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UNDERSTANDING THE FACTORS THAT PROMPT THE CLOSING OF
REHABILITATION CENTERS IN CHICAGO AND ITS IMPACT ON THE COMMUNITY

by

Andre Brown

B.S., Southern Illinois University, 2000

A Research Paper

Submitted in Partial Fulfillment of the Requirements for the
Master of Science

Department of Rehabilitation
in the Graduate School
Southern Illinois University Carbondale
December 2018

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RESEARCH PAPER APPROVAL

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A Research Paper Submitted in Partial

Fulfillment of the Requirements

for the Degree of

Master of Science

in the field of Rehabilitation

Approved by:

Dr. Keith Wilson

Graduate School
Southern Illinois University at Carbondale
November 2, 2018

AN ABSTRACT OF THE RESEARCH PAPER OF

Andre Brown, for the Master of Science degree in Rehabilitation Administration and Services, presented on November 2, 2018, at Southern Illinois University Carbondale.

TITLE: UNDERSTANDING THE FACTORS THAT PROMPT THE CLOSING OF REHABILITATION CENTERS IN CHICAGO AND ITS IMPACT ON THE COMMUNITY

MAJOR PROFESSOR: Dr. Keith Wilson

Problems such as depression, boredom, anxiety, and others are common in the United States and have been traced back to lack of love, affection, and good parental care. This problem could lead affected people to actions such as taking drugs and alcohol to find solace with the aim of forgetting the problem at that moment which in most cases leads to addiction (Raymond, 2008). Various rehabilitation centers have been built to help the affected people from such addictions across the United States and Chicago.

However, several of these rehabilitation centers in Chicago are faced with lots of challenges making them not sustainable and are forced to shut down. It is therefore of paramount importance to evaluate several factors that may be responsible for the closure of such centers. Thus, this work will evaluate several factors that prompt the closure of Rehabilitation centers in Chicago and examine their impact on the community.

ACKNOWLEDGMENTS

My sincere gratitude goes to Almighty God for making this work a success. He has never for once made me regret throughout the course. He deserves all the glory, honor, and adoration. My deep appreciation goes to my supervisors Dr. Thomas D. Upton for his input, understanding, patient, endurance, correction and all the sacrifice done to make this work a success, which brought out the best in me. I appreciate the effort of both teaching and non-teaching staff of the Department of Rehabilitation for making the environment conducive for this study.

DEDICATION

This research work is dedicated to God almighty; the creator of heaven and earth first and foremost. I am also grateful to my beautiful partner and my two beautiful daughters.

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CHAPTER 1

INTRODUCTION

The notion of providing rehabilitation to individuals in need dates back to European colonization. Indigenous Americans indulged in alcohol for ceremonial purposes, and no structures were put in place to control the consumption of alcohol or to understand its effects. The consumption of alcohol raises an alarming concern as colonists traded distilled spirits for land and other resources. As a result, tribal leaders attempted to help members by providing "sobriety circles" to bring members back to their roots. This was done by relying on their ancestral heritage and beliefs to overcome the temptation to consume alcohol. This is done because it is a belief that the ancestral heritage has more weight in the heart of citizens which can subdue the urge to drink. However, the consumption of alcohol still boils down to how individuals value the ancestral heritage and the importance attached to it.

In the mid-1700's, people believed that addiction was immoral and done by choice. The options for treatment included; imprisonment, religious interventions, or sentencing to a mental asylum. However, the work of Dr. Benjamin Rush provided an alternative perspective for individuals suffering from addiction. Additionally, Dr. Benjamin Rush was popularly referred to as the Father of American Psychiatry. He believed that alcoholism deals with the incapability of the drinker to control himself and identified that it was not the choice and morality of the alcoholic but the properties of alcohol that were the causes of the problem. He worked on the study "An Inquiry into the Effects of Ardent Spirits upon the Human Body and Mind (1785)" (Benjamin, 1785). His work was the initial challenge recorded to the belief broadly accepted that alcohol itself does not pose any risk to people. He advanced the concept of alcoholism as a medical one, a dangerous disease, and proclaimed that the treatment of alcohol addiction

successfully would require addicts to let go of what they had been fond of. Ultimately, he viewed alcoholism as a disease requiring treatment rather than being banished to punishment.

Furthermore, Dr. Rush established “sober houses,” which were specialized hospitals designed with the sole purpose of treating alcoholics. He believed in sequestering the patients until they could re-enter society safely (Benjamin, 1985).

The temperance movement blossomed during the time of Rush’s work as he lobbied for government limitations on drinking. According to the Editors of Encyclopedia Britannica, 2008;

The temperance movement was dedicated to promoting moderation and often complete abstinence in the use of intoxicating liquor. Although an abstinence pledge had been introduced by churches as early as 1800, the earliest temperance organizations were those founded at Saratoga, New York, in 1808 and Massachusetts in 1813. The movement spread in a rapid manner because of the influence of the churches; by 1833 there were 6,000 local societies in several U. S. states. (Encyclopedia Britannica, 2008).

Moreover, in 1864 the New York State Inebriate Asylum was founded as the first hospital in the United States that was created specifically to treat alcoholism as a disease. It was reported that 400 applicants out of the first 4000 for admission turned out to be women (White, 2002). Among various rehabilitation centers, The first dedicated rehabilitation center for alcoholic women in America was Martha Washington Home in Chicago and it started its operation in 1869 (White, 2002).

The term rehabilitation has various meanings depending on the context given. For this paper, rehabilitation is defined as stated by the American Hospital Association, 2011

"In a broad sense, rehabilitation services are the measures taken to promote optimum attainable levels of physical, cognitive, emotional, psychological, social, and economic usefulness, and after that to be able to maintain the individual at the maximal functional level. The term is used to denote services provided in inpatient and outpatient settings, ranging from comprehensive coordinated medically based programs in specialized hospital settings to therapies offered in units of hospitals, nursing facilities, or ambulatory centers."

Purpose

However, there have been controversies on the importance of rehabilitation centers in the community. Hence, this paper will examine the historical perspective of rehabilitation centers and their impact on communities, examine the battle between funding program support as it affects opening and closing of rehabilitation centers, and provide insight to navigate the role these institutions have on the city of Chicago and its residents.

CHAPTER 2

LITERATURE REVIEW

History of Rehabilitation centers in Chicago.

The concept of rehabilitating addictive behavior has been in existence since the temperance movement in America (Josh, 2007). It was the temperance movement in America that birthed the idea of addiction and its alleviation. Its main aim from inception was abstinence from substance mainly alcohol. It was the temperance movement that came up with the United States first rehab center; "sober houses." The temperance movement group believed that if the society at large can be made to be free from alcohol, then invariably the society would be free from alcoholics. (Josh, 2007). The movement in the year 1920 was able to secure the Prohibition Act – an act that ruled out the consumption, possession, and sale of alcoholic drinks in USA. Furthermore, the movement paved the way for Robert Smith and Bill Wilson to co-found Alcoholics Anonymous (AA) which was a group that helped open the eyes of the government and the society at large to the use of rehab facilities (Josh, 2007).

The Rehabilitation Institute of Chicago (RIC) has an outstanding reputation in the United States that is well deserved, and it has the best rehabilitation hospital in America. The success of the RIC in treating its patients is mostly based on its longevity as it was founded in the year 1954 and had undergone several innovations all through its existence to offer an unrivaled service to its patients. The RIC provides services ranging from medicine, physical therapy and most importantly rehabilitation (RIC, 2018).

Cognitive Behavioral Theory

The cognitive behavioral theory that is based on Aaron Becks approach emphasized educating the clients, how to restructure the clients' thoughts and their self-management skills. The clients are taught how to use these techniques to have control of their problems that they have now and combating the future ones. Cognitive or thought processes ranges from various mental activities like ideas, opinions, values, knowledge, perspectives, anticipatory beliefs, instrumental beliefs, automatic thoughts, etc. The cognitive processes in this instance relate to the emotional, physiological, developmental, and environmental processes to ascertain if someone would show any sign of addictive behavior. An example of this is when you have a group of people that feel that taking drugs helps to relieve them from a life stressor the person is experiencing and helps them to forget about the challenges confronting them (Raymond, 2008). However, most addictive behaviors are connected to activating stimuli which are called triggers usually external and internal. The internal triggers are always in the form of emotions (boredom, depression, and anxiety) or as a physiological sensation (tension, pain, fatigue). Addictive behaviors in most instances are usually employed by people to serve as compensation for their feelings. An example of such are people that get into groups of drug addicts to relieve their boredom, to ease their depression and anxiety. The external triggers have to do with exposure to addictive substances, places, and people. In most cases, youth that is addicts are usually helpless about their cravings and urges they have for the external triggers (Lesie *et al.*, 1985).

Cognitive behavioral addiction treatment is usually focused on affecting behavior, developing coping skills and thoughts. The objectives of the cognitive or thought theory are always based on educating its victims on the strategies to use in preventing relapse, managing their stress disorders and coping with anxiety disorders. These objectives, when met, are

essential for clients with substance and drug abuse disorders such as social behaviors, depression, and other maladaptive behaviors that usually result in taking drugs and hot drinks. The rehabilitators further help the clients understand the consequences of faulty thinking and help in the clients restructuring. It has been made evident that to improve drug addicts and help maintain healthy behaviors, they must be taught psychoeducation and mood control, readiness and motivation to change their ways and crisis management (Lesie *et al.*, 1985). Most of these addicts have a feeling of neglect and usually want to be loved, a less threatening and friendly environment that will enhance their positive response to therapeutic processes. Hence, the clients' emotional needs should be catered to as well as being treated in a situation they optimally respond to (Kendel, 1985).

Rehabilitation centers counseling

Counseling serves as an intervention which is therapeutic that gives support and guidance. It is carried out by strained staff members which are professional and have been accredited. When carrying out rehabilitation, these services are provided by a set of interdisciplinary team and they have primary counselor who assigned to each of them at the center of treatment (Chan, 2003). These counselors bring the awareness to the clients that the behavior problems of the clients are related to the drugs and substance they use. Also, they design a recovery treatment plan for the clients. Therapists perform the dual function of both a coach and a teacher with positive attitude, and build up relationship that influence positive change with the client (Chan, 2003).

Moreover, techniques are being used by the counselor which change the illogical thinking, behavioral and mental disorder associated with people diagnosed with substance and drug abuse disorders.

Furthermore, the introduction of Psychotherapy as a means has helped develop a procedure for counseling persons with addiction. The method includes researching the problem of the patient, motivating him or her, assisting in his or her set goals and helping them to keep the turning around they get back to normal in the process of recovery. It is assumed that the process of counseling can change the behavior of the individual and the counselors should pay attention to the larger scope of the life of the patient before any therapy session begins. The Counselor should employ methods that are fit for each client accordingly about the reports of the initial assessment put forward by the rehabilitation centers' interdisciplinary team. It is mandatory for the know the type of substance and drug misused, the result of such substance socially, economically and physically and the way they affect the clients (Van, 1999).

Group counseling

Aside from the fact that counselors are involved in the process of recovery, it is as well important to use group counselling in the prevention of addiction. Topnotch counselors have been involved in the group or joint counseling in which the joints counseling is offered to the group (Cloninger, 1983). In ensuring that each of the counselors get their goal, advises on the importance of abstaining from drugs are given to the addicts. In rehabilitation centers for drug and substance, clients often have the same issues. Thus, joint counseling will allow the counselor to work effectively especially in a center with a limited amount of staff. Members of the counseling group also gain from the report and results of other recovering drug addicts. People with addiction issues often find themselves in problematic interpersonal relationships, their participation in joint therapy could help them to discover how to start an intimate and reasonable relationship. It has been made evident that part of the common problems associated with drug addicts are anxiety and depression. This could derive a low self-esteem, attempts to commit

suicide, and chronic psychosis. As the group members relay their various experiences, among a group of people, the positively changing addict poses as an example to other addicts. Among the significant aims of joint therapy is boosting self-confidence, self-acceptance, and also self-esteem while achieving a different perspective on others and oneself. As the addicts associate, they learn and engage in new crafts such as interaction and submission to the treatment programs being given as patients listen to and watch the other members of their group. By the supervision of counselor, they can implement a group for support that continues to help the patients even after being released from the center. Therapy could apply to drug addicts who are presently resisting by resorting to adjusting from their fake lives to face the real life ahead (Cloninger, 1983).

The counselors' role is to make sure that the necessary attention is paid to the victims especially in the offering of assertive and non-judgmental counseling. At the abstinence stage, some signs may be noticed, and this point could be the best time a counseling session is needed. Aside from the renowned self-help group counseling, special counsel needs to be offered. In such situations, the counselors are expected to motivate more in the process of providing thought rehabilitations. Only the victim can decide when to abstain from alcohol and drugs, and some victims may decide to accept whatever they might be facing. This could result in self-denial and as a result, suicide.

The clinical history that involves drug and alcohol abstinence complications should be the focus of the counselors. This, however, would serve as an evaluation of the most relevant method to apply to make the victim recover fully and quickly. Patients' treatment alongside abstinence signs should go simultaneously with the cognitive rehabilitation that should help the victim survive situations like depression. Effective programs of counseling should be shared with

the friends and family of the patient to help him or her completely withdraw from addiction. This is essential because the family members are the immediate people to such clients.

Individualized treatment plan

Among the various programs recommended for the rehabilitation of people with substance and drug disorder is individualized treatment plan (ITP). Individualized treatment directly focuses on the decreasing or halting the addict's unacceptable use of drugs through regular observing and supervision means like, group counseling, behavioral therapy, medication, and cognitive therapy. It also looks at the recovery program of the patient by inquiring from the family members and the patient's environment as touching some societal factors that affects the patient to engage in drug abuse and other harmful actions. The type of the substance of addiction and cognitive situation of personal preferences, characteristics, and strengths, and also the social needs determine the individual treatment selection. The individual plan involves the responsibility of the client and submission to the process of rehabilitation and the mode of therapeutic events that will involve the client. The plan should actively involve the patient, to have full control on the behavior that poses to eat up the body. Individualized treatment gives assistance in addressing the actual problem of individuals while trying to consider just a single subject despite generally using a particular drug. Treatments being individualized can encourage the patient to further participate in the treatment that would make him or her feel understood. Though some patients may be timid and shy to relay their plights, there is a freedom of expression without restriction (Worden, 1954).

Furthermore, the patient and counsellor would have a very good time together in the individualized drug counselling session as patients might find it hard to talk about their plight in a general counselling session. With its emphasis on goals of a new behavior, individualized drug

counselling allows the patient to build strategies to cope and totally abstain from the use of drugs. However, the great individualized advice is very essential as a form of follow up the process that aims exactly at ensuring that all the rehabilitees do not return to their old habits (Worden, 1954). Though this individualized treatment is vital findings of research has revealed that quite a lot of rehabilitation centers tend to prefer a group counselling to individualized sessions as a result of their inadequate personnel, which could negatively affect the recovery of the patients.

Relapse prevention

Relapse prevention and management techniques have to be emphatically on helping the clients (rehabilitees) avoid and cope with the relapse situations after they might have learnt skills at the treatment centers (Bratter, 1984). These actual relapse prevention approach towards the treatment of the addiction to cocaine is mainly made up of strategies meant to boost self-control. Some particular methods include researching the positive and negative effects of the continued use developing methods for dealing with and evading high-risk circumstances and the urge to use and self-monitoring to discover the temptation early and to also recognize the risk involved in using such drug. A central element of this treatment is knowing the kinds the problems patients are likely to meet and helping them develop effective coping strategies (Guy, 1981). Research has suggested that the different skills and ability attained by the patients might still be retained even after completing the treatment.

Most people receiving this cognitive-behavioral approach maintained the gains they made in treatment throughout the year following treatment (Bratter *et al.*, 1984). The psychosocial processes involved in the relapse and addiction processes: outcome expectancies, decision-making, self-efficacy, and attributions of causality processes. Outcome expectancies one's

expectations about the cognitive effects of substances being addicted to. Decision-making processes are usually involved in the relapse or recurrence process too. Self-efficacy means an individual's ability to cope with situations that provoke high-risk relapse perfectly. lastly; attributions of causality mean the individual's mode of beliefs that recur to drug use as a result of external or internal causes (e.g., giving one the opportunity to make excuses when things believed to be unusual situations are ahead). Drug use altogether arises as a result of the combination of various decisions whose end products lead in the actual use of the harmful substances. Furthermore, emphasizes was made that some decisions may look separate from recurrence but may end up having a latter risk that might harm the patient more (Bratter *et al.*, 1984). Research findings, however, links most of the reported relapse cases to lack of enough staff, individualized treatment, and insufficient infrastructure.

The study was conducted on the effectiveness of rehabilitation programs which are created with the sole purpose of changing the behavioral disorders shown by drug addicts. Rehabilitation programs include medical and psychotherapeutic treatment. The outlined plans include; the assessment an important tool in determining the type of appropriate methods for a specific client. It usually consists of a brief history of the client, the substance of addict, history of any past treatment and Mental Status Examination (MSE). The counseling is used to ascertain if the client is ready to undergo the therapy and determine the assessment to be designed for effective treatment program for the client. The pharmacotherapy is a medical treatment which involves detoxification at the initial stage of drug treatment. Generally drug addicts usually experience issue of complicated withdrawal symptoms and has become an alarming issue. The use of detoxification help alleviates some of the life-threatening symptoms. However, the review of Cognitive behavioral theory (CBT) has revealed that the way information are being processed

is crucial for the survival of any organism. Thus this create awareness and help the clients to correct abnormal ways of processing information in the environment. This theory is designed by Psychologists and Psychiatrists with the sole aim of helping the addicts to function normally in the society y the developing rational thinking. Moreover, various faulty mental process which causes them to manifest the characteristics of emotional disturbances should be avoided (Hibbel *et al.*, 1995).

CHAPTER 3

METHODOLOGY

The aim of the study is to understand the factors that prompt the closure of rehabilitation centers in Chicago and how it affects the community. The methodology was used in researching the factors that may have led to the rehabilitation centers closure. In this section, there are subsections which are: target population, study location, research design, sampling technique, pilot study, research instruments, data collection process, and data analysis technique (Guy, 1981).

Target population

This defined as the total numbers of people, events or objects to which an investigator will generalize the results of the study. This study targeted the people in Chicago on what they feel could be the reason for the closure of rehabilitation centers in Chicago and the people are the principal respondents. Others include rehabilitation centers staff members and rehabilitees that actually provide information about the closure. There is a total of 12 rehabilitation centers in Chicago which was cut down to 6, and the population of those living in Chicago is estimated to be 3 million people. This closure means 500,000 people will be catered for in each of the remaining six rehabilitation centers (U. S. Census Bureau, 2018).

Study location

The study was conducted in Chicago to gather comprehensive information to meet the objectives of this study. All the classes of the people in the province were necessary as the research did discriminate against the level of the people. The rich, the poor and every other person that has a better understanding of the research objectives are made to be respondents. Organizations, colleges, homes, etc. were visited to get as many respondents as possible.

Research design

The research was measured using the descriptive survey design with just a meeting with the respondents. This type of measurement is called the descriptive Study, which focuses on the conditions and the relationship that can occur, uphold opinions, various ongoing processes, the developing trends the facts that have been made evident. The present situation is the major concern, however it also observe past event and its effects on the current situation. The other measurement design used is called the Cross-sectional survey design and this is defined the data that is collected at a time from a sample meant to represent a larger population (Dhadphale, 1982). The plan was to collect data on a sample or cross-section of the respondents who were chosen represent the people in Chicago, the drug addicted people, and the staffs (service provider) in the rehabilitation centers in Chicago.

Sampling procedure and sample size

The drug addicts that are undergoing rehabilitation and those that have undergone rehabilitation for behavior change and even the people that are related to either of these persons and those that understand what it feels to be in a rehabilitation home are selected for the cause of this research work.

The study adopted the method of stratified random sampling for the sampling of the rehabilitation centers, and its staff members. In this technique, the population will be subdivided into strata that was later joined to form the complete stratified samples. The sampling procedure has been decided for usage because the target respondents were divided into three strata's which are; rehabilitees, the people, and the practitioners (service providers). This method has been supported by the fact that if the population where the sample is drawn is not composed of a

homogenous group, then a stratified sampling technique will be applied to obtain a representative sample.

The Sample size

Sample of the people in the community

A reasonable number of the people (100) were considered as respondents in this study.

Sample of participants

A total of 20 addicts were considered, and this includes mostly the addicts that have been rehabilitated in the past and the present addicts that can contribute to the study.

Sample of Rehabilitation Centers service providers

20 service providers that are mostly made up of staff of the closed rehabilitation centers were considered and some staff in the functioning rehabilitation centers.

Description of data collection instruments

For the purpose of this study, questionnaires and an interview Guide was adopted. The questionnaires were made to be straightforward and less time to consuming for both the researcher and the participants. Through the use of a questionnaire it possible to reach the staff members, addicts, and the people in the community of the intended rehabilitation centers due to the fact that they fill in at their own time. The questionnaires have been designed to consist mainly of both closed and open-ended items which were meant to get the responses of the participants on the issues for investigation.

The interview method was also employed because it usually yields the highest cooperation from the respondents and at same time the lowest refusal rates. Furthermore, it offers high response quality by taking advantage of the interviewer presence, moreover it is a multi-method way of data collection. This led to the conduction of an in-depth interview with the

rehabilitees and result in having lots of information that was useful to understand the factors that have possibly led to the closure of the rehabilitation centers.

Validity and reliability

Validity is defined as the extent to which a test measures what it supposed to measure and concurrently gives proper interpretation of the scores (Hamed, 2016). To determine the validity of the instruments, the instruments were assigned to two independent experts. The views from the supervisors were also welcome. The changes recommended by these experts were made accordingly.

Reliability is also defined as the consistency of measurement or the degree to which an instrument measures the same subjects (Hamed, 2016). A pilot test of the instrument was carried out with a small sample from the respondents that were not part of the study sample. The error in the results that was gotten was compared to the recommended standard of the body seeing to the use of such an instrument and was within range. To confirm ambiguity and determine if the instrument could derive the type of data anticipated and to indicate whether the research objectives were addressed appropriately to enhance both the reliability and validity.

Piloting

Piloting is the initial testing of the instruments to be used for the collection of data. The main reason for the use of piloting was to examine the suitability of the questionnaire in relation to the study objectives, the space provided adequacy and clarification (Sereta, 2016). The respondents were randomly chosen for the questionnaires and to respond to the interview guides respectively. These participants were also encouraged to make comments and suggestions about the instructions in the questionnaires, the interview guides, and the clarity of the questions. The relevance of the questions was also considered to ensure that the instrument measured what they

are expected to measure. The pretested and revised questionnaire and interview guide were used for the study. Data used for piloting was used in the main study.

Data collection procedure

After obtaining IRB approval, the administrators of the selected rehabilitation centers and other locations where the questionnaires were distributed were approached to explain the aim and purpose of the study. Their consent and request for their assistance was also used. The participants were instructed on what to do ahead of their filling of the questionnaire. Each respondent was encouraged to give honest answer to the questionnaire items independently. The completed questionnaires were immediately gathered. However, in cases where not possible, they were later picked up. The researcher had made appointment before with the respondents this was done to ensure that the Interviews were conducted in a quiet environment with no distraction.

Data analysis procedure

It was ensured that the data collected was organized and prepared for analysis by coding and entry in the Statistical Package for Social Sciences (SPSS, Ver.10). The descriptive statistics such as the table and pie charts were adopted for interpretation of results. The result obtained from the quantitative data of the coded close-ended items was analyzed by the use of descriptive statistics. Furthermore, the data was interpreted to appropriately answer the discussed research questions. However, the data that was generated from the open-ended questions using the interview guide were analyzed and categorized by the research questions and was reported in a narrative form.

Data management and ethical consideration

The usage of ethical considerations ranging from confidentiality, anonymity, and avoidance of deception are issues of great importance in social research. A researcher must

therefore ensure to avoid causing physical or psychological harm to the respondents which can be caused by asking embarrassing as well as irrelevant questions (Sereta, 2016). The usage of languages that are threatening or making respondents nervous should be highly avoided. In the purpose of this study, the above-mentioned ethical considerations were avoided not to cause any physical or psychological harm to the respondents. Furthermore, rightful permission was sought for to access the places where the study was conducted in Chicago.

Analysis and Presentation of the Findings

The analysis and presentation of the findings gotten from the study to understand the factors that caused the closure of rehabilitation centers in Chicago was done in this section..

The respondents' response rate

100 questionnaires were administered to the people in the community, 20 to the rehabilitation centers workers and 20 to the addicts. Out of this, only 76 for the people, 18 for the staff, and 18 for the addicts. These translates to 76% response rate for the people, 90% response rate for the staff, and 90% response rate for those suffering from addiction. A response rate of 75% and above is deemed, representative.

CHAPTER 4

DISCUSSION

The table below represents the factors that were mostly considered by the respondents as being responsible for the closure of the rehabilitation center in Chicago.

Table 1: Table showing the Factors that prompt the closure of rehabilitation centers in Chicago.

S/n	Factors	Prevalence				
		Strongly Agree	Agree	Disagree	Strongly Disagree	Indifferent
1	Inadequate bed space	63	31	8	7	3
		56.3%	27.7%	7.0%	6.3%	2.7%
2	Indiscriminate torturing of addicts	6	11	26	67	2
		5.4%	9.8%	23.2%	59.8%	1.8%
3	Inadequate staff	34	51	6	14	7
		30.3%	45.5%	5.4%	12.5%	6.3%
4	Locking up addicts against their will	8	17	31	46	10
		7.0%	15.3%	27.7%	41.1%	8.9%
5	Not having the required license to operate a rehabilitation center	6	13	47	32	14
		5.4%	11.6%	42.0%	28.7%	12.5%

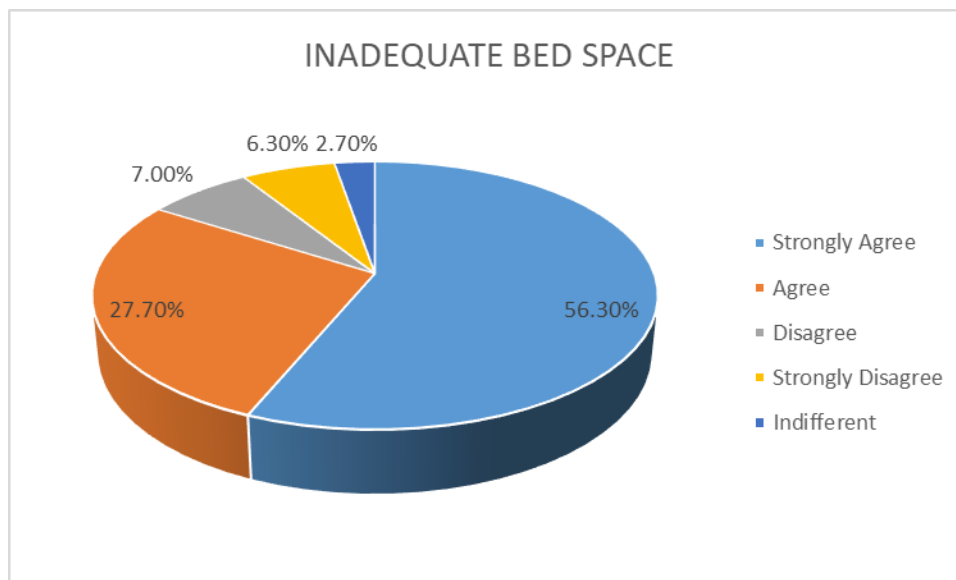


Figure 1: Chart showing how inadequate bed space affects the closing of rehabilitation centers in Chicago

The chart above represents one of the factors that prompt the closing of the rehabilitation center. It can be seen on the chart above that about 56% of the respondents strongly agree that “inadequate bed space” is a factor that prompts the closing down of the rehabilitation centers, about 27.7% of the respondents agree that “inadequate bed space” is a factor that prompts the closing down of the rehabilitation center, about 7% of the respondents disagree that “inadequate bed space” is a factor that prompts the closing down of the rehabilitation center, about 6.3% of the respondents strongly disagree that “inadequate bed space” is a factor that prompts the closing down of the rehabilitation center, and about 2.7% of the respondents are indifferent “inadequate bed space” is a factor that prompts the closing down of the rehabilitation center. This implies that most of the respondents strongly agree that “Inadequate bed space” is among the factors that prompt the closing down of the rehabilitation center.

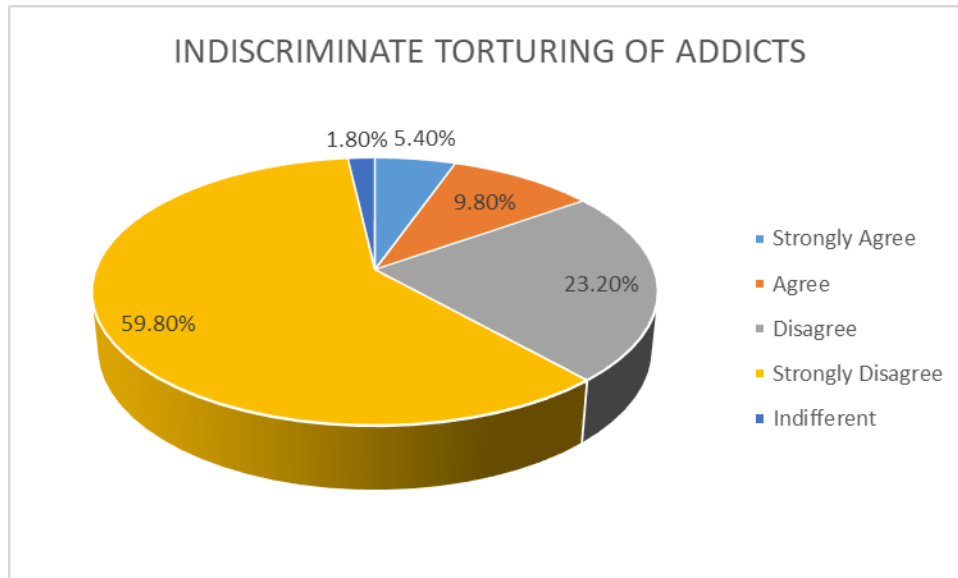


Figure 2: Chart showing how Indiscriminate torturing of Addicts affects the closing of rehabilitation centers in Chicago

The chart above represents one of the factors that prompt the closing of the rehabilitation center. It can be seen on the chart above that about 5.4% of the respondents strongly agree that “Indiscriminate torturing of addicts” is a factor that prompts the closing down of the rehabilitation center, about 9.8% of the respondents agree that “Indiscriminate torturing of addicts” is a factor that prompts the closing down of the rehabilitation center, about 23.2% of the respondents disagree that “Indiscriminate torturing of addicts” is a factor that prompts the closing down of the rehabilitation center, about 59.8% of the respondents strongly disagree that “Indiscriminate torturing of addicts” is a factor that prompts the closing down of the rehabilitation center, and about 1.8% of the respondents are indifferent in their belief that “Indiscriminate torturing of addicts” is a factor that prompts the closing down of the rehabilitation center. This implies that most of the respondents strongly disagree that “Indiscriminate torturing of addicts” is among the factors that prompts the closing down of the rehabilitation center.

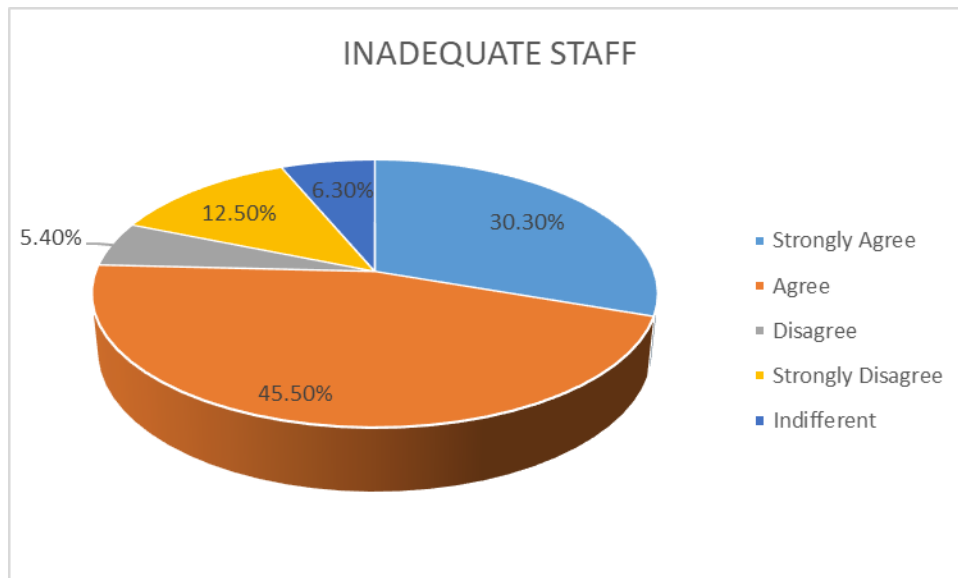


Figure 3: Chart showing how inadequate staff at the rehabilitation centers prompts the closure of the rehabilitation centers in Chicago

The chart above represents one of the factors that prompt the closing of the rehabilitation center. It can be seen on the chart above that about 30.3% of the respondents strongly agree that “Inadequate staff” is a factor that prompts the closing down of the rehabilitation center, about 45.5% of the respondents agree that “Inadequate staff” is a factor that prompts the closing down of the rehabilitation center, about 5.4% of the respondents disagree that “Inadequate staff” is a factor that prompted the closing down of the rehabilitation center, about 12.5% of the respondents strongly disagree that “Inadequate staff” is a factor that prompts the closing down of the rehabilitation center, and about 6.3% of the respondents are indifferent that “Inadequate staff” is a factor that prompts the closing down of the rehabilitation center. This implies that most of the respondents agree that “Inadequate staff” is among the factors that prompt the closing down of the rehabilitation center.

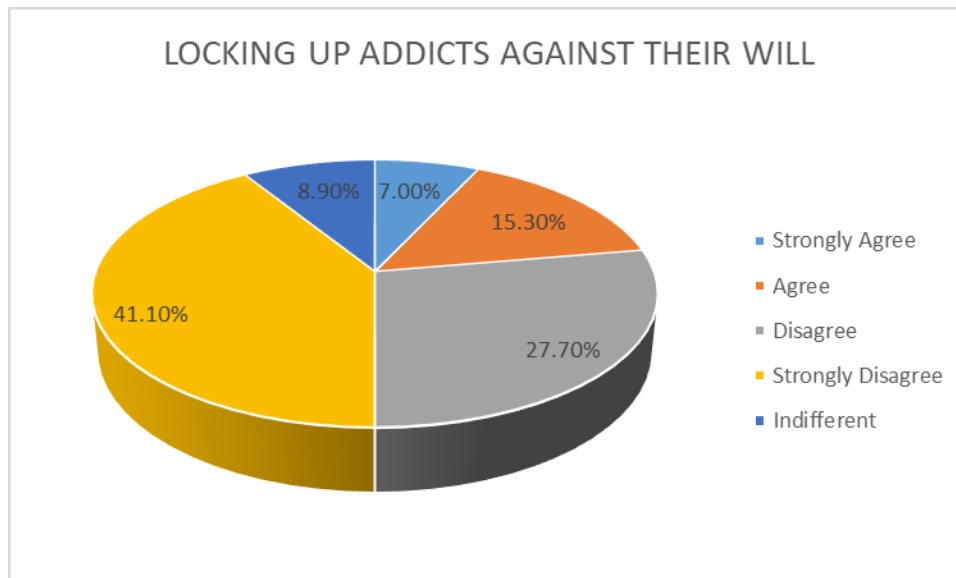


Figure 4: Chart showing how the locking up of addicts against their will prompts the closure of rehabilitation centers in Chicago

The chart above represents one of the factors that prompts the closing of the rehabilitation center. It can be seen on the chart above that about 7.0% of the respondents strongly agree that “Locking up addicts against their will” is a factor that prompts the closing down of rehabilitation center, about 15.3% of the respondents agree that “Locking up addicts against their will” is a factor that prompts the closing down of the rehabilitation center, about 27.7% of the respondents disagree that “Locking up addicts against their will” is a factor that prompts the closing down of the rehabilitation center, about 41.1% of the respondents strongly disagree that “Locking up addicts against their will” is a factor that prompts the closing down of the rehabilitation center, and about 8.9% of the respondents are indifferent “Locking up addicts against their will” is a factor that prompts the closing down of the rehabilitation center. This implies that most of the respondents strongly disagree that “Locking up addicts against their will” is among the factors that prompt the closing down of the rehabilitation center.

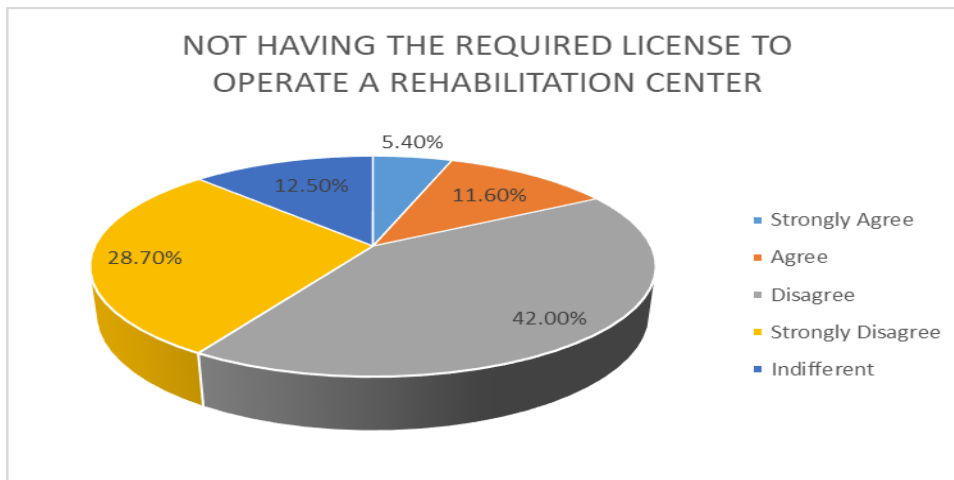


Figure 5: Chart showing how not having the required license to operate a rehabilitation center influences the closure of rehabilitation centers in Chicago

The chart above represents one of the factors that prompted the closing of the rehabilitation center. It can be seen on the chart above that about 5.4% of the respondents strongly agree that “Not having the required license to operate a rehabilitation center” is a factor that prompted the closing down of rehabilitation center, about 11.6% of the respondents agree that “Not having the required license to operate a rehabilitation center” is a factor that prompted the closing down of the rehabilitation center, about 42.0% of the respondents disagree that “Not having the required license to operate a rehabilitation center” is a factor that prompted the closing down of the rehabilitation center, about 28.7% of the respondents strongly disagree that “Not having the required license to operate a rehabilitation center” is a factor that prompted the closing down of the rehabilitation center, and about 12.5% of the respondents are indifferent “Not having the required license to operate a rehabilitation center” is a factor that prompted the closing down of the rehabilitation center. This implies that most of the respondents disagree that “Not having the required license to operate a rehabilitation center” is among the factors that prompt the closing down of the rehabilitation center.

CHAPTER 5

SUMMARY

Based on the information gathered from the community members of Chicago, we can confirm that some of the community members strongly agree that "Inadequate bed space" is among the factors that prompt the closing down of the rehabilitation center. Also, some of the community members agree that "Inadequate staff" is among a major factor that prompts the closing down of the rehabilitation center.

Furthermore, some of the community members disagree that "Not having the required license to operate a rehabilitation center" is among the factors that prompts the closing down of the rehabilitation center. Also, some of the community members strongly disagree that "Indiscriminate torturing of addicts" and "Locking up addicts against their will" is among the factors that prompt the closing down of the rehabilitation center. It was made evident that out of the several reasons that have been listed to affect the closure of rehabilitation centers in Chicago, over 58% of the population strongly agreed that indiscriminate torturing of the clients leads to the closure. This ascertains that this can't be a major factor for the closure of rehabilitation centers.

Furthermore, the research made it clear that factors such as inadequate bed space and staff contribute to some of the major reasons why rehabilitation centers closed in Chicago.

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APPENDICES

APPENDIX A (Questionnaire)

Please fill in the appropriate information; all information will be kept confidential

SECTION A

1. Gender: male female
2. Age: 18 – 24 25 – 30 31 above
3. Which of the respondents' group do you belong to?
- Community member Addicts Rehabilitation Staff

SECTION B

Please tick the appropriate choice according to how the following factors prompt the closing of the rehabilitation center.

SN	Factors	Strongly agree	Agree	Indifferent	Disagree	Strongly disagree
1.	Inadequate bed space					
2.	Indiscriminate torturing of addicts					
3.	Inadequate staff					
4.	Locking up addicts against their will					
5.	Not having the required licensed					

APPENDIX B
FREQUENCY TABLE

Gender

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid male	86	76.8	76.8	76.8
Valid female	26	23.2	23.2	100.0
Total	112	100.0	100.0	

Age

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 18-24	18	16.1	16.1	16.1
Valid 25-30	58	51.8	51.8	67.9
Valid 31 above	36	32.1	32.1	100.0
Total	112	100.0	100.0	

What group do you belong?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid community member	76	67.9	67.9	67.9
Valid Addicts	21	18.8	18.8	86.6
Valid Rehabilitation staff	15	13.4	13.4	100.0
Total	112	100.0	100.0	

Inadequate bed space

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	63	56.3	56.3	56.3
Agree	31	27.7	27.7	84.0
indifferent	3	2.7	2.7	86.7
disagree	8	7.0	7.0	93.7
strongly disagree	7	6.3	6.3	100.0
Total	112	100.0	100.0	

Indiscriminate torture of addicts

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	6	5.4	5.4	5.4
Agree	11	9.8	9.8	15.2
indifferent	2	1.8	1.8	17.0
agree	26	23.2	23.2	40.2
strongly disagree	67	59.8	59.8	100.0
Total	112	100.0	100.0	

Inadequate staff

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	34	30.3	30.3	30.3
Agree	51	45.5	45.5	75.8
indifferent	7	6.3	6.3	82.1
agree	6	5.4	5.4	87.5
strongly disagree	14	12.5	12.5	100.0
Total	112	100.0	100.0	

Locking up addicts against their will

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	8	7.0	7.0	7.0
Agree	17	15.3	15.3	22.3
indifferent	10	8.9	8.9	31.2
agree	31	27.7	27.7	58.9
strongly disagree	46	41.1	41.1	100.0
Total	112	100.0	100.0	

Not having the required license

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly agree	6	5.4	5.4	5.4
Agree	13	11.6	11.6	17.0
indifferent	14	12.5	12.5	29.5
agree	47	42.0	42.0	71.5
strongly disagree	32	28.5	28.5	100.0
Total	112	100.0	100.0	

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Research Paper Title:

Understanding The Factors That Prompt The Closing Of Rehabilitation Centers In
Chicago And Its Impact On The Community

Major Professor: Dr. Keith Wilson

Publications:

Journey of the Betta Fish