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HIV Prevention Strategies Available in Substance Abuse Treatment Programs for Women in the Twin Cities Area

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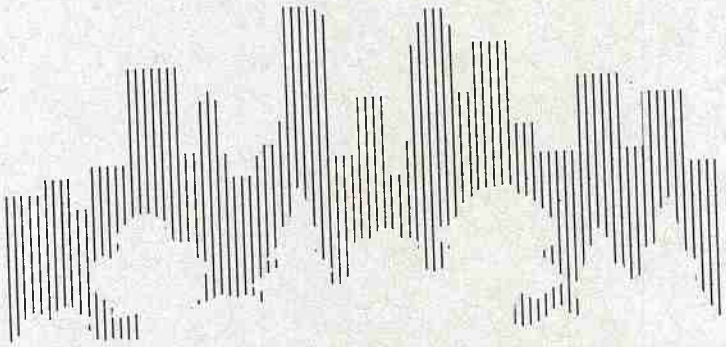

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HIV Prevention Strategies Available in Substance Abuse Treatment Programs for Women in the Twin Cities Area

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This project is dedicated to those indivduals and families who struggle with substance abuse in their lives. May they find health in their own process.

"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."

----Margaret Mead

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Completing this thesis was possible not because I did it alone. There were many people in my life who helped me. First of all, I'd like to thank the substance abuse programs and individuals who allowed me to do this research for their time and assistance. I know who you are.

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ABSTRACT

HIV PREVENTION STRATEGIES AVAILABLE IN SUBSTANCE ABUSE TREATMENT PROGRAMS FOR WOMEN IN THE TWIN CITIES AREA

AN EXPLORATORY STUDY

CATHY HOLMBERG

MAY, 1997

Overall, the fastest growing populations of HIV infected individuals are women, African Americans, and heterosexuals. Women who are infected with HIV via drug use now constitute the largest subgroup of women with AIDS in Minnesota. Drug treatment programs for women have been largely impacted within the past few years with the HIV epidemic. Previous research indicates that skills-building and cognitive-behavioral techniques used within drug treatment programs for women are effective in decreasing their risk for HIV infection. This exploratory study aimed to find out how substance abuse treatment programs for women in the Twin Cities area are addressing the problem of HIV among women who use drugs.

Data for this study was gathered during in-depth interviews with direct care providers in four well-known substance abuse treatment programs for women in the Twin Cities Metropolitan area of Minnesota. The study explored the HIV prevention strategies these programs use to reduce the transmission and infection of HIV. The findings indicated that all the programs in the study use information and education lectures about HIV prevention. Two of the programs have implemented the use of skills-building and cognitive-behavioral techniques specific to HIV prevention. In addition, the findings suggest that some important barriers make these HIV prevention strategies difficult to implement. The findings operate as a valuable resource for professionals in the HIV community and substance abuse field in the Twin Cities area. Implications for social work practice and future research are cited.

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CHAPTER I

INTRODUCTION

This chapter presents the issue of HIV prevention specific to the problem of the rising numbers of women who are at risk for contracting the HIV virus and to those women who have tested positive for the HIV virus. This section also identifies the significance of this research study specifically to substance abuse treatment programs for women. It concludes with the purpose of this exploratory study and the research questions.

Background of the Problem

There is a growing concern in the health care field of the increasing numbers of heterosexual women who test positive for human immunodeficiency virus (HIV) disease (Centers for Disease Control, 1993; Stuntzner-Gibson, 1991; Wai, Singh &Varma, 1996). Overall, the fastest growing populations of HIV infected individuals are women, African-Americans, and heterosexuals (CDC, 1993). Intravenous drug use is implicated in 71% of AIDS cases among women (Barth, 1993). If this figure also included HIV cases, an even higher percentage of cases would implicate drug use. Specific to Minnesota, women who are infected with HIV via intravenous drug use now constitute the largest subgroup of women with AIDS in Minnesota (Minnesota Department of Health, 1996). African American women are at particular risk of HIV infection due, in part, to the overrepresentation of HIV infection in the African American intravenous drug group as a whole (Dancy, 1996). These women are infected with HIV either by contaminated drug paraphernalia or by sexual relations with men who are intravenous drug users (Stuntzner-Gibson, 1991). In addition, most women who are HIV infected are poor, of color, and uneducated (CDC, 1991).

Statement of the Problem

The problem of the increasing numbers of women who are drug dependent and at risk for HIV infection is the focus of this research project. Consequently, HIV prevention for addicted women is explored. This research study investigates how substance abuse programs for women in the Twin Cities area of Minnesota are addressing the problem of drug dependent women and their risk of HIV infection.

Purpose and Significance of the Research Problem

Drug treatment programs have been largely impacted by the HIV and AIDS epidemic, both by increases in numbers of women visible or referred for substance abuse treatment, and by program planning efforts to reduce risk behaviors among women who are at risk for acquiring or transmitting HIV (Friedman & Lipton, 1991; Sorenson, 1991). With the rise in the HIV crisis among women who are chemically dependent, more attention to HIV prevention within these programs needs to be addressed. Substance abuse programs that are targeted for the needs of women seem to be a valuable intervention point for addressing behaviors at risk for HIV - both drug use practices and sexual behaviors.

The purpose of this study is to find out how substance treatment programs designed specifically for women in the Twin Cities area are addressing HIV prevention within their programs. This study will explore and find out how substance abuse treatment programs for women in this area are using HIV prevention strategies to reduce the transmission and infection of HIV. The potential significance of the study's findings will consist of providing implications for practitioners and program and policy developers in both the drug abuse profession and the HIV profession in the Twin Cities area. The study will provide increased integrated information in the area of drug abuse and HIV prevention. Most HIV professionals in the Twin Cities are licensed social workers who operate as case managers. The findings may operate as a valuable resource for drug abuse and HIV professionals in the Twin Cities area about what kinds of HIV prevention methods drug treatment programs are using.

Research Questions

The research questions studied are:

1. How are HIV prevention strategies implemented in the Twin Cities substance abuse treatment programs for women?
2. What kinds of barriers are cited by drug treatment professionals in implementing and using HIV prevention strategies in the Twin cities substance abuse treatment programs for women?

Summary

This chapter has outlined the prevalence of the growing numbers of drug dependent women who are at-risk for HIV infection in the United States and locally in Minnesota. In order to address the HIV epidemic among women in Minnesota, this study will explore drug treatment programs that are designed for the needs of women. Specifically, HIV prevention for substance using women is identified. Chapter 2 will discuss a review of the literature regarding HIV prevention in substance abuse treatment programs for women. Chapter 3 outlines the theoretical framework, grounded theory, that guided this research study. Chapter 4 explains the methodology used for this research study. Chapter 5 presents the results of this study, including summary tables of the findings. Lastly, chapter 6 will discuss the findings in relation to the framework used and the literature reviewed on this topic. Included in this chapter are limitations of the study, implications for social work practice and policy development and future research recommendations.

CHAPTER II

LITERATURE REVIEW

This chapter summarizes the literature related to HIV prevention strategies used in substance abuse treatment programs for women. There is no known research regarding the use of HIV prevention in Twin Cities substance abuse treatment programs for women in the Twin Cities area. In the literature, substance abuse treatment programs were in locations other than the Twin Cities area. A large number of articles referenced treatment programs on the east and west coast of the United States. In order to address the research questions, the literature reviewed for this project is organized into central themes about what is known regarding the use of HIV prevention strategies in substance abuse programs for women. This chapter includes these central themes synthesized from the reviewed literature: (a) HIV/ AIDS education and information, (b) skills-building strategies, (c) cognitive-behavioral strategies to reduce the risk of HIV infection and transmission among women, and (d) risk-reduction behaviors.

There has been much information about the affects of HIV infected and drug dependent women in regard to pregnancy (Ewing & Foran, 1993), child development (Zuckerman, 1993), and the child welfare system (Azzi-Lessing & Olsen, 1996). However, comparatively, there is limited information in the professional research that exists regarding the specific strategies for HIV prevention that are used in substance abuse treatment programs for women. Much of the controlled studies and empirical research done thus far about HIV prevention in substance abuse treatment for women has been outcome studies where one group is assigned to the information-only control group and the other group is assigned to the intervention group (El-Bassel, Ivanoff, Schilling, Gilbert, Borne & Chen, 1995; O'Neill, Baker, Cooke, Collins, Heather & Wodak, 1996; Schilling, El-Bassel, Schinke, Gordon & Nichols, 1991). Although these studies are limited in

numbers, all of the studies found either a significant or a modest positive outcome for the intervention group (El-Bassel et al., 1995; O'Neill et al., 1996; Schilling et al., 1991).

HIV/AIDS Education and Information Strategies

Two studies (Harris & Kavanaugh, 1995; Turner & Solomon, 1996) have addressed HIV/AIDS education and information strategies. Turner and Solomon (1996) studied the degree of risk reduction readiness (sexual and drug behaviors) in a group of drug-using African American and Mexican American women. Their study concluded that participant's expressed a high degree of risk reduction readiness. They used this empirical data to develop the AIDS Survival Kit (ASK), which consisted of the distribution of AIDS Survival Kits (bleach, condoms, education pamphlets, and drug treatment information), in the neighborhood two afternoons each week. The Survival Kits were mainly information-based and education regarding HIV/AIDS prevention and transmission.

An exploratory study in Baltimore of 102 African American women from four methadone-maintenance programs studied the relationships between AIDS knowledge, perceptions of likelihood of contacting AIDS, and high-risk behaviors (Harris & Kavanagh, 1995). Among the findings were that a high level of knowledge about AIDS does not reflect a decrease in high-risk drug behaviors or high-risk sexual behaviors. From these findings, Harris and Kavanagh (1995) contend that AIDS education in substance abuse programs is necessary but an insufficient motivation for risk-related behavior change.

Skills-Building Strategies

Several studies explored skills-building strategies (Harris & Kavanaugh, 1995; El-Bassel et al., 1995; El-Bassel & Schilling, 1992; Schilling et al., 1991; Turner & Solomon, 1996). In examining the sexual risk behaviors related to HIV/AIDS prevention and transmission, Schilling, El-Bassel, Schinke, Gordon, and Nichols (1991) randomly assigned women in a drug treatment program to an information-only controlled group and women to a skills-building intervention group. The skills-building group consisted of five,

two-hour sessions of small groups. In the skills-building intervention, patients identified their own high risk sexual behaviors, discussed condom use, and practiced skills which involved asking partners to use condoms. The skill-building sessions used role-plays and demonstrations for assertiveness training, communication skill-building and problem-solving skills. The findings were modest in that women in the skills-building group initiated discussion with their partners more often, felt more comfortable talking about safe sex, and used and carried condoms more frequently, than women in the information-only group. The skills-building group also had higher rates of attendance which might suggest this group to be supportive and useful in HIV/AIDS prevention interventions. At a 15-month follow-up of this same study's participants (El-Bassel & Schilling, 1992), the findings were again modest, but favored the skill-building intervention group.

In addition, El-Bassel, Ivanoff, Schilling, Gilbert, Borne, and Chen (1995) studied a skills building and social support HIV/AIDS prevention intervention group in a pilot study of 145 incarcerated drug-using women. This group consisted of sixteen, 2-hour small group sessions. The skills-building group content was similar to the above skills intervention (Schilling et al., 1991) in that it used role-plays and demonstrations to teach social skills, problem-solving skills, and assertiveness/self-esteem training. The results of this pilot study supported the hypothesis that a skills-building and social support enhancement intervention is more effective than AIDS information alone in improving safer sex behaviors, coping skills, and direct emotional support.

Lastly, from their findings that AIDS knowledge does not reflect a decrease in high-risk behaviors, Harris and Kavanagh (1995) recommend substance abuse programs use personal empowerment models based on the client's strengths, self-esteem building, and social learning to address HIV prevention and transmission issues. They also recommend that HIV prevention in substance abuse programs need to reflect the attitudes, belief system, and behaviors of the specific population being served. In addition, Turner and Solomon (1996) recommend the use of empowerment techniques, self-esteem building,

communication skills, and culturally appropriate education as strategies to reduce HIV risk behaviors.

Cognitive-Behavioral Strategies

Most of the research done thus far regarding HIV prevention in substance abuse treatment for women has focused on the high-risk sexual behaviors only, not the high-risk drug use behaviors. The exception is a study done in Europe by O'Neill, Baker, Cooke, Collins, Heather, and Wodak (1996). The study included pregnant injecting drug users at risk for HIV infection. Women were assigned to either their regular methadone treatment (controlled group) or the cognitive-behavioral intervention. The cognitive-behavioral intervention consisted of six, 90-minute individual sessions aimed at helping prevent relapse to needle sharing or to unsafe sex. The content of the individual sessions consisted of a motivational interview, identifying high-risk situations, problem-solving strategies, coping skills for cravings, relaxation techniques and tapes, and cognitive-behavioral skills for trigger situations. The findings were not consistent when compared to the other studies of prevention strategies. The cognitive-behavioral intervention had no effect on sexual risk behaviors. However, the members of the cognitive-behavioral intervention significantly reduced their injecting risk behaviors. This suggests that a cognitive-behavioral intervention may be of benefit for pregnant women who persist with injecting behaviors.

Risk-Reduction Behaviors

When addressing HIV prevention, two risk-reduction behaviors were central outcome indicators in all the research studied: high-risk sexual behaviors and high-risk drug injecting practices. High-risk sexual behaviors are defined as having unprotected sex or inconsistent use of condoms or dental dams and having multiple sexual partners. High-risk drug injecting behaviors are defined as sharing needles or using dirty "works". Since this review of literature was specific to HIV prevention in substance abuse programs, high-risk sexual behaviors were more often studied than high-risk drug injecting behaviors, with the exception of one (O'Neill et al., 1996). This may reflect the traditional philosophy of

abstinence in substance abuse program goals which may not address the issue of injecting behaviors.

Summary

The literature that has been reviewed for this research study, although limited and speculative, is viewed as promising in the areas of HIV prevention interventions used in substance abuse programs for women (El-Bassel & Schilling, 1992; El-Bassel, Ivanoff, Schilling, Gilbert, Borne & Chen, 1995; Harris & Kavanagh, 1995; O'Neill, Baker, Cooke, Collins, Heather & Wodak, 1996; Schilling, El-Bassel, Schinke, Gordan & Nichols, 1991; Turner & Soloman, 1996). These studies' findings have focused on the use of cognitive-behavioral and skills-building interventions or strategies as it relates to HIV prevention for women who are drug dependent to reduce the transmission or infection of HIV. The literature supported the use of skills-building components, and/or cognitive-behavioral components as interventions over the use of information and education alone as HIV prevention strategies in substance abuse treatment programs for women. The studies indicate HIV/AIDS education and information is important but not sufficient in reducing risk-behaviors. The HIV prevention strategies studied used a group format, except the cognitive-behavioral intervention (O'Neill et al., 1996), which used an individual session format. None of the literature indicated that any of the interventions were a standard part of the programming of the substance abuse treatment program.

One limitation of the literature studied is the validity of the findings since all responses were self-reports. This may or may not give accurate results of HIV prevention strategies that were used and supported an actual decrease in risk-taking behaviors. Whether the responses were reality based or wishful thinking is uncertain. Another limitation is the characteristic and nature of drug abuse is that it is found in a hard-to-reach population, which makes follow-up results difficult. The tranferability of the findings can be seen as a limitation, since most of the interventions were given to a specific

population of women. For example, the study that used pregnant or incarcerated women (O'Neill et al., 1996) cannot be generalized to other populations.

Given the apparent need and the promising HIV prevention strategies from the literature used with women who are drug dependent, social workers and health professionals need to know what HIV prevention strategies are in place in their own community for women who are drug dependent. This research study builds on the current information about what is already known about the HIV prevention strategies that have been used in substance abuse programs for drug-dependent women. This research study continues with an exploratory study of a sample of the Twin Cities Metropolitan areas' existing substance abuse treatment programs for women. Broadly, one of the objectives of the study is to explore and find out how substance abuse treatment programs for women in this area are using HIV prevention strategies to reduce the transmission and infection of HIV among women. The other objective is to find out if (in what ways) substance abuse treatment programs for women in the Twin Cities Area are implementing any of the HIV prevention strategies that the professional literature indicates may be effective. In the next chapter, grounded theory is discussed. This theory will be used to explore the implementation and barriers of HIV prevention strategies in substance abuse treatment programs for women in the Twin Cities area.

CHAPTER III

THEORETICAL FRAMEWORK

From the literature review in Chapter 2, terms were identified to explore the implementation of and barriers to HIV prevention in the Twin cities substance abuse programs for women. This chapter describes grounded theory as the theoretical framework from which this research study is structured, along with the rationale for using this particular framework. It also includes an explanation of how grounded theory may help or be applied to this research study.

Grounded Theory

Grounded theory is a qualitative research approach. This study used grounded theory (Glaser & Strauss, 1964; Strauss & Corbin, 1990) as a theoretical framework to guide this research study. The simplified definition of grounded theory, according to Glaser and Strauss is: "The discovery of theory from actual data" (Glaser & Strauss, p. 1). When a theory is developed from data that is systematically obtained and analyzed in social research, then the theory is "grounded" (Glaser & Strauss, 1967). They argue that it is necessary to test theories that are derived from actual scientific data instead of testing existing theories or hypothesis of unknown origin. Strauss & Corbin (1990) continued this argument for the use of grounded theory. They state grounded theory originated for some of these reasons: (a) the need to get out into the field, if one wants to understand what is really going on; (b) the importance of theory, grounded in reality, to the development of a discipline; (c) the active role of persons in shaping the worlds they live in; and (d) the interrelationships among conditions, meaning and action. This research study followed the components of grounded theory (explained below), in an attempt to develop a theory about the use of HIV prevention strategies in substance abuse programs for women in the Twin cities area.

Rationale For Using Grounded Theory

As implicated above, the main purpose for using grounded theory in qualitative research is to develop a theory that is derived from actual scientific data. A second reason for using grounded theory is to explain a phenomenon about which little is yet known. For the purposes of this research study, little is known about how HIV prevention is actually addressed in substance abuse programs for women in the Twin Cities area. The problem of HIV infection has shifted from being a gay male disease to the escalating rates of heterosexual, drug dependent women becoming HIV infected. Because of this, the area of HIV and women is a relatively new phenomenon. A third reason for using grounded theory is to stimulate quantitative research studies. The philosophy of grounded theory employs the idea that scientific research should be a continuous interaction between qualitative and quantitative approaches. Once theories are developed "from the ground", these theories can be more soundly tested quantitatively.

Components of Grounded Theory

Glaser & Strauss (1967) spell out three "canons" or rules that are required in order for a theory to be grounded:

1) The theory must "fit" the empirical situation being researched. This means that the categories derived from the data must be readily indicated by the data.

2) The theory must be "understandable" to professionals as well as to those persons who were studied.

3) The theory must "work". This means that the theory must provide us with relevant predictions, explanations, interpretations and/or applications of the phenomenon being studied.

The extent to which a theory is useful (is grounded), meaning, that it "fits", is "understandable", and "works" depends upon ***how*** that theory was generated (Glaser & Strauss, 1967). The systematic procedure for generating theory is the basis for grounded theory. This procedure is called "comparative analysis". Generally, comparative analysis

is presented as a well-coded set of propositions arrived by through the data. "Coding is the process by which data are broken down, conceptualized, and put back together in new ways" (Strauss & Corbin, p. 57).

Strauss and Corbin (1990) give a detailed explanation of comparative analysis. Inherent in this analysis process is the importance of drawing upon personal knowledge, professional knowledge, and the technical literature. Comparative analysis is composed of three types of coding. These are: (a) open coding; (b) axial coding; and (c) selective coding. Each coding procedure is described below.

Open Coding

"Open coding is the process of breaking down, examining, comparing, conceptualizing, and categorizing the data" (Strauss & Corbin, 1990). This is the first part of the actual data analysis where the phenomenon under study (the HIV prevention strategies in this case) is *labeled* and *conceptualized.* The raw data is labeled, concepts are grouped according to similar phenomenon, and thus, categorized. It is called open coding because the goal is to "open up" the data. To do this, the questions Who? Where? What? and Why? are asked about the phenomenon under study. This component relies heavily on the researcher's theoretical sensitivity - personal and professional knowledge and experience, and the technical literature related to the phenomenon. The goal is to use theoretical sensitivity to give the concepts depth and to see beyond the obvious data.

Axial Coding

During axial coding, the categories (obtained from the open coding) are put back together and relations are made among them. The goal of this component of analysis is to make *relations* among the categories in terms of their *conditions*: context, intervening, interactional strategies, and consequences. Strauss and Corbin (1990) have developed a special paradigm model that is instrumental to the use of comparative analysis. It is explained below:

The Paradigm Model (Strauss & Corbin, p.99).

(A) CAUSAL CONDITIONS ----> (B) PHENOMENON ---> (C) CONTEXT --->
(D) INTERVENING CONDITIONS ---> (E) ACTION STRATEGIES --->
(F) CONSEQUENCES.

Causal Conditions. This refers to the events or incidents that lead to the occurrence or development of the phenomenon. To obtain the causal conditions these questions are asked about the phenomenon or category: When? While? Due to? Since?

Phenomenon. This is the area under study. Particular phenomenon obtained by the data are grouped in open coding to arrive at the categories used in the paradigm. The words phenomenon and categories will be interchangeable for clarity purposes.

Context. This is the setting in which the phenomenon occurs. In order to specify something about the phenomenon and the causal conditions, the context of the phenomenon must also be understood. To obtain the context of the phenomenon, these questions are asked about the phenomenon: When? How? Number? Types? Duration?

Intervening Conditions. "Intervening conditions are the broad and general structural conditions bearing upon the action/interactional strategies" (Strauss & Corbin, 1990). Examples of these conditions about the phenomenon include: time, space, culture, economic status, and history. The intervening conditions affect the action condition of the analysis.

Action/Interactional Strategies. The action strategy is the action that is done in response to the phenomenon--or an interrupted phenomenon. The action strategy is purposeful and goal-oriented. An action or interaction is done in response to or to manage a phenomenon. The interaction is processual, always changing and evolving in order to manage the phenomenon. It is affected by all the preceding causal, context, and intervening conditions.

Consequences: This is the outcome of the action taken in response to the phenomenon under study. The outcome(s) may be intended or unintended, actual or potential, or may happen in the present or the future. There may be consequences to people, places, or things. The consequence is the end result, or the objective.

In sum, the causal conditions and the context spell out the specific properties of the phenomenon under study. Given the cause and context, the intervening conditions act to affect the action strategies which then give the consequence or result. Each condition obtains further information about the phenomenon under study and builds upon the preceding condition.

Selective Coding

> "Selective coding is the process of selecting the core category systematically relating it to other categories, validating those relationships, and filling in categories that need further refinement and development" (Strauss &Corbin, 1990).

Selective coding is the process of developing the actual theory. The first step is to choose the *"core" category* around which all the other categories are integrated (Strauss & Corbin, 1990). The next step is to create a *descriptive narrative (a story)* about the central phenomenon of the study. To develop theory, the story then needs to be conceptualized. This means that the story needs to be told analytically.

In some research studies using grounded theory, it is extremely difficult to choose one "core" category from the data. In this case, two or three story lines may evolve from the data. In other cases, researchers stop the comparative analysis after axial coding and instead of developing theory, construct theme analysis or concept development.

Application of Grounded Theory to Research Study

The theoretical framework requires this research to move from the ground (interviews in the field) toward a possible theory about HIV prevention in substance abuse programs for women in the Twin Cities area. (Strauss & Corbin, 1990).

Grounded theory may assist this study to answer the research questions in several ways. First, grounded theory provides a scientific framework for the possible development of a theory regarding the phenomenon under study. For research question #1, HIV prevention in substance abuse treatment programs for women in the Twin Cities area is the phenomenon under study. For research question #2, the barriers for implementing HIV prevention in substance abuse treatment programs for women in the Twin Cities area is the phenomenon under study. Secondly, the research will emulate the components of grounded theory. Strauss and Glaser's (1990) "Paradigm Model" will be applied directly to the data obtained from the in-depth interviews. For example, *open coding* will be used to construct categories among the raw data. Then, it is likely that the demographic information obtained from the interview questions will provide the causal conditions of HIV prevention in *axial coding* procedures. The open-ended questions in the body of the interview is expected to provide the context, intervening conditions, action strategies, and consequences of HIV prevention. Using *selective coding* procedures, an analytic story line, or theory may be developed about the use of HIV prevention in substance abuse treatment programs for women in the Twin Cities area. In short, specific programs in the Twin Cities area are studied under which HIV prevention exists (the conditions); the specific strategies from these programs are categorized (the categories); and associated outcomes are made (the findings). It is possible that a theory cannot be developed in this research study due to unforeseen errors in the research design. In this case, these errors will be a limitation to the study, and theme analysis or concept development will be the purpose of the research study. It is also possible that not all the conditions in axial coding will apply in this research study (Strauss & Corbin, 1990).

Lastly, if a theory is developed about the use of HIV prevention in substance abuse programs for women in the Twin Cities area, the "canons" of grounded theory will be met. That is, the theory will "fit", will be "understandable", and will provide relevant

predictions, explanations, interpretations and/or applications to HIV prevention in substance abuse programs for women in the Twin Cities area.

Summary

In this chapter, the components of grounded theory were discussed in relation to the exploration of the research of HIV prevention in substance abuse programs for women in the Twin Cities area. In this chapter, special focus was placed on Strauss & Corbin's "Paradigm Model" (1990) since this part of the theory will most apply to this research study. In the next chapter, the methodology of this study is discussed.

CHAPTER IV

METHODOLOGY

In this chapter, the methodology used to conduct the research is discussed. The literature review indicated that few studies have addressed HIV prevention specific to substance abuse programs for women. Of those, modest to significant results were cited to favor the implementation of skills-building and cognitive-behavioral strategies in substance abuse treatment programs for women regarding HIV prevention and at-risk behaviors. This study was developed due to a need in the Twin Cities area for further information about the HIV prevention strategies available in women's substance abuse programs. This chapter contains the research questions, research design, definitions of key terms, information on data collection, instrumentation, data analysis, and ethical protections.

Research Questions

The research questions studied were:

1. How are HIV prevention strategies implemented in the Twin Cites substance abuse programs for women?

2. What kinds of barriers are cited by drug treatment professionals in implementing and using HIV prevention strategies in the Twin Cities substance abuse treatment programs for women?

Research Design

This study was limited in focus to substance abuse treatment programs in the Twin Cities area that have gender-specific programming for the needs of women. In order to answer the research questions, the research design was inductive and qualitative, using exploratory and cross-sectional research methods to interview one direct provider working in each of the four different substance abuse programs. The study used in-depth, open-ended interviews to collect the data needed to answer the research questions. The data collected during the field interviews provided information about the use of HIV prevention

and the barriers associated with its use in substance abuse programs for women in the Twin Cities area.

Key Terms and Operational Definitions

In order to address the research questions, terms need consistent and measurable definitions.

Definition of Terms

HIV Prevention Strategies

These are the methods taken to reduce the transmission and infection of the human immunodeficiency virus (HIV), as measured by, but not limited to, pamphlets, educational materials, lectures, demonstrations, and/or role-plays. These variables will be measured by information obtained from the guide during the in-depth interviews. HIV prevention strategies is also known from previous research and practice done in the area as harm-reduction and/or risk-reduction strategies or methods.

Four Substance Abuse Programs

The programs under study will be two outpatient programs, one halfway program, and one aftercare substance abuse program as determined by the listing in the United Way's, First Call for Help (1996-97) and cross-referenced by key informants in the drug abuse profession as having gender-specific programming for women's needs. The information obtained about these programs is measured by the demographic information obtained from the interview guide.

The key informants used as sample sources are from both the HIV and the substance abuse communities. These were: 1) Dr. Daniel Hoo, LP, CCDC is a chemical health specialist at a large Twin Cities health organization and has ten years experience in substance abuse counseling and referrals; and 2) Adrienne Bloch, LICSW, is a HIV/AIDS specialist at a large hospital in the Twin Cities area and has twelve years experience in the fields of women and HIV prevention.

HIV

Human Immunodeficiency Virus is a life threatening virus which invades the immune system and undermines its functioning. The virus is transmitted through blood, semen and vaginal fluids.

Gender-Specific Programming

Gender-specific programming is programs that allow opportunities designed specifically for the needs of women; (a) basic resource skills such as education, (b) budgeting, (c) recreation, and sexuality, (d) access to childcare, and (e) transportation.

Constant Terms

All programs in this study will have these characteristics in common: They are substance abuse programs, they are gender-specific to women, and they are located in the Twin Cities Metropolitan area of Minnesota.

Units of Analysis

The units of analysis are substance abuse treatment programs specifically for women with representation of one direct service provider from each program.

Study Population

This was an intensive study of a specialized population of substance abuse programs. The study used information from one direct service participant in each of the programs. All of the programs studied were known and stated by the sample sources to have specific programming for women of some capacity: opportunities to develop life skills such as education, budgeting, recreation, and sexuality; access to childcare; and transportation. All programs are substance abuse programs, and all programs are located in the Twin Cities Metropolitan area of Minnesota.

Sampling Procedures

The study used a purposive sampling of four substance abuse programs for women located in the Twin Cities area. This sample of programs was obtained from the United Way of Saint Paul's, First Call for Help Directory (1996-97). In addition, the sample

programs were cross-referenced with and recommended by key informants, Dr. Daniel Hoo, chemical health specialist, and Adrienne Bloch, HIV specialist.

Measurement

HIV prevention strategies used in substance abuse treatment programs for women in the Twin Cities area were the outcome terms for this study. These terms were coded and measured by the interview guide questions. The four different substance abuse programs for women were studied. The information obtained about these programs were measured by the interview guide. Specific demographics of the treatment programs were learned from the interview and considered so as to detect any differences in the outcomes among the treatment programs.

The research project aimed to minimize interviewer effects and biases. To do this, a standardized, open-ended interview guide helped to maximize issues of dependability throughout each interview. This ensured that all the interviews were conducted in a consistent, thorough manner. To increase the credibility of this study, consultation of the interview guide occurred with two professionals in the field. Richelle Hoo LSW, MA, one consultant, has extensive experience as a sexuality educator in the area of women's sexuality. She also has twelve years experience working primarily with women who are chemically dependent. The other consultant was Cynthia Zegers, HIV Specialist, who is a pioneer in this community working with women and HIV. The scientific coding process used in analysis also helped to minimize dependability error. This research study was limited by transferability since the subjects/programs being studied were quite homogeneous and a small sample was used. In using grounded theory, the purpose is not to generalize to a larger population, but to specify (Strauss & Corbin, 1990). The theoretical design of this study applied only to the HIV prevention strategies used in Twin Cities' substance abuse programs for women. The data used from each program were comparable because the study is concerned with representativeness of concepts, not the quantifying of verbatim answers. A threat to this study's credibility existed due to the

simple fact that subjects being interviewed could have given responses that were not actual, thus, at risk for social desirability bias.

Both the HIV prevention strategies and the substance abuse programs were measured using nominal levels of measurement. The coding of these variables were discrete and descriptive, with no quantitative meaning.

Instrumentation

This was a qualitative design, using open-ended interview questions. In order to obtain information consistent with the research questions, an interview guide (see Appendix C) was developed and used during the interview to measure the outcome variable (Rubin & Babbie, 1993). The interview guide consisted of several standardized, yet open-ended questions. The first section of interview guide contained eight questions relating to demographics and information about the agency overview. Both open-ended and closed-ended questions were used to gather this information. The next section included six open-ended questions regarding the specific use of HIV prevention within their program. During this part of the interview, a guided check list was developed of known HIV prevention strategies obtained from the literature studied on this topic. The checklist consisted of the HIV prevention strategies' form, context and focus. Because this is an exploratory study, a formal pre-test was not conducted.

Data Collection

The investigator contacted the director of each program via telephone, and explained the scope and purpose of the study. The investigator stated that their program was selected as a sample because it is seen by the community as innovative and meets the criteria for the purposes of this study. The investigator asked to be referred to interview a direct service provider within the program. The direct service provider had to be a permanent employee, working at least twenty hours per week. The investigator had no control over which program within the agency the director selected to be part of the study. For example, all the programs may have had all or one of the components: inpatient, halfway/residential,

outpatient, aftercare, or relapse prevention. The interview occurred in the field, in the location of the substance abuse treatment program. A letter of consent was mailed prior to the interview for the respondent's review, outlining any possible risks, benefits, or expectations of the interview. The interviews took one-hour and were tape recorded.

Data Analysis

The qualitative data, which were obtained through the interview guide, were organized and categorized according to specific research questions, and used comparative analysis in grounded theory (Glaser & Strauss, 1967). This comparative analysis method is the constant, systematic process of breaking down, examining, comparing, and categorizing data.

Specifically, the study used an analysis process called open, axial, and selective coding (Strauss & Corbin, 1990) to develop themes and concepts about HIV prevention in substance abuse programs for women in the Twin Cities area. Strauss & Corbin's "Paradigm Model" (1990) was primarily used to develop these themes among the data. Question responses to the HIV prevention strategies the program used were compared for similarities, differences, and patterns. These procedures assisted in development of theme analysis about the use of HIV prevention in substance abuse programs for women in the Twin Cities area.

Human Subjects

Ethical protections were employed to protect human subjects and to minimize risk. One procedure for the protection of human subjects included an expedited review and approval #96-49-2 from the Institutional Review Board at Augsburg College. A consent form was mailed to the program site prior to the interview and collected by the investigator before the interview began. For the purposes of this study, no stress is anticipated, however possible risks could have occurred such as awareness of program limitations or possible incrimination of the respondent if she/he said something negative about their program. These precautions were taken to minimize these risks:

1. Identity of the program and the respondent are not revealed in the study.
2. The respondent had the right to withdraw from the study at any time or refuse any questions.
3. The respondent could choose to have selected statements off the record, at which time the recorder was turned off.
4. Only the researcher would have access to research data which will be destroyed by June 30, 1997.

Description of Study Population

The study population consisted of one aftercare substance abuse program for women, one halfway substance abuse program for women, and two outpatient substance abuse programs for women (See Table 4.1). Information about these programs was obtained by interviewing one direct service provider (respondent information) in each of the programs. The respondents were all permanent employees and worked at least thirty hours per week. Information is also provided about each program.

Respondent Information

Respondents ranged in educational background from a two year Chemical Dependency Certification to a Masters Degree in social work and psychology. Years of experience of the respondents varied to an even greater degree. Respondents had from thirty to two years experience working in the chemical dependency field. Length of time employed at the programs ranged from eight months to ten years (Table 4.1).

Program Information

Length of operation measured number of years the specific program for women has been in existence. Program "B", the halfway house, has been in existence for the longest period of time. Program "A", the aftercare, has been operating for the least amount of time. Length of program stay is the amount of time the women were in that program. Program "A", the aftercare program, is an nine week program. Program "B", the halfway program is a seventy-five day treatment program. Program "C" is a six week program, and

program "D", is an eight week program. Philosophy of the program was a nominal measure. It was defined as the general theory, models used, or orientation to substance abuse treatment in the program. Programs "A" and "D", both have a culturally specific philosophy, with Rational Emotive Therapy used within the program. Program "B" uses an eclectic model of treatment. The primary counselor at Program "B" stated, "Asking a philosophy is really an introspect of the middle class...what we do here is anything that can make a women's life better and to help her see that life without drugs would be better...it is whatever it takes... we are not promoting one particular type of thinking here." Program "C" uses client-centered and strengths-based perspectives. Programs "A", "C", and "D" utilize the disease concept of chemical dependency. The respondents in these programs defined disease concept to mean "once chemically dependent, always chemically dependent." They also said they use the Alcoholics Anonymous philosophy to chemical dependency. The two outpatient programs, "C" and "D", had the least amount of women currently in their program. The aftercare program, "A", had forty women currently enrolled in the program. The halfway program, "B", had thirty-three women currently enrolled. The percentage of intravenous (IV) drug users was low in all programs. The percentage of women in each program who were in relations with men who are IV users was low for programs "A" and "D". Program "C" had 60% of the women in relations with men who are IV drug users. Program "B" had an unknown percentage. Prostitution was defined as "selling sex for drugs". The percentage of women who were involved in prostitution was extremely high in both programs "A" and "D". Sixty-five percent of the women in program "B" were involved in prostitution. Thirty percent of the women in program "C" were involved in prostitution. None of the programs knew how many women were positive for the HIV virus. Between the HIV risk categories of intravenous drug use and sexual behavior, sexual behavior was named as the primary risk factor for contracting HIV. The drug of choice was defined as the most common drug used among the women in treatment. Three of the programs, "A', "B", and "D" indicated crack/cocaine

as the drug of choice. The same three programs were exclusively in the underprivileged socioeconomic class. Alcohol was cited as the drug of choice for program "C" and had a lower-middle socioeconomic class of women.

Summary

One direct service provider from each of four substance abuse programs was interviewed for this research study. The responses to the items that operationalized HIV prevention were used to answer the research questions. The following chapter presents the results of those four interviews.

Table 4.1
Description of Study Population
(N=4)

Respondent Information				
Type of Program	"A" Aftercare	"B" Halfway	"C" Outpatient	"D" Outpatient
Professional Title	Counselor/Case Manager	Primary Counselor	Program Coordinator	Counselor
Education/Experience	CDCC Degree + 2 1/2 Years	MSW+30 Years	BA + 2 Years	MA + 22 years
Length of Time Employed at Program	8 Months	10 Years	3 Years	5 Months

Program Information				
Type of Program	"A" Aftercare	"B" Halfway	"C" Outpatient	"D" Outpatient
Length of Operation	4 Years	42 Years	23 Years	10 Years
Length of Program Stay	9 Weeks	75 Days	6 Weeks	8 Weeks
Philosophy	Rational Emotive Therapy Culturally Specific Disease	Eclectic	Client-Centered Strengths-Based Disease	Rational Emotive Therapy Culturally Specific
# of Women	40	33	10	12
Ethnicity	100% African American	50% African American 45% Euro-American 5% Other	30% African American 50% Euro-American 20% Other	100% African American
Socioeconomic Class	Underprivileged	Underprivileged	Lower-Middle Class	Underprivileged
% IV Drug Users	1%	10%	<1%	1%
% in Relations with Men Who Are IV Drugs Users	5%	Unknown	60%	5%
Prostitution	90%	65%	30%	100%
# of HIV+ Clients	Unknown	Unknown	Unknown	Unknown
Risk Factor	Sexual Behavior	Sexual Behavior	Sexual Behavior	Sexual Behavior
Drug of Choice	Crack/Cocaine	Crack/Cocaine	Alcohol	Crack/Cocaine

CHAPTER V

RESULTS

This chapter presents the results of the study. It contains representation of the responses of the study from each program. It is organized according to the research questions in the framework of grounded theory.

Research Question #1

How are HIV prevention strategies implemented in the Twin Cities substance abuse treatment programs for women?

The results of this research question are organized according to these Grounded Theory Paradigm Model (Strauss & Corbin, 1990) components: Phenomenon under study; the causal conditions; the context of the phenomenon; the action strategies; and the consequence. The intervening conditions were used to answer the second research question. To answer the first research question, the context of HIV prevention is the main thrust of the findings of this study.

Phenomenon

The phenomenon under study for this research project was HIV prevention strategies. It was operationally defined as the methods taken to reduce the transmission and infection of HIV. This definition of HIV prevention strategies was clearly stated at the beginning of each in-depth interview to ensure consistency of subject matter.

Causal Conditions

The causal conditions, or events that have lead to HIV prevention in substance abuse programs for women were obtained from the demographic questions: When was this program started? What is the philosophy of the program? What is the client population? What is the percent of IV drug users? What is the percent of the clients who are in relations with men who are IV drug users? What is the percent of clients who are involved in prostitution? What is the highest HIV related risk factor among the clients?

Three key concepts were common among all the programs relating to the causal conditions of HIV prevention in substance abuse programs for women. The main reason stated for the development of HIV prevention in all the substance abuse programs was the high rates of prostitution among the women. Because of this, all programs defined the highest risk factor for HIV as being high-risk sexual behavior among the women. Along with this, all the respondents referred to the "drug-sex" connection. This pertained to selling sex for drugs. Secondly,, all program respondents stated that because of the low socioeconomic status of the women in the program, this put them in a high-risk category for contacting HIV due to a drug-using lifestyle, undereducation and poverty. Third, all respondents stated that because of the denial of being at risk for HIV and the availability of the women in treatment, they felt HIV prevention was necessary within the program. Program "B" respondent stressed the importance of women's learning styles and orientation to relationships as being a key factor in the development of the discussion of HIV among women. She stated, "Women learn differently than men do. They operate relationally. They learn from watching. They generally are introspective. Due to these factors, HIV prevention needs to be addressed accordingly."

Context of HIV Prevention

This question was asked: Do you consider that this program implements HIV prevention strategies as part of the substance abuse programming? Three out of the four respondents stated strongly that they thought HIV prevention was implemented as part of the regular substance abuse program. The other respondent stated, "We have a lecture about HIV, however it is not very well integrated within the program. HIV may not be mentioned again." Data was collected to obtain the context of the HIV prevention strategies used within the program from this question: Describe how this treatment program implements and uses HIV prevention strategies? A checklist (see Appendix C) was used as a guide from the literature review. All programs included some form of

"lecture" involving HIV prevention as part of their regular substance abuse treatment program for women. The extent and nature of these lectures varied.

Program "A": 9 Week Aftercare Program

One, two-hour, AIDS lecture is included in the program. The lecture is in a group format and includes twenty clients. The lecture is given by an external source, specifically a public health nurse, who is not a staff member at this program. The AIDS lecture is the first lecture in a nine week lecture series. The focus of the lecture is on both sexual and drug practicing behaviors. The AIDS lecture is mandatory for completion of the program. The respondent from this program stated the importance of the AIDS lecture being the first lecture: "We start with the AIDS lecture, and every lecture after that, builds off on the preceding lecture. Then we have a self-esteem lecture, then a sexuality lecture, then relationships, and always going back to what we learned from the other lectures." This respondent also stressed the importance of the lecture speaker as a "dynamic" individual, who "speaks in language understandable to the clients and creates a safe atmosphere for client participation." Included in the lecture is the discussion and demonstrations of condom use, identification of general high-risk behaviors, discussion of needle cleaning, general communication and problem-solving skills. All of these strategies are discussed in general terms, not specified to an individual.

Program "B": Seventy-Five Day Halfway House Program

One, two-hour, "experiential" AIDS lecture is included in this program. Also included are "easy to read" pamphlets and brochures about HIV. The lecture is in a group format and includes ten women. The lecture is given by an external source who is not a member of the staff at this program. Specifically that person is a community HIV outreach worker, many times this being a social worker. The focus of the lecture is on both sexual and drug practicing behaviors, but primarily sexual behaviors. The AIDS lecture is required for the completion of the program. The respondent from this program indicated, "The lecture is mandatory, although we do not think of in in this way. It is just part of the

women's process. If they would prefer to discuss HIV issues privately, individually, that is also available." The lecture is "experiential" because it includes "homework assignments" and the use of each other as resources. The respondent stated, "Some of these women are so skilled at putting on a condom, that they teach the other women how to do it." This respondent also stated the importance of discussions within the lecture to be "street" language understandable to the women. The respondent stressed the importance of integrating the other program components into this lecture. For example, "using each other as resources builds self-esteem which is essential for all the women." Included in the lecture is identification of own high risk behaviors, discussion and demonstrations of condom use, heavy emphasis on role-plays, communication skills, problem-solving skills, creative arts, relaxation tapes, yoga, and journaling. All of these strategies are focused and practiced in terms of the individual's own issues.

Program "C": Six-Week Outpatient Program

One, one-hour AIDS lecture is included in this program. The lecture is in a group format and includes ten women. The lecture is given by an external source, an HIV educator, who is not a member of the staff at this program. The lecture is given on a "rotating schedule, so a women could receive this lecture her first day of treatment or her last day of treatment." Also included within the program are free condoms at the front desk (although these have been limited due to funding cuts), posted phone numbers of HIV testing sites, and brochures regarding HIV information at various places in the building. The lecture is required for completion of the program. The focus of the lecture is on sexual behaviors. The respondent from this program stated the importance of the lecture information to be "in language that the women understand." Included in this lecture is demonstrations of condom use and basic information regarding how HIV is transmitted.

Program "D": Eight-Week Outpatient Program

One, two hour HIV/AIDS group "training" session and six group "workshop" sessions are incorporated into this program. Both include from twelve to sixteen women.

The two hour training session is held within seventy-two hours of client admission into the program. The six group workshop sessions are held once a week, and are the ongoing HIV educational piece within the program. This program has a team of on-site HIV/AIDS outreach workers, who are mainly social workers. These outreach workers facilitate the training session and the workshop. Also included is an on-site HIV outreach room where various information about HIV is located. Posters, brochures, books, videos, and free condoms are available in the outreach room. The room is staffed by a HIV outreach worker, so a staff member is always available if clients want to "drop in." Both the two-hour training session and the six session workshop are mandatory for completion of the program. Individual sessions are also available to clients, but are not mandatory. The focus of the HIV training and workshop is on "the drug-sex connection." The respondent from this program stated, "With the high rates of prostitution, it is clear that these women are high risk for HIV. Not only that, but these women may be in recovery without the drug, but the reality is that they are still having sex, and so we need to teach them how to protect themselves." Included in the two-hour training is general information about HIV transmission, demonstration of condom use, and identification of high-risk behaviors. The six session workshop is more intensive and "personal." It includes role-plays, identification of own high risk situations, coping skills for cravings, problem-solving and communication skills, and relaxation techniques such as meditation and music (See Table 5.1 for a summary of the HIV prevention strategies found among the programs).

Table 5.1

Summary of HIV Strategies Implemented Among the Programs

Programs	A	B	C	D
Strategies used	One-time Information/ Education Lecture	One-time Information/ Education + Skills-building Cognitive-behav Lecture	One-time Information/ Education Lecture	One-time Information/ Education Lecture + Ongoing Skill-building Cognitive-behav + On-site HIV Outreach Staff
By Whom? What source?	External	External	External	Internal
Are the strategies a part of the regular S/A treatment?	yes	yes	yes	yes
When?	Beginning	Varies	Varies	Intake and Ongoing
Focus	Sexual behavior	Sexual + Drug behaviors	Sexual behav	Sexual + Drug behaviors
Format	Group	Group (Individual optional)	Group	Group + Individual

Action/Interactional Strategies

Because of the high rates of prostitution among women in the programs, the "drug-sex" connection, the respondents from each program stressed the difficulty in clearly distinguishing specific HIV prevention strategies from strategies that address the use of drugs. All of the program respondents addressed the importance of the interaction between specific HIV prevention programming and their regular substance abuse programming for women. This issue was predominate especially in programs "A", "B", and "D". For example, the respondent in program "D" summed up this common idea that these programs have regarding this interaction: "In substance abuse programs, when we address the client's drug use through skills-building, self-esteem, communication and problem-solving skills, then we have to address their sexuality. And in addressing their sexual behavior, we address the HIV risk factors automatically, so this is HIV prevention."

From the data received, given that the risk factor for HIV infection and transmission is almost exclusively high-risk sexual behaviors for women in these substance abuse programs, the interaction between specific HIV prevention programming and the standard treatment is essential to consider when addressing HIV prevention for women. Overall, the action taken by these substance abuse treatment programs regarding HIV prevention is a combination of, and an interaction between the program's specific HIV prevention strategies and their regular substance abuse programming.

Consequences of HIV Prevention

In keeping with the use of the Paradigm Model of Grounded Theory (Strauss & Corbin, 1990), the respondent's were asked about the intended objective, or outcome of the HIV prevention strategies used within their programs. This question gave the answers: What responsibility do you believe substance abuse programs have regarding HIV prevention for women? All programs unanimously stated that substance abuse programs have a high responsibility regarding HIV prevention. All programs stated that their responsibility was education. Additionally, Program "A" and "C" stated that educating

clients would increase the awareness and decrease the stigmatism of HIV in their community. Program "B" stated that the outcome of education of HIV would possibly increase a client's value of herself. Program "D" directly stated that HIV prevention in substance abuse programs for women would reduce the risk-behavior for HIV infection.

Research Question #2

What kinds of barriers are cited by drug treatment professionals in implementing and using HIV prevention strategies in the Twin Cities substance abuse programs for women?

The barriers cited by substance abuse professionals were organized according to the intervening conditions concept taken from the Paradigm Model of Grounded Theory (Strauss & Corbin, 1990).

Intervening Conditions to HIV Prevention

To answer this research question, and to find out the conditions that either prevented or made HIV prevention difficult, this question was asked in the interview: What kinds of barriers does this treatment program have in implementing and using HIV prevention strategies? Three out of four program respondents ("A", "C" and "D") cited issues of confidentiality as barriers to implementing HIV prevention within their program. "Clients are reluctant to discuss HIV and AIDS, rarely do they reveal HIV test results, because they have to go back out into their own community and deal with what they have just revealed," stated respondent in program "A". Two of these three programs ("C" and "D") explained that "client's attitudes" and "resistance" of clients made teaching HIV prevention difficult. Both program respondents stated that clients say they do not want to hear anymore about HIV and AIDS because "they have heard it all before and do not need to hear it again." Three out of four program respondents ("A", "B", and "C") stated lack of community resources and follow-up after the client leaves treatment as barriers to implementing effective HIV prevention in their substance abuse program. Issues of confidentiality and lack of community resources were cited as the most common barriers to

implementing HIV prevention in substance abuse treatment programs. All programs implied that they do not address drug-injecting behaviors, such as how to clean "works", during HIV prevention because this may "encourage drug use" (See Table 5.2 for a summary of the barriers to implementation of HIV prevention strategies found among the programs).

Table 5.2

Barriers To Implementation of HIV Prevention Strategies

Programs	A	B	C	D
Barriers	*Confidentiality *Lack of Community resources *Difficulty w/ follow-up	*Lack of community resources *Difficulty w/ follow-up	*Confidentiality *Lack of community resources *Client's attitudes	*Confidentiality *Clients attitude

Summary

All of the respondents in this sample of substance abuse treatment programs for women in the Twin Cities area stated that the development of HIV prevention strategies was necessary. They stated HIV prevention is necessary within their programs due to the high rates of clients involved in prostitution, the drug-sex connection, the underprivileged socioeconomic status, and client's denial of being at risk for HIV infection.

Although the lectures varied in form and extent, all of the substance abuse programs had implemented, at a minimum, a one-time educational lecture specific to HIV prevention. Two of the programs had implemented a one-time educational lecture in addition to using skill-building and cognitive-behavioral techniques specific to HIV prevention. All the programs stated difficulty addressing HIV prevention as a separate issue from their regular substance abuse programming.

All respondents stated they thought substance abuse programs had a high responsibility to educate clients about HIV prevention because of the at-risk population they serve and the availability of the clients in treatment at the time. Three out of four respondents stated that confidentiality in terms of returning to the community was a barrier in implementing HIV prevention within their program. Three out of four respondents declared that a lack of community resources and difficulty in follow-up of clients after they leave treatment was a barrier. The last chapter includes a discussion of the results, limitations of the study, and implications for social work practice and future research.

CHAPTER VI

DISCUSSION AND CONCLUSIONS

This study investigated how substance abuse treatment programs for women in the Twin Cities area are using HIV prevention strategies within their programs to reduce the transmission and infection of HIV. In this chapter, a summary of the findings will be discussed. Findings will be discussed in relation to the literature review and the grounded theory framework. Limitations of the research, implications for social work policy and practice, and future research suggestions are also addressed.

Summary of the Findings

In this study, the major findings for information and education HIV prevention strategies included the following two programs:

Program "A" implemented a one time HIV educational lecture that included only HIV/AIDS information and education:

-demonstrations of condom use

-identification of general high-risk behaviors

-information about needle cleaning

-general communication and problem solving skills

Program "C" implemented a one time HIV/AIDS lecture that included only HIV information and education:

-demonstration of condom use

-brochures, pamphlets

-free condoms

-identification of general high-risk behaviors

-posted phone numbers of HIV testing sites

In this study, the major findings for skills-building and cognitive-behavioral techniques included the following two programs. These programs also used information and education HIV prevention strategies.

Program "B" implemented a one time HIV educational lecture that included HIV/AIDS education, skills-building and cognitive-behavioral techniques:

-pamphlets, brochures

-demonstrations of condom use

-identification of own high-risk behaviors

-role-plays

-communication skills

-problem-solving skills

-creative arts

-relaxation techniques

-journaling

Program "D" implemented a one-time HIV/AIDS educational training and ongoing HIV/AIDS workshop sessions that included skills-building and cognitive behavioral techniques:

-an on-site HIV outreach room and HIV outreach staff

-demonstration of condom use

-free condoms

-identification of HIV high-risk behaviors

-role-plays

-identification of own high-risk behaviors

-coping skills for cravings

-problem-solving skills

-communication skills

-relaxation techniques

Discussion

Two of the programs in this study used HIV/AIDS information and education alone as interventions to HIV prevention. Two of the programs used information and education along with skills-building and cognitive-behavioral components as interventions to HIV prevention. Based on these findings of this study, two out of the four programs supported the existing literature that supports the use of skills-building and cognitive-behavioral components as interventions over the use of information and education alone as HIV prevention strategies in substance abuse treatment programs for women (El-Bassel et al., 1995; El-Bassel & Schilling, 1992; Harris & Kavanaugh, 1995; Schilling et al., & Turner & Solomon, 1996). Throughout the studied literature, the HIV prevention strategies used within the programs used a group format with the exception of one (O'Neill et al., 1996), that used an individual format. Although individual sessions were available for clients, the programs in this research also primarily used a group format for the use of HIV prevention strategies. The literature found more extensive use of skills-building and cognitive-behavioral techniques for HIV prevention than this study found for these same HIV prevention strategies. For example, the intervention groups in the literature used five, two-hour skills-building sessions (Schilling et al., 1991); sixteen, two-hour sessions (El-Bassel, et al., 1995), and six, ninety-minute sessions (O'Neill et al., 1996). This study used more limited interventions in terms of time. Of the programs in this study that used skills-building and cognitive-behavioral interventions, these consisted of a one two-hour group session, and one two-hour group session with six ongoing one-hour sessions. A significant difference is that none of the literature indicated that any of these interventions were a standard part of the programming of the substance abuse treatment program. In contrast, all of the HIV prevention strategies found in this study were a standard and

mandatory part of the regular programming of the substance abuse treatment for the women.

The findings were consistent with the literature in that high-risk sexual behaviors were more often addressed within the substance abuse programs than high-risk drug injecting behaviors. This may imply a systematic barrier involved when drug-injecting behaviors are addressed. For example, the belief may be that if these behaviors were discussed, the programs may fear that they are encouraging drug use or relapse. In fact, this was cited as an implied barrier to HIV prevention in addressing drug-injecting behaviors from the respondents in this study. In addition, the literature states that African American women are at particular high risk for HIV infection (Dancy, 1996). From the findings of this study, it would seem that the Twin Cities area is addressing this concern because two out of the four programs used in the study were culturally specific for African American women. One of these programs had implemented the most extensive use of HIV prevention strategies, including on-site HIV outreach workers, information, education, skills-building and cognitive-behavioral techniques to HIV prevention. This program was also the only program that used ongoing strategies for HIV prevention. The other programs had a one time lecture.

From the findings in the demographic information about the Twin Cities substance abuse programs for women, none of the program respondents were aware of the number of women who are HIV-infected. Hence, it is not clear whether these programs support the fact that most women who are HIV infected are poor, of color, and uneducated as the literature indicates (CDC, 1991). However, the findings did suggest that women in the programs were a majority African American, poor and uneducated.

It is interesting to note that the halfway house program that used skills-building and cognitive-behavioral techniques for HIV prevention was a seventy-five day program. This suggests the advantage of more time available and possible relationship building to develop for the use of such techniques.

Application to Grounded Theory

The study's research question is: How are HIV prevention strategies implemented in the Twin Cities substance abuse treatment programs for women? The research question implies a process answer. To answer this question, the Grounded Theory framework, (a process theory) is applied replying how HIV prevention strategies were implemented in Twin Cities substance abuse treatment programs for women. Development of theme analysis was the results of the study. Themes are presented from the data using the components of grounded theory. The findings of the research give these answers:

Causal Conditions

Because of high rates of prostitution (the drug-sex connection), the high risk-factors of poverty, drug-using lifestyles, and undereducation among the women, and client's denial of being at-risk, HIV prevention strategies were developed within the substance abuse treatment programs in this study.

Phenomenon

The issue of HIV prevention strategies was the area under study for this research.

Context

Half of the programs in this study implemented information and education alone as HIV prevention strategies. The other half of the programs under study implemented information and education in addition to skills-building and cognitive-behavioral techniques as HIV prevention strategies. All programs implemented these HIV prevention strategies as a regular part of their substance abuse programming. Three of the four programs used their strategies in a one-time form of lecture, and the other program used a one-time lecture in addition to ongoing HIV prevention sessions. A group format was commonly used. Professional outside resource agencies were used to implement the HIV prevention strategies in most programs studied with the exception of one program. The focus of the HIV prevention strategies was high-risk sexual behaviors.

Intervening Conditions

In this research study, the barriers cited by the drug treatment professionals in implementing HIV prevention strategies were considered the intervening conditions of HIV prevention implementation. These were the confidentiality of clients need to return to the community and a lack of community resources which included difficulty in follow-up of client population.

Action/Interaction Strategies

Given the causal conditions of high rates of prostitution, and the high-risk population, the programs studied stated the importance of the interaction between the HIV prevention strategies that were implemented in the program with the regular substance abuse programming. The "action" that these programs used to address HIV prevention not only included the strategies specific to HIV prevention, but also the regular substance abuse treatment which indirectly affects HIV prevention.

Consequences

A high responsibility to educate clients about HIV prevention is the intended outcome of the implementation of HIV prevention strategies within the programs studied. Potential consequences were seen as value of self, increasing the awareness of HIV infection, and decreasing the negative stigmatism associated with HIV.

The "Paradigm Model" is outlined this way for this research study and presents these themes:

CAUSAL CONDITIONS ---->	PHENOMENON ---------->	CONTEXT (# of programs)
*prostitution	*HIV prevention strategies	*information/education (4)
*high-risk population		*skills-building (2)
*denial		*cognitive-behavioral (2)
		*one-time lecture (4)
		*ongoing (1)
		*groups (4)
		*outside resources (3)
		*sexual behaviors (4)

INTERVENING CONDITIONS --->	INTERACTION/ACTION STRATEGIES ---->
*confidentiality	*specific HIV prevention and standard
*lack of community resources	substance abuse treatment
*follow-up	

CONSEQUENCE

*education

*increase awareness

*decrease stigma of HIV

Although a theory cannot be developed from the results of this research study, a descriptive story line can be gleaned from the findings of this study. It is as follows:

The Twin Cities substance abuse treatment programs for women are attempting to educate, increase the awareness, and decrease the stigmatism of HIV in the Twin Cities area. Due to the high numbers of women involved in prostitution and the low socioeconomic status of women which puts them at risk for HIV infection, the Twin Cities

substance abuse treatment programs designed specifically for women, have implemented informational and educational lectures to address HIV prevention as a regular component in their treatment programs. Some of these programs are using skills-building and cognitive-behavioral techniques to decrease the risk of HIV among women. These techniques for HIV prevention can be difficult to implement due to client's concern with confidentiality, a lack of community resources upon discharge, and difficulty in follow-up of a hard to reach population.

Limitations of the Study

There are some limitations that need to be taken into consideration concerning this study. Due to the small sample size (N=4) and the homogeneous group, findings are not generalizable or transferable to other substance abuse treatment programs. However, the purpose in using grounded theory is to specify concepts or themes, not to quantify verbatim answers to generalize to a larger population. (Strauss & Corbin, 1990). The purpose of this study was not to generalize, but to specify the use of HIV prevention strategies (themes) in a particular city - the Twin Cities area. Hence, the data in this study was concerned with the representativeness of themes. A theory could not be developed from this study due to the fact that the sample size was too small and the programs were too different. A theory would more likely be developed if more programs of the same kind were studied. For example, if all outpatient programs were studied, or if all aftercare programs were studied, then findings would be more comparable for a theory to be developed.

Another limitation concerns the credibility of the findings. This limitation is the social desirability of the respondents and the lack of triangulation of the findings. Multiple sources could have been used to verify the findings of the data collection, and thus, increase the credibility of the findings. Due to time and money limitations, this was not possible. The direct service providers may have given responses that are not actually what

occurs in the program. Without actual participation in the groups with the women, it is unknown if the respondent gives completely accurate information.

Implications for Social Work Policy and Practice

Important implications for social work practice are provided by this study. Information is rarely shared among professionals who provide services to HIV-positive women and those who treat drug-dependent women. Most HIV professionals in this community operate as case managers and social workers, who fail to recognize the strong connections between substance abuse and HIV prevention among women. They may view these as two entities that are dealt with separately. Likewise, there is a need in the drug abuse profession to make this connection. The findings of this study operate as a valuable knowledge resource for both professions in the Twin Cities area, allowing integrated information about what kinds of HIV prevention strategies substance abuse programs are using in this community. Coordination of client care is one concern for social workers, especially case management services. Having a knowledge base of what is available in substance abuse treatment programs regarding HIV prevention is beneficial for collaborating with community resources for client care. For example, if a HIV social worker, provides case management services for an HIV-positive client, or a client at high-risk for HIV infection, who needs substance abuse treatment, these findings can guide the social worker to more accurately choose an appropriate treatment program with the client that would address HIV prevention.

Social workers in the areas of policy development and program planning may benefit from the findings presented in this study regarding the barriers to HIV prevention in substance abuse treatment programs for women. For example, lack of community resources and follow up of clients after discharge from treatment can be considered as important program and policy development ideas.

Conclusions

This study confirms an important area of concern in HIV prevention for women. The Twin Cities substance abuse treatment programs for women are using HIV prevention strategies within their programs as a regular part of the treatment programming. All programs studied use information and educational lectures about HIV prevention. In addition, some of the programs have implemented the use of skills-building and cognitive-behavioral techniques specific to HIV prevention. Compared to the literature on this topic, the findings suggest that the Twin Cities substance abuse programs may be seen as somewhat innovative in how they use HIV prevention for women within their substance abuse treatment programs.

Future research in this area can address quantitative outcome studies of the HIV prevention strategies already being used in substance abuse treatment programs for women in the Twin Cities area. Other research could include a study of like-programs, such as a study of all outpatient programs or all inpatient programs. This research would provide more consistent results to develop a theory about HIV prevention in substance abuse programs for women. This would substantiate further funding and recognition for HIV prevention for this population. More future research can address the barriers to implementation of HIV prevention in substance abuse programs for women. For example, what kinds of HIV community resources are needed? Are there fewer confidentiality issues with clients who come to treatment here than from out-of state? In order for appropriate strategies to be developed to reduce the HIV-epidemic among drug-dependent women, more research needs to be done on how this epidemic is addressed in this community. It is critical that social workers and drug abuse professionals together address the escalating rates of HIV infection among women.

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Appendix A

Program A

March 3,1997

Dr. Rita Weisbrod, Ph.D
Augsburg College
Institutional Review Board Chairperson
2211 Riverside Avenue Mall #186
Minneapolis, Minnesota 55454

RE: Cathy Holmberg

Dear Dr. Weisbrod,

We are writing to you on behalf of Cathy Holmberg, M.S.W. graduate student at Augsburg College. We are aware that she is doing her M.S.W. thesis project in the area of HIV prevention and substance abuse treatment for women in the Twin Cities Area.

Cathy has the agency's permission and support to contact and interview direct service providers in our agency, has spoken with Cathy verbally and she understands our confidentiality policy. We believe this research will be a valuable source of information in the area of HIV prevention and substance abuse treatment for women in this community.

Sincerely,

Vice President

Appendix A
Program B

January 21, 1997

Dr. Rita Weisbrod, Ph.D.
Augsburg College
Institutional Review Board Chairperson
2211 Riverside Avenue Mail #186
Minneapolis, MN 55454

Re: Cathy Holmberg

Dear Dr. Weisbrod,

I am writing to you on behalf of Cathy Holmberg, MSW graduate student at Augsburg College. I am aware that she is doing her MSW thesis project in the area of HIV prevention and substance abuse treatment for women in the Twin Cities Area.

Cathy has my permission and support to contact and interview a direct service provider at Chrysalis. Cathy understands our confidentiality policy. I support Cathy's research and believe that it will benefit the community.

Sincerely,

Chemical Dependency Program Manager

Appendix A
Program C

January 15, 1997

Dr. Rita Weisbrod, Ph.D.
Augsburg College
Institutional Review Board Chairperson
2211 Riverside Avenue, Mail #186
Minneapolis, MN 55454

RE: CATHY HOLMBERG

Dear Dr. Weisbrod:

I am writing to you on behalf of Cathy Holmberg, MSW graduate student at Augsburg College. I am aware that she is doing her MSW thesis project in the area of HIV prevention and substance abuse treatment for women in the Twin Cities Area.

Cathy has my permission and support to contact and interview a direct service provider in our agency ( ). I have spoken to Cathy verbally and she understands our confidentiality policy. I believe this research will be a valuable source of information in the area of HIV prevention and substance abuse treatment for women in this community.

Sincerely,

Clinical Director

Appendix A
Program D

January 23, 1997

Dr. Rita Weisbrod, Ph.D
Institutional Review Board Chairperson
AUGSBURG COLLEGE
2211 Riverside Avenue
Mail #186
Minneapolis, Minnesota 55454

RE: Cathy Holmberg

Dear Dr. Weisbrod:

I am writing to you on behalf of Cathy Holmberg,an MSW graduate student at Augsburg College. I am aware that she is doing her MSW thesis project in the area of HIV prevention and substance abuse treatment for women in the Twin Cities area.

Cathy has my permission and support to contact and interview a direct service provider in our agency. The person who will meet with Cathy is
who is the Coordinator and Case Manager for that program. I have spoken with Cathy verbally and she understands our confidentiality policy. I believe, any research in this area can be a source of information in the area of HIV prevention and substance abuse treatment for women in this community and others like it.

Sincerely,

Assessment Supervisor

Appendix B

HIV Prevention in Substance Abuse Treatment Programs for Women

in the Twin Cities Area

Consent Form IRB # 96-49-2

Dear Direct Service Provider:

I am a graduate student working toward a Masters Degree in Social Work at Augsburg College in Minneapolis, Minnesota. You are invited to be a participant in a research study of the HIV prevention strategies available in substance abuse treatment programs for women in the Twin Cities area. Please read this form and ask any questions you may have before agreeing to be in the study.

Background Information:

With the rise in the numbers of women who are HIV infected or at risk and drug dependent, I am researching how substance abuse programs for women in the Twin Cities are addressing this problem. The purpose of the study is to explore and find out how substance abuse treatment programs for women in the Twin Cities Metropolitan area of Minnesota are using HIV prevention strategies to reduce the transmission and infection of HIV. The study has the potential to provide integrated information between drug abuse and HIV professionals in our community. You and the substance abuse treatment program were selected as a possible participant because your program meets the criteria of this study: Your program is a substance abuse treatment program; it includes gender-specific programming for women; it is located in the Twin Cities Metropolitan area; it was recommended by experts in the field; and it is listed in the United Way's First Call for Help Directory (1996-97). The Director at your program has referred me to you as a valuable participant to be interviewed about the specific programming available at (name of program) because you provide direct services to clients, are a permanent employee, and work at least twenty hours per week.

Procedures

If you agree to be in this study, I would need to schedule a face-to-face interview. The interview will take approximately one hour. A tape recorder will be used for purposes of accurate analysis of the findings.

Risks and Benefits of Being in the Study:

The study has no anticipated harm to you or the program. The research is considered to be of "minimal risk" to you. One risk may involve an awareness of the program limitations. This in no way will reflect negatively on you or the program. Another risk could involve possible incrimination if you should say something negative about the program. However, your name will not be used in the written report. In addition, you are given the opportunity to withdraw from the study at any time and/or may request certain statement be off the record. You also may choose to refrain from answering any questions and still remain in the study.

While there are no direct benefits to participating in this research study, this is an opportunity for you to contribute greater knowledge in the substance abuse and HIV professions in this community. With your participation, the findings may operate as a valuable resource for drug abuse and HIV professionals in the Twin Cities area about what kinds of HIV prevention methods are available in drug abuse treatment programs.

Confidentiality:

The records of this study will be kept private. The tapes will be kept in a locked drawer in my home office. Research information will be available only to me and my thesis advisor. Your name will not be identified in the research findings nor will the name of the program. I will use direct quotes as part of the results, however, only your occupational role title will be referenced. For example, I will report the results of the interview in this manner: "Primary staff participant in program A stated, 'An HIV educational film is provided as part of the women's substance abuse treatment...'". The raw data in the tapes will be retained but all identifying information will be erased by the investigator by June 30, 1997.

Voluntary Nature of the Study:

Participation is voluntary. The Director gave your name as a possible participant only as a suggestion. Your decision to participate or not to participate in the interview will not affect your future or current relations with (name of program) or Augsburg College. You may choose to skip any questions and still remain in the study. You may also request statements off the recorder at your discretion. If you decide to participate, you are free to withdraw at any time without affecting those relationships.

Contacts and Questions:

Thank you in advance for considering this research project. I will be contacting you within the next week. If you choose to be a participant, we can schedule a convenient time for an interview. Please contact me at 290-0642 or pager 580-9992 with any questions you might have regarding the project. You may also contact my thesis advisor, Maria Dinis, Ph.D., at Augsburg College 330-1704.

Statement of Consent:

I have read the above information. I have asked questions and have received answers. I consent to participate in the study.

Signature_____Date_____

Signature of investigator_____Date_____

I consent to be audiotaped.

Signature_____Date_____

Appendix C

Measurement Instrument

Interview Guide

HIV Prevention in Substance Abuse Programs

for Women in the Twin Cities

Demographics/Agency Overview:

1. What is your professional title at the program? Your degree, education, background experience?

2. How long have you been working at (program)? In this professional field?

--- --- ---

3. When was the program started?

4. What is the philosophy of the program? How does the program view chemical dependency? What theories or models are used?

--- --- ---

5. What is the total number of women in the program at this time? What is the capacity?

6. What is the composition of client population? Racial/ethnic groups? Socioeconomic class?

7. What % of the population are IV drug users? % in relations with men who are IV drug users? Prostitution?

8. What is the # of HIV+ clients?

9. In this program, what is the highest risk factor for contacting HIV?

Question Guideline:

1. In general, what responsibility do you believe substance abuse programs have regarding HIV prevention for women?

2. Do you consider that this program implements or uses HIV prevention strategies as part of the substance abuse programming?

if no...Is this delegated or referred out to another agency or resource? Where? How often?

if yes... How (in what ways) does this program address (talk about) HIV prevention? Describe how this treatment program implements and uses HIV prevention strategies?

Checklist: (Note: the interviewer will draw arrows when respondents give only one response and circle for two or more responses).

Strategy: Education/Information

Form	Context	Focus
Brochures	Individual	Sexual
Pamphlets	Groups	Drug
Lectures		
Books		
Other		

Strategy: Skills-Building

Form	Context	Focus
Identify own high risk behavior	Individual	Sexual
Discussion of condom use	Groups	Drug
Discussion of needle cleaning		
Role-plays		
Demonstrations		

Communication skills

Problem-solving skills

Other

Strategy: Cognitive-Behavioral

Form	Context	Focus
Motivational interview/lecture	Individual	Sexual
Identify high-risk situations/feelings	Groups	Drug
Problem-solving		
Coping skills for cravings(triggers)		
Relaxation tapes		
Journaling		

3. When is HIV prevention and/or the strategies introduced within the program? beginning, middle, end, ongoing? Why?

4. Is HIV prevention discussed on an as needed basis? Voluntary? Involuntary? Is discussion of HIV encouraged? How?

5.What kinds of issues or barriers does this treatment program have in implementing and using HIV prevention strategies?

6. What further HIV prevention programming do you believe needs to be developed?