Women and substance abuse: Gender transparency* (pp. 251-270). Haworth Press: New York.

Herd, D. (1988). Drinking by black and white women: Results from a national study. *Social Problems*, *35*, 493-505.

Hodgins, N. E., & Addington, J. (1997). Treatment of substance abusers: Single or mixed gender programs? *Addiction*, *92*, 805-812.

المنارة للاستشارات
www.manaraa.com

Hooks, B. (1993). *Sisters of the yam: Black women and self-recovery*. Boston, MA: South End Press.

Howard, L. H., LaVeist, T. A., & MacCaughrin, W. C. (1996). The effect of social environment on treatment outcomes in outpatient substance misuse treatment organizations: Does race really matter? *Substance Use and Misuse*, *31*, 617-638.

Hser, Y., Polinsky, M. L., Maglione, M., & Anglin, D. M. (1998). Matching client needs with drug treatment services. *Journal of Substance Abuse Treatment*, *16*, 299-305.

Jackson, M. S. (1995). Afrocentric treatment of African-American women and their children in a residential chemical dependency program. *Journal of Black Studies, 26*, 17-30.

Jellinek, E. M. (1960). *The disease concept of alcoholism*. New Haven, CT: Yale Center for Alcohol Studies.

Kappos, B. (2004, July). *The role of partners in women's recovery*. Workshop conducted at the National Conference on Women, Addiction and Recovery, Baltimore, MD.

Killeen, T., & Brady, K. T. (2000). Parental stress and child behavioral outcomes following substance abuse residential treatment. *Journal of Substance Abuse Treatment*, *19*, 23-29.

Kilpatrick, D. G., Acierno, R., Resnick, H. S., Sanders, E. S., & Best, C. L. (1997). A 2-year longitudinal analysis of the relationship between violent assault and substance abuse in women. *Journal of Consulting and Clinical Psychology*, *65*, 834-847.

Kline, A. (1996). Pathways into drug user treatment: The influence of gender and

المنارة للاستشارات

www.manaraa.com

racial/ethnic identity. *Substance Use and Misuse*, *31*, 323-342.

Knight, D. K., Logan, S. M., & Simpson, I. D. (2001). Predictors of program completion for women in residential substance abuse treatment. *American Journal of Drug and Alcohol Abuse Treatment, 27*, 1-18.

Lengerman, P. M., & Niebrugge-Brantley, J. (2000). Contemporary feminist theory. In G. Ritzer. *Modern Sociology* (pp. 307-355). NewYork: McGraw-Hill.

Lincoln, Y., & Guba, E. Paradigmatic controversies, contradictions and emerging confluences. In Denzin, N. K. & Lincoln, Y. S. (Ed.), *Handbook of qualitative research* (pp. 509-531). Thousand Oaks, CA: Sage Publications.

Loneck, B., Garrett, J., & Banks, S.M. (1997). Engaging and retaining women in alcohol and other drug treatment: The effect of referral intensity. *Health and Social Work*, *22*, 38-47.

Magura, S. (1994). Social workers should be more involved in substance abuse treatment. *Health and Social Work*, 3-5.

Maher, L. (1990). Criminalizing pregnancy: The down side of a kinder, gentler nation? *Social Justice*, *17*, 111-135.

Marshall, C., & Rossman, G. B. (1999). *Designing qualitative research*. Thousand Oaks, CA: Sage Publications.

Maxwell, J.A. (1996). *Qualitative research design: An interactive approach*. Thousand Oaks, CA: Sage Publications.

Melchior, L. A., Huba, G. J., Brown, V. B., & Slaughter, R. (1999). Evaluation of the effects of outreach to women with multiple vulnerabilities on entry into substance

المنارة للاستشارات
www.manaraa.com

abuse treatment. *Evaluation and Program Planning*, 269-277.

Miles, M. S., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook,* 2d Ed. Thousand Oaks, CA. Sage.

Moon, M. A. (2000). Male-female substance abuse patterns differ. *Family Practice News*, *30*, 57.

National Institute on Alcohol Abuse and Alcoholism. (2000*). Tenth special report to theU. S. Congress on alcohol and health*. Washington, D. C: U.S. Government Printing Office.

Nelson-Zlupko, L., Dore, M. M., Kauffman, E., & Kaltenbach, K. (1995a). Women in recovery: Their perceptions of treatment effectiveness. *Journal of Substance Abuse Treatment*, *13*, 51-59.

Nelson-Zlupko, L., Kauffman, E., & Dore, M. M. (1995b). Gender differences in drug addiction and treatment: Implications for social work intervention with substance-abusing women. *Social Work*, *40*, 45-53.

Neuman, L. W. (1997). *Social research methods: Qualitative and quantitative approaches*. Boston, MA: Allyn and Bacon.

Nyamathi, A. M., & Flaskerud, J. (1992). A community-based inventory of current concerns of impoverished homeless and drug-addicted minority women. *Research in Nursing and Health*, *15*, 121-129.

Office of Applied Studies/Substance Abuse and Mental Health Services Administration. *The Dawn Report: Major drugs of abuse in ED visits 2000.* (July 2001), Retrieved September 3,2002, from http://www.samhsa.gov/oas/majorDAWN.pdf

المنارة للاستشارات

www.manaraa.com

Office of Applied Studies/Substance Abuse and Mental Health Services Administration. *Summary of findings from the 2000 National Household Survey on Drug Abuse.* Retrieved September 3, 2002, from http://www.samhsa.gov/oas/nhsda/2k1nhsda/ vol1/ highlights.htm

Patton, M. Q. (2002). *Qualitative research & evaluation methods*, 3d Ed. Thousand Oaks, CA: Sage Publications.

Penn, M. L., Stahler, G., Shipley Jr., T. E., Comfort, M., & Weinberg, A. (1993). Returning home: Reintegration of substance abusing African-American mothers. *Contemporary Drug_Problems*, *20*, 473-496.

Portier, V. L., Niliwaabieni, M., & Rowe, C. L. (1997). A rite of passage approach designed to preserve the families of substance abusing African-American women. *Child Welfare*, *76*, 173-195.

Pottieger, A. E., & Tressell, P. A. (2000). Social relationships of crime-involved women cocaine users. *Journal of Psychoactive Drugs*, *32*, 445-460.

Prochaska, J. O., DiClimente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist*, *47*, 1102-1114.

Public Health Reports. (1998). SAMHSA studies substance abuse among women, 113, 13.

Ramlow, B., White, A., Watson, D. D., & Leukefeld, C. G. (1997). The needs of women with substance use problems: An expanded vision for treatment. *Substance Use and Misuse*, *32*, 1395-1404.

Reed, B. G. (1987). Developing women-sensitive drug dependence treatment services:

www.manaraa.com

Why so difficult? *Journal of Psychoactive Drugs*, *19*, 151-164.

Rhodes, R., & Johnson, A. D. (1996). Social work and substance abuse treatment: A challenge for the profession. *Families in Society*, *77*, 182-185.

Rhodes, R., & Johnson, A. (1997). A feminist approach to treating alcohol and drug addicted African-American women. *Women and Therapy, 20*, 23-37.

Roberts, A., Jackson, M. S., & Carlton-Laney, I. (2000). Revisiting the need for feminist and afrocentric theory when treating African-American female substance abusers. *Journal of Drug Issues, 30*, 901-918.

Roberts, A. C., & Nishimoto, R. H. (1996). Predicting treatment retention of women dependent on cocaine. *American Journal of Drug and Alcohol Abuse*, *22*, 313-334.

Ross-Durow, P. L., & Boyd, C. J. (2000). Sexual Abuse, depression, and eating disorders in African-American women who smoke cocaine. *Journal of Substance Abuse Treatment, 18*, 79-81.

Rouse, B. A., Carter, J.H., & Rodriquez-Andrews, S. (1995). Race/ethnicity and other sociocultural influences on alcoholism treatment for women. *Recent Developments in Alcohol, 12*, 343-367.

Rubin, A., & Babbie, E. (1997). *Research methods for social work*, 3d Ed. Pacific Grove, CA: Brooks/Cole Publishing Company.

Saulnier, C. (1996). Images of the 12 step model, and sex and love addiction in an alcohol intervention group for black women. *Journal of Drug Issues*, *26*, 95-124.

Saulnier, C. F. (1996). African-American women in an alcohol intervention group: Addressing personal and political problems. *Substance Abuse Misuse, 31*, 1241-1250.

المنارة للاستشارات
www.manaraa.com

Schiele, J. (2000). *Human services and the afrocentric paradigm*. New York: Haworth Press.

Schilling, R. F., El-Bassel, N., Gilbert, L., & Schinke, S. P. (1991). Correlates of drug use, sexual behavior, and attitudes toward safer sex among African-American and Hispanic women in methadone maintenance. *The Journal of Drug Issues*, *21*, 685-698.

Smith, D., Buxton, M., Bilal, R., & Seymour R. (1993). Cultural points of resistance to the 12 step recovery process. *Journal of Psychoactive Drugs*, 25, 97-108.

Stein, J. A., Nyamathi, A., & Kinton, R. (1997). Change in AIDS risk behaviors among impoverished minority women after a community-based cognitive outreach program. *Journal of Community Psychology*, *25*, 519-533.

Sterk, C. (1999). Fast lives: Women who use crack cocaine. Philadelphia: Temple University Press.

Sterk, C. (2002). The health intervention project: HIV risk reduction among African American drug users. *Public Health Reports*, *117*, 88-96.

Stevens, S. J., Estrada, A.L., Glider, P.J., & McGrath, R.A. (1998). Ethnic and cultural differences in drug-using women who are in and out of treatment. *Drugs and Society*, *13*, 81-95.

Stevens, S. J. & Patton, T. (1998). Residential treatment for drug addicted women and their children: Effective treatment strategies. In S. J. Stevens, & H. K. Wexler (Eds.), *Women and substance abuse: Gender transparency* (pp.251-270). Haworth Press: New York.

Strauss, A. & Corbin, J. (1998). *Basics of qualitative research: Grounded theory*

المنارة للاستشارات

www.manaraa.com

procedures and techniques. Thousand Oaks, CA: Sage Publications.

Substance Abuse and Mental Health Services Administration. *National expenditures for mental health, alcohol and other drug abuse treatment, 1996*. Retrieved October 14, 2002, from http://www. health.org/mhaod/spending.htm

Substance Abuse and Mental Health Services Administration. *National admissions to substance abuse treatment services: The treatment episode data set (TEDS) 1993-1998.* Retrieved September 3, 2002, from http://www.dasis.samhsa.gov/reds98ch _2_0_m.htm

Substance Abuse and Mental Health Services Administration. *Trends in substance abuse treatment admissions: 1992-2002.* Retrieved May 31, 2005, from http://www.dasis. samhsa.gov/teds02/TEDS2K2Ch2.htm

Substance Abuse and Mental Health Services Administration. *Government study highlights need for integrated counseling for women with substance abuse and mental disorders and trauma.* (2004, December 1). Retrieved March 7, 2005 from http://162.99.3.50/news/newsreleases/041201nr_women_violence.htm

Taha-Cisse, A. H. (1991). Issues for African-American women. In P. Roth (Ed.), *Alcohol and drugs are women's issues. Volume One: A review of the issue*s (pp. 54-60). Metuchen, NJ: Women's Action Alliance and Scarecrow Press.

Taylor, J., & Jackson, B. (1990). Factors affecting alcohol consumption in black women. Part I. *The International Journal of the Addictions*, *25*, 1237-1300.

Taylor, J., & Jackson, B. (1990). Factors affecting alcohol consumption in black women. Part II. *The International Journal of the Addictions*, *25*, 1415-1427.

www.manaraa.com

Thornton, C., & Carter, J. (1988). Treating the black female alcoholic: Clinical observations of black therapists. *Journal of the National Medical Association*, 80, 644-647.

U.S. Dept. of Labor. Working Partners for an Alcohol and Drug-Free Workplace. *Background information: Workplace Substance Abuse.* Retrieved August 3, 2002, from http:/wwwdolgov/ asp/programs/drugs/backgrnd.htm

Uziel-Miller, N. D., Lyons, J. S., Kissiel, C., & Love, S. (1998). Treatment needs and initial outcomes of a residential recovery program for African-American women and the children. *American Journal of Addiction*, *7*, 43-50.

Van Wormer, K. (1995). *Alcoholism treatment: A social work perspective.* Chicago, IL: Nelson-Hall.

Volpicelli, J. R., Markman, I., Monterosso, J., & Filing, J. (2000). Psychosocially enhanced treatment for cocaine-dependent mothers: Evidence of efficacy. *Journal of Substance Abuse Treatment*, *18*, 41-49.

Walton, M. A., Blow, F. C., & Booth, B. M. (2001). Diversity in relapse prevention needs: Gender and race comparisons among substance abuse treatment patients. *American Journal of Drug and Alcohol Abuse*, *27*, 225-40.

Watts, T.D. & Wright, Jr., R. (1983). *Black alcoholism: Toward a comprehensive understanding*. Springfield, IL: Thomas.

Weaver, G. D., Turner, N. H., & O'Dell, K. (2000). Depressive symptoms stress and coping among women recovering from addiction. *Journal of Substance Abuse Treatment*, *18*, 161-167.

المنارة للاستشارات

www.manaraa.com

Weeks, M. R., Singer, M., Himmelgreen, D. A., Richmond, P., Grier, M., & Radda, K. (1998). Drug use patterns of substance abusing women: Gender and ethnic differences in an AIDS Prevention Program. *Drugs and Society, 13*, 35-61.

Wechsberg, W. M., Craddock, S.G., & Hubbard, R. L. (1998). How are women who enter substance abuse treatment different than men?: A gender comparison from the (DATOS) Drug Abuse Outcome Study. *Drugs and Society*, *13*, 97-115.

Westermeyer, J., & Boedicker A. E. (2000). Course, severity and treatment of substance abuse among women vs. men. *American Journal of Drug and Alcohol Abuse*, *26*, 523-535.

Wexler, H. K., Cuadrado. M., & Stevens, S. J. (1998). In S. J. Stevens, & H. K. Wexler (Eds.), *Women and substance abuse: Gender transparency* (pp.251-270). Haworth Press: New York.

Wilke, D. (1994). Women and alcoholism: How a male-as-normal bias affects research, assessment, and treatment. *Health and Social Work*, *19*, 29-35.

Yaffe, J., Jenson, J. M., & Howard, M. O. (1995). Women and substance abuse: Implications for treatment. *Alcoholism Treatment Quarterly*, *13*, 1-15.

Zule, W. A., Flannery, B. A., Wechsberg, W. M., & Lam, W. K. (2002). Alcohol use among out-of treatment crack using African American women. *American Journal of Drug and Alcohol Abuse*, *28*, 525-545.

المنارة للاستشارات
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Appendix A

Participant Information Form

Please answer the following questions:

1. Age __________
2. Education level: ________
3. Employment: f/t____ p/t_____ none_____
4. # of SA treatment episodes: _______
5. Court-referred to treatment: yes_____ no______
6. Clean/recovery time: _______
7. Past/present 12-Step participation: yes_____ no_____
8. # of children: _____ ages _______________________
9. # of children living outside the household _____ DSS _____
10. Past/present mental health treatment: yes_____ no_____
11. HIV status: Positive______ Negative_________
12. Past/present homelessness: yes_____ no______
13. Trauma history: yes_____ no ________

(Trauma includes physical abuse, sexual abuse, domestic violence, violent assault or other disturbing life events.)

Please indicate referral agency/contact:__________________________________

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Appendix B

RESEARCH SUBJECT INFORMATION AND CONSENT FORM

Title:	Socio-cultural Exploration of Substance Abuse: Perspectives of African-American Women in Treatment and Recovery
Protocol Number:	IRB # 3250
Principal Investigator:	Marilyn A. Biggerstaff, DSW, LCSW Professor School of Social Work Virginia Commonwealth University
Student Investigator:	Patricia D. Hill, LCSW Henrico Area Mental Health 10299 Woodman Road Glen Allen, VA 23060

Please ask the researcher to explain any words or information that you do not clearly understand. You may take home an unsigned copy of this consent form to think about or discuss with family or friends before making a decision.

Purpose of the Study

You are being invited to participate in a research study exploring African-American women's perceptions about substance abuse treatment. If you decide to participate, you will be asked questions about your experiences with substance use and your substance abuse treatment as an African-American woman. You will be one of about 25 women participating in the study. Your participation will help us further understand the experiences of African-American women with substance abuse treatment and recovery.

If you decide to participate, you will be interviewed by the student investigator. The interview will last approximately 2 hours. You may also be asked to participate in a follow-up interview to review and give feedback on the interpretation of the study findings. With your permission the initial interview and the follow-up interview will be audio taped.

Risks and Discomforts

The potential discomforts from your participation in this research may be having questions of a sensitive nature asked about your experiences with substance use and your participation in substance abuse treatment.

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Benefits

Although you may not benefit directly from this study, your participation will assist human service professionals to better understand the treatment needs of African-American women who abuse substances.

Costs of Study Participation

The costs associated with participation in this research are responding to questions about your substance
use and your current or prior experiences in substance abuse treatment. The only other cost is the time that it takes you to complete the interview and participate in the follow-up interview if your are asked and you choose to do so.

Payment for Participation

For your participation in this study you will receive a $25.00 gift certificate and two bus tickets as appreciate for your time. The student investigator will give you the gift certificate and bus tickets at the end of your first research interview. If we ask you and if you choose to participate in a follow-up interview to review and give feedback on the initial study findings, you will receive a food and entertainment coupon book at the end of the second interview.

Alternative to Participation

This is not a treatment study. If you decide not to participate in this study, there are other resources for exploring your substance abuse and treatment. The student investigator can discuss these with you.

Confidentiality

Only a false name that you choose and the date of the interview will identify you on the audio tape and the transcription of the interview. After the information from the tape is typed, the tape of your interview will be destroyed. The signed consent form will be stored in a locked cabinet.

This signed consent form may be inspected and copied by the Virginia Commonwealth University (VCU) Office of Research Subjects Protection. Because of the need to release information to this party, absolute confidentiality cannot be guaranteed. The results of this study will be presented at a dissertation defense, published as a dissertation, and may be presented at meetings or in publications. However, your identify will not be disclosed in those presentations and only the false name you select will be used.

If an Injury Happens

Virginia Commonwealth University (VCU) and the VCU Health System (formerly known as the MCV Hospital) do not have a plan to give long-term care or money if you are injured because you are in this study.

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If you are injured because of being in this study, tell the study staff right away. The study staff will arrange for someone to care for you if needed.

Bills for treatment may be sent to you or your insurance. Your insurance may or may not pay for taking care of injuries that happened because of being in this study.

Voluntary Participation and Withdrawal

Your participation in this study is voluntary. You may decide to stop participating at any time during the interview and you are free to answer only those questions that you wish. If you wish to withdraw from
this study after you sign this consent form, you should contact the Principal Investigator, Dr. Marilyn A. Biggerstaff at (804) 828-0401. Your decision not to participate in the study will not affect the usual care, attention, or commitment of any of your health care or social service providers. Your participation in this study may be stopped at any time by the researchers without your consent.

Questions

If you have questions about your participation in this study now or at any time in the future, you may contact Patricia D. Hill, LCSW at (804) 261-8522, Monday through Thursday during normal business hours. You may contact Dr. Marilyn A. Biggerstaff, LCSW at (804) 828-0401.

If you have any questions concerning your rights as a research subject, you may contact

Office of Research Subjects Protection
Virginia Commonwealth University
1101 E. Marshall Street, Room 1-023
P. O. Box 980568
Richmond, VA 23298
(804) 828-0868

Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

Consent for Study Participation

I understand the information in this consent form. All of my questions have been answered to my satisfaction. I voluntarily agree to participate in this research study. I understand that I will receive a signed and dated copy of this consent form for my records.

By signing this consent form, I have not waived any of the legal rights that I otherwise would have as a subject in a research study.

______________________________	______________________________	______________
Participant Name (Printed)	Participant Signature	Date

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______________________________ ____________

Witness Signature Date

______________________________ ____________

Signature of person conducting informed consent discussion Date

______________________________ ____________

Investigator Signature (if different from above) Date

I agree to have my interview audio tape recorded. ________

Initials

If asked, I agree to participate in a follow-up interview to review and give feedback on the study findings. ________

Initials

I may be contacted at this telephone number for follow-up. ________________

Phone Number

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Appendix C

If you are an African-American woman and have ever received treatment for drugs or alcohol then I'm looking for you.

Would you like to have a voice in developing services for African-American women?

You are invited to participate in a research project investigating the substance abuse treatment needs of African-American women in the Greater Richmond area. The researcher is interviewing African-American women currently in substance abuse treatment or recovery from alcohol or drug abuse. The research involves an interview lasting approximately 2 hours. You must be between 18 & 50 years of age to participate.

If you would like to participate, you must sign an informed consent for research participation. Individuals participating in the research will receive a $25.00 Target gift certificate and 2 bus tickets at the end of the interview.

Confidentiality will be respected when conducting interviews and reporting research findings.

The research is sponsored by Virginia Commonwealth University School of Social Work

Student Investigator:
Patricia D. Hill, LCSW

Appendix D

Agency Letter

Date

Agency

Dear _______________:

The purpose of this letter is to introduce myself and to ask you to please consider the possibility of allowing me to conduct research within your agency. I am enclosing my resume. I am presently a doctoral candidate in the School of Social Work at Virginia Commonwealth University. I have fifteen years experience working in the field of substance abuse.

I am conducting a study on the substance abuse treatment needs of African-American women. I am recruiting African-American women who are in treatment and recovery to participate in in-depth interviews to obtain their perspectives about substance abuse treatment and their respective needs. All individuals involved in this study will remain anonymous in any presentation of study findings and all information collected be will managed with professional standards of confidentiality. Your agency will not be directly identified with any specific data reported in the study findings. This study will be shared with my dissertation committee and other appropriate members of Virginia Commonwealth University. The results of this research may also be published or presented by the researcher to other human service professionals in meetings, workshops, or conferences.

With your permission I would like to present my research proposal to the research reviewer/committee and subsequently to direct services staff to enlist their assistance in recruitment of study participants. I would also like permission to conduct interviews on site, based on participants' preference. I will be conducting this research from September 2003- June 2004. Enclosed you will find a copy of the entire research proposal and related documents for your review. I am available to discuss this project with you by telephone at [redacted] Monday through Thursday

during normal business hours. If you have further questions concerning this research project, you may contact Virginia Commonwealth University, School of Social Work-Doctoral Program, 1001 West Franklin Street, P.O. Box 84207, Richmond, VA. 23284-2027, (804) 828-1030 for information. Thank you for your time and consideration in this matter.

Sincerely,

Patricia D. Hill, LCSW

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Appendix E

Referral Information Form

Please complete the following information about each referral:

1. Age _________
2. Education level: _______
3. Employment: f/t____ p/t_____ none_____
4. # of SA treatment episodes: ______
5. Court-referred to treatment: yes_____ no______
6. Clean/recovery time: ______
7. Past/present 12 step participation: yes_____ no_____
8. # of children: _____ ages ____________________
9. # of children living outside the household _____
10. Past/present mental health treatment: yes_____ no_____
11. HIV status: Positive______ Negative________
12. Past/present homelessness: yes_____ no______
13. Trauma history: yes_____ no _______

Please indicate referral agency/contact:_______________________________

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Appendix F

Research Subject Consent to Contact

I have received a research packet to participate in the research study investigating the substance abuse treatment needs of African-American women. I am interested in learning more about the study and would like to be contacted by the researcher.

Name: ____

Telephone #: ____

Emergency
Contact Person: ____

Emergency
Contact #: ____

*Confidentiality will be maintained.

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Appendix G

Qualitative Interview Guide

I. Experience with Treatment

A. Describe how you got into treatment (access).
B. Types of prior treatment programs (if applicable).
C. Perception/feeling regarding prior treatment experience (if applicable).
D. How is treatment different/same this time (i.e. treatment experiences)?
E. If in treatment, what services are currently being received?
F. Reactions/feeling about current services.
H. Role in determining treatment plan- in determining your treatment needs, focus of treatment and intervention plan; do/did you feel empowered in the treatment process?
I. Perceived benefits of treatment/ noted changes attributable to treatment
J. Expectations- met/unmet?
K. Assessment of staff's relationship with you (What was helpful/not helpful)
L. Other services requested/needed but not received? Why important to you?
M. Services or other things that staff did/or requested of you during treatment that were most helpful to you
N. Supports/resources that would be most helpful in assisting you to stay clean?
O. Meaning of recovery

II. Issues Relevant to Treatment Needs

A. Drug (s) used/abused.
B. Most distressing issue(s)/ problem needing attention now (e.g. survival needs, family functioning, parenting, violence/victimization, legal issues, mental health, health,)
C. Life circumstances that precipitated entering treatment now/ at time of treatment; related feelings; how do/did these circumstances affect your motivation in treatment?
D. Others significantly involved in your substance abuse and how; others affected by it and how?
E. Care of children- impact on access, participation and retention in treatment; children's treatment needs

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F. Perceived safety/ support in treatment; value placed on participant's concerns
G. Role of spirituality in recovery from substance abuse
H. Role of cultural diversity in treatment; perceptions about oppression and SA

III. Overall impressions of substance abuse treatment program(s)

A. Most helpful aspects; least helpful
B. Assessment of women-friendly philosophy
C. Sensitivity to participants' needs and experiences; sensitivity to cultural diversity

D. Receptivity to participants' input in own treatment; program development
E. Value/respect for women substance abusers; perceptions of the treatment provider's attitude toward women who abuse substances?; abuse specific substances? Responsiveness to other quality of life issues
F. Suggestions for alternative approaches or strategies that would help promote recovery from substance abuse/improve your quality of life
G. Other comments by participant

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Appendix H

Research Participants Characteristics

Name	**Child out of home-DSS**	**Criminal Justice referral**	**HIV**	**Homelessness**	**Trauma**
Sam				X	X
Stephanie	X	X		X	
Marry M.	X	X			X
Icey I		X			
Cheryl					
Amy		X			X
Rochelle					X
Lou					X
Michelle					
Kiel			X		
Lisa					X
Kathy				X	X
Princess				X	X
Cake				X	X
May					X
Kim					X
DeeDee					
Butterfly				X	X
Sunshine					
Viola					
Sybil					
DC					X
Meme				X	X
Joy				X	
Sister C		X			X
Totals	2	5	1	8	15

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Appendix I

Research Participant Demographics

Name	Age	Education	Treatment Modality	Treatment Episodes
Sam	22	12	O	1
Stephanie	27	10	O	1
Mary M.	31	10	I, O, DC	2
Icey I	33	College	O, M	11
Cheryl	34	12	O	1
Amy	36	College	O, HH	1
Rochelle	37	12	I., O, R	9
Lou	38	Associate degree	I, O	2
Michelle	38	Graduate student	I, HH	1
Kiel	39	12	O	1
Lisa	40	College	I, O, M	4
Kathy	40	12	I, O	2
Princess	41	College graduate	R, O	2
Cake	41	8	R, O	4
May	41	College	I, R, O	4
Kim	44	G.E.D	O, M	3
DeeDee	45	12	I, R	4
Butterfly	45	College	I, R	6

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Name	Age	Education	Treatment Modality	Treatment Episodes
Sunshine	46	11	O	1
Viola	47	College	I, R	3
Sybil	47	12	I, R	3
DC	48	M.S.	I, R	2
Meme	50	College graduate	I	1
Joy	52	College	O, M	2
Sister C	52	12	I, R, O, P	20

Abbreviation key:
DC-drug court
HH- half-way house
I-inpatient
M-methadone clinic
O-outpatient
P-prison
R-residential

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Appendix J

Independent Auditor's Report

Purpose of Audit

At the request of Patricia Hill, Ph. D. candidate in the School of Social Work at Virginia Commonwealth University, a full assessment of her dissertation research final report was conducted during the period May 23rd through May 31st, 2005.

Scope of Audit

The undersigned acting as auditor examined chapters 1, 3, 4, and 5 of Ms. Hill's final dissertation report, as well as, other research documentation including IRB approved research synopsis with interview guide, participant interview transcripts, detailed documentation of data analysis procedures, general field notes, expanded field notes, and reflexive journal. In addition, the undersigned auditor met with Ms. Hill for a one-hour meeting to discuss the process and procedures used in designing and executing the research.

The audit was conducted based on generally accepted procedures and criteria found in the literature concerning evaluation of qualitative research. The undersigned auditor reviewed recommendations for conducting an audit found in works by Miles & Huberman (1994), Padgett (1998), Patton (2002), Rodwell (1998), and Schwandt & Halpern (1988). The audit procedures used in this audit were tailored to fit the unique nature of the research in question, an exploratory phenomenological study based in the postpositivist paradigm. The specific evaluation criteria considered by this auditor most appropriate for this type of research was recommended by Miles & Huberman (1994). The recommended criteria include consideration of objectivity/confirmability, reliability/dependability, internal validity/credibility, external validity/transferability, and potential for utilization/action orientation (Miles & Huberman, 1994). See attached summary of audit criteria with points for consideration that were used in conducting this audit.

Audit Findings

In the opinion of this auditor, the final dissertation report by Patricia Hill provides a fair, reliable and valid account of the perspectives and experiences shared by research participants as well as the impact of the environmental context on them. Ms. Hill's dissertation report and supporting documentation provided explicit and detailed information concerning the research design, data collection process and data analysis procedures that could be consistently followed from raw interview data to coding,

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analysis process and findings. Expanded field notes, analytic memos and reflexive journal documented her awareness of personal assumptions, values and biases. The use of a peer reviewer, dissertation chair and other colleagues throughout the research process supported the reliability and dependability of the research process. Internal validity/credibility was evidenced by attention to systematic connection of codes and concepts in the data analysis process and analytic memos and in the context-rich, thick descriptions of information provided by study participants in the report's chapter on study findings (Chapter 4). In addition, internal validity was supported by a review of the final report by four participants who confirmed the accuracy of Ms. Hill's summary of their perspectives and experiences and the conclusions that she reached. External validity/transferability beyond the specific context of the study was provided by the detailed description of the purpose, process and procedures of the study, the attention to literature-based sample selection criteria, as well as, detailed discussion of study sample recruitment and demographics. Ms. Hill acknowledged the major threat to transferability beyond the study context as its reliance on interview data as the only data source. Finally, the potential use of study findings by substance abuse professionals, the social work profession, substance abuse treatment settings and policy makers is discussed and documented in the study's findings and conclusions sections (Chapters 4 and 5).

References

Miles, M. B. & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Padgett, D. K. (1998). *Qualitative methods in social work research: Challenge and rewards.* Thousand Oaks, CA: Sage Publications.

Patton, M. Q. (2002). *Qualitative research & evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Rodwell, M. K. (1998). *Social work constructivist research*. New York: Garland Publishing.

Schwandt, T. A. & Halpern, E. S. (1988). *Linking auditing and metaevaluation: Enhancing quality in applied research.* Newbury Park: Sage Publications.

Respectfully submitted by,
Geraldine L. Meeks
Geraldine L. Meeks, MSW, LCSW, MPA
Ph. D. Student
June 1, 2005

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AUDIT CRITERIA FOR EVALUATION OF POSTPOSITIVIST QUALITATIVE RESEARCH

Adapted from Miles, M. B. & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Thousand Oaks, CA: Sage Publications.

I. Objectivity/Confirmability – address relative neutrality and reasonable freedom from or acknowledgement of researcher bias such that conclusions emerge from inquiry
1. Explicit and detailed description of methods and procedures of study
2. Ability to follow sequence of data collection and data analysis
3. Conclusions explicitly linked with exhibits of condensed data
4. Availability of detailed record of methods and procedures for auditing
5. Evidence of researcher awareness of personal assumptions, values, etc.
6.Consideration of competing hypotheses or conclusions
7. Availability of study data for reanalysis by others
II. Reliability/Dependability – address consistency and reasonability of study process
1. Clarity and congruence of research questions with study design
2. Explicit description of researcher's role and status
3. Findings exhibit reasonable parallelism across data sources (informants)
4. Specification of basic paradigm, theory and analytic constructs
5. Data collection appropriate to settings, respondents, etc. based on research questions
6. Evidence and agreement of coding checks
7. Evidence of data quality checks
8. Use of peer or colleague review
III. Internal Validity/Credibility – address logical or relative truth value of study findings
1. Evidence of context-rich and meaningful descriptions
2. Logical and convincing description
3. Connection of data to prior or emerging theory
4. Codes and concepts systematically related
5. Identification of areas of uncertainty
6. Evidence of consideration of negative evidence
7. Consideration of rival explanations
8. Evidence of informant agreement with accuracy of conclusions

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IV. External Validity/Transferability – address potential for larger import of research beyond specific context of study
1. Adequate description of original sample of persons, settings, processes to permit comparison with other contexts
2. Evidence of consideration of threats to generalizability in sample selection, setting, etc.
3. Theoretically diversity of sample
4. Researcher definition of scope and boundaries of reasonable generalization
5. Adequate "thick description" to allow assessment of potential transferability
6. Congruence, connection or confirmation of findings with prior theory/research
7. Adequate description of processes and outcomes in conclusions
8. Suggestion of areas for future research
V. Utilization/Action Orientation – address potential use of study for participants, consumers, other researchers
1. Accessibility of findings to potential users
2. Ability of findings to stimulate future action
3. Level and types of usable knowledge offered, i.e. consciousness-raising, insight, corrective recommendations
4. Value-based or ethical concerns raised

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Appendix K

Empirical Studies

Reference	Design/Procedures	Major Findings
	Women and Substance Abuse	
Bride (2001)	*N* = 407; women = 25% location: large city in southeast U.S. Outpatient Retrospective Quasi-experimental cohort design Data from case records	Providing women-only environment for treatment does not increase retention or completion.
Brown, Koken, Seraganian & Shields (1992)	*N* = 85 married substance abusers (spouses included in study) location: Montreal Cross-sectional Addiction Severity Index (ASI) Quality of Life Questionnaire (QLQ) Drug Abuse Screening Test (DAST-20)	Women substance abusers and spouses showed greater disruption in several areas of functioning than males and their spouses. Males spouses of SA women: Reported significantly more symptoms of psychological distress. Poor communication and less involvement with children.
Brown, Melchior, Panter, Slaughter & Huba (2000)	*N* = 423 women location: Los Angeles Outpatient Cross-sectional Forms developed by researchers	Women more willing to change issues with more immediate potential for harm: 1. Domestic violence 2. HIV risk 3. Substance abuse 4. Emotional problems Women in the preparation and action stage were more likely to enter drug treatment.
Delva, Allgood, Morrell & McNeece	*N* = 499; women = 29.7% State of Florida Follow-up Adult Telephone Survey Cross-sectional	Contraindicators for completion of treatment: History of crack cocaine use drug use during treatment Familial conflict

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	Computer-assisted telephone Surveys	Key elements that increase retention and treatment success: Provision of human and social services in addition to SA/MH Casemanagement Building on individual strengths
Green-Hennessy (2002)	*N* = 1,893 adults Location: U.S. Cross-sectional The National Household Survey on Drug Abuse (sub-sample)	Higher likelihood of receiving treatment associated with: Female gender Presence of anxiety; depression History of contact with criminal justice system High income Dependence on more than one substance Perception of need for help with AOD problem Many individuals (1/3 of sample) with AOD problems sought mental health care rather than explicit substance abuse treatment.
Grella, Polinsky, Hser & Perry (1999)	*N* = 294 drug treatment programs Location: Los Angeles Residential; Outpatient Cross-sectional Mail survey National Drug and Alcohol Treatment Unit Survey (NDATUS)- augmented by researchers	Women-only programs more likely to: Have treatment priority for pregnant women, and AIDS Accept medicaid Offer peer support groups, client advocacy services, life skills services, female related medical and pediatric services and 12-step meeting on site Women-only programs differ from mixed gender programs regarding: Fee policies and sources of payment Special populations served Treatment capacity, process and duration
Grella & Vandana (1999)	*N* = 10,010; women = 34% 96 AOD treatment programs in the U.S. (DATOS) Inpatient, Residential, Methadone, and Outpatient Prospective cohort design Clinical Interviews	More women than men reported: Prior treatment MH treatment- anxiety/ Depression diagnosis Family/friend drug abuse concerns about children belief treatment would arrest their substance abuse

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Harwood, Fountain, Carothers, Gerstein & Johnson (1998)	*N* = 3,000; women = 38% Location: California Residential, Outpatient, Methadone Cross-sectional Structured interviews	Women: More likely seen in outpatient (non-methadone) programs-longer lengths of stay Treatment cost lower across all modalities of care More likely to receive treatment in less expensive residential and outpatient programs More likely deteriorated in functioning in year following treatment
Hser, Polinsky, Maglione & Anglin (1999)	*N* = 171; women = 48% Location: Los Angeles recruited from a community resource center and Drug Abuse Research Center (UCLA) Cross-sectional Clinical assessments (adapted from ASI) Telephone interviews	Retention improved by: Providing vocational, childcare, housing, and transportation Client identified need and service matching Improvement in drug use severity
Knight, Logan & Simpson (2001)	*N* = 187 women Location: Texas Residential Cross-sectional Researchers developed measures	Women completing treatment were more likely to have: H. S. diploma or GED No arrests within 6 months prior to admission Fewer deviant friends
Killeen & Brady (2000)	*N* = 35 women and their 23 children Location: rural S. Carolina Residential Prospective cohort design Addiction Severity Index (ASI) Family Environment Scale Parental Stress Index (PSI) Infant and Child Development Index Brigance Screen Child Behavior Checklist (CBCL)	Women who completed treatment: Showed improvement in parent domain of PSI at 6 mos. Improvement in all domains of functioning Children moved to normal range on CCL at 6 mos. As parental stress decreased parent/child relationship improved and child behavior problems decreased. *SA mothers with a drug-exposed child had higher levels of parental stress compared to non-SA mothers with non-exposed child.

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Kline (1995)	*N* = 65 adults Location: New Jersey Cross-sectional Focus groups	Motivation for help-seeking: Perception of a SA problem; and as serious/ life disruption Belief that treatment can be effective in arresting the addiction Belief that benefits in other life areas will result Costs of entering treatment are not excessive (social, financial). Females: Reported more negative expecta- tions of treatment (residential). Reported use of drugs to bolster self-esteem. Concern about parental functioning/maternal responsibility.
Loneck, Garrett & Banks (1997)	*N* = 109 women Location- Upstate New York Outpatient Retrospective Secondary analysis of case records	Group more likely to complete treatment: Older Did not relapse during treatment Entered treatment as a coerced referral or a Johnson Institute Intervention. Working full-time
Melchior, Huba, Brown & Slaughter (1996)	*N* = 665 African American = 70% Caucasian, non-Hispanic =17% Hispanic = 11% Native American = 2% Location: Los Angeles Cross-sectional	Significant issues: Unemployed (95%) Abusive relationships (>50%) Homelessness (39.9%) Criminal Justice (39.8%) Stages of Change model effective in addressing ambivalence Women with multiple issues may be more difficult to engage in care Entry into SA treatment is contingent upon both readiness to reduce drug use and readiness to seek counseling
Nelson-Zlupko, Morrison, Kaufman & Kaltenbach (1996)	*N* = 24 women Location: Philadephia Cross-sectional Semi-structured interview schedule Chart reviews	Individual counseling deemed the single most important service. Sexual harassment present in conventional drug treatment programs. Coed groups hinder openness by women. Childcare/parenting is central to the recovery of SA women.

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Roberts & Nishimoto (1996)	*N* = 369 women Outpatient day treatment; Traditional outpatient; Residential Cross-sectional Structured face-to- face interviews Addiction Severity Index (ASI) Breif Symptom Inventory (BSI) Beck Depression Inventory Index of Self Esteem	Women were: More likely to have completed intensive day treatment than residential or traditional outpatient; retention also higher. Pretreatment client characteristics were not generally predictive of length of time in treatment-exceptions: Married women at greater risk of non-completion. Women with history of prior drug treatment at greater risk of non-completion in day treatment. Severity of drug problem and high level of anxiety increased risk of non-completion in residential.
Stevens & Patton (1998)	*N* = 107 women Location: Arizona Residential Cross-sectional Addiction Severity Index (ASI)	Women with children living in treatment with them: Had more positive outcomes in AOD use, employment, child custody and criminal justice involvement. Had longer lengths of stay.
Wechsberg, Craddock & Hubbard (1998)	*N* = 10,010 96 AOD treatment programs in the U.S. (DATOS) Inpatient, Residential, Methadone, and Outpatient Longitudinal prospective cohort design Clinical interviews	Women had: More prior treatment Less education and employment. More public health insurance, depression, sexual/physical abuse and health issues. More concerns about children (had children in household/legal custody) Higher rates of illegal activity.
Weeks, Singer, Himmelgreen, Richmond, Maryland & Radda (1998)	*N* = 1022; out of treatment adult crack and intravenous drug users Hispanic women = 105 African American women = 100 Caucasian, non-Hispanic women = 22 Other women =4 Location: Hartford, CT	Women reported: More crack use/IV use than men Having children under age 18 Income less than $500 in prior month; less than H.S. education; unemployment; relying on ADFC (more than half) More sexual partners, sex trading

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	Cross-sectional Cooperative Agreement Risk behavior Assessment Semi-structured interviews	More HIV (higher among IVDU women than IVDU men) IVDU women more likely to have IVDU partner than male IVDUs Hiding use in home (IVDU) More use of all types of treatment Homelessness (approx. 1/3) Unsuccessful attempts to enter treatment in past year
Weisner & Schmidt (1992)	Consecutive samples Location: Northern California Alcohol treatment (*N* = 381) Drug treatment (*N* = 210) Mental health treatment (*N* = 406) Emergency health services (*N* = 2626) Primary health clinics (*N* = 394) Adults in the general population Cross-sectional Structured face-to-face interviews Researchers developed survey	Female problem drinkers were: More likely than males to use non-alcohol specific health care settings (particularly mental health). To report greater symptom severity.
Westermeyer & Boedicker (2000)	*N* = 642; women = 43% Outpatient Location: Minnesota, Oklahoma Cross-sectional Clinical interviews Researcher developed instruments	Women more likely to have: SA spouse or family member Fewer treatment admissions and days in treatment; Lower treatment costs Abused substances for fewer years/later onset than men Be homemakers/parenting Fewer legal problems
Wexler, Cuadrado, & Stevens (1998)	*N* = 83 women (50% with children) Location: U.S. city Residential Prospective cohort design Addiction Severity Index (ASI) Beck Depression Inventory Symptoms Checklist (SCL-90R)	Women who remained in treatment more than 3 mos. had better outcomes. Outcomes for women with children did not differ from women without children.

Comparative Studies of Ethnocultural Differences Related to Substance Abuse Treatment Factors

Amaro, Beckman & May (1987)	*N* = 92 women African American = 25 White, non-Hispanic = 67	African American women: More limited financial resources Lack alternatives to public

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	Location: California Outpatient; Inpatient; Detox and combined facilities Cross-sectional Questionnaires Clinical interviews	alcohol treatment except AA Less access to insurance coverage More likely to report feelings of isolation Social network encouraged seeking treatment Younger
Amaro & Hardy-Fanta (1995)	*N* = 35 women predominantly African American and Puerto-Rican Location: Boston Cross-sectional Qualitative, in-depth face-t-face interviews	Relationships are important to SA women: Desire to be cared for Disconnections in their relation-ships Hardships experienced: Introduced to and supplied drugs by partners Maintained connections with partner via drug use; children Criminal activity to support both party's drug habit Partner emotionally and physically unavailable Significant violence from partners and men on the street
Brown, Joe, Thompson (1985)	*N* = 27,141 Admissions to federally-funded Outpatient, Methadone maintenance and Residential facilities African Americans White, non- Hispanics Mexicans Location: U.S. Cross-sectional Client records	In most instances, individuals in the ethnic/racial group in the minority (ie. numbers) were significantly more likely to receive unfavorable discharges and to be retained in treatment for shorter periods compared to the group in the majority status. Exceptions: African Americans were significantly more like to receive unfavorable discharges in situations where they were either the majority or minority with White, non-Hispanics.
Darrow, Russell, Cooper, Mudar & Frone (1992)	*N* = 1131 women African American = 657 White, non-Hispanic = 474 Location: Erie, N.Y. Cross-sectional Face-to-face interviews	Different drinking patterns and determinants of drinking behavior were found between the two groups of women. Increased parity among African-American women may be a determinant for heavy drinking. Lower SES, church attendance and fundamentalist religious affiliation were associated with

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		abstinence. Family history of substance abuse was associated with heavy drinking across both groups of women.
Dodge & Potocky (2000)	*N* = 64 women predominantly African American and White, non- Hispanic Residential Location: metropolitan area in Florida Cross-sectional Questionnaires Michigan Alcohol Screening Test Addiction Presence and Severity Index Provision of Social Relations Scale Rosenberg Self-Esteem Scale Costello-Comrey Depession Scale	1/3 not high school graduates > 50% unemployed or poverty-level income; prior treatment. Majority had family members with SA problems. Women in residential had higher self esteem levels than women in detoxification. Social support was a significant predictor of depression- women with more social support had higher self-esteem. African American women were less severely addicted than Caucasian women.
Herd (1988)	*N* = 2258 women African American = 1224 White, non-Hispanic = 1034 Location: U.S. Cross-sectional Standardized interview schedule Face-to-face interviews	African American women had higher rates of abstinence (particularly among 40+ group). Caucasian women tended to drink more frequently and in larger amounts. Probability of using alcohol greater for young, employed women across both groups. Equal proportions of each group were heavy drinkers.
Kilpatrick, Accierno & Resnick (1997)	*N* = 3006 women White, non-Hispanic = 82% Women of color = 18% National Women's Study Longitudinal, prospective structured telephone interviews (computer-assisted)	Women who experienced assault were more likely to develop alcohol and drug-related problems later in life Women who used illicit drugs experienced a reciprocal relation-ship between their drug use and assaults; may be targeted as vulnerable Younger women and minority women more likely to experience new assaults New assaults associated with extremely high rates of progression to use

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Nyamathi & Flaskerud (1992)	*N* = 109 African American = 66 Hispanic = 43 Location: Los Angeles Cross-sectional Focus groups	African American women' concerns: Survival needs paramount- food shelter, money Children's well-being Homelessness-related issues (ie. physical violence, extreme loneliness, unmet affectual needs) Danger of unprotected sex with multiple partners, and AIDS Hispanic women's concerns: Hopelessness and pain; loneliness Abuse and neglect of children due to drug use Lack of financial security and social support; racial discrimination Loss of control; low self-esteem
Pottieger & Tressel (1998)	*N* = 851 African American = 60% White, non-Hispanic = 21% Hispanic = 14% Other = 6% Location: Miami metro area Residential, Outpatient Street Cross-sectional Interview schedule (based on ASI)	SA women: More likely to engage in criminal behavior with female friends/associates than male sexual partner. Majority get support from family/friends (childcare, ordinary problems). Treatment sample and African-American women had more emotional and financial support from family.
Schilling, ElBassel, Gilbert & Schinke (1991)	*N* = 91 African American = 38% Hispanic = 62% Location: New York City Methadone clinics Cross-sectional Structured interviews	Frequent heroin and cocaine users: Had more IVDU sex partners More sex partners Used condoms less (heroin) IVDU in long term "monogamous" relationships less receptive to safer sex practices Less educated were less receptive to AIDS prevention information Condom use and negotiation of safer sex practices with partner is a significant health issue African American women reported more comfort with addressing safer sex issues than Latina Continued use of alcohol and other drugs

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Stevens, Estrada, Glider & McGrath (1997)	*N* = 547 Caucasian, non-Hispanic = 40% Hispanic = 30% African American = 18% Native Americans = 12% Location: large Southwestern city Residential treatment Street Outreach	African American women began use later than other groups; lower rates of use (street outreach); higher rates of arrest than Caucasian women Caucasian women more likely to be married; have H.S. education or more; higher rates of drug/ alcohol detoxification; significantly lower rates of treatment in prison/jail. Sample reported: 70% sexually abused 80% had one addicted parent SA male partners introduced them to drug use and sabotaged their efforts to quit using.
Walton, Blow & Booth (1999)	*N* = 331; women = 42% White, non- Hispanic = 54% African American = 37% Other = 9% Inpatient, Outpatient, Dept. of Veterans Administration Outpatient Cross-sectional Addiction Severity Index (ASI) Relapse Risk Index	African Americans reported: Significantly greater coping/self efficacy Greater expected involvement in sober leisure activities Less craving and less negative social influences (than Caucasians)
Weaver, Turner & O'Dell (1998)	*N* = 102 African American = 50% White, non-Hispanic = 50% Location: Texas Gulf Coast Cross-sectional Face-to-face interviews Women in Recovery Questionnaire (revised by researchers) Center for Epidemiological Studies Depression Scale (CES-D) Ways of Coping Scale	Approximately 1/3 of sample had increased risk for depression Stress scores decreased in recovery-continued sources of stress: Money Emotional health Physical health Close family members Marital/intimate relationships Parenting Marital status increased risk of depression. Highest symptomotology reported in 1st and 5th year of recovery.
Weeks, Singer, Richmond, Maryland & Raddak	*N* = 1022; Women = 231 Hispanic = 105	African American women: Less IV drug use than Caucasians and Puerto Ricans

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	African American = 100 White, non-Hispanic =22 Other =4 Location: Hartford, CT Cross-sectional Cooperative Agreement Risk Behavior Assessment (RBA)	more crack cocaine use White, non-Hispanic women: More multiple sex partners, sex trading and more condom use than African Americans and Puerto-Ricans
African American Women and Substance Abuse		
Boyd (1993)	*N* = 105 crack cocaine users African American = 94% Treatment group Active drug users Location: urban Cross-sectional Boyd Substance Abuse Survey for Women (B-SAS)	Findings: Sexual abuse (61%) Depression (74%) Spouse/Partner SA (59%) Family SA (61%) Strong correlation found between age of first use and first depressive episode
Boyd, Blow & Orgain (1993)	*N* = 80; women = 43 Location: urban Outpatient Cross-sectional Client records	Higher rates of sexual abuse and parental substance abuse found among African American women (*particularly maternal substance abuse) than African-American men.
Boyd, Guthrie, Pohl, Whitmarsh & Henderson (1994)	*N* = 64 crack cocaine users Treatment group Active drug users Location: urban Cross-sectional Boyd Substance Abuse Survey for Women (B-SAS) Mother-Daughter Relationship Scale	Sexual trauma before age 17 reported by over 60% of women. Women who experienced incest had a less positive perception of their mothers than those who were were abused by a non-family
Boyd, Hill, Holmes & Purnell (1997)	*N* = 208 crack cocaine users Treatment group Active drug users Location: urban Cross-sectional Lifelines created from Interviews of sub-sample *N* = 25	Lifelines were complex, with histories of multiple disturbing and stressful events. Women who reported incest and rape did not report any depression despite greater severity of drug use and earlier onset of drug use than women who did not report any sexual abuse/assault.

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Brome, Owens, Allen & Vevaina (1999)	*N* = 146 women with 2 years recovery Location: Roxbury, MA. Cross-sectional Spiritual Wellness Scale	Spirituality is significantly related to positive mental health outcomes among African- American women in recovery Spiritually appears to increase with age
Cohen , E. (1999)	*N* = 110 Intensive outpatient Location: Philadelphia Cross-sectional Millon Clinical Multi-axial Inventory Risks for AIDS Behavioral Inventory Beck Depression Inventory The Crack cocaine History and Lifestyles Index (developed by the researchers)	Majority of women indigent, unskilled and had limited employment histories; most had young children. Sexual and physical abuse histories were common. Salient personality traits (indicators of Axis II disorders) and other indicators of psychopathology clustered around different dimen-sions of high risk sexual behaviors for HIV, prior sexual/ physical abuse, and AOD use patterns
Curtis-Boles & Jenkins-Moore (2000)	*N* = 30 Location: California Substance abusing Non-substance abusing Cross-sectional Quantitative/qualitative Structured interviews	SA women: limited repertoire of defensive strategies-primarily denial and acting out via anger/violence
Cutrona, Russell, Daniel, Hessling, Robert, & Brown (2000)	*N* = 703 African American women participants in Family and Community Health Study Location: Iowa and Georgia Cross-sectional Face-to-face interviews using questionnaires (Computer-assisted) Community Dilapidation Scale* The community Deviance Scale* Social Ties Scale* (*developed by researchers) Subscales of the Mini-Mood and Anxiety Symptom Questionnaire (Mini-MASQ)	Despite poor social conditions African American women display considerable adaptability and resilience. The positive effects of an optimistic outlook, personal resources (ie. religious beliefs, positive affectivity, physical health, good interpersonal relationships) were stronger in high disorder neighborhoods and operated as protective factors: - Social disorder was significantly related to depression. - Life events and personal resources were significantly associated with distress. African American women are active in constructing cohesive

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		neighborhoods which confer additional positive mental health benefits on women with positive outlooks.
Davis (1997)	*N* = 15 Location: Philadelphia Community-based Cross-sectional Phenomenological	Themes: Family history of substance abuse Lack of a nurturing childhood Trauma Coping in recovery Motivation for recovery: relationships with significant others love of children availability of other women with whom to network desire to find alternative methods of coping with pain
Ehrmin (2001)	*N* = 30 Location: Mid-west city, U. S. Transitional home with children Cross-sectional Ethnographic qualitative Participant observation Structured interviews using a questionnaire	African American women had unresolved feelings of guilt and shame associated with perceptions of failure in the maternal role during their active addiction - critical clinical issue that my pose barrier to successful treatment
Howard, LaVeist & McCaughrin (2000)	*N* = 326 stratified random sample of substance abuse treatment organizations (non-methadone) from 46 states	The social environment in which the treatment organization operates, not race, appears more significant in determining treatment success.
Nyamathi & Flaskerud (1992)	*N* = 109 African American = 66 Hispanic = 43 Location: Los Angeles Cross-sectional Focus groups	African American women's concerns: Survival needs paramount-food shelter, money Children's well-being Homelessness-related issues (ie.physical violence, extreme loneliness, unmet affectual needs) Danger of unprotected sex with multiple partners, and AIDS
Ross-Durow & Boyd (2000)	*N* = 208 African American women	Clinical findings: Sexual abuse (61%)

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	Treatment group and active users Location: Michigan Cross-sectional Boyd Substance Abuse Survey for Women (B-SAS) Interviews	Depression (47.9%) *Eating Disorder (10.58%) *higher than in general population
Saulnier (1996)	*N* = 7 African American women who utilized 12-step groups Cross-sectional Data gathered from interviews and group process recordings	African American women sometimes critical of 12-Step groups: Perceived as "white" in membership and culture Felt unwelcome and their experiences not understood Despite concerns they felt they derived some benefit from the program Generalization of the addiction concept to other life areas lead to negative self perceptions.
Stein, Nyamathi & Kington (1997)	*N* = 384 African American = 353 Hispanic = 31 Homeless shelters Drug treatment facilities Control group=236 Location: Los Angeles Longitudinal Face to face interviews Questionnaire (also in Spanish)	Women assigned to one of two Cognitive-Behavioral community-based AIDS intervention. Both groups outcomes showed decreases in: Unprotected sexual activity Cocaine and heroin use High-risk drug-related behavior Illegal activity Specialized group (culturally-sensitive and empowerment focused): Decrease in cocaine use Less prostitution and sex trading
Taylor & Jackson Part I, Part II (1990)	*N* = 289 Location: large Eastern city, U. S. Low-upper middle income neighborhoods Cross-sectional Intrinsic Religiosity Scale Religious Belief Scale Nadanolization Scale Comprehensive Life Events Measure (revised by researchers) The Social Resources Inventory Face-to- face questionnaires	Alcohol consumption was directly related to life events, physical health and internalized racism. SES had an inverse relationship to alcohol consumption- mediated primarily via internalized racism.

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Volpicelli, Markman, Monterosso, Filing & O'Brien (2000)	N = 84 African American = 94% Outpatient Location: Philadelphia Longitudinal Addiction Severity Index (ASI) Treatment Service Review (TSR) Brief Symptom Inventory (BSI)	Women with high BSI scores attended significantly more weeks of treatment-all BSI scores improved over time. Women assigned to two different interventions (psycho-social enhanced treatment; casemanagement) decreased their frequency of cocaine use. PET group attended more sessions and reported less use at 12 month follow-up- individual therapy was most extensively used service.

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Vita

Patricia D. Hill, L.C.S.W.

EDUCATION

Ph.D. 1998- 2005. Virginia Commonwealth University, Richmond, VA.
School of Social Work
Substantive Area: Treatment Needs of Substance Abusing African-American Women.

M.S.W. May, 1983. Virginia Commonwealth University, Richmond, VA.
Major: Mental Health Casework; Minor: Social Work Education.

B.A. May, 1979. Fordham University, New York, N.Y.
Major: African-American Studies.

TEACHING EXPERIENCE

1998 **Adjunct Faculty**
Virginia State University, Petersburg, VA.
Sociology/Social Work Department

CLINICAL EXPERIENCE

1999 - present **Clinical Supervisor**, Henrico Area Mental Health and Retardation Services, Henrico County, VA. Development and supervision of outpatient substance abuse/dual diagnosis services for adolescents and their families.

1992 - 1999 **Clinical Supervisor**, Chesterfield Mental Health, Mental Retardation and Substance Abuse Services, Chesterfield County, VA. Development and supervision of outpatient substance abuse/ dual diagnosis services for adolescents and their families.

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1991-1998 **Licensed Clinical Social Worker**, Insight Physicians, P.C., Richmond, VA. Private practice with adolescents, families, and women; group therapy in an acute care setting with substance abusing/dually diagnosis adolescents and adults.

1988 - 1991 **Adolescent Program Coordinator**, St. John's Hospital, Richmond, VA. Supervision of inpatient and outpatient substance abuse/dual-diagnosis programs for adolescents and their families.

Adolescent Substance Abuse Counselor
Coordination and provision of clinical services to substance abusing/dually-diagnosed adolescents and their families.

1984 - 1988 **Executive Director**, Bainbridge/Blackwell Family Counseling Services, Inc., Richmond, VA. Program development and coordination of daily operations of a multi-service, community-based agency.

1972 - 1980 **Education Assistant**, Harlem Education Program, New York, N.Y. Coordination of an after-school tutorial and enrichment program for inner-city youth.

SERVICE ACTIVITIES

2002 - present Social Work Advisory Committee, Virginia Union University
1999 - 2003 Diversity Committee, Henrico Area Mental Health
1999 - 2001 Advisory Committee, Institute for African-American Research and Training
1998 - 1999 Social Work Advisory Committee, Virginia State University
1992 - 1999 Chesterfield CADRE
Diversity Advisory Group, Chesterfield MH/MR/SAS

PROFESSIONAL AFFILIATIONS

National Association of Social Workers
Fordham Club of Washington, DC
Virginia Commonwealth University Alumni Association

AWARDS AND HONORS

1989 St. John's Hospital Mission Award
1998 Distinguished Employee, Chesterfield MH/MR/SAS
2003 Hans Falck Doctoral Scholarship

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