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ASSESSING WOMEN'S AFTERCARE NEEDS

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

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

by
Ronda Rae Johnson

June 2003

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Approved by:


Tom Davis, Faculty Supervisor
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5/20/03
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ABSTRACT

The purpose of this study is to assess the aftercare needs of women who have completed substance abuse treatment. By assessing the aftercare needs, treatment providers can be more knowledgeable and better prepared in addressing women's aftercare needs. This study focuses on an Aftercare Program available at Panorama Ranch residential facility. This research study surveyed twenty-three women in the Aftercare Program.

This quantitative study gathered data by utilizing a self-administered questionnaire. The questionnaire includes client demographics and a Likert type scale that measures the perceived importance of women's aftercare needs. To assess the correlations between variables, bivariate statistics such as Pearson's correlations coefficients were employed.

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I would like to give an enormous warm thank you to Dr. Thomas Davis for his support and guidance during this process. In addition, I would like to thank him for his kindness and patience that he expresses. Dr. Davis is truly an asset to the field of Social Work. Furthermore, I would like to give a sincere thank you to the staff at Panorama Ranch. Their support and enthusiasm made this possible.

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DEDICATION

I am dedicating this thesis project to my dearest loved ones, my family! My Tony, who has always believed in me and inspired me from the start. He has been so supportive, loving, and understanding; and for that I am truly grateful.

Furthermore, I am dedicating this to my children who have made sacrifices while I was consumed with this project and working towards my MSW. Kyrstin, Shantel, Cherrie, Leekyi, Lane, and Alishia, I love you all the stars in the sky. Thank you for all your understanding, patience, and kindness.

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CHAPTER ONE

INTRODUCTION

This chapter will examine the problems associated with women's substance abuse. In addition this chapter will discuss the purpose of this study and the significance of this study for social work practice. The focus of this project is to assess the needs of women with children after completing a substance abuse treatment program. Aftercare services and knowledge of needed services is essential for women's ongoing recovery process.

Problem Statement

According to the National Institute on Drug Abuse [NIDA] the economic cost of drug addiction was 97.7 billion dollars (As cited in Hanson, & Fleckenstein, 2001). This cost includes treatment and prevention, as well as healthcare, crime, and social welfare costs. Substance abuse has enormous effects on society and it is important to turn our attention to the effects drug addiction has on women and children.

Substance abuse by women is a major societal problem. Their drug habits often lead to legal,

financial, parental, and social problems. Child abuse and neglect are also negative consequences of a women's substance abuse, which often requires interventions by Department of Children Services or even the termination of parental rights.

Women have different issues to deal with and they also have unique treatment needs than men. Women are the primary caretakers of their children and are less likely to have someone supporting them in treatment. In addition, women carry more stigmas for their substance abuse than men (Kauffman, Morrison, & Nelson-Zlupko, 1995).

In the 1960's, treatment for women began as a concern for the unborn baby due to fetal alcohol syndrome (Babcock & Connor, 1981). Historically, women did not get much attention or help for their addiction problems. Hence, substance abuse treatment for women began as a concern for the unborn child and not for the women.

During the mid-1980's women's substance abuse increased dramatically (Carten, 1996). With this, it is important to recognize the risks and consequences involved. One of the consequences of substance abuse is that many families are torn apart, leaving children to be

effected the most and unfortunately causing a breakdown of the family unit. Since more women are using drugs than before, this increase of substance abuse among women is having a tremendous effect on children and the child welfare system. Therefore, women need a treatment approach that will deal with the ongoing treatment process to meet their needs and issues in a feministic way. Overall, the effects of substance abuse on our society are immeasurable.

Consequently, the removal of children is a dilemma many women face as a result of substance abuse. In some states, substance abuse is grounds for removal of the children. The decision to leave the child with the parents is determined by the social worker. If the mother has the necessary support to engage in treatment and still be able to care for her children, they may allow the children to stay. For many women this is a motivating factor for seeking recovery (Bohlig, Lennox, Rose, & Scott-Lennox, 2000).

According to McAlpine, Marshall, and Doran (2001) women's substance abuse contributes to 50-90% of all child abuse cases. Thus, there are an overwhelming number of children judicated by the state, as a result of

substance abuse and the inability to provide adequate care for children. Consequently, the Adoption and Safe Families Act of 1997 (ASFA) requires states to file a petition to terminate parental rights if a child has been in out-of-home care for at least 15 of the last 22 months (McAlpine et al., 2001). This time limit was set to help decrease long-term foster care in an effort to provide permanent homes for children. This time frame puts pressures on women to recover from substance abuse. For women to maintain or regain their parental role they must be successful in treatment. However, for this to happen women's social, economical, and emotional needs must be addressed.

With this in mind it is essential to assess the needs recovering women have in order to empower them and their families, and to provide adequate services. Women with substance abuse problems have the responsibility of childrearing, and within this role there are many needs that require special attention. These needs should be addressed in order to have successful substance abuse treatment outcomes. Such needs are parenting skills, communication skills, and employment skills. In addition trust, social support, boundaries, and self-esteem

building are needed. Further assistance in the area of transportation, education, and finances should also be addressed. It is important to understand these issues further because aftercare is much more than just maintaining abstinence it is about obtaining life skills.

Furthermore, treatment traditionally focuses on the reasons addicts used substances and teaches abstinence from all mood and mind-altering substances. Most treatment facilities approach substance abuse as a disease and use the medical model. It needs to be understood that substance abuse is a coping mechanism and an escape from many environmental stressors (Kauffman, et al., 1995). That's why aftercare services are critical for stabilizing families.

However some efforts have been made over the last decade to help women and their families recover. The Substance Abuse and Mental Health Services Administration (SAMHSA) awarded 27 grants, in 1993 and 1995, to expand comprehensive residential treatment services for substance abusing women with infants or who were pregnant (Westley, 2001).

For those women who do seek treatment, they have a hard time returning home because the environment has not

changed. A lot of women don't have a safe and healthy environment to raise their children. They come from either a low-income neighborhood, friends who are using substances, unhealthy relationships, unemployment, or lack of social support.

Therefore, providing services within six months after treatment is crucial. Notably, the rates of recidivism among individuals who are treated for substance abuse run as high as 86 percent within two years post treatment, with the majority of the relapses within the first six months of post treatment (Marlatt & Gordon, 1985). These rates of relapse are quite high. Women need aftercare services to learn coping skills and how to live life without the use of substances. In practice aftercare is the continued treatment of therapeutic activities that will help "maintain the gains in functioning achieved through treatment" (Harmon, Latinga, & Costello, 1982, p. 108). Therefore aftercare services are an important intervention that can create a transition, provide support, and serve women in many different ways.

Purpose of the Study

The purpose of this study is to assess the aftercare needs of women who have completed substance abuse treatment. Focusing on women in an aftercare program has provided essential information about their needs. This information could assist in the design and delivery of aftercare services. Having intensive aftercare services could support women by bridging the gap between their needs and available services. With this in mind, we have focused on the needs and the services that are provided in order to facilitate the aftercare process. If women don't have the needed resources available, then they are being set up for failure.

Therefore identifying women's aftercare needs is crucial to the recovery process. Some of the foreseen aftercare needs women have in early recovery could be housing, safe environments, and financial assistance in order to care for their children. In addition, they may need assistance in obtaining an education, employment skills, child-care, legal matters, and positive support systems. These needs have been recognized and addressed in order to support women in early recovery. By assessing the aftercare needs, treatment providers can be more

knowledgeable and better prepared in addressing women's aftercare needs.

For this study, I conducted my research through Morongo Basin Counseling and Recovery Center, which is located in San Bernardino County. This agency has two types of treatment approaches, in-patient and out-patient. In addition, there is an aftercare program for participants who have completed either of these treatment modalities. For this research project, I used participants who have completed either one of these treatment modalities.

The women had to complete the program to be a participant in this study. I assessed women's aftercare needs, with women who have completed the treatment program within the last six months. I believe that this time frame is crucial because women's evolving needs will change throughout the recovery process.

This project evaluated women's needs after substance abuse treatment using a quantitative research design. A self-administered questionnaire was used to collect the data. In addition, a nonprobability sampling was used to select the participants of the study. A convenience

sample was also utilized, using the participants from Morongo Basin Counseling and Recovering Center.

Significance of the Project for Social Work

Substance abuse is a significant societal problem that affects the family in enormous ways. The social work profession has a unique role in preventing and treating family substance abuse. Social workers need to be educated on the complexity of aftercare needs that these women and their children have. This knowledge is essential in order to successfully reunify a family after the mother receives treatment (Curtis, & McCullough, 1993).

This study has clearly addressed the aftercare needs women have. An assessment of aftercare needs can inform, shape, and augment aftercare programs. This study can help design aftercare programs, which address women's specific needs. It is hoped that this study has increased knowledge of women's aftercare needs and thus, enhance social workers' understanding of women's aftercare needs.

By assessing women's aftercare needs, the results can provide useful information that can lead to more effective services and facilitate successful outcomes.

The knowledge gained from this study can influence the type of aftercare services that are provided for women. In addition, a contribution can be made to the knowledge of women's aftercare needs in an effort to benefit this population of women in the most effective manner.

Therefore, people in charge of developing and implementing aftercare can take into account the gender differences and women's aftercare needs.

There are numerous social work researchers, policymakers, and academicians that are involved in macro practice that specifically relate to substance abuse issues (Burke & Clapp, 1997). The findings of this research study should provide a more detailed understanding of the aftercare services that are needed when working with substance abusing women. Intensive after care services and accessible resources could assist women in establishing a foundation. This study can contribute to broaden the knowledge about women and their aftercare needs. My research question is: What specific aftercare needs do women with children have after leaving treatment?

Regardless, the aftercare issues and needs presented in this project are important to the area of child

welfare. Substance abuse is linked to the well being of children. Issues of substance abuse affect as many as 80% of all substantiated child abuse and neglected cases (Child Welfare League of America, 1990). This societal problem is directly linked to the issues of child welfare.

CHAPTER TWO
LITERATURE REVIEW

Introduction

This literature section examines the problems of substance abuse treatment for female clients who have children. First this chapter is divided into services that are correlated to positive treatment outcomes. Secondly, this chapter will examine a gender-specific treatment approach. Lastly, this chapter will discuss the guiding theories of this study.

Services for Women after
Substance Abuse Treatment

Women exiting treatment often face many difficult issues relating to finances, legal proceedings, unemployment, parenting, abusive partners, low self-esteem, and lack of support from their family (Westley, 2001; Hassin, 1996; Kelly & Kropp, 1995; Babcock & Connor, 1981).

Kelly and Kropp (1995) did a study to assess the variables that were associated with the length and outcomes of treatment for women. They found that throughout the literature, lower socioeconomic status,

full time employment, marital status, Alcoholic Anonymous (AA) affiliation, and voluntary admissions were related to positive treatment outcomes. In addition, they indicate that there are inconsistent findings related to the treatment outcomes, which creates challenges to the professionals who work with the chemically dependent population.

The study by Kelly and Kropp (1995) was a pilot study that consisted of 44 clients who had received substance abuse treatment through Women's Residential Addiction Program (WRAP). The study reported that the participants met the criteria for dependence according to the Diagnostic and Statistical Manual of Mental Disorders. According to Kelly and Kropp (1995) the participants were monitored for six months following completion of the program. They were put into three different groups based on length of sobriety. The first group consisted of those 34% who had six months of post-treatment, the second group was 27% of the participants who had up to five months of sobriety with a documented relapse, and the third group had 39% of the participants who were unsuccessful with treatment.

Categorical data was then collected to assess program related variables.

Kelly and Kropp (1995) found that after care and vocational or educational programming was significant in relation to length of sobriety. Also, this study found a positive correlation between participants who seek treatment for abuse issues and length of sobriety. The finding of this study contradicts the traditional approach to treatment of addiction. Traditionally, sensitive abuse matters were delayed until after the first year of sobriety.

Plasse (1995) suggests that aftercare-parenting groups are an essential component for continued sobriety. His study took place in a substance abuse day treatment center, in New York City from 1989 to 1992. The population consisted of parents who were recovering from alcoholism and drug addiction. The background information pertaining to the participants included that they were from low economic backgrounds; they lacked education, and came from families of addiction patterns.

According to Plasse (1995), there were sixty-eight participants in this program, of which sixty participants stayed abstinent during their involvement of the program.

The program was on an average of two years long. Those who were selected for the program had to show interest in recovery and have two months sober. Participants were required to keep a journal to put down their ideas and self-expression. The journal was used as a means to open communication and write about issues involving their family of origin. The parents in this study self-reported that the groups helped them maintain their motivation while dealing with the cravings of their addiction.

This suggests that parenting groups was a component of the participants' abstinence. In conclusion, the study suggests that women could benefit from parenting classes. Parenting classes can provide effective skills of parenting and communication that will help their recovery process. By "providing parenting groups for the recovering addict, social workers put into place an element of treatment that is in keeping with a holistic approach to the person. Parenting groups for the recovering addict can help correct the tendency of the addict toward isolation" (Plasse, 1995, p. 73).

Gender Specific Treatment

Studies examining substance abuse treatment outcomes for women report that the failure to complete treatment is a dilemma that many women face. The drop out rate for women tends to be associated to their role and responsibilities as a mother (Westley, 2001; Bohilg et al., 2000; Kauffamn et al., 1995). Reportedly, over the last two decades, gender differences have been recognized by creating treatment facilities that are gender sensitive to the needs of women (Kelly & Kropp, 1995; Babcock, & Connor, 1981).

Carten (1996) examined substance-abusing women and identified some client characteristics that are associated with successful rehabilitation. Carten (1996) conducted a qualitative study to examine the Family Rehabilitation Program. The study examined the outcomes of twenty mothers who had successfully completed the program and who had no new CPS reports. The data collection from this study included client's charts, staff, and client interviews. A fifty-two-item interview schedule was used to gather data on the client's demographics and to have the client's perspective on the interventions. In addition, there were structured

interviews, conducted by Carten (1996) and two second-year Master of Social Work students.

The results of Carten's (1996) study identified a lot of characteristics that are associated with substance abusing women. First of all, 85% of the women were on public assistance and 65% had a high school or a general equivalency diploma (GED). In addition, 40% were enrolled in employment training or community colleges and 80% were unemployed. Alcoholism and chemical addiction was prevalent in 85% of the participants. Participants in the study reported that the most helpful part of the program was "care and respect of staff," "the staff won't give up on you," and "individual relationships with the staff."

Baker (2000) conducted a study to assess the effectiveness of gender-sensitive substance abuse treatment. The purpose of the study was to study women's addiction and recovery through the identity transformation of women in a gender sensitive treatment facility. In exploring previous literature, Baker (2000) found that, historically, there have been a lot of gender discrepancies in drug research.

In Baker's (2000) qualitative research design, 44 women from two different gender-sensitive programs were

interviewed. The research design that was used included an in-depth semi-structured interview schedule and direct observation of the treatment groups. The study consisted of forty-one White women, two African American women, and one Native American woman. Bakers (2000) outcome of this qualitative interview research resulted in the women's self-discoveries in terms of their addiction and lifestyle, emotional well-being, and lack of parenting styles. He claims that women's addiction has become more visible, and treatment programs are now meeting the unique and complex needs of substance-abusing women.

Social Support

Herringer and Johnsen (1993) explored the relationship between three common support activities and abstinence rates of former participants of a substance abuse treatment center. This study reported that there was a lot of emphasis put on the design of substance abuse treatment effectiveness and suggests that equal effort should be put into post-treatment because it is equally important. The three factors that were examined in this study were social support-involvement with

self-help groups, aftercare, and the family's participation in the patient's treatment process.

Herringer and Johnsen (1993) selected participants from closed case files in a California treatment facility. Fifty cases were randomly selected for this study. The participants had to have six months of sobriety to be included in the study. The data was collected from the cases and from follow-up questionnaires that were sent to the participants after six months of sobriety.

They found that 50% of the participants had total abstinence during the first six months after treatment and the other 50% had relapsed. There was a significant positive association between frequent aftercare attendance and abstinence. The study found that there's a significant relationship between frequent Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meeting attendance and abstinence. In addition, it was also discovered that those who attended after care services also attended AA and NA meetings more often. In conclusion, this study shows that the three factors associated with abstinence is AA/NA meetings, family support, and aftercare. The results of their study

indicated that sobriety increased in relation to the social supports that were utilized by the recovering addicts (Herringer & Johnsen, 1993).

Feminist Perspectives Guiding Theories to Conceptualization

Feminist theory seeks to direct social sciences towards issues focused on gender and inequalities. Feminism is the "doctrine advocating social, political, and economic rights for women equal to those of men" and the "movement for the attainment of such rights" (Nichlos, 1999, p. 483).

Feminist theory is egalitarian and validates each person's life experience in context. Feminist theory also recognizes that there are differences that exist between male and female experiences. To be more specific gender socialization has influenced the societal roles of both men and women. Generally men dominate society and women are second in nature. This gender inequality is typical in many situations, including substance abuse treatment.

An article by Bohlig et al. (2000) reports that women are the "second sex" in substance abuse treatment and in getting services delivered. It is also reported

that men are 10 times more likely to enter treatment than women.

Consequently, there has been a shift in drug research. Researchers are trying to overcome the gender discrepancies and are focusing on women's substance abuse treatment from a feminist perspective. Feminist theory can offer positive reinforcement to the female drug user as she struggles towards recovery (Roberts et. al, 2000).

From a feminist theory perspective the interventions that can be utilized to help women maintain sobriety is through self-empowerment, self-esteem building, and supportive relationships. It is very important that women have affirmation and support in an aftercare program. According to Curran (1999), women have a need to connect with other people. By building supportive relationships with other women, women will develop the understanding and connectedness that they need. In turn supportive relationships will empower women and assist in building their self-esteem.

Summary

In summary, substance abuse treatment and aftercare should be gender specific. Women with children have the

most needs and require more support. Therefore, if intensive aftercare services are provided and supportive measures are taken, the outcome will be sustained and maintained recovery.

CHAPTER THREE

METHODS

Introduction

This chapter discusses the methods used to assess the aftercare needs of women with children. A coed substance abuse treatment program was the source in which data was gathered from. This section will explain the study design, sampling method, data collection and instruments, procedures, and the data analysis.

Study Design

This research study surveyed women in the Aftercare Program at Panorama Ranch. The questionnaire includes client demographics and a scale that ranks the perceived importance of women's aftercare needs. The purpose of this study was to explore and assess the needs of women with children who are currently participating in the Aftercare Program at Panorama Ranch. This study uses a quantitative program evaluation approach.

The study design of this research was to collect data by administering a questionnaire. The questionnaire contained a Likert type scale that measures the perceived importance of women's aftercare needs. The data collected

contains information on the perceived importance of specific needs that pertain to women. Assessing the needs of women throughout their recovery process would be ideal but because of time limitations this study has only collected data from those women whos have been in aftercare for up to six months. The research question is: What specific aftercare needs do women with children have after leaving treatment?

Sampling

The participants in this study were selected from the aftercare program available through Morongo Basin Counseling and Recovery Center (MBCRC). MBCRC has an in-patient program known as Panorama Ranch, which is located in Joshua Tree, California. MBCRC also has an out-patient program, which is held at the MBCRC agency in Yucca Valley, California. Participants who have completed either program were eligible.

A convenience sampling method was used to obtain study participants. This method was chosen because the agency is geographically close and the clients were available to the researcher. Data was collected from 23 women participants; due to time limitations and

participant absences, data could only be collected from the women who showed up for group during the duration of the research. In addition the participants of the study had to meet certain criteria to be chosen for the sample. Specifically, study participants had to be women and they had to have children.

The participants were obtained through MBCRC's aftercare program. Sue Short, who is the program director at Panorama Ranch, had given permission to conduct the research using their aftercare clients. Beverly Ary, the executive director of MBCRC, had also given permission but first, the proposal had to be submitted and approved from the Department of Behavioral Health Alcohol and Drug Services.

Data Collection and Instruments

The source of the data has come from the in-patient and outpatient programs at MBCRC. The quantitative data was gathered by using a self-administered questionnaire. The questionnaire consists of a total of 21 items on it and should take 15-20 minutes to complete. The first part of the questionnaire obtained data regarding the client's demographics. This section gathered data regarding

information on marital status, income, age, education, number of children, ethnicity, referral source, residence, current employment status, and length of sobriety (see Appendix A).

The second part of the questionnaire gained information about women's aftercare needs. In this section the respondents were asked to rate the importance of 16 factors that were derived from existing literature (Plasse, 1995; Marlatt & Gordon, 1985; Hassin, 1996; Johnsen & Herringer, 1993; Kelly & Kropp 1995). In doing the literature review it was evident that women have special needs. These needs were then formulated into questions that assess women's aftercare needs using a four-point scale from 1 = not important to 4 = very important.

For this study, the instrument was created to assess women's aftercare needs. The questionnaire asked the women participants to rate the importance of their needs. The women were asked to rate how important it would be to work on childhood issues, trust issues, and sexual or relational issues. In addition, the questions asked women to rate how important it is to receive help with their education, employment, and social support systems.

Furthermore, the questions asked women to rate how important it would be to learn communication skills, parenting skills, and money management skills. Also, women were asked to rate how important it would be to learn to set boundaries, build self-esteem, attend self-help groups, and address childcare and transportation issues (see Appendix B).

This instrument was pre-tested by administering it to 10 women who were still in treatment. These women were not a part of the study. The researcher went to the facility and met with the women and had them fill out the questionnaire. The time to fill out the questionnaire ranged from 8-16 minutes. After the questionnaire was completed a debriefing took place to see if there are any difficulties answering any of the questions. This debriefing allowed the women to respond about any problems they had with the questions and how they felt about it. There were only two responses relating to the questionnaire, the first response was from a pregnant woman who was unsure of including the unborn child in the number of children. The second response was that the need for assistance with the system, such as the judicial system or social services was important to them.

Procedures

The researcher contacted Sue Short, Program Director of Panorama Ranch to gain permission to start administering the questionnaires. This researcher was directed to Dave Meget, substance abuse counselor, who is the group facilitator for the aftercare program. The data was gathered by Ronda Johnson, a Masters of Social Work student under the supervision of Sue Short, Program Director for Panorama Ranch and Dr. Thomas Davis, research advisor.

Dave Meget was contacted in an effort to strategize. He informed the researcher that there are two different groups of participants that met every other Monday. So every Monday night there was group one and then the next Monday night would be group two. So arrangements were made to attend the groups at 6:00 on Monday nights. The researcher made visits to the agency several times to make contact with the aftercare participants, because group absences did occur and new participants entered the aftercare program. The timetable for the data gathering aspect of this assessment was approximately two to three months. This was a one-time questionnaire and all the data was collected by March 2003.

Nevertheless, women who have children and are participating in the aftercare program were asked to participate in the study. The participants were informed that participation is strictly voluntary. The participants were given an informed consent, a questionnaire, and a debriefing statement.

The researcher went to the aftercare group weekly to administer the questionnaires to the participants. The participants were asked to place the completed questionnaires in an envelope, which was provided on their way out the door, to protect their confidentiality.

Protection of Human Subjects

The confidentiality and anonymity of the participants was strictly enforced. The women who participated in this study did so on a voluntary basis. No identifying information about the participants was used. The participants were asked not to place their name anywhere on the questionnaires. Participants were asked to read an informed consent before they participated in the study and they were informed that they could stop at any time during the study. The participants were given the debriefing statement that was attached to the back of

the questionnaire. This debriefing statement included important contact numbers, such as Morongo Basin Counseling and Recovery Center at (760) 365-3022 or Lutheran Social Services (760) 366-1180 just in case any participant was distressed as a result of participating in this study. In addition, the debriefing statement informed them that the researcher's faculty advisor, Dr. Thomas Davis at Cal State University San Bernardino, could be contacted at (909) 880-5501 if they have any questions regarding the study or would like to receive the results of the study in July 2003. Once the data analysis for this study was completed and accepted, the questionnaires were destroyed.

Data Analysis

After the data had been collected it was analyzed. Descriptive statistics including frequency distribution, measures of central tendency, and dispersion were employed. In order to assess the associations or relationships between variables, bivariate statistics were used such as Pearson's correlations coefficients to explore potential relationships between variables. The demographic data was used as an independent variable; the

independent variables were used in comparison to the dependent variables. This allowed for the comparison between the respondents' perceived importance of women's needs and the independent variable such as the clients employment status, income, or education etc. The outcome of the questionnaire reports the perceived importance of women's needs.

Summary

In order to determine the aftercare needs of women with children, data had to be collected and analyzed. Women who are in aftercare are the subjects of this study. A questionnaire was used to gather data. The data collected was analyzed in order to determine women's needs.

CHAPTER FOUR

RESULTS

Introduction

This study inquired about the importance of women's aftercare needs. This chapter will show the demographic characteristics of women in aftercare, and their perceived importance of the aftercare needs.

Presentation of the Findings

There were two sections to this study. The first section consisted of 10 questions that measured the client's demographics and characteristics. The second section utilized a likert scale with 16 questions, which measured the perceived importance of women's aftercare needs.

The sample population (N = 23) was women who were participating in the aftercare program at Panorama Ranch Substance Abuse Treatment Facility. Their ages ranged from twenty-two to fifty with a mean age of 33.52 (SD = 8.52). The racial/ethnic composition of this population was as follows, Caucasian at 18 (78.3%), African/American at 2 (8.7%), Spanish/Hispanic and

Mexican/American both at 1 (4.3%), leaving only 1 (4.3%) as other.

The educational level of the women participants varied from some high school to college graduate. 7 (30.4%) had some high school; high school graduate was 5 (21.7%); GED at 6 (26.1%); some college at 4 (17.4%); and 1 (4.3%) was a college graduate. The employment status of the women participants was as follows, 3 (13%) were full time employed; 7 (30.4%) were part time employed; 8 (34.8%) were looking for employment; leaving 5 (21.7%) as other. It is important to understand that not looking for work encompasses a variety of reasons from being on public aid, unemployment, and even to drug dealing. This connects to the income level which was 22 (95.7%) at 0-\$15,000 leaving only 1 (4.3%) participant at \$15,001-\$30,000.

The marital status of the women participants comprised the following categories: Never married 7 (30.4%); Separated 3 (13%); Divorced 8 (34.8%); And married 5 (21.7%). The number of children the women participants have is as follows: 1 child 2 (8.7%); 2 children 10 (43.5%); 3 children 5 (21.7%); And 4 children 6 (26.1%).

Referral source was analyzed and the following data was found: Self-referred 1 (4.3%); Court or probation referred 17 (73.9%); Child Protection Services referred 4 (17.4%); other 1 (4.3%).

Amount of clean time that these women had was analyzed as follows: 0-3 months 2 (8.6%); 4-6 months 9 (39%); 7-9 months 6 (26.1%); 10-12 months 6 (26%); The mode was 6 months. In addition, 17 (73.9%) of these women were in aftercare for their first time. Leaving 6 (26.1%) of the women participants being in aftercare prior to this time. Table one shows the demographics in full detail.

Table 1. Demographic Characteristics of the Respondents

Variable	Frequency	Percent	Valid Percent	Cumulative Percent
Age				
Valid	22	2	8.7	8.7
	24	1	4.3	13.0
	26	3	13.0	26.1
	27	1	4.3	30.4
	29	2	8.7	39.1
	30	1	4.3	43.5
	31	1	4.3	47.8
	32	3	13.0	60.9
	37	2	8.7	69.6
	39	1	4.3	73.9
	40	2	8.7	82.6
	42	1	4.3	87.0
	48	1	4.3	91.3
	50	2	8.7	100.0
Total	23	100.0	100.0	

Variable		Frequency	Percent	Valid Percent	Cumulative Percent
Ethnicity					
Valid	Spanish-Hispanic	1	4.3	4.3	4.3
	Mexican-American	1	4.3	4.3	8.7
	Caucasian	18	78.3	78.3	87.0
	African-American	2	8.7	8.7	95.7
	other	1	4.3	4.3	100.0
	Total	23	100.0	100.0	
Income					
	0-\$15,000	22	95.7	95.7	95.7
	\$15,001-\$30,000	1	4.3	4.3	100.0
	Total	23	100.0	100.0	
Education					
Valid	some high school	7	30.4	30.4	30.4
	high school graduate	5	21.7	21.7	52.2
	GED	6	26.1	26.1	78.3
	some college	4	17.4	17.4	95.7
	college graduate	1	4.3	4.3	100.0
	Total	23	100.0	100.0	
Marital status					
Valid	never married	7	30.4	30.4	30.4
	seperated	3	13.0	13.0	43.5
	divorced	8	34.8	34.8	78.3
	married	5	21.7	21.7	100.0
	Total	23	100.0	100.0	
Number of children					
Valid	1	2	8.7	8.7	8.7
	2	10	43.5	43.5	52.2
	3	5	21.7	21.7	73.9
	4	6	26.1	26.1	100.0
	Total	23	100.0	100.0	
Referral source					
Valid	self	1	4.3	4.3	4.3
	court/probation	17	73.9	73.9	78.3
	CPS	4	17.4	17.4	95.7
	other	1	4.3	4.3	100.0
	Total	23	100.0	100.0	

Variable		Frequency	Percent	Valid Percent	Cumulative Percent
Clean time					
Valid	0	1	4.3	4.3	4.3
	3	1	4.3	4.3	8.7
	4	1	4.3	4.3	13.0
	5	3	13.0	13.0	26.1
	6	5	21.7	21.7	47.8
	7	2	8.7	8.7	56.5
	9	4	17.4	17.4	73.9
	10	3	13.0	13.0	87.0
	11	1	4.3	4.3	91.3
	12	2	8.7	8.7	100.0
	Total	23	100.0	100.0	
Employment status					
Valid	full time	3	13.0	13.0	13.0
	part time	7	30.4	30.4	43.5
	looking for work	8	34.8	34.8	78.3
	other	5	21.7	21.7	100.0
	Total	23	100.0	100.0	
First time in aftercare					
Valid	yes	17	73.9	73.9	73.9
	no	6	26.1	26.1	100.0
	Total	23	100.0	100.0	

In the next section, the sample population was 23 female clients, (N = 23) of which sixteen questions were asked pertaining to aftercare needs. In response to question one "How important is it to talk about sexual or relational issues", 2 (8.7%) responded "not important", 5 (21.7%) responded "some what important", 8 (34.8%) responded "important", while 8 (34.8%) responded "very important". The response to question two "How important is it to work on trust issues", 2 (8.7%) responded "some what important", 4 (17.4%) responded "important", and 17 (73.9%) responded "very important". Question three "How

important is it to work through childhood abuse issues during aftercare", 6 (26.1%) responded "some what important", 7 (30.4%) reported that it is "important", while 10 (43.5%) said that it's "very important".

The question "How important would it be to have help in preparing for employment during aftercare" received the following responses; 1 (4.3%) replied "not important"; 3 (13%) replied "some what important"; 3 (13%) replied "important": while 16 (69.6%) replied that it is "very important". In addition the question "How important would it be to have educational guidance during an aftercare program" obtained the following responses; 2 (8.7%) reported that it is "some what important"; 7 (30.4%) reported "important"; and 14 (60.9%) reported that it is "very important". In addition 15 (65%) responded that it would be helpful to learn about money management.

Here is how the women responded to the two questions asked about the need of "parenting" and "communication" skills combined; 4 (17.4%) responded that they are "some what important"; 19 (82.6%) responded that they are "important"; and 23 (100%) responded that they are "very important".

In response to attending self-help groups 13 (56.5%) reported that it is "very important". 17 (73.9%) reported that it's "very important" to work on self-esteem building during aftercare.

In addition, 12 (52%) of the women participants reported that it is "very important" to address childcare issues in aftercare. Additionally, addressing transportation issues was seen as "important" and "very important" both at 10 (43.5%). Also, 15 (65%) of the respondents reported that it's "very important" to work on setting boundaries.

The need for social support during aftercare for women appears to be high. Support from family got the following responses; 5 (21.7%) responded "important" and 18 (78.3%) responded "very important". In addition, support from friends was 2 (8.7%) responded "some what important"; 5 (21.7%) responded "important"; while 16 (69.6%) responded that it is "very important". Table two displays the frequencies of section two in full detail.

Table 2. Frequencies

Variable	Frequency	Percent	Valid Percent	Cumulative Percent
Discuss Sexual/Relational				
Valid not important	2	8.7	8.7	8.7
some what important	5	21.7	21.7	30.4
important	8	34.8	34.8	65.2
very important	8	34.8	34.8	100.0
Total	23	100.0	100.0	
Work on trust issues				
Valid some what important	2	8.7	8.7	8.7
important	4	17.4	17.4	26.1
very important	17	73.9	73.9	100.0
Total	23	100.0	100.0	
Childhood abuse				
some what important	6	26.1	26.1	26.1
important	7	30.4	30.4	56.5
very important	10	43.5	43.5	100.0
Total	23	100.0	100.0	
Preparation w/employment				
Valid not important	1	4.3	4.3	4.3
some what important	3	13.0	13.0	17.4
important	3	13.0	13.0	30.4
very important	16	69.6	69.6	100.0
Total	23	100.0	100.0	
Guidance w/education				
Valid some what important	2	8.7	8.7	8.7
important	7	30.4	30.4	39.1
very important	14	60.9	60.9	100.0
Total	23	100.0	100.0	
Parenting skills				
some what important	2	8.7	8.7	8.7
important	9	39.1	39.1	47.8
very important	12	52.2	52.2	100.0
Total	23	100.0	100.0	
Social support from aftercare clients				
Valid some what important	2	8.7	8.7	8.7
important	10	43.5	43.5	52.2
very important	11	47.8	47.8	100.0
Total	23	100.0	100.0	

Variable	Frequency	Percent	Valid Percent	Cumulative Percent
Attending self help groups				
Valid some what important	4	17.4	17.4	17.4
important	6	26.1	26.1	43.5
very important	13	56.5	56.5	100.0
Total	23	100.0	100.0	
Self esteem building				
Valid some what important	2	8.7	8.7	8.7
important	4	17.4	17.4	26.1
very important	17	73.9	73.9	100.0
Total	23	100.0	100.0	
Child care issues				
Valid not important	1	4.3	4.3	4.3
some what important	2	8.7	8.7	13.0
important	8	34.8	34.8	47.8
very important	12	52.2	52.2	100.0
Total	23	100.0	100.0	
Communication skill building				
Valid some what important	2	8.7	8.7	8.7
important	10	43.5	43.5	52.2
very important	11	47.8	47.8	100.0
Total	23	100.0	100.0	
Transportation issues				
Valid some what important	3	13.0	13.0	13.0
important	10	43.5	43.5	56.5
very important	10	43.5	43.5	100.0
Total	23	100.0	100.0	
Setting boundaries				
Valid some what important	1	4.3	4.3	4.3
important	7	30.4	30.4	34.8
very important	15	65.2	65.2	100.0
Total	23	100.0	100.0	
Money management				
Valid not important	1	4.3	4.3	4.3
some what important	1	4.3	4.3	8.7
important	6	26.1	26.1	34.8
very important	15	65.2	65.2	100.0
Total	23	100.0	100.0	
Support from family				
Valid important	5	21.7	21.7	21.7
very important	18	78.3	78.3	100.0
Total	23	100.0	100.0	
Support from family				
Valid some what important	2	8.7	8.7	8.7
important	5	21.7	21.7	30.4
very important	16	69.6	69.6	100.0
Total	23	100.0	100.0	

Correlations were found between the importance of discussing sexual/relational issues and working on trust issues ($\underline{r} = .551, \underline{p} = .006$). Also, a significant correlation was found between self-esteem building and working on childhood abuse issues ($\underline{r} = .454, \underline{p} = .030$). In addition there was a correlation between childhood abuse and the need for social support from other aftercare clients ($r = .534, p = .009$). In addition, a negative correlation was found between childhood abuse and support from family ($r = -.017, p = .939$).

Correlations were also found among the need for parenting skills and social support from other aftercare clients ($r = .636, p = .001$). In addition, a correlation was found between parenting skills and self help groups ($\underline{r} = .446, \underline{p} = .033$). Also, parenting and self-esteem building were found to have a correlation ($\underline{r} = .475, \underline{p} = .022$).

Summary

This results section presented the statistical findings of this study. Descriptive frequencies were utilized for the demographics as well as the participant's responses to the importance of aftercare

assistance. In addition, various variables were utilized to formulate the correlations. Women's perceived importance of aftercare needs were the essential component of this study.

CHAPTER FIVE

DISCUSSION

Introduction

The statistical findings from this study will be discussed in this chapter in conjunction with some correlations that were found. Limitations of this study, further recommendations for social work practice, policy, and research will also be discussed. Lastly, this chapter ends with a summary of the conclusions from this study.

Discussion

The purpose of this study was to assess women's aftercare needs while in an aftercare program. Several variables were assessed to determine the perceived importance of aftercare needs. Hence, working on trust issues and self-esteem were the most perceived important variables of aftercare needs both nearly at 74% being "very important". The least important variable was discussing sexual/relational issues at only 35% responding "very important".

What is more interesting are the correlations that were found. There is a high correlation between discussing sexual/relational issues and working on trust

issues. This may suggest that recovering women have lower levels of trust in their relationships. It could also suggest that it is important for these women to work through past troubled relationships in order to be able to trust again.

The correlation between self-esteem building and the need to work on childhood abuse issues may suggest that childhood abuse causes low-self esteem. In addition, the correlation linking childhood abuse and the need for social support from other aftercare clients suggests that those who have faced childhood abuse need more social support. On the contrary, a negative correlation was found between childhood abuse and support from family.

These correlations would suggest that these women need social support from each other to help deal with the trauma they survived as a child. In addition, it may suggest that social support is not available from family members. Nonetheless, social support from other aftercare participants seems to be important. According to Narcotics Anonymous (1988) "there is a therapeutic value of one addict helping another...for one addict can best understand and help another addict" (p. 18). The women surveyed do perceive social support from each other in

aftercare to be important at 43.5% and very important at 47.8%. According to Herringer and Johnsen (1993) sobriety increases in relation to the social supports that are used.

Furthermore, parenting skills and social support from other aftercare clients were highly correlated. In addition, parenting skills and self help groups were also correlated. Lastly, parenting skills and self-esteem building also had a correlation. These correlations may suggest that women struggle with parenting, and that outside help and support is needed in order to feel better about parenting abilities. According to Plasse (1995), clients in a day treatment center who participated in parenting groups feel "better about themselves as parents and were able to express more positive feelings toward their children" (p. 65). Again this is an aspect of social support that tends to be important.

Limitations

Due to time constraints, the number of aftercare clients that were available to participate was 23 (N = 23). This is a central limitation of this study. The

small sample size of respondents limits the validity of the findings of this study. In addition, the participants were recruited from only one treatment center, which also limits the validity. This sample was one of convenience rather than random. Generalizations to other women in aftercare cannot be made by this study.

Another limitation to this study is the ethnicity and income levels of the sample population. Out of the 23 clients 78% were Caucasian and 95.7% earned \$15,000 or less annually. This does not give a valid representation of women in aftercare.

Recommendations for Social Work Practice, Policy and Research

As stated earlier, social workers have an important role to play in helping women and their children during this enduring time. According to Marlatt & Gordon (1985) as high as 86% of clients will relapse within the first two years post treatment, with the most relapses happening during the first six months. Realistically, women need aftercare services to learn coping skills and how to live life without the use of substances. Social workers can work with women and their families to overcome some of the barriers they face. Workers also

need to realize that they have limitations, and referrals should be made when appropriate.

The majority of the participants in this research were sent to treatment by the courts or probation. The policy that the judicial system is embarking on is that the participants do a 90-day in-patient program. Yes, this is a solution for 90 days, but ongoing treatment is essential. A policy should be established that a one-year post-treatment (aftercare) program be a requirement.

Further research should thoroughly examine the issue of support systems. With this in mind, further research could determine what supportive resources and systems are most needed in early recovery. It would be interesting to assess the supports that are needed to navigate through the system in order to get women's legal, finances, housing, and medical needs met.

Conclusion

Assuring that women's needs get met in aftercare is an important component to the recovery process. Support systems and life skills (parenting, self-esteem, communication, trust, and setting boundaries) tend to be the issues of need. Sustaining recovery is an endeavor

that women can achieve as long as their needs are met.
Aftercare programs should be as important and intense as
the treatment component itself.

APPENDIX A
QUESTIONNAIRE

Section 1. This section has 10 questions to answer. This section seeks to obtain information about your background.

1. Age _____
2. Ethnicity
 1. Spanish/Hispanic _____
 2. Mexican/American _____
 3. Asian-American _____
 4. Caucasian _____
 5. African-American _____
 6. Other _____
3. Income level
 1. 0-\$15,000 _____
 2. \$15,001-\$30,000 _____
 3. \$30,001- \$45,000 _____
 4. \$45,001- \$60,000 _____
 5. \$60,001+ _____
4. Education
 1. Some high school _____
 2. High school graduate _____
 3. GED _____
 4. Some college _____
 5. college graduate _____
5. Marital Status
 1. Never Married _____
 2. Widow _____
 3. Separated _____
 4. Divorce _____
 5. Married _____
6. Number of children
1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7+ _____
7. Referral Source
 1. Self _____
 2. Court/Probation _____
 3. CPS _____
 4. Parole _____
 5. Social Services _____
 6. Other _____
8. How much time do you have clean? _____
9. Employment status
 1. Full time _____
 2. Part time _____
 3. Retired _____
 4. Looking for work _____
 5. Not looking for work _____
 6. Other _____
10. Is this your first time in an aftercare program?
 1. Yes _____
 2. No _____

Section 2. There are 16 questions to answer in this section. They are questions about women's needs. You decide the degree to each question in which you feel that the need is very important or not important, by circling the appropriate number. Please answer these questions frankly and truthfully. Answer the questionnaire as quickly as you can. Do not spend too much time on these statements. Please do not skip any statements and use only one answer. If there is anything you do not understand please ask your questions now.

	Not Important	Somewhat Important	Important	Very Important
1. How important is it to talk about sexual or relational issues?	1	2	3	4
2. How important is it to work on trust issues?	1	2	3	4
3. How important is it to work through childhood abuse issues during an aftercare program?	1	2	3	4
4. How important would it be to have help in preparing for employment during aftercare?	1	2	3	4
5. How important would it be to have educational guidance during an aftercare program?	1	2	3	4
6. How important would it be to have basic parenting skills addressed in aftercare?	1	2	3	4
7. How important is it to have social support from other participants in aftercare?	1	2	3	4
8. How important is it to attend self-help groups while participating in aftercare?	1	2	3	4
9. How important is it to have self-esteem building during an aftercare program.	1	2	3	4
10. How important is it to have childcare issues addressed in an aftercare program?	1	2	3	4

	Not Important	Somewhat Important	Important	Very Important
11. How important would it be to have communication skill building during an aftercare program?	1	2	3	4
12. How important would it be to address transportation issues during an aftercare program?	1	2	3	4
13. How important would it be to learn how to set boundaries?	1	2	3	4
14. How important would it be to learn about money management skills during aftercare?	1	2	3	4
15. How important is it to have support from your family during aftercare?	1	2	3	4
16. How important is it to have support from friends during aftercare?	1	2	3	4

Aftercare Needs Assessment for Women with Children

APPENDIX B
DEBRIEFING STATEMENT

Debriefing Statement

Thank you for participating in this study.

The study in which you have just participated is designed to assess the aftercare needs of women with children. In this study questions about aftercare needs of women were asked. The study is particularly interested in what aftercare services are important in order to help maintain sobriety. All information collected will be kept anonymous and confidential. Thank you for not discussing the nature of this study with the other participants. If you have any questions about this study, please feel free to contact Ronda Johnson or Dr. Thomas Davis at (909) 880-5501. If you would like to obtain a copy of this study, a copy will be available after June 2003.

If you feel distressed as a result of this study please contact:

Morongo Basin Counseling
and Recovery Center
Santa Fe. Trail
Yucca Valley Ca. 92284
(760)365-3022

OR

Lutheran Social Services
6448 Hallee Rd.
Joshua Tree, Ca. 92252
(760)366-1180

Aftercare Needs Assessment for Women with children

APPENDIX C
INFORMED CONSENT

Informed Consent

This study that you are about to participate in is being conducted by Ronda Johnson, a Graduate student under the supervision of Dr. Thomas Davis, Professor of Social Work at California State University, at San Bernardino. This study is designed to assess the aftercare needs of women with children. This study has been approved by the Department of Social Work, Institutional Review Board, at California State University, San Bernardino. The University requires that you give your consent before participating in this study. In this study you will be asked to respond to a set of questions about the importance of services in substance abuse aftercare. If you feel disturbed before or during taking this survey please let us know immediately. You should feel free to refuse to answer any question at any time. This survey will not effect your aftercare treatment in any way. There are no right or wrong answers. Completion of this questionnaire should take approximately 15-20 minutes. All of your responses will be held in the strictest of confidence by the researcher. No names will be used in the questionnaire or in any part of this research assessment.

Your participation in this research study is completely voluntary and you are free to withdraw at any time. In order to ensure the validity of this study, the researcher asks that you not discuss this study with the other participants.

If you have any questions about the research at any time, you may contact the researcher, Ronda Johnson or Dr. Thomas Davis at California State University, San Bernardino, the Department of Social Work, 5500 University Parkway, San Bernardino, California 92407 or call him at (909) 880-5501. Complete results of this study will be available after June 2003.

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