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## BELIEFS ABOUT RELIGION AND SPIRITUALITY AMONG SUBSTANCE ABUSE COUNSELORS

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BELIEFS ABOUT RELIGION AND SPIRITUALITY AMONG  
SUBSTANCE ABUSE COUNSELORS

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Sonia Uchenna Chika Ndukwe

June 2014

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## ABSTRACT

This study examined the beliefs about religion and spirituality among substance abuse counselors. The data was gathered using an explorative qualitative design by interviewing substance abuse counselors in the field and asking questions related to the religion, spirituality, and the influence on their practice. This research highlighted the impact of substance abuse as a spiritual disease that affects the physical, mental and spiritual aspects of the client's life. The key findings were related to the responses from the participants because it highlighted the importance of meeting the client where they are (motivational congruence), tolerance, acceptance, and the impact of agency policies. The second key finding is the substance counselor's beliefs have no bearing in their practice because they operate under the philosophy of motivational congruence which is meeting the client where they are. Even though they have personal beliefs they are able to implement the professional use of self-focusing more on the client's needs as opposed to theirs. The implication for future research is the contribution to extant literature by emphasizing the importance of religious or spiritual practices in the recovery process.

## ACKNOWLEDGMENTS

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I also want to acknowledge my research advisor, Dr. Cory Dennis and Dr. Davis. Thank you for the random jokes and lightening the mood in order to reduce the stress, fear and anxiety elicited by the compilation of this research project.

In conclusion, I want to thank everyone one who put me in their prayers, specifically my family, friends, boyfriend, and fellow members of the Tiger Stripes Cohort.

## DEDICATION

I want to dedicate this to myself, for being resilient, praying, fasting, and believing that I would see the goodness of the Lord in the land of the living.

I also want to dedicate this to anyone who is in the beginning stages of their research project. Please be encouraged, don't procrastinate, and continue to do your best. You are here for a reason, your work matters, and I guarantee you, this too shall pass. **BE ENCOURAGED!!!**

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## CHAPTER ONE

### INTRODUCTION

This study focused on the importance of examining beliefs about religion and spirituality among substance abuse counselors. This chapter is an overview of the problem statement, purpose of the study, and the significance of the project for social work practice.

#### Problem Statement

Substance abuse, addiction, and chemical dependency are words that society have become familiar with, because daily news reports constantly barrage us with an array of individuals who purchased drugs, became addicted and were incarcerated as a result of substance abuse challenges. Television shows such as celebrity rehab, intervention, my strange addiction, and taboo feeds the society's insatiable appetite for substance abuse news.

The Substance Abuse and Mental Health Administration (SAMHSA) labeled drugs such as Methedrine or methamphetamine one of the most highly addictive drugs in the United States of America, because synthetic versions can be manufactured by lay persons (SAMHSA, 2007). Drugs such as methamphetamine are categorized as stimulants, however potencies differ. Stimulants are highly addictive, because they increase alertness, heart rate and elevate moods by specifically targeting the central nervous system and the neurotransmitters that lie within (Fisher & Harrison, 2013). There has been

a rise in the use of stimulants across the country, but areas such as the mid-west and other southern states saw an unexpected rise between 1992 and 1995 (SAMHSA, 2007). Substance abuse challenges affect a wide range of people but research trends found in the Treatment Episode Data Set (TEDS) have shown an episodic rise of substance abuse and addiction rates in vulnerable populations such as women (TEDS, 1998). TEDS (1998) reported 439,000 admissions into treatment facilities, and most of those facilities were entered into by women. The traditional view of substance abuse as a man's problem have been superseded with statistics that show that on a ratio of 1.9 to 1 women as opposed to men experience substance abuse challenges. SAMHSA (2007) attributed the demographics of women in treatment programs to be 35 years or older and non-Hispanic white females.

A general understanding of a coping strategy is anything that allows anyone to manage with significant stressors. When individuals in society are asked how they cope with daily stressors their responses may have an element of religion and spirituality within them. In most faith based environments, general public are encouraged to externalize their problems, seek out a higher power, and attach meaning to it. For substance abuse counselors, the completion of a biopsychosocial spiritual assessment during the intake process serves as a significant tool to the substance abuse recovery process, because it may provide the onset and environmental stressors that often triggers the use of drugs. However, professionals in the

substance abuse field often glaze over religious and spiritual ideologies that may impact treatment. Previous empirical evidence surrounding the effects of religion or spirituality has shown that either one has a positive impact on the overall mental health of the individual (Blanch, 2007). Emerson and Woo (2006) saw fit to categorize religion or spirituality as sources of interpersonal social connection and positive mental health.

Pargament and Saunders (2007) defined religion as “an organized system of beliefs and rituals associated with an institutional structure” (p. 252). In contrast, spirituality is based on “thoughts, feelings, and behaviors an individual engages in while in search of a relationship with the sacred” (p. 904). Historically, religion or spirituality among minorities, women, and people of lower socio-economic statuses has been a source of positive mental health. During the slavery, information was sent through sermons in order to communicate routes of escape (Hines & Boyd-Franklin, 1982, as cited in Jones, 2013). The use of religion or spirituality in clinical as well as mental health practices has been pertinent since the 1950’s. Individuals such as Abraham Maslow, Viktor Frankl, and Stanislav Grof saw the relationship between the implementation of meditation, chanting, and prayer into individual psychotherapy and positive mental health.

The effect of incorporating meditation into counseling sessions is most evident in stabilizing delusional disorder and schizophrenia among Hindu laborers (Raguram, Venkateswaran, Ramakrishna, & Weiss, 2002). Such

practices suggest religion or spirituality have an important role to play in the overall health of individuals. In addition, the Joint Commission on the Accreditation of Healthcare Organizations (2005) deemed it necessary to incorporate spiritual assessments into the treatment plans of consumers with substance abuse problems, so the exploration serves the recovery process well.

### Purpose of the Study

The purpose of this study was to examine the beliefs about religion and spirituality among substance abuse counselors. Substance abuse counselors represent the first line staff involved in direct micro practice with individuals in substance abuse recovery. For these substance abuse counselors, their personal belief systems may positively or negatively impact the substance abuse recovery process because belief systems are powerful constructs that influence an individual's view, interaction and perception of the environment. Belief systems of substance abuse counselors guide their professional practice when they incorporate the generalist practice model of engagement, assessment, planning, implementation and so forth (Nichols, 2012).

The use of professional practice within the intake process directly influences outcomes of the substance abuse recovery process because if the substance abuse counselor's beliefs about religious or spiritual practices are negative, this may adversely impact the client. The use of religious or spiritual interventions in substance abuse recovery is significant because general

knowledge gained from practicing in the field of substance abuse shows that short discussions about religious or spiritual beliefs during the intake process may increase the likelihood of recovery (Shorto, 1999). One of the most influential spiritual interventions in substance abuse recovery is Alcoholics Anonymous, because it incorporates coping mechanisms such as release, gratitude, humility and tolerance (Alcoholics Anonymous World Services, 2013). As previously discussed within the problem statement, the traditional view of substance abuse as a man's problem have been superseded with statistics that show that on a ratio of 1.9 to 1 women as opposed to men experience substance abuse challenges (SAMHSA, 2007). Women represent a major part of the vulnerable population that is at risk of addiction because they face many pressures such as being the sole financial provider, and caregiver of both children and aging parents (Heath, 2006). Substance abuse counselors with practicing wisdom recognize these are risk factors for addiction and believe religion or spirituality serve as protective mechanism from addiction. According to Heath (2006) it is important to recognize that women are more likely to implement religion and spirituality as part of their coping process when dealing with stressors in their lives. Similarly, religion and spirituality highlight the importance of forgiveness, and the use of meditation to deal with distressing thoughts. Research shows the use of religion and spirituality acts as safeguard against premature treatment termination (Heath, 2006).



## Significance of the Project for Social Work

According to Nichols (2012) professional boundaries are defined as “clear lines of differences that are maintained between the social worker and the client in the interest of preserving the working relationship” (p. 16). As social workers that provide direct micro practices to vulnerable populations we engage in behaviors that directly affect our clients. If substance abuse beliefs about religious or spiritual interventions are negative this may encroach in the engagement process and the likelihood of creating buy-in into the substance abuse recovery process diminishes drastically.

The National Association of Social Workers Code of Ethics (2010) emphatically supports the professional use of self when implementing the generalist practice interventions of engagement. Social work practice is based on ethical principles of service, social justice, dignity and worth of a client, integrity, competence, and the importance of human relationships. During social work practice, substance abuse counseling’s expound on these ethical principles when attempting to form relationships with people and the helping process. The significance of this the social work practice is the importance of a professional use of self during the engagement process in order to create buy into the substance abuse treatment process.

In the state of California alone, the illicit use of substances has seen a substantial rise, because 9.07% of California residents admitted to consuming an illegal drug within the last month (NSDUH, 2007). As social workers we

implement a holistic view when treatment planning is involved, hence the importance of implementing religious or spiritual beliefs during the intake process. Historically, most Americans who experience a crisis look to their spiritual leaders for guidance and coping skills (Daaleman & Neare, 1994; Marwick, 1995; Pargament, 1996, 1997). The significance of this project to social work is to discover if religion and spirituality safeguard against premature treatment termination and to gain a better understanding about the impact of beliefs about religion and spirituality among substance abuse counselors.

What religion and spirituality offer is the access to emotional, psychological and spiritual wellbeing, and most importantly it is a free resource (Koenig, 2001). Given this, this study seeks to answer the following question: How do the beliefs of substance abuse counselors in regards to religion and spirituality impact their approach to treatment with clients?

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

The following section reviews the literature available for beliefs, religious or spiritual interventions, and the field of substance abuse counseling. It begins with a general overview of literature that includes the separate constructs of beliefs, religion, spirituality, the approach and impact to treatment planning. In addition, the theory that guided this conceptualization and journal articles that further inform the research title.

#### Beliefs

Beliefs are powerful constructs that impact how an individual interacts with and perceives their environment (Nichols, 2012). It is important for all professional entities to be cognizant of their ideological beliefs, because the literature shows belief systems of professionals across all fields may adversely or positively affect the clientele.

In an article written in the Oncology Nursing Society newsletter entitled *Do Religious Beliefs give Patients the Right to Refuse Cancer Treatment?* Wyatt (2010) discusses the impact of religious beliefs on the health decisions of cancer patients, and how their trust in faith and prayer as opposed to medical practices influenced their decisions-making processes. Eddie (2006) highlighted religious beliefs of Christian scientists as well as Jehovah's

Witnesses and their refusal to accept any blood related products because of religious principles (as cited in Wyatt, 2010, p. 17). For professionals in any field it is important to be aware of personal biases related to belief systems, because it assists in the engagement process when practitioners respect the self-determination of patients. This article highlighted the impact of belief systems, the use of faith and prayer as coping mechanisms for life stressors particularly medical conditions.

Similarly, Nasman and Ortendahl (2007) examined the impact of expectant mother's belief systems on their motivation to refrain from smoking upon the realization of their pregnancy status. This research showed that women who believed that smoking caused negative effects of childbirth were more likely to cease smoking. Specifically, in areas such as the health, the belief of the patient is more likely to affect behavior change (Nasman & Ortendahl, 2007). Again the relevance to social work practice is the strong influence of belief system in the decision-making process.

Belief systems also play important roles in the professional practice of teachers and their view children within educational settings. Watson and Westby (2003) examined teachers with preconceived beliefs about their students. The teacher's with preconceived notions automatically assumed the students had cognitive deficits. In contrast, the teachers, who were unaware of those students' pre-natal statuses, were more likely to provide positive educational interventions that assisted with learning (Watson & Westby, 2003).

## Religion

Historically religion and spirituality have been presented as strategies of mentally, physically, and emotionally coping with distressing situations (Miller, 1999). The role of religion as a strong coping mechanism has been documented to have positive outcomes, because individuals who were faced with a lethal health prognosis were more likely to adhere to their religious ideologies as a way to sustain hope in distressing periods (Bache et al., 2011). Religion is defined as “an organized system of beliefs and rituals associated with an institutional structure” (Rusinova & Cash, 2007, p. 252).

Miller (1999) proposed the importance of understanding the religious or spiritual aspects in a client’s life, because it provides the measurement of the important things in their lives. For professionals in the field of substance abuse, counseling the concept of addiction as a poor coping mechanism (Baumeister et al. (1994) is common knowledge. The historical perspective and definition of alcoholism as a character flaw is a public viewpoint that social work change agent, Mary Richmond fought to alter. Richmond believed that people with substance abuse challenges were diseased as opposed to sinful (Mizrahi & Davis, 2008). Relative to substance abuse recovery and treatment, one of the prominent changes to the history of social work was the Community Mental Health Center Act of 1963 it advocated the allocation of funding towards treatment facilities for substance abuse, and other mental health

services for the mentally ill and individuals with mental disabilities  
(Encyclopedia of Social Work, 2008.)

Ciarrochi and Brelsford (2009) hypothesized that poor self-control, crime and substance abuse maybe the result of a lack of religious or spiritual affiliation. The researchers hypothesized that a person with an affiliation to a religious or spiritual institution had a higher likelihood of possessing psychological maturity and emotional well-being (Zinnbauer, Pargament & Scott, 1999 as cited in Ciarrocho & Brelsford, 2009). Ciarrochi and Brelsford (2009) implemented various religious or spiritual measuring scales such as the Faith Maturity Scale, Short Form (Benson, Donahue, & Erickson, 1993), Brief COPE (Carver, 1997) to measure an individual's ability to cope with life's challenges, and Substance USE scale to measure the participation use of alcohol and other drugs as a coping mechanisms. Results of a hierarchical regression showed participants who believed and practiced a spiritual activity daily had higher level of emotional and psychological well-being. Ciarrochi and Brelsford (2009) reiterated that the lack of religion as a coping mechanism increases the likelihood of high levels of emotional distress and low levels of psychological well-being. This helps establish that religious or spiritual interventions exert a positive influence over the emotional and psychological well-being of individuals with substance abuse challenges. Although substance abuse treatment has increasingly recognized the use of religious or

spiritual interventions the need to address the belief systems of substance abuse counselors has not been fully researched.

### Spirituality

Pargament and Saunders (2007) defined spirituality as “thoughts, feelings, and behaviors an individual engages in search of a relationship with the sacred” (p. 904). Historically, the concept of spirituality was historically presented as a strategy of mentally, physically, and emotionally coping with distressing situations (Miller, 1999). In ancient Greece, spiritual insight was used as a form of psychotherapy. An example of a self-group with a religious foundation is Alcoholic Anonymous. The principle of Alcoholics Anonymous directly is based on God and the importance of surrendering to Him, because the individual has not been successful implementing their own strengths during their recovery process. Similarly, the philosophy of “Zeno” focused on seeking outside of one’s self to establish a balance between the good (virtue) and the bad (vice) (Miller, 1999).

Professionals in the substance abuse field provide direct care services to vulnerable populations, similarly the principles of social work practice were historically founded on the values of charity. Religion or spirituality are ideologies that are strongly engraved in social work practice, because the professional embraces the holistic view of the person within the environment.

The Council on Social Work Education:

Given the pervasiveness of religion and spirituality throughout people's lives and cultures, social workers need to understand religion and spirituality to develop a holistic view of the person in environment and to support the professional mission of promoting satisfaction of basic needs, well-being, and justice for all individuals and communities around the world. (CSWE, 2014)

In substance abuse counseling services provided to the client seeks to incorporate all available resources to aid in the recovery process. Spirituality in social work practice in conjunction with the holistic practices allows just that. Lesser and Pope (2011) discussed the dimensions of spirituality in social work practice. They believed that three dimensions were of importance namely the clients, the roots of social work practice, and the social workers themselves (p. 230). Lesser and Pope (2011) also explained the holistic perspective is beneficial if the client's spirituality is incorporated within their development and change, because a lifestyle change occurs when substance abuse recovery occurs. Lesser and Pope (2011) believed that if the spiritual component of the client's life is not incorporated, the large part of who the client is will be missing. This may affect the growth and development process within the holistic perspective.

### Substance Abuse Counselors

Historically, the field of substance abuse and counseling is one that has experienced varied points of view. According to Crab and Linton (2007) most



individuals who have been involved in substance abuse counseling may have struggled with issues involving substances abuse themselves. Many recovering substance abuse counselors hold steadfast beliefs that Alcoholics Anonymous (AA) and other 12-step programs are the most effective methods of substance abuse recovery. Non-recovering substance abuse counselors with academic backgrounds were more likely to incorporate other schools of thought, and disagree with using the disease model to explain addiction.

Similarly, the pressure to integrate religion or spirituality into clinical practice is a difficult and uneasy concept to broach for clinicians. Jones (2013) highlighted the importance of competency and comfort when integrating the principles of religion or spirituality into treatment services because the comfort level of the clinician is positively correlated with the likelihood of implementing religion or spirituality into treatment services. In conclusion, the beliefs of substance abuse counselors with regards to religion and spirituality play an integral role in the recovery process of their client. It becomes important to further examine how impactful those belief systems are to their treatment approach.

### Theories Guiding Conceptualization

A general understanding of theory is to legitimize the process and practices utilized within any profession. In order to conceptualize this project the researcher hypothesized that substances abuse counselors with negative

beliefs about religion and spirituality where less likely to implement religious or spiritual practices into the client's recovery process.

Cognitive theory is “the art and science of understanding how humans perceive, think, and process various forms of situations and then respond to them” (as cited in Turner, 2011, p. 103 ). This theory proposes cognitive structure (i. e thoughts) plays an integral role in framing behaviors which may be covert or overt in nature. For substance abuse counselors involved in direct micro practice the professional use of self is required in order to provide service to the client. This professional use of self involves implementing beliefs, values and knowledge earned through practicing within the field of substance abuse. Nichols (2012) proposed beliefs are powerful constructs that affect how we interact and perceive our environment. As a hypothesis, if the substance abuse counselor believes religion or spirituality are ineffective tools in the recovery process, it may impact their approach to treatment which in turn serves as a detriment to the client's recovery process. By understanding the beliefs of substance abuse counselors regarding religion or spirituality it serves to safeguard against the premature treatment termination.

### Summary

The literature reviewed highlighted during this chapter served to further state the importance of the empirical investigation of the beliefs about religion and spirituality among substance abuse counselors. Various researches related to beliefs, religion and spirituality, substance abuse counselors, mental

health, and management of substance abuse. Likewise, this research highlighted the application of the theory guided concepts that were examined for the beliefs about religion and spirituality among substance abuse counselors.

## CHAPTER THREE

### METHODS

#### Introduction

This chapter discussed the beliefs about religion and spirituality among substance abuse counselors. The data analysis was presented under the guiding principles of a qualitative examination with seven substance abuse counselors. This study was to empirically investigate how influential substance counselor's beliefs are to the recovery process of their client.

#### Study Design

This research project focused on the beliefs about religion and spirituality among substance abuse counselors in Inland Empire and Mid County. The method used was a single group qualitative design. A single group design was chosen because no comparable control group could be identified with characteristics similar to the sample population. This study asked the research question: how do the beliefs of substance abuse counselors in regards to religion or spirituality impacts their approach to treatment with clients? Participants were asked to share their beliefs about religion or spirituality during a semi-structured interview. The researcher asked the participants the same questions in order to highlight similar themes where available.

## Sampling

The sampling for this research study consisted of licensed or certified substance abuse counselors employed at Inland Valley Recovery Services and California Work Opportunity and Responsibility to Kids. Participants were recruited with the assistance of the Executive director and executive assistant of Inland Valley Recovery Services (IVRS). IVRS is a substance abuse treatment center that provides a holistic continuum of care for individuals experiencing substance abuse challenges within the Inland Empire. The participants incorporated into this research were genders. They were diverse ethnic backgrounds. Some of whom were recovering and non-recovering. The sample was chosen because they met the criteria as substance abuse counselors and they were willing to participate in the project.

## Data Collection and Instruments

Data for the beliefs about religion and spirituality among substance abuse counselors were collected with the use of an explorative qualitative design. The instrument used in this research study was adapted from the Zenkert (2011) questionnaire and Meichenbaum (2008) handout. The Zenkert (2011) questionnaire examined therapist's responses to the discussion of religion and spirituality in therapy within the trauma and non-trauma populations, while Meichenbaum (2008) examined trauma, spirituality, and recovery in relation to spiritually integrated form of psychotherapy. Zenkert (2011) implemented fourteen mental health professionals with degrees in

psychology and incorporated an explorative qualitative design to measure outcomes. Results showed a positive correlation to the use of religious or spiritual components within this specific population. One of the limitations was the inability to generalize the results into the average population.

Meichenbaum (2008) examined the role of spirituality within the recovery process of trauma survivors; specifically how spirituality can be incorporated into the recovery of process from trauma.

The interview lasted 20-25 minutes and the researcher implemented open-ended questions because they are not leading and they allow the participants to elaborate on their responses in a more descriptive way. The instrument used during this research was constructed over time. The researcher reviewed literature that was available regarding the subjects. After much exploration, researcher found Zenkert (2011) and Meichenbaum (2008) attempted to incorporate the subject matter while maintaining the validity of the current research.

Questions asked during this interview process where related to the comfort level of substance abuse counselors, and willingness to incorporate religion or spirituality into the recovery process of the clients. Examples are: what are your beliefs about religion? And what are your beliefs about religion and spirituality as coping mechanism?

## Procedures

Seven semi-structured interviews were conducted with substance abuse counselors at various sites. The interview process of this research study was conducted in 25 minutes. Seven substance abuse counselors were interviewed, and the semi-structured interviews were conducted at various sites in San Bernardino, Upland, Pomona, and Lake Elsinore. In addition, one phone interview was conducted because it was more convenient for the participant and researcher. The interviewee was provided with a faxed copy of the informed consent and debriefing statements. Participants were solicited by initiating contact with the Executive Director of each site in order to gain access to employees within the agency. After the initial contact, the executive assistant followed up by forwarding the researcher's contact telephone number to potential participants. Interested participants contacted the researcher by phone and the interview dates and times were set-up at the convenience of the participant. At the end of each interview, participants received a \$5 Starbucks gift card for their voluntary participation and those interviews were recorded and transcribed by the researcher.

## Protection of Human Subjects

In order to ensure complete cooperation and maintenance of confidentiality with the participants, an informed consent was handed out before the interview process began. The data was anonymous and no identifying information was included. The informed consent included the

voluntary basis of the interview process as well as the contact information of the researcher, and research advisor. Likewise, the researcher ensured that the participants read and acknowledged their understanding of the material with a signature. At the end of the interview, the researcher provided the participants with a debriefing statement that offered the opportunity to pose questions about the research study.

### Data Analysis

The data from the beliefs about religion and spirituality among substance abuse counselors was analyzed by listening to and reviewing the transcribed narratives from the interview sessions. The researcher observed common statements that were reiterated during the interview session such as religion as an organized fallacy created by man while spirituality was highlighted as a connection to a higher power or any self-soothing resource. The researcher captured those common denominations by selecting poignant quotations from the participants such the view of addiction as a disease of isolation that affects the mental, physical and spiritual. Lastly, the researcher observed and captured how the participant's belief systems ultimately impacted their practice.

### Summary

The study on the beliefs about religion and spirituality among substance abuse counselors was conducted using an exploratory quantitative design.



The purpose of this study was to understand how the beliefs of substance abuse counselors regarding religion and spirituality impacted their practice. Lastly, participant's confidentiality was fully maintained and compensation was given.



Figure 1. Addiction as a Cyclic Disease

## CHAPTER FOUR

### RESULTS

#### Introduction

In this chapter, the findings from the interviews are reported. Chapter four represents research collected from the interviews, demographics, and response categories.

#### Presentation of the Findings

Seven substance abuse counselors from Inland Valley Recovery Services and California Work Opportunity and Responsibility to Kids provided the findings for this research study. Based on these findings, Figure 1. Addiction as Cyclic Disease was created in order to provide a pictorial representation in connection to the beliefs about religion and spirituality among substance abuse counselors.

The data collected for the beliefs about religion and spirituality among substance abuse counselors includes questions from an adapted version of the Zenkert (2011) questionnaire and Meichenbaum (2008) handout. The themes identified are tolerance, surrender, acceptance, and respect for client as well as agency's policies and procedures.

#### Addiction as a Disease

The theme of addiction as a spiritual disease was introduced because participants believed one of the vital remedies was the implementation of religious or spiritual practices into the client's recovery process. The following

views emerged: “addiction is a three-fold disease. It is spiritual, physical and mental because it is an allergy of the body, coupled with an obsession of the mind and the spirit because something is missing” (Participant # 3, personal communication, February 2014).

### Religion

The topic of religion stirred a lot of emotions within the participants. The participants who had positive beliefs about religion expressed positive views while those who had negative past experiences felt otherwise. Based on the interviews, the average opinion about religion is an organized doctrine established from man-made fallacies. For example, “I personally believe religion is for people who are scared to go to hell and spirituality is for people who have already been there” (Participant # 2, personal communication, February 2014). This poignant quote was from a participant who experienced backlash from their religious community after her family was excommunicated, for challenges related to drugs and alcohol.

### Spirituality

Beliefs about spirituality varied amongst the participants but the resounding definition of spirituality was a connection to something higher than them. A participant saw spirituality as “believing in something that makes me feel good. It is a greater power higher than me. Example a cup of coffee, something that gives me a feeling of well-being or inner peace. It doesn’t

necessarily have to be God. It is anything that is self-soothing or gives me peace of mind” (Participant # 6, personal communication, February 2014).

### Belief Systems

In regards to the exploration of the participant’s belief systems about religion and spirituality, there was a resounding respect, openness, acceptance and tolerance of the client’s beliefs even though some participants have negative beliefs. For example “I am very open to explore, because I think everybody has an experience, perspective and different upbringing. Again it is about staying within the boundaries of respect and non-judgment. It is about making sure they feel as comfortable as they can be. I reiterate to the client that the conversation is confidential, and I make sure they don’t lose focus or sight of why they are here” (Participant # 1, personal communication, February 2014).

### Influences of Religion and Spirituality in Substance Abuse Counseling

Most of the participants believe religion and spirituality makes the recovery process more peaceful. Some counselors believe this foundation makes it easier for the client to introduce their religious or spiritual belief systems into the recovery process. For instance, “strong faith helps in the recovery process. Those with Christian beliefs I encourage it and those who don’t like God, I offer them Narcotics Anonymous. The main focus is meeting the client where they are at” (Participant # 2, personal communication, February 2014).

### Policies and Procedures

Confidentiality was reiterated multiple times as an integral part of the intake and counseling process. Some participants saw this as the reason why many clients feel safe to introduce their religious or spiritual belief into counseling sessions. For instance “in my experience based on the curriculum and the things we have going on in this agency, we are not supposed to say specific things to our clients that are religiously based. I can encourage people whatever your religion or spirituality is I suggest you get in tuned with that and reconnect if you think that is a source of support for you” (Participant, # 1 personal communication, February 2014).

### Comfort Levels in Terms of Implementation of Religious or Spiritual Beliefs

Some participants felt comfortable with this process while others hesitated to introduce their religious or spiritual beliefs into the substance abuse counseling process, because they felt it shifted the focus to them. For example “I am comfortable because I meet the client where they are, if they have either a strong belief in religion or spirituality it helps them discover that inner peace and assists with their rec” (Participant # 6, personal communication, February 2014).

### Religion and Spirituality as Coping Mechanism

Participants were in agreement that religion or spirituality served as coping mechanisms. “I think it is vital, because that is your support, without religion or spirituality; it is hopeless. As human beings who do not have an

addiction, we use religion and spirituality as coping mechanisms for daily struggles. What more a person who is struggling with an addiction. I don't think you can separate spirituality it is important. It is our fuel, so it is important to take advantage of it" (Participant # 1, personal communication, February 2014).

### Principles of Surrender

Most participants believe their client's need to surrender to a power greater than them in order to cease their addiction. "When I had my belief in religion I believed I could solve all my problems independently. This caused stomach problems and migraines. When I had my spiritual awakening, the support of my Codependents Anonymous groups, and following the 12 steps now I believe nothing is in my control and it is in God's hands" (Participant # 5, personal communication, February 2014).

### Practice Modalities

When asked about the use of prayer, meditation or chanting in psychotherapy most participants hesitated to include any chanting or prayer, but they were open to meditation practices as a form of self-soothing. Responses were "I teach meditation and other techniques such as prayer and breathing for decompressing. I believe it is helpful for anger, racing thoughts, anxiety, and coping with the beginning stages of the recovery process" (Participant # 7, personal communication, February 2014).

### Evidenced Based Practice

Participants were asked if they incorporated evidenced based practices (EBP) that suggested that religion and spirituality increased emotional and psychological well-being. Interestingly, the responses varied. Some participants had difficulty differentiating between recovery practices, and religious or spirituality-based EBP. Most participants' implemented principles found in the basic text of Alcoholics Anonymous. For instance, "I teach the intrinsic values of the 12 steps such as tolerance, respect, patience and open-mindedness" (Participant # 5, personal communication, February 2014).

### Summary

In summary there was a general consensus about religion as organized doctrines implementing rules and regulations in obligation. In contrast, spirituality was more of a personal relationship with a Higher power. In addition, participants were very open to discuss their personal beliefs and professional practices. Based on these findings it answers the research question: How do the beliefs of substance abuse counselors in regards to religion and spirituality impact their approach to treatment with clients.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

A qualitative exploratory research was done to examine the beliefs about religion and spirituality among substance abuse counselors. Seven semi-structured interviews were conducted to answer the research question: how do the beliefs of substance abuse counselors in regards to religion and spirituality impact their approach to treatment with clients.

#### Discussion

The goal of this research study was to examine the beliefs about religion and spirituality among substance abuse counselors. It sought out to answer the question: how do the beliefs of substance abuse counselors in regards to religion and spirituality impact their approach to treatment with clients? This research employed the use of an explorative qualitative design under the guiding principles of cognitive behavior therapy. The research incorporated findings from semi-structured interviews in order to answer the above stated research question.

The results from this research study demonstrated the openness within the field of substance abuse to incorporate religious or spiritual practices within the recovery process. There was a general consensus about the definitions of religion and spirituality. Participants believed that religion was



man-made, organized and based on rules of conduct that satisfied human needs. In stark contrast to spirituality which most if not all the participants believed was connection to something greater and most importantly something that increased the individual's level of peace. The concept of religion and spirituality as a coping mechanisms are not foreign concepts to the recovery process because Joint Commission on the Accreditation of Healthcare Organizations (2005) deemed it necessary to incorporate spiritual assessments into the treatment plans of consumers with substance abuse problems.

The participant's beliefs about religion were similar to their definitions because they were based on personal constructs and life experiences. For some participants who experienced backlash from religion institutions they had more negative definitions. Some participants saw religion as punishing, judgmental and controlling. However, the general consensus showed religious or spiritual practices served as coping mechanism when dealing with difficult challenges. This perspective was reiterated in the Heinz, Epstein and Preston (2007) study that examined the effects of religious and spiritual practices in inner-city treatment programs. Results showed that's implementing or reinforcing the client's religious/spiritual practices increases the likelihood treatment completion. Koenig (2001) proposed spirituality served as an importance coping tool for emotional, psychological and spiritual need for individual experiences life challenges. This sentiment was reinforced with this

study because participants gave examples of personal struggles they overcame with the help of spiritual practices such as meditation.

Figure 1. Entitled Addictions as a cyclic disease served as representation of the result findings based on this research study. There was also a general consensus among participants about addiction as a mental, spiritual and physical disease caused by something missing within the individual. The search to fill that missing void may involves excess consumption of alcohol or drugs and this need to cope may contribute to the addiction process. As the addiction increases so does the level of isolation because the mind, body and soul is focused on meeting the addictive need. With this underlying belief in mind it resonates with empirical research that indicates that addiction is a “chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences” (National Institute on Drug Abuse [NIDA], 2007, p. 5).

In response to the question, in what way do your beliefs about religion and spirituality influence your role as a substance abuse counselor? Motivational congruence, respect, tolerance, acceptance, and implementation of agency policies all served as values to the provision of direct micro practice service by the substance abuse counselors. They reiterated the ineffectiveness of imposing their personal beliefs unto their clients, because they believed it would only isolate the individual. For example, “my job is not to isolate it is to welcome, make people feel informed and to make them feel

good about where they are. If I'm judgmental that person cannot hear anything I have to say because I've made them feel bad" (Participant #1, personal communication, February 2014).

### Limitations

The limitations of this study had to do with the sample size. Although qualitative analysis consents to the use of smaller sample sizes it is difficult to generalize these results based on 7 substance abuse counselors that were interviewed. The gender was unintentionally biased to females because one male was interviewed. The study was limited to the inland empire and Mid-County regions of Southern California. Lastly, with the popularity of Alcoholics Anonymous and other self-help groups the implementation of religious or spiritual practice is more widely accepted, so future researchers may seek to replicate this study among find it appropriate to research the beliefs of non-religious or spirituality based fields.

### Recommendations for Social Work Practice, Policy and Research

Professional use of self in social work practice is important because direct fine line staff provide service to clients in need. For individuals struggling with substance abuse challenges it is important for the substance abuse counselors to show empathy, support and acceptance when providing services to the client because this creates a strong foundation for the recovery process. Understanding the beliefs about religion and spirituality among

substance abuse counselors will add to the conversations already taking place when it comes to the implementation of religion or spiritual practices within the field of social work. With the results established within this research study the hope is that clinicians within the field continue to develop in their level of understanding about religion or spirituality.

Nichols (2012) defines policy as “the driving force behind practice” (p. 103). As change makers it is important for us to continue to support policy that promotes the use of religious or spiritual practices within the recovery process, because extant research such as (Chambers & Wedel, 2009; Ambrosino, Heffernan, Shuttleworth, & Ambrosino, 2008) shows that social policies directly affect the allocation of funds (as cited in Nichols, 2012, p. 104).

### Conclusions

As previously stated the recovery process is a sensitive period for individual's struggling with substance abuse challenges so it is important to provide as much support as possible during this challenging time. Religious or spiritual practices are not the fix it magical tools but they serve as an added tool in the toolbox of wellness and recovery.

APPENDIX A  
QUESTIONNAIRE

## QUESTIONNAIRE

- What is your definition of religion?
- What is your definition of spirituality?
- What are your beliefs about religion/spirituality?
- In what way do your beliefs about religion and spirituality influence your role as a substance abuse counselor?
- How comfortable are you with exploring the religious (or spiritual) beliefs of your clients?
- How comfortable are you with implementing a client's religion/spiritual beliefs in their recovery process?
- How well prepared are you to incorporate the client's religion/spirituality in their treatment process?
- Do you typically ask about religious/spiritual beliefs during your initial interview with clients?
- How comfortable do you feel sharing your religion/spirituality with your client?
- What are your beliefs about religion and spirituality as a coping mechanism?
- What do you feel about using prayer, meditation or chanting as opportunities to implement psychotherapy?
- Have you incorporated evidenced based practices that suggest that religion and spirituality increase emotional and psychological well-being of individuals in substance abuse recovery? Why or why not?

Developed by Sonia Ndukwe

APPENDIX B  
INFORMED CONSENT

As part of this research project, we will be making a photograph/videotape/audiotape recording of you during your participation in the experiment. Please indicate what uses of this photograph/videotape/audiotape you are willing to consent to by initialing below. You are free to initial any number of spaces from zero to all of the spaces, and your response will in no way affect your credit for participating. We will only use the photograph/videotape/audiotape in ways that you agree to. In any use of this photograph/videotape/audiotape, your name would *not* be identified. If you do not initial any of the spaces below, the photograph/videotape/audiotape will be destroyed.

**Please indicate the type of informed consent**

Photograph       Videotape       Audiotape

**(AS APPLICABLE)**

- **The photograph/videotape/audiotape can be studied by the research team for use in the research project.**

**Please initial: \_\_\_\_\_**

- **The photograph/videotape/audiotape can be shown/played to subjects in other experiments.**

**Please initial: \_\_\_\_\_**

- **The photograph/videotape/audiotape can be used for scientific publications.**

**Please initial: \_\_\_\_\_**

- **The photograph/videotape/audiotape can be shown/played at meetings of scientists.**

**Please initial: \_\_\_\_\_**

- **The photograph/videotape/audiotape can be shown/played in classrooms to students.**

**Please initial: \_\_\_\_\_**

- **The photograph/videotape/audiotape can be shown/played in public presentations to nonscientific groups.**

**Please initial: \_\_\_\_\_**

- **The photograph/videotape/audiotape can be used on television and radio.**

**Please initial: \_\_\_\_\_**



## INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate the beliefs about religion and spirituality among substance abuse counselors. This study is being conducted by Sonia U. Ndukwe under the supervision of Dr. Cory Dennis, Assistant Professor of Social Work, California State University, San Bernardino. This study has been approved by the Institutional Review Board Social Work Sub-committee, California State University, San Bernardino.

**PURPOSE:** The purpose of this study is to examine the beliefs about religion and spirituality among substance abuse counselors.

**DESCRIPTION:** Participants will be asked a few questions on the implementation of religious and spiritual practices in the substance abuse recovery process.

**PARTICIPATION:** There will no penalty as a result of participating in this study, because it is purely voluntary. Participants may choose to discontinue at any time, however they will not be compensated.

**CONFIDENTIALITY OR ANONYMITY:** The data will be anonymous and no identifying information will be included, because the participant's names will not be reported along with their responses.

**DURATION:** It will take approximately 20 minutes to complete the survey.

**RISKS:** There are no foreseeable risks or discomforts to the subject as a result of participation.

**BENEFITS:** There will not be any direct benefits to the participants. However, the study may benefit the community by expanding their knowledge and awareness of the beliefs about religion and spirituality among substance abuse counselors. Participants will be compensated with a \$5 Starbucks gift card.

**CONTACT:** If you have any questions or concerns about this study, please feel free to contact my faculty supervisor Dr. Cory Dennis (909) 537-3501, or [cdennis@csusb.edu](mailto:cdennis@csusb.edu).

**RESULTS:** The results of this study will be available at California State University, San Bernardino after December 2014 at the Pfau library.

**VIDEO/AUDIO/PHOTOGRAPH:** I understand that this research will be audio recorded Initials\_\_\_\_\_.

I have read and understand the consent document and agree to participate in your study.

\_\_\_\_\_   
 Place an X mark here

\_\_\_\_\_   
 Date

APPENDIX C  
DEBRIEFING STATEMENT

## **Debriefing Statement**

The researcher greatly appreciates your participation in this study. This study you have just completed was designed to investigate the beliefs about religion and spirituality among substance abuse counselors. The researcher does not foresee any risks associated with your participation in this survey. However, if you have any questions about the study, please feel free to contact Sonia U. Ndukwe or Professor Cory Dennis at 909-537-3501 at California State University, San Bernardino, 5500 University Parkway, San Bernardino, CA 92407. A copy of the results of this study will be available at the same location in the Pfau library after December 2014.

APPENDIX D  
DEMOGRAPHICS

Participant information

**Ethnicity:** African-American, Caucasian, Mexican, Latino, Multi-racial

(Native-American/Caucasian)

**Gender:** Male and Female

**Recovery Status:** Recovering and Non-Recovering

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AGENCY	CITY	GENDER	ETHNICITY	RECOVERY STATUS	RELIGIOUS AFFILIATION
Inland Valley Recovery Services	Upland	Male	African-American	Recovering	Christian
Inland Valley Recovery Services	Pomona	Female	Caucasian	Recovering	Christian
Inland Valley Recovery Services	Upland	Female	Multi-racial (Native-American/Caucasian)	Recovering	Christian (ex-communicated from religious institution)
California Work Opportunity and Responsibility to Kids	Lake Elsinore	Female	African-American	Non-recovery	No affiliations
Inland Valley Recovery Services	Pomona	Female	Mexican	Recovering	Catholic
Inland Valley Recovery Services	San Bernardino	Female	African-American	Non-recovering	Christian
Inland Valley Recovery Services	Pomona	Female	Latino	Non-recovering	Catholic

APPENDIX E  
EMAIL CONTACT

Greetings Stacy Blackstone,

My name is Sonia U. Number and I am an MSW student at California State University San Bernardino. This email is in regards to an approval letter that was issued through Dr. Thomas Davis (Associate Professor, School of Social Work) in order for me to complete my research project entitled Beliefs about Religion and Spirituality among Substance Abuse Counselors.

I just received my approval from the Institutional Review Board today, and I am contacting you today, because I would like to retrieve the necessary information in order to gather up the candidates for my project. Thank you once again for allowing this project to come into fruition. My contact number is (XXX) XXX-XXXX.

Sincerely,

Sonia U. Ndukwe.

## REFERENCES

- Alcoholics Anonymous World Services. (2013). The Big Book Online. Fourth edition. [http://www.aa.org/bigbookonline/en\\_bigbook\\_chapt3.pdf](http://www.aa.org/bigbookonline/en_bigbook_chapt3.pdf)
- Bache, R. A, Bhui, K. S, Dein, S. & Korszyn, A. (2012). African and Black Caribbean origin cancer survivor: A qualitative study of the narratives of causes and care experiences. *Journal of Ethnicity and Health*, 17,187-201
- Blanch, A. (2007). Integrating religion and spirituality in mental health: The promise and the challenge. *Psychiatric and Rehabilitation Journal*, 301 (4), 251-260
- Ciarrochi, J. W. & Breslford, G. M. (2009). Spirituality, religion, and substance abuse coping as regulation of emotions and meaning in making different effect on pain and joy. *Journal of Addiction & Offenders Counseling*, 30, 24-36
- Crabb, A. C., & Linton, J. M. (2007). A Qualitative Study of Recovery and Nonrecovering Substance Abuse Counselors Belief systems. *Journal of Addictions & Offender Counseling*, 28, 4-18.
- Emerson, M. O. & Woo, R. M. (2006). *People of the dream. Multiracial congregations in the United States*. Princeton, N.J: Princeton University Press
- Eddy, M. b. (2006) *science and health with key to the scriptures*. Boston, MA: Christian Science Board of Directors
- Fisher, G. L., & Harrison, T. C. (2013). Substance abuse: Information for school counselors, social workers, therapists, and counselors (5<sup>th</sup> edition). Boston: Pearson
- Heath, C. D. (2006). A womanist approach to understanding and assessing the relationship between spirituality and mental health. *Mental Health, Religion & Culture*, 9(2), 155-170. doi:10.1080/13694670500116938
- Jones, G. (2013) Clinical Experience of Addressing Client's Religion and Spirituality in therapy. Unpublished Doctoral thesis. Chestnut Hill College
- Joint Commission on the Accreditation of Hospital (2005). *Spiritual assessment*. Revised April 1, 2005.



- Koenig, H. G., McCollough, M. E. & Larson, D. E. (2001). Handbook of religion and health. London: Oxford University Press
- Lesser, J. G & Pope, D. S. (2011) Human Behavior and the Social Environment: Theory and Practice. 2<sup>nd</sup> edition. Boston, MA: Pearson Education
- Miller, W. R. (1999). Integrating Spirituality into Treatment: Resources for Practitioners. Washington, DC: American Psychological Association
- Mizrahi, T., & Davis, L. E. (2008). Encyclopedia of Social Work, J-R (3), 126-129.
- Näsman, P. P., & Ortendahl, M. M. (2007). Values and beliefs about consequences related to smoking among pregnant and non-pregnant women. *Journal of Obstetrics & Gynecology*, 27(6), 558-563. doi:10.1080/01443610701469883
- National Household Survey on Drug Use and Health. (2007). Substance Abuse and Mental Health Services Administration. Office of Applied Studies. Retrieved from <http://www.oas.samhsa.gov/2k5/meth/meth.cfm>
- Nichols, Q. (2012). Connecting core competencies: A workbook for social work Students. Saddle River, NJ: Allyn & Bacon
- Pargament, K.I & Saunders, S. M. (2007). Introduction to the special issue of spirituality and psychotherapy. *Journal of Clinical Psychology*, 63, 903-907
- Raguram, R., Venkateswaran, A., Ramakrishna, J. & Weiss, M. G. (2002). Traditional community resources for mental health: A report of temple healing from India. *British Medical Journal*, 325, 38-40
- Shorto, R. (1999). Saints and madmen: How pioneering psychiatrists are creating a new science of the soul. NY: Henry Holt and Co.
- Watson, E. R., & Westby, C. E. (2003). Prenatal Drug Exposure. *Remedial & Special Education*, 24(4), 204
- Substance Abuse and Mental Health Services Administration. (2008). The Dasis Report Primary Methamphetamine/Amphetamine Admissions To Substance Abuse Treatment. Retrieved from <http://www.samhsa.gov/data/2k8/methamphetamineTX/meth.htm>

Turner, F. (2011). Social work treatment: Interlocking theoretical approaches 5<sup>th</sup> edition. New York, NY: Oxford University Press

Zenkert, R. L. (2011). Therapists' responses to the discussion of religion and spirituality in therapy: Working with a trauma vs. non-trauma population. (Order No.3569382, Widener University, Institute for Graduate Clinical Psychology). ProQuest Dissertations and Theses, 198. Retrieved from <http://search.proquest.com/docview/1356020536?accountid=1059> (1356020536).