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## Women's perception of substance abuse treatment and how it affects compliance

Jessica Lynn Watkins

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WOMEN'S PERCEPTION OF SUBSTANCE ABUSE TREATMENT  
AND HOW IT AFFECTS COMPLIANCE

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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  
Jessica Lynn Watkins

June 2004

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AND HOW IT AFFECTS COMPLIANCE


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by  
Jessica Lynn Watkins  
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Approved by:

  
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5/6/04  
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## ABSTRACT

The purpose of this study was to find out how women's perspective on the helpfulness of services received at a substance abuse treatment clinic will affect the women's perception of their compliance with the substance abuse treatment program. This study focused on two substance abuse treatment programs offered at Inland Behavioral and Health Services. This study surveyed thirty-two women from the Inland Behavioral and Health Services programs.

This was a quantitative study. A self-administered questionnaire was used which included client demographics, a Likert type scale that ranked how the client perceives the helpfulness of various services that they are receiving, and a Likert type scale that ranked how the client perceives their program compliance. Descriptive statistics were used to show the dispersion and central tendency. Bivariate statistics were used to show the correlation between variables.

## ACKNOWLEDGMENTS

Thank you to all of those from Inland Behavioral and Health Services that took time out of their day to assist me with collecting the data for this project. I appreciate all that you have done.

Dr. Tom Davis, you have been awesome. Thank you for all of your support and for helping through the rough spots during this adventure. Your positive attitude made a tremendous difference.

## DEDICATION

To my husband Adam, you have been my pillar of strength. You have supported me in a way that has allowed me to have all of the independence I need but you have always been there to hold my hand when I felt like I just couldn't keep going. You are my soul mate. Thank you!

To all of the staff and faculty in the College of Education at CSU, San Bernardino for allowing me to have the flexibility to take on a Masters degree and continue working full-time. Thank you for supporting me in my decision to continue my education.

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## CHAPTER ONE

### INTRODUCTION

#### Problem Statement

Although societal concerns for women and drug use are on the rise (Marcenko & Spence, 1995) it appears that women still live in fear and feel stigmatized when it comes to obtaining substance abuse treatment (Carter, 2002). Many women are still abusing one or more substances while they are pregnant (National Institute on Drug Abuse, 1992/1993). Women have also been found to use more of the "hard" drugs such as cocaine and heroin than men (Office of Applied Statistics, Substance Abuse and Mental Health Services, 2001).

Research has pointed out that there are several barriers to accessing treatment for women. These barriers include depression, homelessness (Hutchins, 1997; Cook, Selig, Wedge, & Gohn-Baube, 1999), lack of social support, problems with male partner drug use (Hutchins, 1997; Falkin & Strauss, 2003), and problems with crowding, location, and quality of care at the clinic (Cook, Selig, Wedge, & Gohn-Baube, 1999).

Very little research has been done on women and substance abuse treatment compliance. Two of the studies

took a look at how socio-demographic characteristics impact substance abuse treatment compliance (Scott-Lennox, Rose, Bohlig, & Lennox, 2000; Clark, Dee, Bale, & Martin, 2001). Another exploratory study asked women what services they were receiving and which ones were the most helpful (Nelson-Zlupko, Dore, Kauffmann, & Kaltenbach, 1996). Some of the studies (Bride, 2001; Nelson-Zlupko, Dore, Kauffman, & Kaltenbach, 1996) have researched the impact of mixed gender treatment program on women. Many of the studies (Clark, Dee, Bale, & Martin, 2001; Falkin & Strauss, 2003; Finkelstein, 1994; Huthcins, 1997) discuss the fact that women often have a male partner who is either supporting or enabling the woman's drug abuse.

Copeland and Hall (1992) studied the impact of several other characteristics that would impact treatment compliance. These characteristics included age, employment status, history of sexual assault, drug of choice, marital status, sexual orientation, sympathy with the treatment philosophy of the agency, and previous involvement in 12 step programs.

Carten (1996) found that her study was supported by previous literature regarding program design. Some areas that programs should take into consideration include

having a team approach, being community based and involving family members.

#### Purpose of the Study

The purpose of this study is to find out how women's perspective on the helpfulness of services received at a substance abuse treatment clinic will affect their perception of their compliance with the substance abuse treatment program. This study will determine what services are being offered and how the clients receiving these services feel about the services and the usefulness of the services in helping the client to succeed in their recovery process. This study will also ask clients about their perception of their compliance.

A quantitative approach will be used. A questionnaire was determined to work best in identifying which services are associated with treatment compliance of women that are currently receiving treatment at a substance abuse treatment clinic. By finding out what services are available at a clinic and asking the clients their perspective on how helpful each of these services are, a better perspective on their experience will be gained.

The best data source would be the clients, looking for current information as to what services assist them with their treatment compliance.

This topic was chosen because literature on women and substance abuse treatment compliance is scarce. The literature that can be found shows that there are barriers to accessing treatment services. The literature also shows many other factors that come into play which make women drop out of treatment. There isn't much research on what makes women stay in treatment. Why do some women stay in treatment even though they have all of these other factors coming into play? Many substance abuse treatment agencies are probably wondering the same thing.

The findings of this study may change social work practice in this area because some important connection between treatment compliance and client perspectives may be found.

#### Significance of the Project for Social Work

This study is needed because women who participate in substance abuse treatment have special needs. As social workers in the field of recovery it would be our job to be sure that women in substance abuse treatment programs are getting the services they need in order to successfully

recover. The results of this study can give us some insight into what services, from a particular substance treatment program, women find to be helpful in facilitating successful compliance and completion of the program.

The phase of the generalist intervention process that will be informed by this study will be the evaluation phase. The agency has a program that has been implemented which offers a range of services. This study will survey women that are receiving services to find out if the women feel that the services they are receiving are helping them to continue to comply and be successful in their recovery process. The research question is: How does women's perception of substance abuse treatment affect compliance?

CHAPTER TWO  
LITERATURE REVIEW

Introduction

Chapter Two focuses on past relevant literature on women and substance abuse treatment programs. Specifically discussed are drug use trends, antecedents to drug use, barriers to accessing treatment, compliance, social supports, and organizational change.

According to Marcenko and Spence (1995), "Substance abuse among pregnant women has become the focus of increasing societal concern" (p. 103). The National Institute on Drug Abuse (NIDA) did a survey in 1992/1993 called the National Pregnancy and Health Survey. On their website, in an article titled Pregnancy and Drug Use Trends, NIDA sums up the results of the survey. A total of 4 million women who had given birth during this time period were surveyed. Out of those 4 million women, 757,000 drank alcohol, 820,000 smoked cigarettes, and 221,000 used illegal drugs during pregnancy. Those women that were not married, not working, had less than 16 year of education, and relied on public assistance for their medical bills generally had higher rates of illegal drug use. Many women decreased their use prior to pregnancy and

throughout pregnancy but they did not discontinue their use.

The Office of Applied Statistics, Substance Abuse and Mental Health Services Administration (SAMHSA) used the Treatment Episode Data Sets (TEDS) to gather information on women in substance abuse treatment. Their August 2001 (Drug and Alcohol Services Information System) DASIS Report, reported that women tend to be treated for addictions to drugs, such as heroin and cocaine, rather than addictions to alcohol or marijuana. It was found that when compared to men, 22 percent of the women reported cocaine as their primary substance of abuse while only 14 percent of men did. Nineteen percent of women reported that heroin/opiates were their primary substance of abuse compared to 16 percent of men.

In a recent study Carter (2002) found that society tends to have stigmatic attitudes and behaviors towards pregnant women who are substance abusers. These behaviors can discourage the pregnant woman from utilizing treatment services because she may fear that she will face prosecution or lose custody of her child(ren). Carter states that empowering these women and changing the negative attitudes can assist in helping these women to access treatment and comply with the treatment.



In a review of literature, Hutchins (1997) found:

Uniformity among the most commonly cited risk factors for drug use among women, including pregnant women: current depression, family history of alcohol and drug use, history of childhood sexual abuse, lack of social support, being introduced to alcohol and drugs by a male partner, homelessness-transiency, and having a male partner who uses alcohol or other drugs. (p. 475)

Hutchins (1997) also mentions that there is a need to understand the antecedents of drug use before affective prevention or treatment strategies can be designed.

Cook, Selig, Wedge, and Gohn-Baube (1999) took a look at access barriers to prenatal care. They found that despite health care costs being covered, there were many other factors that could be barriers to the access of care. These barriers included; being depressed or unhappy about the pregnancy, being too tired, having too many personal problems that took priority, the clinic was too crowded, the clinic was too far away, the women didn't know if they wanted the baby, the women didn't want family or friends to know they were pregnant, the women had no place to live, the women were embarrassed about the pregnancy, or the women didn't like kind of care received at the clinic.

Scott-Lennox, Rose, Bohlig, and Lennox (2000) did a study that analyzed records from the Illinois Department

of Alcoholism and Substance Abuse. A total of 9,142 closed records for female clients that were 12 or older who had at least one outpatient treatment during 1996-1997 fiscal year were analyzed.

Scott-Lennox, Rose, Bohlig, and Lennox (2000) found that 60% of the 9,142 clients had not completed treatment. Some of the characteristics that were found to affect the women's outpatient treatment completion included being pregnant, being younger than 21, receiving detoxification treatment, using primarily drugs, and being substance abuse dependent.

Copeland and Hall (1992) took a look at women that attended one of two substance abuse treatment programs. The first was a program specialized for women and the second was mixed gender. Regardless of the program the women were attending it was found that currently being employed, having no history of sexual assault, not using heroin as the drug of choice, not being married, and agreeing with the treatment philosophy could be characteristics that may reduce the drop out rate. Lesbian women and women with dependent children were less likely to drop out of treatment if they were attending a specialist women's treatment service.

Factors related to treatment compliance are often pushed "under the rug." One study by Clark, Dee, Bale, and Martin (2001) was completed at a perinatal substance abuse treatment program in North Carolina where factors related to treatment compliance were examined. This study examined how treatment compliance was influenced by socio-demographics, history of substance use, history of substance abuse treatment, and history of domestic violence. The program that the women participated in was called Step by Step. It went from prenatal care until 18 months postpartum. Most of the women were on or eligible for Medicaid. The program offered case management, home visits, coordinating support services, education, and counseling. Outpatient and inpatient programs were available.

Results from the study by Clark, Dee, Bale, and Martin (2001) found that based on outpatient services, there was no significant difference in treatment compliance when it came to socio-demographic characteristics such as race, ethnicity, education level, marital status, and previous children. Those women who smoked before treatment were more likely to comply with their treatment program where as there was no significant difference in treatment compliance between other types of

substance abuse prior to pregnancy. Women who had complied with their treatment program were more likely to have received previous substance abuse treatment. Experiences of violence did not significantly affect a women's treatment compliance.

Clark, Dee, Bale, and Martin (2001) found that "the most important factor in determining likelihood of complying with treatment recommendations is the woman's or her partner's previous experience with treatment" (p. 133). It was also noted that, forming new relationships with drug-free people could aid women in remaining abstinent from drug use because drug availability and social pressure to use drugs would be reduced.

Nelson-Zlupko, Dore, Kauffman, and Kaltenbach (1996) did an exploratory study to see what services woman are currently receiving and what they had received in the past. Participants were asked about the availability of 24 services ranging from counseling, transportation, housing, and employment, to health education, pregnancy and childcare. Participants were then asked to rate how helpful they found these services to be. Ninety three percent of the 24 participants said that counseling was the most available service. Sixty three percent of the 24 participants said that onsite childcare was not an

available service. Eighty six percent of the 24 participants said transportation assistance was helpful/very helpful. Thirty-eight percent of the 24 participants said that help in obtaining childcare was unhelpful/very unhelpful.

Nelson-Zlupko, Dore, Kauffman, and Kaltenbach (1996) found five central themes in their study. (1) Individual counseling may be the single most important service in determining whether or not a women decides to stay in or leave treatment. (2) Sexual harassment is often present in conventional drug-treatment programs. (3) Childcare is central to the recovery of women with children. (4) Most co-ed treatment groups failed to provide a forum for open expression of women's needs and experiences. (5) The affectiveness of gender-sensitive services is diminished in treatment settings, which fail to support and promote women.

Nelson-Zlupko, Dore, Kauffman, and Kaltenbach (1996) also found several gaps in services. These gaps include the need for gender sensitivity in drug treatment, addressing women's needs in regards to parenting and sexuality, childcare needs of women with children, co-ed groups that fail to allow female clients to openly discuss child rearing, sexuality, and relationships, and the fact

that many programs that provide woman's services simply overlay women's services on the previous male services.

Carten (1996) studied 20 women that had completed a comprehensive substance abuse treatment program in New York called The Family Rehabilitation Program. The client has a staff team including a supervisor, caseworker, and a home aide that will assist them. Services are provided for an average of 9-months. Services include drug treatment (acupuncture, outpatient, day, or residential), parenting and home management, health care, and assistance in obtaining concrete services. The clients in this study had no new Child Protective Services reports and had completed the program at least six months ago. Carten found that clients reported that affective principles of the program included "a focus on early identification and prevention, location in communities with the highest need, easily accessible and comprehensive, parent involvement and empowerment, a focus on family strengths, competent interventions, and non-intrusive and non-stigmatizing interventions" (p. 221). Carten (1996) also reported severity of use, identification of parenting roles, availability of supports, and a positive outlooks in regards to educational or vocational achievements were associated with successful rehabilitation.

Bride (2001) did a study that compared women that were in mixed gender treatment program with women that were in single gender programs. Bride found no significant differences in treatment retention and completion between these groups. Bride concludes that more studies need to be done on gender specific treatment services to see if a change in the traditional treatment will be affective for women.

Falkin and Strauss (2003) did a study of social support for women in recovery. Their study found that although the women felt strong social support from their partners, these women also saw their partners as enablers. Falkin and Strauss pointed out that many women will return to their partners once they complete their substance abuse treatment program so it is important to help these women figure who their social supports are and who their enablers are. Falkin and Strauss also mentioned involving the partner in counseling to help the partner become aware of their enabling ways. Another issue that counseling can address with the women is helping them to decide if they can maintain a relationship while they are in recovery.

Finkelstein (1994) concludes that more than the organizational level needs to be looked at; "dramatic social change is needed" (p. 14) in order to "reduce the

incidence of alcoholism and drug abuse in women of childbearing age" (p. 14). Finkelstein (1994) mentions that traditional models will no longer work. She suggests using a system model in what is called a "family support center." Old models of treatment stemmed from the medical model, which only dealt with the individual. New models should include social supports from a variety of settings.

### Feminist Theory

Feminist Theory evolved as a way to think about philosophical, cultural and political oppression of women (Collins, 1986). Swigonski (1994) discusses feminist theory as an approach to research that aligns with social work values and goals. The idea behind feminist theory is to take a marginalized group, which in this case would be women and look at how the women's life experiences and social structure have shaped their lives.

Land (1995) discusses how feminist theory recognizes the differences that exist between males and females over their life spans. Scott-Lennox, Rose, Bohlig, and Lennox (2000) pointed out that women are often seen as the "second sex" when it comes to the development of substance abuse treatment programs.



A common focus among many of the research studies is the theme of empowerment (Carter 2002; Land, 1995; Roberts, Jackson, & Carlton-Laney, 2000; Swigonski, 1994). Recognizing the differences between males and females and placing an emphasis on overcoming the feelings of helplessness and hopelessness can help women to succeed (Roberts, Jackson, & Carlton-Laney, 2000).

Zastrow and Kirst-Ashman (2001) listed nine principles of feminist theory: (1) elimination of false dichotomies, (2) rethinking knowledge, (3) recognizing gender differences, (4) ending patriarchy, (5) empowerment, (6) valuing processes equally with product, (7) the personal is political, (8) unity and diversity, and (9) consciousness raising. These nine principles will help people to rethink what they know. It will also help people to understand that there are differences between men and women. These principles can help women to feel empowered and help them to gain the self-esteem and supportive relationships they need in order to succeed.

#### Summary

Chapter Two focused on past relevant literature on women and substance abuse treatment programs. Specifically

discussed were drug use trends, antecedents to drug use, barriers to accessing treatment, compliance, social supports, and organizational change.

## CHAPTER THREE

### METHODS

#### Introduction

This chapter will discuss the methods that will be used to assess women's perception of substance abuse treatment and how it affects their perception of their treatment compliance. The methods discussed will include the study design, sampling, data collection and instruments, procedures, and data analysis. A substance abuse treatment program for women will be the source for data collection.

#### Study Design

This study will use a quantitative program evaluation approach by surveying women that are enrolled in a substance abuse treatment program. The purpose of the study is to find out how helpful the clients perceive various components of the substance abuse treatment program to be and how it affects the client's perception of their program compliance. The questionnaire will include client demographics, a scale that will rank how the client perceives the helpfulness of various services that they are receiving, and a scale that will rank how the client perceives their program compliance.

Data was being collected from a questionnaire that was self-administered. The questionnaire used a Likert type scale that measured how helpful the women perceive services they are receiving at the substance abuse treatment program. The questionnaire also used a Likert type scale that measured the women's perception of their compliance with their treatment program.

### Sampling

The study sample was comprised of women that are currently enrolled in a substance abuse treatment program. The selection criteria included the following: female, age 18 or older, a mother or currently pregnant, and currently enrolled in an outpatient substance abuse treatment program.

A convenience sample was chosen from clients that are currently enrolled in the local substance abuse treatment program. Inland Behavioral and Health Services substance abuse treatment program in San Bernardino was contacted and agreed to allow this study to be done at the agency.

### Data Collection and Instruments

The data was collected on women's perception of their substance abuse treatment program and their perception of their compliance with the program. The dependent variable

is the women's perception of their compliance with their substance abuse treatment program. The level of measurement for this variable is ordinal because their compliance will be affected by their perception of the helpfulness of the service they are receiving. The independent variables are the services that are being used at the substance abuse treatment program. The women were asked about the helpfulness of the services they are receiving. This was done with a Likert type scale. The level of measurement is ordinal.

An existing questionnaire did not exist. In order to create a questionnaire the first step was to find out what services are being provided at Inland Behavioral and Health Services substance abuse treatment program. From there questions were designed to find out if the women are receiving the particular service and how helpful they perceive the service to be.

#### Procedures

Participants came from Inland Behavioral and Health Services substance abuse treatment programs. Data collection occurred at the Inland Behavioral and Health Services office in March 2004. The author of this research project oversaw the self-administered questionnaires.

Clients were given the opportunity to complete the questionnaire without the presence of agency staff. Language barriers and literacy were taken into consideration before the questionnaire was created.

#### Protection of Human Subjects

The women that participated in this study did so on a voluntary basis. Anonymity of the participants has been assured by asking them not to include identifying information anywhere on the questionnaires. Before completing the questionnaire participants were asked to read an informed consent. The informed consent reminded them that they are participating in this study on a voluntary basis and that they could stop at any time during the study. A debriefing statement was also given to the participants, which was attached to the end of the questionnaire. The debriefing statement included contact numbers to some agencies that might provide assistance for those who feel that this study caused them distress in any way. Contact information for the faculty advisor of this research project and when the results will be available was also given.

## Data Analysis

Once data was collected it was analyzed. Descriptive statistics were used to show the dispersion and central tendency. Bivariate statistics were used to show the relationship between variables.

## Summary

In order to determine how helpful women perceive the services they are receiving at Inland Behavioral and Health Services substance abuse treatment programs a questionnaire was administered. The data collected from this questionnaire was analyzed which will help the program gain a better understanding of how helpful the women perceive the services to be and what their perception of their treatment compliance is.

## CHAPTER FOUR

### RESULTS

#### Introduction

This study took a look at women's perception of the helpfulness of the services they are receiving at a substance abuse treatment program and their perception of their compliance with their substance abuse treatment program.

#### Presentation of the Findings

There were three sections to the questionnaire in this study. The first section of the questionnaire asked questions about demographics. The second section of the questionnaire consisted of 14 questions in the form of a Likert type scale that asked about the client's perceived helpfulness of the services they are receiving. The third section of the questionnaire consisted of 4 questions that were also in the form of a Likert type scale. These questions inquired about the client's perceived compliance with their treatment program.

The sample population (N = 32) was women who are currently participating in the Perinatal substance abuse treatment program or the CalWorks substance abuse treatment program at Inland Behavioral and Health Services



Inc. Participants age ranged from twenty to forty-three with a mean age of 29.63 (SD = 6.56). The sample population's ethnicity was composed of 5 African-Americans (15.6%), 11 Caucasians (34.4%), 15 Hispanics/Latinos (46.9%), and 1 unknown (3.1%).

The length of stay in the substance abuse treatment program of the women participants varied from one to twenty four months. Ten (31.3%) had been in the program one month or less; 4 (12.5%) had been in the program 2-months, 1 (3.1%) had been in the program 3-months; 4 (12.5%) had been in the program 4-months; 4 (12.5%) had been in the program 5-months, 4 (12.5%) had been in the program 6-months; 3 (9.4%) had been in the program 7-months; 1 (3.1%) had been in the program for 8-months; and 1 (3.1%) had been in the program for 24-months.

In the next section of the questionnaire, the sample population was 23 female clients (N = 23). There were 14 questions in this section pertaining to the women's perception of the helpfulness of the services they are receiving. In response to the first question, "How helpful have the parenting education classes been in our substance abuse recovery program," 8 (25%) responded "no basis for judgment," 1 (3.1%) responded "a little helpful,"

Table 1. Frequencies for Age, Ethnicity, and Length of Stay

	Frequency	Percent	Valid Percent	Cumulative Percent
<b>Age</b>				
Valid	20	2	6.3	6.3
	21	2	6.3	12.5
	22	1	3.1	15.6
	23	1	3.1	18.8
	24	3	9.4	28.1
	25	1	3.1	31.3
	26	1	3.1	34.4
	27	2	6.3	40.6
	28	1	3.1	43.8
	29	3	9.4	53.1
	30	2	6.3	59.4
	31	2	6.3	65.6
	32	2	6.3	71.9
	33	1	3.1	75.0
	35	1	3.1	78.1
	36	1	3.1	81.3
	37	1	3.1	84.4
	38	2	6.3	90.6
	41	1	3.1	93.8
	42	1	3.1	96.9
	43	1	3.1	100.0
Total	32	100.0	100.0	
<b>Ethnicity</b>				
Valid	0	1	3.1	3.1
	1	5	15.6	18.8
	3	11	34.4	53.1
	4	15	46.9	100.0
Total	32	100.0	100.0	
<b>Length of Stay</b>				
Valid	1	10	31.3	31.3
	2	4	12.5	43.8
	3	1	3.1	46.9
	4	4	12.5	59.4
	5	4	12.5	71.9
	6	4	12.5	84.4
	7	3	9.4	93.8
	8	1	3.1	96.9
	24	1	3.1	100.0
Total	32	100.0	100.0	

4 (12.5%) responded "moderately helpful," and 19 (59.4%) responded "highly helpful."

In response to the second question, "How helpful have the health education classes been in our substance abuse

recovery program," 5 (15.6%) responded "no basis for judgment," 3 (9.4%) responded "a little helpful," 7 (21.9%) responded "moderately helpful," and 17 (53.1%) responded "highly helpful."

In response to the third question, "How helpful has the substance abuse/drug therapy group been in our program," 8 (25%) responded "moderately helpful," and 24 (75%) responded "highly helpful."

In response to the fourth question, "How helpful has group therapy been in our substance abuse recovery program," 1 (3.1%) responded "a little helpful," 7 (21.9%) responded "moderately helpful," and 24 (75%) responded "highly helpful."

In response to the fifth question, "How helpful has the random drug screening been in our substance abuse recovery program," 2 (6.3%) responded "no basis for judgment," 4 (12.5%) responded "a little helpful," 10 (31.3%) responded "moderately helpful," and 16 (50%) responded "highly helpful."

In response to question six, "How helpful has the healthcare clinic been in our substance abuse recovery program," 2 (6.3%) responded "no basis for judgment," 2 (6.3%) responded "a little helpful," 12 (37.5%)

responded "moderately helpful," and 16 (50%) responded "highly helpful."

In response to question seven, "How helpful have the Narcotics Anonymous meeting been in our substance abuse recovery program," 7 (21.9%) responded "no basis for judgment," 8 (25%) responded "moderately helpful," and 17 (53.1%) responded "highly helpful."

In response to question eight, "How helpful have the Dual Diagnosis Anonymous meetings been in our substance abuse recovery program," 16 (50%) responded "no basis for judgment," 1 (3.1%) responded "a little helpful," 5 (15.6%) responded "moderately helpful," and 10 (31.3%) responded "highly helpful."

In response to question nine, "How helpful have the Alcoholic Anonymous meetings been in our substance abuse recovery program," 10 (31.3%) responded "no basis for judgment," 1 (3.1%) responded "a little helpful," 5 (15.6%) responded "moderately helpful," and 16 (50%) responded "highly helpful."

In response to question ten, "How helpful have the homeless support services been in our substance abuse recovery program," 12 (37.5%) responded "no basis for judgment," 1 (3.1%) responded "not helpful," 3 (9.4%) responded "a little helpful," 4 (12.5%) responded

"moderately helpful," and 12 (37.5%) responded "highly helpful."

In response to question eleven, "How helpful has the individual therapy been in our substance abuse recovery program," 6 (18.8%) responded "no basis for judgment," 1 (3.1%) responded "not helpful," 1 (3.1%) responded "a little helpful," 8 (25%) responded "moderately helpful," and 16 (50%) responded "highly helpful."

In response to question twelve, "How helpful has the case manager been in our substance abuse recovery program," 3 (9.4%) responded "no basis for judgment," 7 (21.9%) responded "moderately helpful," and 22 (68.8%) responded "highly helpful."

In response to question thirteen, "How helpful has the daycare been in our substance abuse recovery program," 9 (28.1%) responded "no basis for judgment," 1 (3.1%) responded "not helpful," 1 (3.1%) responded "a little helpful," 1 (3.1%) responded "moderately helpful," and 20 (62.5%) responded "highly helpful."

In response to question fourteen, "How helpful has the provided transportation been in our substance abuse recovery program," 4 (12.5%) responded "no basis for

Table 2. Frequencies for the Services

	Frequency	Percent	Valid Percent	Cumulative Percent
<b>Parenting Class</b>				
Valid No judgment	8	25.0	25.0	25.0
A little helpful	1	3.1	3.1	28.1
Moderately helpful	4	12.5	12.5	40.6
Highly helpful	19	59.4	59.4	100.0
Total	32	100.0	100.0	
<b>Health Class</b>				
Valid No judgment	5	15.6	15.6	15.6
A little helpful	3	9.4	9.4	25.0
Moderately helpful	7	21.9	21.9	46.9
Highly helpful	17	53.1	53.1	100.0
Total	32	100.0	100.0	
<b>Sub. Abuse Group</b>				
Valid Moderately helpful	8	25.0	25.0	25.0
Highly helpful	24	75.0	75.0	100.0
Total	32	100.0	100.0	
<b>Group Therapy</b>				
Valid A little helpful	1	3.1	3.1	3.1
Moderately helpful	7	21.9	21.9	25.0
Highly helpful	24	75.0	75.0	100.0
Total	32	100.0	100.0	
<b>Drug Screening</b>				
Valid No judgment	2	6.3	6.3	6.3
A little helpful	4	12.5	12.5	18.8
Moderately helpful	10	31.3	31.3	50.0
Highly helpful	16	50.0	50.0	100.0
Total	32	100.0	100.0	
<b>Health Clinic</b>				
Valid No judgment	2	6.3	6.3	6.3
A little helpful	2	6.3	6.3	12.5
Moderately helpful	12	37.5	37.5	50.0
Highly helpful	16	50.0	50.0	100.0
Total	32	100.0	100.0	
<b>N.A. Meetings</b>				
Valid No judgment	7	21.9	21.9	21.9
Moderately helpful	8	25.0	25.0	46.9
Highly helpful	17	53.1	53.1	100.0
Total	32	100.0	100.0	
<b>DDA Meetings</b>				
Valid No judgment	16	50.0	50.0	50.0
A little helpful	1	3.1	3.1	53.1
Moderately helpful	5	15.6	15.6	68.8
Highly helpful	10	31.3	31.3	100.0
Total	32	100.0	100.0	

	Frequency	Percent	Valid Percent	Cumulative Percent
<b>AA Meetings</b>				
Valid No judgment	10	31.3	31.3	31.3
A little helpful	1	3.1	3.1	34.4
Moderately helpful	5	15.6	15.6	50.0
Highly helpful	16	50.0	50.0	100.0
Total	32	100.0	100.0	
<b>Homeless Support</b>				
Valid No judgment	12	37.5	37.5	37.5
Not helpful	1	3.1	3.1	40.6
A little helpful	3	9.4	9.4	50.0
Moderately helpful	4	12.5	12.5	62.5
Highly helpful	12	37.5	37.5	100.0
Total	32	100.0	100.0	
<b>Individual Therapy</b>				
Valid No judgment	6	18.8	18.8	18.8
Not helpful	1	3.1	3.1	21.9
A little helpful	1	3.1	3.1	25.0
Moderately helpful	8	25.0	25.0	50.0
Highly helpful	16	50.0	50.0	100.0
Total	32	100.0	100.0	
<b>Case Manager</b>				
Valid No judgment	3	9.4	9.4	9.4
Moderately helpful	7	21.9	21.9	31.3
Highly helpful	22	68.8	68.8	100.0
Total	32	100.0	100.0	
<b>Day Care</b>				
Valid No judgment	9	28.1	28.1	28.1
Not helpful	1	3.1	3.1	31.3
A little helpful	1	3.1	3.1	34.4
Moderately helpful	1	3.1	3.1	37.5
Highly helpful	20	62.5	62.5	100.0
Total	32	100.0	100.0	
<b>Transportation</b>				
Valid No judgment	4	12.5	12.5	12.5
Moderately helpful	1	3.1	3.1	15.6
Highly helpful	27	84.4	84.4	100.0
Total	32	100.0	100.0	

judgment," 1 (3.1%) responded "moderately helpful," and 27 (84.4%) responded "highly helpful."

In the next section of the questionnaire, the sample population was 23 female clients (N = 23). There were 4 questions in this section pertaining to the women's perception of their compliance. The response to the first

question, "How well did you comply with the formal treatment agreement," 3 (9.4%) responded "noncompliant," 6 (18.8%) responded "mostly compliant," and 23 (71.9%) responded "totally compliant."

In response to the second question, "How well did you comply with following through on the treatment agreement," 4 (12.5%) responded "noncompliant," 6 (18.8%) responded "mostly compliant," and 22 (68.8%) responded "totally compliant."

In response to the third question, "How well did you comply with keeping scheduled appointments," 1 (3.1%) responded "noncompliant," 9 (28.1%) responded "mostly compliant," and 22 (68.8%) responded "totally compliant."

In response to the fourth question, "How well did you comply with making lifestyle changes as suggested by the counselor," 1 (3.1%) responded "noncompliant," 1 (3.1%) responded "partially compliant," 5 (15.6%) responded "mostly compliant," and 24 (75%) responded "totally compliant."



Table 3. Frequencies for Compliance

	Frequency	Percent	Valid Percent	Cumulative Percent
Comply with formal agreement				
Valid Non-compliant	3	9.4	9.4	9.4
Mostly compliant	6	18.8	18.8	28.1
Totally compliant	23	71.9	71.9	100.0
Total	32	100.0	100.0	
Following treatment agreement				
Valid Non-compliant	4	12.5	12.5	12.5
Mostly compliant	6	18.8	18.8	31.3
Totally compliant	22	68.8	68.8	100.0
Total	32	100.0	100.0	
Keeping scheduled appointments				
Valid Non-compliant	1	3.1	3.1	3.1
Mostly compliant	9	28.1	28.1	31.3
Totally compliant	22	68.8	68.8	100.0
Total	32	100.0	100.0	
Making lifestyle changes				
Valid Non-compliant	1	3.1	3.2	3.2
Partially compliant	1	3.1	3.2	6.5
Mostly compliant	5	15.6	16.1	22.6
Totally compliant	24	75.0	77.4	100.0
Total	31	96.9	100.0	
Missing System	1	3.1		
Total	32	100.0		

Significant correlations were found between the perceived helpfulness of the case manager and transportation ( $r = .867, p = .000$ ); perceived helpfulness of the parenting classes and the health classes ( $r = .739, p = .000$ ); perceived helpfulness of the health classes and the health clinic ( $r = .686, p = .000$ ); perceived helpfulness of the health classes and Alcoholic Anonymous meetings ( $r = .639, p = .000$ ); perceived helpfulness of the health clinic and individual therapy ( $r = .622, p = .000$ ); perceived helpfulness of homeless support and individual therapy ( $r = .618, p = .000$ ); perceived

helpfulness of the parenting classes and the daycare ( $\underline{r} = .591$ ,  $\underline{p} = .000$ ); perceived helpfulness of parenting classes and the health clinic ( $\underline{r} = .585$ ,  $\underline{p} = .000$ ); perceived helpfulness of individual therapy and provided transportation ( $\underline{r} = .579$ ,  $\underline{p} = .001$ ); and perceived helpfulness of daycare and provided transportation ( $r = .549$ ,  $p = .001$ ).

Significant correlations were also found between the perceived helpfulness of the case manager and perceived compliance with the formal treatment agreement ( $\underline{r} = .624$ ,  $\underline{p} = .000$ ); perceived helpfulness of the case manager and perceived compliance with following the treatment agreement ( $\underline{r} = .591$ ,  $\underline{p} = .000$ ); perceived helpfulness of the case manager and perceived compliance with keeping scheduled appointments ( $\underline{r} = .520$ ,  $\underline{p} = .002$ ); and perceived helpfulness of the case manager and perceived compliance in making lifestyle changes ( $\underline{r} = .606$ ,  $\underline{p} = .000$ ).

#### Summary

Chapter four presented the statistical findings of this study. Descriptive frequencies were used for age, ethnicity, and length of stay in the program. Descriptive frequencies were also used for the participant's responses to their perception of the helpfulness of the services

they are receiving as well as the participant's responses to their perception of their compliance to the program. In addition, bivariate statistics were used to show correlations between some of the service variables and the compliance variables. Women's perception of the helpfulness of the services they are receiving and their perception of their compliance are important to this study.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

This chapter will discuss the statistical findings presented in chapter four. The study limitations and recommendations for social work practice, policy and research will also be discussed. The chapter will end with a summary of conclusions drawn from this study.

#### Discussion

The purpose of this study was to assess how women's perception of the helpfulness of the services they receive affects their perception of their treatment compliance. A total of fourteen program services were listed as the variables. These variables were used to determine the women's perception of the helpfulness of services they are receiving.

Transportation was perceived as the most helpful service with 84% of the clients rating this variable as "highly helpful." Substance abuse/drug therapy group was perceived as the second most helpful service with 75% of the clients rating this variable as "highly helpful." The Case Manager was perceived as the third most helpful

service with almost 69% of the clients rating this variable as "highly helpful."

Several positive correlations were discovered through this study. A significant correlation was found between the perceived helpfulness of the case manager and provided transportation. This suggests that the case manager might be the key contact person to arrange transportation for the clients.

There was also a significant correlation between the perceived helpfulness of the parenting classes and the health education classes. This suggests that clients might feel that if they know more about their health and take better care of themselves that they might also take better care of their children therefore they are better parents.

The correlation between the perceived helpfulness of the health classes and the health clinic may suggest that the health classes are helping the clients to understand more about their bodies and the importance of their health. Using the health clinic helps them to find out more about their current health.

The correlation between the perceived helpfulness of the health classes and Alcoholic Anonymous meetings may suggest that the clients are learning about how alcohol affects their bodies through the health classes. It may

suggest that learning about their health makes the clients more likely to attend the Alcoholic Anonymous meetings and make a greater effort to stay sober.

The correlation between the perceived helpfulness of the health clinic and individual therapy may suggest that the clients are making a connection between a healthy body and a healthy mind. It may suggest that working through their physical health problems can help them to work through their mental health problems and visa versa.

The correlation between the perceived helpfulness of the parenting classes and the daycare may suggest that the clients feel they can concentrate better and learn more about being a better parent if they know they have child care. The correlation between the perceived helpfulness of the parenting classes and the health clinic may suggest that the clients feel they are becoming better parents by taking better care of themselves. What's interesting about this is that Plasse (1995) found that "there are strong indications that being in a parenting group contributes to the success of the recovering addict in the treatment program" (p. 72).

The correlation between the perceived helpfulness of individual therapy and the provided transportation may

suggest that the clients feel that transportation is important in getting them to their individual therapy.

The correlation between the perceived helpfulness of daycare and provided transportation may suggest that these are two areas that assist the client in making it to treatment. The clients no longer can use transportation or daycare as an excuse for not making it to treatment.

What is most interesting about all of the correlations is that the case manager appears to be key to the clients' perception of their treatment compliance. A significant correlation was found between the perceived helpfulness of the case manager and the client's perceived compliance with the formal treatment agreement, following the treatment agreement, keeping scheduled appointments, and making lifestyle changes. As noted by Vaughan-Sarrazin, Hall, and Rick (2000), "case management offers continuity of services, linkage to necessary collateral service, and coordination of services that cannot be met by a single agency" (p. 436). This may also suggest that the client considers the case manager to be a major support system to their recovery process.

## Limitations

The first limitation of this study is the small sample size (N = 32). The limited amount of participants impacts the validity of this study. Additionally, the participants came from the same treatment center and the sample was one of convenience due to time constraints.

Another limitation of this study has to do with client length of stay in the treatment program. Approximately one third of the participants had been in the treatment program for one month or less.

There was also a limitation on this study do to the fact that the clients were asked about their perception of their compliance with treatment. Due to time constraints, it was not possible for the author to research client files at the agency to get more valid data. Further research should be done on the importance of the case manager to the clients' compliance in a day treatment substance abuse program. Examining the clients' files for treatment compliance would be helpful in obtaining more valid results.



## Recommendations for Social Work Practice, Policy and Research

Carter (2002) states that empowering these women and changing the negative attitudes can assist in helping these women to access and comply with the treatment.

The majority of the women that participate in this program have been mandated to do so by the courts. Social workers can work with the clients to overcome their fears and to help them feel empowered to take control of their substance abuse treatment. Since this study found that the case manager appears to be key to the client's perception of their compliance then maybe the case manager in a substance abuse recovery program should always be a social worker.

Further research should examine women's issues dealing with stigmatization, self-perception, and self-esteem in conjunction with substance abuse treatment, which might help us obtain a better understanding of how women feel about their substance abuse treatment.

### Conclusions

Components of a substance abuse recovery program are key to assisting women in their recovery process. Transportation, the substance abuse/drug therapy group, and the case manager appear to be seen as "highly

important" to the clients surveyed for this study. The case manager appears to have a key link for the clients when it comes to the client's perception of their compliance with the program.

Meeting the needs of the clients in a substance recovery program is important to their success. Finding a case manager that can build a relationship with his/her clients appears to be an important factor.

APPENDIX A

SURVEY

## Survey

**Please place a check by your response.**

Ethnicity:

African American \_\_\_\_\_  
 Asian American \_\_\_\_\_  
 Caucasian \_\_\_\_\_  
 Hispanic/Latino \_\_\_\_\_  
 Mixed Heritage \_\_\_\_\_  
 Other \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Age \_\_\_\_\_

Do you have children?      Yes      No

How long have you been in this substance abuse treatment program? \_\_\_\_\_

**In this next section there are 15 questions. Circle the response that best describes your answer.**

		No Basis for Judgment	Not Helpful	A Little Helpful	Moderately Helpful	Highly Helpful
1.	How helpful have the parenting education classes been in our substance abuse recovery program?	0	1	2	3	4
2.	How helpful have the health education classes been in our substance abuse recovery program?	0	1	2	3	4
3.	How helpful has the substance abuse/drug therapy group been in our substance abuse recovery program?	0	1	2	3	4

		No Basis for Judgment	Not Helpful	A Little Helpful	Moderately Helpful	Highly Helpful
4.	How helpful has group therapy been in our substance abuse recovery program?	0	1	2	3	4
5.	How helpful has the random drug screening been in our substance abuse recovery program?	0	1	2	3	4
6.	How helpful has the healthcare clinic been in our substance abuse recovery program?	0	1	2	3	4
7.	How helpful have the Narcotics Anonymous meetings been in our substance abuse recovery program?	0	1	2	3	4
8.	How helpful have the Dual Diagnosis Anonymous meetings been in our substance abuse recovery program?	0	1	2	3	4
9.	How helpful have the Alcoholic Anonymous meetings been in our substance abuse recovery program?	0	1	2	3	4
10.	How helpful have the homeless support services been in our substance abuse recovery program?	0	1	2	3	4
11.	How helpful has the individual therapy been in our substance abuse recovery program?	0	1	2	3	4
12.	How helpful has the case manager been in our substance abuse recovery program?	0	1	2	3	4

		No Basis for Judgment	Not Helpful	A Little Helpful	Moderately Helpful	Highly Helpful
13.	How helpful has the daycare been in our substance abuse recovery program?	0	1	2	3	4
14.	How helpful has the provided transportation been in our substance abuse recovery program?	0	1	2	3	4

15. Are there any services that you think would be particularly helpful in assisting you with the substance abuse recovery program?

Yes                      No

If you answered yes, what other services would you like to be receiving?

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**In this section there are 4 questions to answer.**

		Non-compliant	Minimally compliant	Partially compliant	Mostly compliant	Totally compliant
16.	How well did you comply with the formal treatment agreement?	0	1	2	3	4
17.	How well did you comply with following through on the treatment agreement?	0	1	2	3	4
18.	How well did you comply with keeping scheduled appointments?	0	1	2	3	4
19.	How well did you comply with making lifestyle changes as suggested by the counselor?	0	1	2	3	4

APPENDIX B  
INFORMED CONSENT



## Informed Consent

This study in which you are being asked to participate is being conducted by Jessica Watkins, a graduate student under the supervision of Dr. Thomas Davis, Assistant Professor of Social Work at California State University San Bernardino. This study is designed to evaluate women's perception of substance abuse treatment and how it affects compliance. This study has been approved by the Department of Social Work, Sub-committee Institutional Review Board, at California State University, San Bernardino.

In this study you will be asked to respond to a set of questions about the helpfulness of services that you are using and about your compliance to your substance abuse treatment program. Completion of this survey will not affect your substance abuse treatment program in any way. Your participation in this study is voluntary. The agency will not know whether or not you participate. The survey should take approximately 20 minutes to complete. There are no foreseen risks to participating in this study. If you should feel distress before or during your participation, please let the researcher know immediately. Keep in mind that your responses are confidential. Your identity will remain anonymous because no names will be used on this questionnaire.

If at any time you have any questions or concerns about this research study, you may contact Dr. Thomas Davis at California State University, San Bernardino, Department of Social Work, 5500 University Parkway, San Bernardino, California, 92407 or call Dr. Davis at (909) 880-5501. Complete results of this study will be available after June 2004. In the Pfau Library at California State University, San Bernardino.

My mark below indicates that I have been informed about the study and am at least 18 years of age.

\_\_\_\_\_

Mark

\_\_\_\_\_

Date

APPENDIX C  
DEBRIEFING STATEMENT

## **Debriefing Statement**

The study in which you have just participated was conducted by Jessica Watkins, a graduate student under the supervision of Dr. Thomas Davis, Assistant Professor of Social Work at California State University San Bernardino. This study was designed to evaluate women's perception of substance abuse treatment and how it affects compliance. In this study, questions about the helpfulness of services being used at a substance abuse treatment program and questions about program compliance were asked. This study is particularly interested in which services are being used and are seen as the most helpful in order for women to comply with their substance abuse treatment program. All information collected will be kept anonymous.

Thank you for not discussing the nature of this study with other participants. If you have any questions about this study, please feel free to contact Dr. Thomas Davis at (909) 880-5501. If you would like to obtain the results of this study, a copy will be available after June 2004 in the Pfau Library at California State University, San Bernardino.

**Thank you for participating in this study.**

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

LA Casa Ramona  
1543 West 8th Street #B  
San Bernardino, CA 92411  
(909) 387-0575

or

Family Service Agency of San Bernardino  
1669 North Street  
San Bernardino, CA 92401  
(909) 475-1413

APPENDIX D  
AUTHORIZATION LETTER



INLAND BEHAVIORAL AND HEALTH SERVICES, INC.

January 28, 2004

RE: "Women's Perception of Substance Abuse Treatment and How it Effects Compliance" - study by Ms. Jessica Watkins, supervised by Dr. Thomas Davis, Professor of Social Work, CSUSB

To Whom It May Concern:

It is our understanding that Ms. Watkins plans to study women's perception of substance abuse treatment and how it effects compliance as part of her requirements towards her Masters in Social Work degree at the California State University at San Bernardino. She met with Dr. Bierdrager and myself on 11-21-03 to explain her research proposal to us. We understand that Ms. Watkins' study must pass through the Institutional Review Board at CSUSB and receive clearance before she can collect her data. Inland Behavioral & Health Services, Inc., is willing to participate in Ms. Watkins' study.

We understand that Ms Watkins plans to administer a paper-and-pencil survey to our clients regarding their perception of the components of our enhanced substance abuse services. This study will survey clients from both of our enhanced substance abuse programs, namely, our Perinatal and Cal-Works programs. We agree to provide convenient times and rooms for our clients to participate in Ms. Watkins' study and sampling may occur on more than one date. This participation shall be voluntary and all participants will sign an informed consent. Further, all participants shall be given a debriefing form after administration of Ms. Watkins' instrument.

It is also our understanding that Ms. Watkins will keep us updated on her study and that she will present her findings to our agency. These results shall not be shared with agencies other than CSUSB and IBHS, although we understand that the results may be available to interested parties upon completion of this research (as with any other research).

Sincerely,

Dr. Temetry A. Lindsey  
CEO/President

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