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THE IMPACT OF A RESIDENTIAL SUBSTANCE ABUSE TREATMENT FOR
WOMEN

By
Loretta Lemon

A Thesis

Submitted in partial fulfillment of the requirements of the
Master of Arts Degree
of
The Graduate School
at
Rowan University
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Approved by _____
Professor

Date Approved 5-6-03

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ABSTRACT

Loretta Lemon
THE IMPACT OF A RESIDENTIAL
SUBSTANCE ABUSE TREATMENT FOR
WOMEN

2002/03

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&

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Masters of Arts in School Psychology

During the early development of the twelve-step program, it was an effort to help middle class older white males that abuses alcohol. Since the 1930's the twelve-steps have been used to treat women and men from all different backgrounds that have experimented with a variety of drugs. The purposes of this research were to evaluate the effectiveness of a twelve-step program using the scores from each woman's Symptom Checklist-90-R and to review current literature on twelve-step programs and their effectiveness with the female populations.

The Symptom Checklist-90-R was designed to help screen for a range of psychological problems and symptoms of psychopathology. The tool was used to evaluate the patient's status at entrance to the program and again monthly to monitor progress. Using the scores from each woman's test for the fist five months a progress report was computed. The global index scores for the five-month period was statistically computed using the Mauchly's Test of Sphericity. The results indicated a substantial decrease in psychological problems for women who remained in treatment for five

months, which supports positive progress for women in treatment the residential twelve-step program.

Acknowledgements

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Chapter I

The Problem

Need:

The foundation of the twelve-step program for addiction was developed during the late 1930's. In its primary form, the program was geared more towards older white middleclass males who had a problem with alcohol. Currently the same principles of the twelve-step program along with the disease model have been used to help a vast number of populations that fall outside of the norm of the earlier clientel. The goal was to determine if the twelve-step philosophy of treatment was effective for women from a low economic background, which have abused substances other than alcohol.

According to the research, women needing treatment was higher than the availability of programs which meet the women's specific needs. Women substance abusers face the barrier of the lack of childcare, in addition, to the sexual and physical abuse issues, low education and poor employment history. The focus of treatment is to assist the women in making changes that will increase her chances of remaining sober over time. Some areas of changes involve the thoughts, attitude and behavior of the individual through education, treatment specific groups and individual counseling. Based on the structure and gender specific treatment, the outcomes appeared to be positive with greater impact being seen in those who follow through with the programs recommended treatment plan. In completing this research, the author sought to give support to the effectiveness of residential twelve-step treatment program for women.

Purpose:

The author wished to study the impact of residential twelve-step substance abuse treatment on women to decrease the amount of psychological problems as well as symptoms of psychopathology. Data was collected over a five-month period using the symptom's checklist-90-R, which was converted through the computer program into a progress report for each individual woman. The symptom checklist-90-R provided information on several distinct symptoms of psychopathology like obsessive-compulsion, depression, anxiety, hostility and a number of others. In addition, the progress report also indicated a global severity index, which provided a measure of overall psychological distress.

Hypothesis:

In researching a residential twelve-step program, the hypothesis was that there would be a significant difference between a woman entering treatment and five months after being in treatment. The difference anticipated was a decrease in psychological distress over time. The Null Hypothesis was that there would be no difference between the women at entrance and after five months of treatment.

The author supported that there would be a significant change in woman's psychological distress from the initial test until five months later. The data also supported a continual decrease in the women's overall distress. During this study, the length of stay was the independent variable and the scores were the dependent variable.

Theory:

The substance abuse treatment facility that was used in this study uses a disease model along with a twelve-step model for treatment. The disease model focuses on

addiction being like other diseases. Some characteristics of the diseases are that there are symptoms used to give a diagnosis, it has a progression, there is no cure for the disease but the progression can be arrested through treatment. In addition the disease model focuses on addiction affecting three major areas of the person. The three major areas affected are the physical, mental and spiritual aspects of a person. The physical aspects of the disease model focus on internal damage being done as a result of the use of a single substance and/or several mood-altering substances. The mental aspect of the disease model supports that the use of a drug and/or several mood-altering substances will cause temporary and possible permanent cognitive difficulties. The spiritual aspect of the model concentrates on being separated from the creator and His guidance. Another important aspect of the disease model includes the way in which the patient is treated. Under the disease model, patients are treated in similar ways as a patient in a hospital would be treated. For example, the patients have someone else to prepare their meals and are closely monitored for any change in their condition.

The twelve step philosophy used to treat addiction focuses on working the person through a process that allows him or her to make peace with his or herself, others and God. In addition, the process is viewed as ongoing allowing the person to continually make changes to better the life of sobriety. The first step deals with the ability to admit the control the addiction has had over one's life through the use of identifying unmanageable events. Based on the ability to admit the lost of control, step two seeks to instill hope through the possibility of being restored to sanity with the help of God. In step three the person makes a decision to allow God to help him or her repair the damage done through active addiction. The first three steps are often called the foundational

steps, which give support to the work that is going to be done in the steps to follow. Step four moves the individual to taking a look at his or her assets and defects. After the person has identified his or her assets and defects, the individual becomes honest with God, his or herself and another human being sharing the wrongs that he or she has done. In the sixth step the individual becomes ready to have God help him or her change. The seventh step is where the individual actually requests for God's assistance in changing. Once the person has asked for God's help, the eighth step has the individual make a list of the persons he or she has harmed. The ninth step has the person make amends to the persons on the list in step eight. It should be noted that amends are made except in cases where doing so would cause more injury. The last three steps are maintenance steps. They assist in continual grow to support the individual's sobriety. Step ten has the individual to continue to take a look at his or herself and whenever wrong to admit it. The eleventh step seeks to bring the individual closer to God through prayer and meditation. Based on the individual's closeness to God he or she is to be more in tune with God's plan for his or her life. The last step is a charge that after the individual has benefited from the use of the steps to share the message with other addicts. The steps are a way to help the individual to make changes through their own identification of a need for help and acceptance of the help. The of the twelve-steps offer individuals in the addiction cycle a way out.

Definitions:

1. Residential Long-term treatment- a three month to a year program where a person is housed in transitional housing while receiving medical and clinical care.

2. Higher Power- the spiritual being that has been identified by the individual according to his or her own understanding of God.
3. Mood altering substances- drugs that affect the mood and judgement of a person when ingested into the body. For example: alcohol, cocaine, heroin, marijuana etc.
4. Arrested- the ability to hinder the progression of the addiction through treatment.
5. Unmanageable- are distinct areas of the individual life that began to fall apart as a result of a lack of responsibility. An example is lost of house as a result of not paying the rent.
6. Sanity-the individual has a healthy mental state, which allows for rational thinking and decisions.
7. Amends- payment made or satisfaction given for injury or loss etc.
8. Relapse- to slip back into active addiction.

Assumptions:

In the early phase of the research, the author had to make certain assumptions about the data being used as well as the outcomes that it would produce. The data being used was believed to be a result of the test being administered according to the directions within the technical manual. In addition, the tests were administered under the acceptable conditions listed within the technical manual so as to decrease the influence of environmental factors. Using the computerized scoring helped to produce consistency in the score results. The assessment software was also used to generate a progress report to monitor client's progress over time. Not all participants met the scoring requirements and were discarded by the computer's system. The author believed that the data being

used from the SCL-90-R would provide testable measures for support of twelve step programs for women.

Limitations:

Since the test was measuring the stress levels of an individual, it must be understood that those levels could change at any moment. The test was only able to indicate the state of the person at the time of the test and is not a predictor of the person's future state. An example is a person who has had some type of frustrating event take place, her stress level may be higher than usual due to the test being given at the same time as the event. The same person if, given the test after the issue was resolved may show no indications of the last disturbing episode.

The population used for this research was limited to women from the inner city and a small percentage of women from areas outside of the city. The findings from this research would not be able to be generalized to the addicted population of the United States but could be an indicator for the inner city women's addicted population.

The test used in this study was the Symptoms Checklist-90-R. Although the test used was able to identify nine different types of stress, it was possible that the individual was experiencing stress that was not specifically identified by the test. An example would be guilt. Even though guilt was not one of the listed categories, patients who feel guilt would most likely fall under interpersonal sensitivity or depression. The test was able to provide valuable information on the level of stress a person was experiencing but was unable to give information as to what was causing the stress. In order to determine the cause of the stress an individual session would need to be conducted.

Overview:

The author has provided a literature review in chapter II that covers current research on addiction and the use of the twelve-step model. Chapter II opened with an introduction on the drug epidemic in the United States. After the introduction in the chapter, the author, reviewed literature in the following areas: gender differences in addiction, women in treatment, twelve-step treatment for women controversy, twelve-step programs meeting the needs of women and the chapter was ended with a summary of the literature. The information provided in chapter III focused on the design of the study. It described the sample used for the study as well as the different measuring tools used. A brief analysis of the results found through statistics was explained which led into the closing out of the chapter with a summary. Located in chapter IV the data was analyzed and the implications made by a change in psychological distress were discussed. The author used chapter V to provide a summary of the research and final conclusions. Immediately after chapter five is the references.

Chapter II

Literature Review

Introduction:

Since 1963 the President's Advisory Commission on Narcotic and Drug Abuse has recognized a growing problem with drug abuse in the United States. The drug epidemic has impacted the lives of many different cultures of various age groups from every type of socioeconomic level. The use of drugs has led many people into a world of addiction causing destruction to many areas of their lives. Some of the destruction faced by drug abusers is the threat of negative health related consequences, legal problems, family discord, poor social relationships, employment difficulties, poor self-esteem as well as many other problems. The damage created by the abuse of drugs in many cases takes more time to amend than it did to ruin. As a result of drug addictions a major area of damage has been done to the family. The goal of treatment is to improve the quality of life the individual through abstinence. The provision of maintenance is based on the assumption that abstinence would lead to improvement in other domains of the addicts social and psychological functioning (Rudolf, H., & Watts, J., 2002).

Gender differences in addiction

When examining the family system, one will find that in most cases an addicted mother has more to deal with than an addicted father does. Research has indicated that substance abuse exerts a greater psychological impact on women than on men (Wobbie, K., Davis, F., 1997). Some researchers believe that the difference between genders may result from societal issues and expectations of women's roles. Women are usually the

ones who care for the children as well as the household. Another research conducted by Holdcraft & Iacono (2002) agrees with the differences between male and female in addiction. In their study they stated that women have been found to have more drinking-related familial consequences while men suffer more adverse occupational, legal and violent-related consequences (Holdcraft & Iacono 2002). It is estimated that 375,000 children are born each year to mothers who use drugs or alcohol during their pregnancies (Wobbie, K. & Davis, F., 1997). Finding a treatment center to address the needs of addiction is the simple part. The problem arises when the mother may be able to enter treatment but has no one to care for her children. Many treatment facilities discovered that mothers unable to bring their children to treatment created a barrier to treatment (Eliason & Skinstad 1995). In addition, many woman who had the opportunity to attend treatment, continue to experience feelings of maternal responsibility and concern for the welfare of their children even if they have trouble demonstrating it or proving it to others (Wobbie, K. & Davis, F., 1997). The research on women and children treatment facilities indicate that woman permitted to bring their children into treatment seem to have a higher rate for program completion than woman without their children (Knight, 2001). As a result of an increase in addicted mothers not coming or remaining in treatment due to childcare, an increase of residential substance abuse treatment facilities has been noticed (Knight, 2001).

Women in treatment

Substance abusing women who attend residential treatment facilities appear to enter treatment with many deficits that impact sound parenting and daily living skills. In addition some present low education levels, limited job skills and lack of trust in others, which further makes the treatment experience more difficult. Schliebner (1994) suggested that therapy, which is sensitive to gender issues, might be an effective treatment for women. Many of the residential treatment facilities for women attempt to cover a wide range of daily life skills in order to meet the multi-dimension needs of a woman. They also provide the opportunity for mothers to bond with children providing improved parenting and building an educational foundation, which many clients have neglected (Wobbie, K. & Davis, F., 1997). The ultimate goal of treatment is to return the individual back to being a functioning member of society.

Twelve-step treatment for women controversy

According to the current literature addressing addiction treatment, many researchers question the effectiveness of 12-step oriented treatment. Those challenging the 12-step method of recovery believe that there is not enough evidence to support its effectiveness due to the foundation of the treatment being spiritually based and the inability to measure progress. In addition, they question if non-spiritual individuals would benefit from this type of program. Despite the persuasive arguments against 12-step oriented programs, evidence supports referrals to 12-step groups were effective at increasing meeting attendance, irrespective of patients' religious background, and all experienced significantly better substance abuse outcomes when they participated in 12-step groups (Winzelberg, A., 1999). Another study also supports the effectiveness of 12-

step treatment for drug and alcohol stating that participants accepted more responsibility as they progressed through treatment, which in turn was associated with higher levels of psychological functioning with treatment completion (Kingree, J. B., & Emroy U. 1999).

After completion of a long-term 12 step oriented program, participants are encouraged to attend 12-step meetings which support the same principles taught while in residential treatment. It is believed that people who follow through with the suggestion to attend meeting strengthen the relationship of remaining drug free. A two-year follow-up study reported a high correlation between weekly and more frequently attendance to 12-step meetings with drug and alcohol abstinence. In addition the findings also suggested that less than weekly participation is not associated with favorable drug and alcohol use outcomes. The final deduction based on research is that participation in 12-step programs seems to be equally useful in maintaining abstinence from both illicit drugs and alcohol use (Fiorentine, R. 1999)

Although 12-step programs have a substantial history for helping those with addictions to maintain sobriety, another controversy appears to darken its success. Many researchers believe that because the 12-step principles were developed to meet the needs of white, middle class, heterosexual men that the philosophy may not be suitable for the diversity of clientele found in the world of addiction today (Saulnier, C., 1996). The concern that the principles of old may not be effective in the lives of those outside of the ideal clientele may be a valid concern. The only problem is that research on the topic is limited and those that have been done use a small population which weakens the reliability of the findings.

In support of the 12-step model of treatment, some researchers have agreed that the principles were originally developed to address the male perspective of addiction but have since been revised to meet the needs of the growing population. In 1992, a study identified that much of the existing treatment models used with women have largely been developed by and for men and continue to be redefined on the basis of research (Copeland, J., & Hall, W., 1992). In the same study, it suggested that specialist women's service were more effective than other types of women's treatment (Copeland, J., & Hall, W., 1992).

Twelve-step programs meeting the needs of women

The specialist women's serviced are treatment programs that attempt to meet the diverse needs of woman by focusing solely on the female population. Services provided are group therapy based on the disease model and 12-step philosophies. In addition, specialty groups are provided in the area of parenting, self-esteem, assertiveness, sexuality, health and relationship issues. Compared to treatment programs that are mixed, the specialist woman's service appears to address the specific needs of the clients. In addition, studies in the USA report that specialist women's services have an increase in recruitment and retention of women with dependant children in services, which provide childcare (Copeland, J., & Hall, W., 1992). Beckman and Kocel (1982) also noted in their survey of 53 agencies that those who offer after-care services and treatment for children serve significantly higher number of women than those that did not offer such services.

The benefit of women being able to bring their children to treatment seems to correlate with longer lengths of stay (Szuster, R. R., and associates 1996). The longer the

women stays in treatment the more opportunity she has to partake of program services as well as be evaluated and referred for any special needs (Wobbie, K. & Davis, F., 1997). In addition, it also gives the women a chance to form a network of social support that will sustain her drug-free lifestyle. According to a research conducted on the effectiveness of residential treatment for women, those who graduate show a reduction in the severity of their alcohol, drug, legal, family and psychological problems (Cosden, M., & Peerson, S., 1996)

Stress and treatment:

The goal of treatment for the substance abuser is to achieve a substantial reduction in the frequency and intensity of substance use that is maintained for significant periods of time following the cessation of treatment (Mckay, J. R., 2001). Interfering with the achievement of the goal of treatment is the threat of relapse. Although there may be many causes for relapse most of them fall into the category of stress related events. Situations presenting a risk for relapse to substance abusers are things like negative emotional states and interpersonal conflict (Sharkansky, E. J., 1999). It has also been noted that in research a high degree of psychiatric comorbidity is associated with substance abusers (Brown, P. J., and associates 1996). Since the impact of stress related events have the potential to cause a relapse, it is important that individual learn active coping strategies to deal with the pressure created by unavoidable situations. Coping strategies may include management skills to deal with unpleasant emotions, relationship building and communication skills to avoid and resolve interpersonal conflict and stress management techniques to avoid physical discomfort (Sharkansky, E. J., and associates

1999). Most treatment facilities teach a variety of coping skills to the substance abuser so as to decrease the risk of relapse.

Additional benefits to twelve-step programs:

There is growing evidence that about ten percent of patients who enter substance abuse treatment deteriorate during or soon after the end of treatment (Moos, R. H., and associates 2002). The research was unable to define the specific areas of deterioration but the value of aftercare has been acknowledged as being beneficial. The crucial role of aftercare in the recovery process has been linked to better post-treatment outcomes (Brown, T. G., and associates 2002).

The twelve-step program not only provides a structure of recovery while in the treatment setting but has also devised its own organized support group. Once individuals with an addiction leaves treatment they are encouraged to attend the twelve-step support groups of Alcoholics Anonymous and/ or Narcotics Anonymous. The groups provide support as well as mentoring through the vehicle of sponsorship. According to research, participation in twelve –step aftercare have been positively correlated with outcomes compared to less participation (Brown, T. G., and associates 2002). It has been hypothesized that six months after treatment is the most crucial time for a substance abuser. Major relapse episodes and return to pretreatment levels of functioning are most likely to occur during the first six months after treatment (Brown, T. G., and associates 2002). Attending aftercare provides a support during the crucial months. The purpose of the aftercare is to maintain the gains the individual has achieved while in treatment as well to provide support necessary for sustaining resolution of substance abuse problems.

Summary:

The abuse of drugs has been an issue in society for many years. Through prolonged and/or excelled addictions the life of many individuals have been destroyed. Some lives touched by the addiction have never had an opportunity to live themselves. The need for treatment is a must but not every treatment approach meets each person's needs. The goal of treatment is to match the treatment with the individual. Many details about the individual may need to be investigated in order to make a proper referral for treatment. The issues experienced by men and women often impact the type of treatment they will receive.

The unique qualities of women cause their treatment to have to some adjustments made to it. According to the research, women with children have difficulties remaining in treatment. Although the mother does not have the child with her in treatment, she will still feel obligated to care for her child. Some treatment facilities have meet the needs of the woman with children by allowing them to come into treatment with mom. Having the children in treatment with the mother is great for retention but it also opens the door to other needs. The woman may need additional services like parenting classes and budgeting. A treatment facility that meets the needs of the mother as well as the child has a better chance at assisting the woman in remaining sober.

Chapter III

Design of the Study

Sample:

The study concentrated on women who have successfully completed three months to five months of treatment. Subjects used in the research are women who were patients during the 2000-2001 calendar year. In addition, they were adult addicted women between the childbearing years of eighteen to forty-five. The demographic location of these women included those from the suburb, city and country settings within the state of New Jersey. Although the demographic location of the population was inclusive of all settings, the majority of the population was from the city. All ethnicities in attendance during the one-year period were included in the data. Due to the program being a grant funded program providing services to women and children who are unable to pay for treatment, the socioeconomic status of the population was mostly below poverty level with a small percentage above the poverty level.

Measures

Women used in the study were screened using the (American Society Addiction Medicine Patient Placement Criteria second revision) ASAM-PPC-2, which determined the level of care needed for drug and/or alcohol addiction. The ASAM criteria for inpatient rehabilitation is coded level III.7. As a part of the qualification criteria for long-term treatment, the women must be over eighteen years of age, voluntarily entering treatment and meet the diagnostic criteria for substance-related disorder as defined by the DSM-IV. The ASAM covered six dimensions of the person's life and in order for the

patient to qualify for inpatient services the person must meet two of the six dimensions. The dimensions covered the following areas: acute intoxication and withdrawal, biomedical conditions and complications, emotional/behavioral conditions and complications, treatment acceptance/resistance, relapse/continual use potential and recovery environment. Some of the characteristics under each of the dimension focus on the severity of the addiction and the person's inability to remain sober with out professional help. Under each of the dimensions there were two or more options in which to choose. For example:

Dimension I: (Acute Intoxication and/or Withdrawal) focused on if the person was experiencing symptoms of withdrawals or if they were currently intoxicated. An example of a withdrawal symptom was shaking. Some signs of intoxication were poor balance, impaired judgement and belligerence.

Dimension II: (Biomedical Conditions and Complications) concentrated on continual alcohol and drug usage placed the patient under imminent danger of serious damage to physical health or patient already suffered from a medical illness as a result of the addiction.

Dimension III: (Emotional/Behavioral Conditions and Complications) dealt with the person experiences feelings of depression, at risk of hurting self or others, history of violent or disruptive behavior and etc.

Dimension VI: (Treatment Acceptance/Resistance) maintained focus on the individual not accepting or relating consequences to the severity of the addiction and the individual needing the intensive motivational strategies provided in a structural setting.

Dimension V: (Relapse/Continued Use Potential) geared it's focus on the

individual's inability to maintain abstinence on his or her own or with the assistance of outpatient services and the only level of care seen effective for the individual, at this point, was residential treatment.

Dimension VI: (Recovery Environment) dealt with the individual's living conditions as well as occupation not being supportive to a drug free life. In addition, it incorporated areas of family conflict and physical, sexual and emotional abuse as impeding one's recovery process. The advantage to using the ASAM-PPC criteria is that it gave treatment providers a base line in which to begin providing services to the damaged areas of the individual's life.

The testing measure that was used to monitor the stress levels of the women was the symptom checklist-90-R also known as SCL-90-R. The SCL-90-R is a brief, multidimensional self-report inventory that screens for nine symptoms of psychopathology and provides three additional guides. The test contained 90 items and took about 12-15 minutes to complete. It was written on a sixth grade level in order to be appropriate for individuals between the ages of thirteen years of age and older. The test could be used as a screening tool, a method in which to monitor progress and as an outcome instrument. For the purpose of this research, the progress reporting was used. The test was given monthly to monitor change in the women's stress levels. At the end of the fifth month, a progress report was produced.

The nine scales on the test are somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobia anxiety, paranoid ideation and psychoticism. Each of the scales was described in the order presented above. The somatization scale reflected the distress the individual was feeling physically in the body.

It includes complaints dealing with cardiovascular, gastrointestinal, respiratory and other. Obsessive-Compulsion scale focused on the thoughts, impulses and actions that were experienced as irresistible. The thoughts, impulses and action were usually a reflection of the unwanted nature of the ego. The section on interpersonal sensitivity focused on feelings of inadequacy and inferiority, particularly in comparison with other people. Included also in this section is self-deprecation and self-doubt. Another scale was the depression section, which dealt with a range of clinical depression such as signs of withdraw from life interest, lack of motivation and loss of energy. In addition, it also included feelings of hopelessness, thoughts of suicide and other symptoms related to depression. The scale of anxiety included nervousness, tension, trembling, panic attacks, and feelings of terror, apprehension and dread. Hostility was the next scale. It reflected thoughts; feelings or actions that were characteristic of negative affects of the state of anger. The section on hostility also included expressions of aggression, irritability, rage and resentment. Phobia anxiety was the next section that dealt with the persistent fear response to a specific person, place, object or situation that is irrational and disproportionate to stimulus and lead to avoidance or escape. Paranoid ideation was the scale that took into consideration the individual's characteristic to have projective thoughts, hostility, suspiciousness, grandiosity, and centrality, fear of loss of autonomy and delusions. The section focused mainly on a disorder mode of thinking. The last scale of stress measured by the test was psychoticism. Psychoticism section was designed to measure a continuous dimension of human experience. Some examples would be withdrawn, isolation, schizoid lifestyle and hallucinations. The section focused on an array of symptoms from mild interpersonal alienation to dramatic psychosis. In

addition to providing specific information on the named stress, the test also provided a global severity index, positive symptom distress index and positive symptom total. The global severity index measured the overall psychological distress. Although the other two sections were not used they both provided valuable information. The positive symptom distress index measured the intensity of the symptoms and the positive symptom total reported the number of self-reported symptoms.

Design:

Women seeking to enter the treatment facility were first assessed using the ASAM-PPC-2 to insure the individual qualified for inpatient services. Once the client was approved for admission they would begin interaction in daily services. Approximately two weeks after admission, the psychologist using the SCL-90-R tested the individual. The information from the test was scanned into the computer with each woman being assigned a specific number. The scores were retained in the data bank of the computer. Each month for a total of five months, the psychologist would test the same women and impute the data into the computer. At the end of five months, the author was able to access the data using the assigned numbers and convert the information into a progress report. The progress report provided information on each woman's stress levels over a period of five months. The length of stay was the independent variable and the scores were the dependent variable. In the progress report the test scores for each symptom was shown in t-scores. Using only the global severity index of each woman the author selected Mauchly's Test of Sphericity to determine the type of change in the stress levels. The results indicated a linear trend with a decline in

stress scores from month one to month five. As a result of the findings, support was provided for the effectiveness of a twelve-step program for women.

Testable Hypothesis:

In researching a residential twelve-step program, the hypothesis was that there would be a significant difference between a woman entering treatment and five months after being in treatment. The difference anticipated was a decrease in psychological distress over time. As a result of the findings, which indicated that women in treatment display a decrease in stress levels over time, the hypothesis was supported.

Analysis:

Each woman's stress level scores over a period of five months were compiled indicating the progress of the individual. In addition to being able to test within subjects, it was also possible to test between subjects giving an indication as to the effectiveness of the program. Multivariate analysis of variance was utilized to analyze the data.

Summary:

Women in treatment face psychological issues that become barriers for treatment. They not only have to make life style changes to support a life without mood-altering substances but they must also, in most cases, learn parenting skills. Parenting alone can be very stressful. According to Cosden & Peerson (1996), women who reported severe psychological problems were less likely to graduate from the program. Another study indicated that women who had the ability to bring their children into treatment and were taught parenting skills among other skills were more likely to remain in treatment. In conducting the investigation on the impact of a woman's treatment program, the author sought to find support for a decrease in stress levels of women in treatment with their

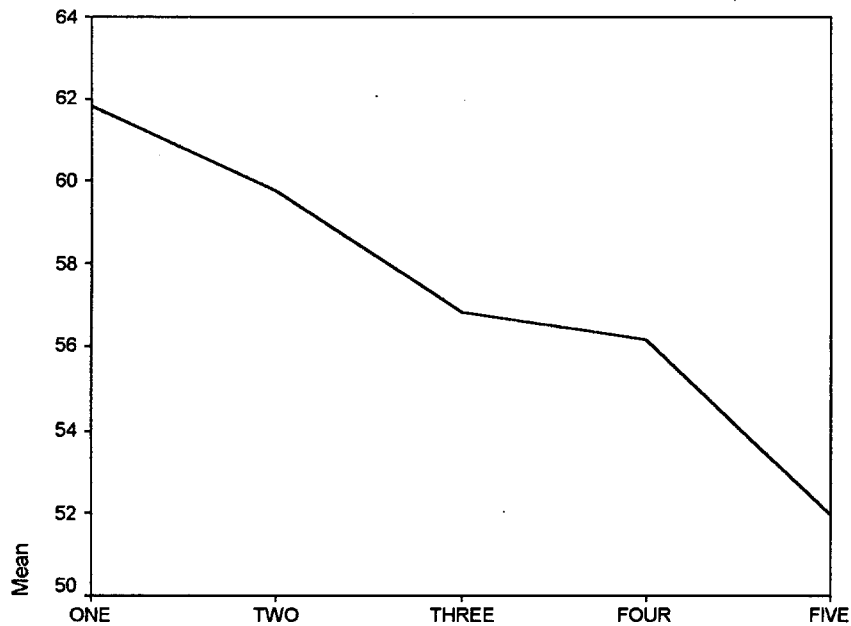
children. The stress level of twenty-seven women was reviewed over a period of five months using the symptom checklist-90-R. In the findings, a decrease in stress levels was noted which gives some support for the effectiveness of twelve-step programs for women.

Chapter IV

Analysis of Results

Restatement of Hypothesis:

The hypothesis as was stated in chapter one stated there would be a significant difference between a woman's psychological distresses entering treatment the program compared to her psychological distress over a period of five months. At completion of the research, the goal was to provide substantial findings that support the effectiveness of residential treatment for substance abuse using the twelve-step model. In addition, expectation was that over time the women would show a decrease in psychological distress providing each woman with additional support for remaining sober.



(FIGURE 4.1)

Interpretation of Results:

Based on the results indicated in figure 4.1 the hypothesis from chapter one has been accepted. Although the scores over the months varied from as high as eighty to as low as thirty, the overall outcome indicated a significant difference for each woman at the end of five months compared to original score at the beginning of treatment. In addition, the graph presents a linear trend ($F(1,26)=21.87$ $p<.0001$) with decline in stress scores from month one to month five. The mean and standard deviation are presented in figure 4.2. The mean declines as following:

Month one: Mean = 61.8148 with a standard deviation of 11.7507
above or below the mean.

Month two: Mean = 59.7778 with a standard deviation of 8.8289
above or below the mean.

Month three: Mean = 56.8148 with a standard deviation of 9.6278
above or below the mean.

Month four: Mean = 56.1481 with a standard deviation of 10.7907
above or below the mean.

Month five: Mean = 51.9630 with a standard deviation of 12.4205
above or below the mean.

Since the results do not support the Null hypothesis in that there is no significant difference between the women's stress level at entrance compare to five months of treatment, the Null Hypothesis was rejected.

Descriptive Statistics	N	Minimum	Maximum	Mean	Std. Deviation
ONE	27	30.00	80.00	61.8148	11.7507
TWO	27	40.00	75.00	59.7778	8.8289
THREE	27	33.00	72.00	56.8148	9.6278
FOUR	27	31.00	73.00	56.1481	10.7907
FIVE	27	30.00	72.00	51.9630	12.4205
Valid N (list wise)	27				

(FIGURE 4.2)

Statement of Significance:

The women entered the treatment program with a high level of stress. Over time the stress levels of these ladies appeared to decline at a steady pace. The difference indicated by the stress scores seemed to show a significant change being made in relationship to the amount of time spent in treatment. Women at two months presented lower stress scores than those during the initial phase of the program. The same statement was true for women at four months compared to women at three months. The decline in stress levels declined as the women continued in treatment. The significance was supported by the linear trend that was displayed in the graph in figure 4.1.

Summary

Women entering the twelve-step philosophy based treatment showed a high level of stress. As the women continue to remain in treatment they at times may have fluctuations within the level of stress but overall decreased in the amount of stress indicated at entrance into the program. Multivariate analysis of variance was used to analyze the data. Based on the evidence of the statistical computations the hypothesis was supported providing support for significant changes in women participating in treatment over time.

Chapter V

Summary & Conclusions

Drug and alcohol addicted persons seem to make many life changes after attending treatment that impact the way the person acts, thinks and feels. As a result of these changes, the addicted person seems to be able to maintain various lengths of sobriety including life long sobriety. If these impacting changes are noticeable upon completion of a treatment facility, the question needing to be researched was does residential treatment influence positive changes in an addicted person's stress levels enabling them to remain sober over time.

A specific treatment program that uses the twelve-step model was examined to determine the benefits of long-term treatment for women. The population under examination was as a result of the development of the twelve-step philosophy being originally developed for older, white middleclass males who had a problem with alcohol. According to the research, women who attend twelve-step programs do show improvement in their ability to remain sober.

The study concentrated on women who have successfully completed three months to five months of treatment. Subjects used in the research were women who were patients during the 2000-2001 calendar year. In addition, they were adult addicted women between the childbearing years of eighteen to forty-five. The demographic location of these women included those from the suburb, city and country settings within the state of New Jersey. Although the demographic location of the population was inclusive of all settings, the majority of the population was from the city. All ethnicities

in attendance during the one-year period were included in the data. Due to the program being a grant funded program providing services to women and children who are unable to pay for treatment, the socioeconomic status of the population was mostly below poverty level with a small percentage above the poverty level.

Women who entered the treatment facility were first assessed using the ASAM-PPC-2 to insure the individual qualified for inpatient services. Once the client was approved for admission they would begin interaction in daily services. Approximately two weeks after admission, the psychologist using the SCL-90-R tested the individuals. The information from the test was scanned into the computer with each woman being assigned a specific number. The scores were retained in the data bank of the computer. Each month for a total of five months, the psychologist would test the same women and impute the data into the computer. At the end of five months, the author was able to access the data using the assigned numbers and convert the information into a progress report. The progress report provided information on each woman's stress levels over a period of five months. The length of stay was the independent variable and the scores were the dependent variable. In the progress report the test scores for each symptom was shown in t-scores. Using only the global severity index of each woman the author selected Mauchly's Test of Sphericity to determine the type of change in the stress levels. The results indicated a linear trend with a decline in stress scores from month one to month five. As a result of the findings, support was provided for the effectiveness of a twelve-step program for women.

Conclusion:

Women entering the twelve-step philosophy based treatment showed a high level of stress. As the women continue to remain in treatment they at times may have fluctuations within the level of stress but overall would decrease in the amount of stress indicated at entrance into the program. Multivariate analysis of variance was utilized to analyze the data. Based on the evidence of the statistical computations the hypothesis was supported providing support for significant changes in a woman participating in treatment over time.

Discussion:

The hypothesis was fully supported. The impact of long-term treatment on the lives of the women was significant in the fact that a great difference in stress levels was observed. The findings were consistent with the research done by Wobbie and Eyler (1997) who stated the longer a women can stay in treatment the more opportunity she has to partake in program services, be evaluated and be referred for special services. Women in addition need special services that will address gender specific issues. Copeland and Hall (1992) stated that failure to identify and address the potentially crucial treatment concerns of women might, in turn, explain the ongoing failure of traditional services to attract women into treatment. One of the main issues is that of motherhood. The issue of motherhood includes everything from the stress of being a parent to the stress of being separated from the individual's child or children. According to a research done on the outcomes of women and children in residential treatment, women who are able to bring their children into treatment not only remain in treatment longer but also demonstrate a lower depression level and a higher self-esteem level (Wobbie and Eyler, 1997). The

research conducted on the residential treatment program for women have incorporated services that address the women's unique needs. Based on the unique needs of the women being addressed a consistent decrease in the stress levels was produced over time.

Implications for future research:

Although the research on the effectiveness of residential treatment for women was a success there are other issues that could be reviewed in future studies. The symptoms checklist-90-R has nine different categories of stress, which would be interesting to investigate, which area is impacted the most by treatment. In addition the test also provides information on the overall intensities of the stress levels. It would be interesting to compare the intensity of the stress levels to the global severity index to determine if they correlate with the length of stay. It would also be helpful to increase the sample size as well as the sampling location of the population. Future studies conducted on the effectiveness of residential treatment for women could further enhance the treatment being provided to women with children in treatment.

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