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PERCEIVED SOCIAL SUPPORT AMONG ADULT ALCOHOLICS

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

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

by
Alexander Rand MacAdam

June 2008

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A Project
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06/03/08
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ABSTRACT

This quantitative study explored the amount of perceived social support present among adult alcoholics within mutual aid/self help Alcoholics Anonymous treatment groups. To do this, research was gathered from numerous meetings within the San Bernardino and Riverside County areas. A total of 40 individuals were surveyed from these meetings. Participants completed the Multidimensional Scale of Perceived Social Support (MSPSS) and a set of demographics questions.

There were no statistically significant relationships found between the demographic variables and the level of perceived social support. However, the results of this study did indicate a relationship between the levels of social support present, as measured by the MSPSS.

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I would like to give special heartfelt thank you to Dr. Tom Davis and Ms. Rachél Estrada L.C.S.W. for their help and support through this project. I would also like to extend my gratitude to my family for all of the ongoing support, encouragement, patience, and understanding that they have given me throughout this experience, and throughout my lifetime. I would not have been able to complete this project was it not for the people listed above.

DEDICATION

I would like to dedicate this project to my little brother John. I would also like to dedicate it to my parents for their constant support over the years. I must admit that it has been a long journey, but I am thankful to say that we made it together. I could never have come this far without the love and support of my family or my faith in God. I just want to say thank you and remind you how much I love you.

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CHAPTER ONE

INTRODUCTION

Problem Statement

The incidence of alcohol consumption and abuse are commonplace within society at large. The consequential problems resulting from alcohol abuse are clearly seen within society. Alcohol related deaths are the third leading preventable cause of death in the United States (Mokdad, Marks, Stroup, & Gerberding, 2005). Alcohol abuse affects more than just the individual that is abusing the alcohol. The effects of alcohol abuse are broad and affect numerous systems within society. Two thirds of American men and one half of American women drink alcohol (Burge & Schneider, 1999). While not all of those that consume alcohol are problem drinkers, it is a fact that alcohol abuse is prevalent within American society. Alcohol abuse affects families, friends, employers and numerous other individuals or groups who may or may not know the alcoholic, but are nonetheless adversely affected by his or her drinking.

The national statistics reflecting the issues of alcohol consumption and alcohol abuse are very

disturbing. In 2003 a survey was conducted by The National Household Survey on Drug Abuse (NHSDA). The information gathered within the survey was alarming. The survey reported that nearly half of Americans that were aged twelve years or older reported being current drinkers of alcohol (48.3 percent). This translates to an estimated 109 million people. The survey also brought out that approximately one fifth (20.5 percent) of persons aged 12 or older participated in binge drinking at least once in the 30 days prior to the participating in the survey (SAMHSA 2003). Alcohol use, heavy use, and binge drinking peak at age twenty-one. In 2003, the reported use of alcohol increased with age from 2.4 percent at age twelve to 65.2 percent at age twenty-one. After age twenty-one there is a steady pattern of alcohol use (McNeece & DiNitto, 2005).

With such a large number of Americans drinking alcohol, it is clear that alcohol consumption and subsequent abuse is a real issue. McNeece and DiNitto state that "the estimated per capita consumption of alcoholic beverages by adults in the United States was 25.4 gallons, which was comprised of 22.3 gallons of beer, 1.9 gallons of wine, and 1.3 gallons of distilled

spirits" (U.S. Department of Agriculture, 2001). It is clear that Americans are consuming a significant amount of alcoholic beverages. Alcohol is readily available at grocery stores, restaurants, gas stations and liquor stores, making it easy for many individuals to drink habitually. Current estimates put the number of problem drinkers who meet the diagnostic criteria for alcohol abuse and dependence at about fourteen million individuals, 7.4 percent of the United States population (Grant, Harford, Dawson, Chou, Dufour, & Pickering, 1994).

With such high numbers of persons using and abusing alcohol, it is clear that the burdening problem of alcoholism and alcohol related problems will also be significant within society. Consequences of alcohol abuse go beyond the individual, and cause problems for many others. Alcohol related problems comprise infirmity, divorce, family dissension, victimization, economic hardships, and automobile accidents. As the social, financial, and individual costs of such problems rise, more lives will become affected and more people will attempt to stop drinking.

State and federal agencies deal directly with repercussions of such widespread alcohol consumption through the passing of legislation dealing with alcohol related crimes and incidences. Social service agencies are struggling to meet the needs of those members of society that are so harshly impacted by the far reaching effects of alcohol on both families and individuals. In fact, with more individuals seeking to curtail their drinking behaviors, research strives to investigate which strategies work best to assist individuals in their quest to stop drinking, and lead productive lives (Guy, 2001).

A better understanding of alcoholism treatment and relapse is essential to being able to better assist those individuals seeking help. A person's ability to deal with life's stressors and the impact that they have on his or her ability to remain abstinent from alcohol is directly related to his or her social support available at any given time (Cohen & Williamson, 1991; Cohen, 1988; Cohen & Willis, 1985). This study is of particular value and concern for those individuals affected by the issue of alcoholism, alcohol abuse, and alcohol dependence. Friends and family members of alcoholics are among some of the most gravely affected by alcohol problems and

issues pertaining thereto. Social services agencies such as Child Protective Services are full of children whose lives were traumatized through alcohol related problems with their parents. Many victims of alcohol induced car accidents and criminal activity would also likely be concerned with this issue. To reiterate; police officers, physicians, social workers, social service agencies, and policy makers would all benefit from further knowledge in this area. It is important to better understand important aspects of treatment in order to better address the treatment process and execute it in a more efficient manner.

Purpose of the Study

The purpose of this study was to measure the amount of perceived social support that is present among adult alcoholics that are in a treatment program. The research dealt specifically with perceived social support among adult alcoholics that are undergoing treatment through mutual aid/ self help Alcoholics Anonymous group meetings. For the purposes of this study, a quantitative research design was utilized. A self-administered questionnaire that is both voluntary and anonymous was

administered. The anonymity of the questionnaire was paramount in the research design and consistent with the anonymity under which Alcoholics Anonymous support groups function.

Significance of the Project for Social Work

More accurate data on treatment outcomes and costs are needed so that informed and rational decisions about addiction treatment can be formulated by consumers, insurers, physicians and policy makers (Miller & Gold, 1998). The findings of this study will contribute to social work by generating information that will help social workers better understand the relationship between recovering alcoholics and their social support systems. Data gathered in this study will assist social workers in direct clinical practice. Understanding the extent to which social support affects relapse among adult alcoholics will be of particular relevance regarding the assessment and planning stages outlined within the generalist model.

"The increasing sophistication of treatment outcome research has enabled researchers to investigate numerous relevant and increasingly complex issues. These issues

include the effectiveness of different AUD treatments, the relative costs of these treatments, and the types of patients who respond to treatment" (Carroll, 1999).

Similarly, better understanding the effects of social support and the effects to which its presence or lack there of impact individuals' treatment will better prepare clinicians to more effectively tailor treatment plans to empower their clients to abstain from drinking.

The findings of this study will extend social workers' knowledge base of relapse prevention theory, thus enabling them to provide concrete intervention strategies to better assist alcoholics seeking treatment. As a result, social workers will be better prepared to work with alcoholic populations and empower them moderate stressful life events and maintain sobriety. This study is important to social work because it will add to the growing areas of research dealing with the treatment of alcoholic clientele.

As an individual comes to the realization that he or she must stop drinking, they may be able to stop without any outside help. However, many individuals decide on a treatment approach that involves inpatient or outpatient treatment. Furthermore, various treatment approaches may

use different modalities of treatment such as education, cognitive-behavioral coping skills training, and peer-oriented motivational approaches such as twelve step meetings in treating the alcoholic (Monti & Rohsenhow, 1999; Kadden, Litt, Cooney, & Busher, 1992).

The focus of this research study was the aspect of social support among individuals within alcohol abuse treatment. Previous research points to the benefits of an individual's social support system in preventing or buffering against various life stressors such as illness and disease (Cohen & Williamson, 1991; Cohen, 1988; Cohen & Willis, 1985). In addition, according to Cobb (1976) an individual's social support system may act as a moderator for stress in cases of illness, death, depression, and alcoholism.

This study is relevant to mental health fields of practice as well. It is well known that those individuals with addictive disorders such as alcoholism often have antecedent disposition to dual diagnosis (Grella, 2003). The issue of co-occurring mental disorders is very much an important one to the field of social work because of the impact that individuals that make up this population have upon various systems of care. In addition, according

to Cobb (1976) an individual's social support system may act as a moderator for stress in cases of illness, death, depression, and alcoholism. This study examined the amount of perceived social support among adult alcoholics within mutual aid/self help Alcoholics Anonymous treatment groups. In better understanding perceived social support within these treatment groups, social workers will be better able to effectively address alcoholic clientele regarding many issues. What is the extent to which social support is present among a group of people in a substance abuse treatment program?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter discusses the larger social problem of alcoholism and its broader effects on society. It goes on to talk about what constitutes social support, and references several studies that explain the role that social support can have on alcohol and substance abuse treatment. The importance of social support is clearly outlined, and the studies mentioned all had findings that built upon the importance of social support for individuals undergoing alcohol or substance abuse treatment.

The Broad Effects of Alcoholism

The incidence of alcohol consumption and abuse are commonplace within society at large. The consequential problems resulting from alcohol abuse are clearly seen within society. Alcohol related deaths are the third leading preventable cause of death in the United States (Mokdad, Marks, Stroup, & Gerberding, 2005). Alcohol abuse affects more than just the individual that is abusing the alcohol. The effects of alcohol abuse are

broad and affect numerous systems within society. Two thirds of American men and one half of American women drink alcohol (Burge & Schneider, 1999). While not all of those that consume alcohol are problem drinkers, it is a fact that alcohol abuse is prevalent within American society. Alcohol abuse affects families, friends, employers and numerous other individuals or groups who may or may not know the alcoholic, but are nonetheless adversely affected by his or her drinking.

What is Social Support

"It is widely recognized that social relationships and affiliations have powerful effects on physical and mental health" (Berkman, 2002). The benefit of social support on a person's overall wellness is something that is very constant in the findings of the increasing research pertaining to social support (Rudkin & Indrikovs, 2002). Terms such as social integration, social networks, or social relationships are often used in similar context of one another, and often-social support is thrown in as well. However, narrower definitions of social support are often more useful.

Rudkin and Indrikovs (2002) stated:

Social support refers to social interaction in which the actions of one party are intended to benefit another party. Thus, though social support may be seen as one aspect of other, broader terms, it is differentiated in part by its focus on the provider's intentions and the potential benefits to the recipient.

In their article regarding social support, Rudkin and Indrikovs (2002) conceptualize social support and social integration. They explain social integration as the existence, quantity and breadth of social ties. Furthermore, they explain terms such as social connectedness and social embeddedness as synonyms for social integration. Their article goes on to detail a lack of social integration as being labeled as social isolation. Social network refers to the entire structure of an individual's social relationships and the connections among them. A network may be described in a variety of ways, such as its similarity among members or ties among all members. Social relationships and social ties are broad, general terms that refer to a person's ties to others.

Terms like social integration, social isolation, and social networks mainly refer to the structure of an individual's relationships, whereas the concept of social support mainly functions to explain the functions, or lack there of those relationships (Rudkin & Indrikovs, 2002). Better understanding what constitutes social support and social integration or isolation is essential for the purposes of understanding what role social support plays in the lives of persons within treatment for alcoholism or other substance abuse.

Social Support and the Community Reinforcement Approach

The importance of social support and recovery from substance abuse and or alcoholism has been addressed in numerous journals, books, and other sources. Social support can come in many forms. Social support is a key aspect of something called the community reinforcement approach (CRA). The community reinforcement approach is a cognitive behavioral program for treating substance abuse problems. This approach to substance abuse treatment is based on the belief that environmental contingencies can play a powerful role in supporting or discouraging drinking or drug using behavior. According to Smith,

Meyers, and Miller (2001) the community reinforcement approach utilizes familial, social, recreational, and occupational reinforcers to aid clients in the recovery process. Research does in fact recognize the validity of social support on an individual's likelihood to achieve success at his or her attempts at sobriety. The goal of the community reinforcement approach is to rearrange multiple aspects of an individual's "community" so that a clean and sober lifestyle is more rewarding than one dominated by alcohol and drugs. This approach is structured in a non-confrontational manner that starts by carefully outlining the internal and external triggers for an individual's substance use. Then, both positive and negative consequences of the use are examined. The treatment plan focuses highly on social support as it looks broadly at the many aspects of an individual's life, since these are all believed to play integral roles in the substance use. Often this includes the individual's social activities and his or her job. When skill deficits are noted, behavioral training is introduced in relevant areas (e.g., drink/drug refusal, communication training, problem solving). Significant

others are involved in treatment whenever possible (Smith et al., 2001).

An early community reinforcement study was conducted about thirty one years ago with a small inpatient sample. Hunt and Azrin used a match control design and randomly assigned one alcohol dependent member in each of eight pairs to the community reinforcement approach condition, and the other member to the hospital's standard Alcoholics Anonymous program. The AA group was comprised of instructional sessions on the Jellinek disease model of alcoholism and discussions about the typical alcoholic's behavior and problems. Community reinforcement approach participants additionally were taught how to identify and access non-drinking reinforcers and they received both job and leisure time counseling. Relapse prevention was provided through home visits, and attendance at an alcohol free social club was encouraged. Married individuals received behavioral couples' therapy. Social supports through the social club as well as the influence of the significant other were both social support aspects of the treatment that appeared to be beneficial toward the continuance of sobriety for the CRA group. At the time of the six-month

follow up, the CRA participants were drinking an average of only 14% of the follow up days, while the standard treatment group was drinking 79% of the days. There were striking group differences regarding unemployment as well. The CRA group was averaging 5% of the days unemployed, while the standard group was averaging about 62%. Furthermore, the CRA groups were hospitalized on only 2% of follow up days, as contrasted with 27% for the standard treatment group. Despite small sample size, this first study was recognized for its reliance upon operant reinforcement theory for the conceptualization and treatment of alcoholism and for focusing on outcomes that were not restricted to substance abuse (Smith et al., 2001).

Azrin conducted a second CRA inpatient study as an extension of his first, but incorporated a buddy system which served as social support. The CRA group again showed superior outcomes in a variety of areas at the six-month follow up.

The first community reinforcement approach was an inpatient study trial, which opened the door to later ideas regarding the CRA. After the first inpatient study did so well, the first CRA outpatient trial was conducted

in the early 1980's by Azrin and colleagues. Treatment consisted of twelve steps counseling with an extra emphasis on the role of the significant other. In this study, the significant other was to help his or her partner in a supportive manner. Role-playing and communication training were implemented, furthering the influence of social support upon the CRA procedures (Smith et al., 2001). Within these studies, of particular importance were the social club and the behavioral couples' component. Both produced favorable outcomes and emphasized the importance of social support on substance abuse treatment. The theory behind the "reciprocity counseling" with the married participants was that individuals got married because they believed married life would be more reinforcing in a variety of ways than single life was. Not only did the therapy assist couples in selecting and initiating mutually reinforcing interactions, but more generally it set the expectation that a reinforcing act by one partner needed to be reciprocated. The subject design dealt with twelve couples that demonstrated significant improvement in marital happiness during the reciprocity counseling weeks. They fared better than the catharsis type

counseling week-by-week when compared to one another. As noted, reciprocity became a routine part of the CRA package whenever problem drinkers were involved in significant relationships (Smith et al., 2001).

The social club tested the ability of behavioral procedures to motivate people to attend the club. The social support gained in the social club as well as in the reciprocity training was clear, and helped participants abstain from alcohol more so than the control groups (Smith et al., 2001). The importance of social support was important early on within the development of the community reinforcement theory regarding treatment of substance abuse disorders.

Community Reinforcement and Family Training

In more recent years, the community reinforcement approach has evolved and been expanded to address a sizeable segment of the substance abuse population that specifically comprises those individuals that refuse to seek treatment. Rather than attempting to motivate these resistant individuals directly, the CRA variant called Community Reinforcement and Family Training (CRAFT) instead works through a concerned significant other

(CSO). CRAFT teaches the CSO to utilize behavioral techniques that change their manner of interacting with the drug-abusing individual, with the goal of getting them to begin treatment. In brief, it encourages positive reinforcement for clean/sober behavior. Furthermore, CRAFT works to improve the psychosocial functioning of the concerned significant other. An early version of CRAFT was shown to be significantly superior to Al-Anon in engaging resistant alcohol dependent individuals in treatment. Six out of seven drinkers whose concerned significant other received CRAFT entered treatment (Smith et al, 2001). The influence of the concerned significant other was an important factor that greatly impacted the results.

The Role of a Concerned Significant Other

Miller and colleagues (1999) conducted a study that showed that concerned significant others that were assigned to CRAFT were significantly more successful at engaging their loved one into alcohol treatment. As a matter of fact, they had a sixty four percent success rate. This was considerably higher than another group of concerned significant others that were assigned to either

the Johnson Institute intervention or Al-Anon type of training. The Johnson Institute intervention group only helped engage their loved one into treatment thirty percent of the time, and the Al-Anon intervention group only had a thirteen percent success rate. Empirical evidence strongly supports the use of CRA and CRAFT in the treatment of substance use disorders. Azrin's positive findings have been replicated by several research groups. Importantly, every study to date has found an advantage for CRA on at least some outcome measures. With increasing concern for cost containment, it is also noteworthy that outpatient CRA is a relatively inexpensive treatment approach that has been successful. CRAFT, an outgrowth of CRA, specifically addresses the common obstacle of lack of motivation for treatment (Smith et al., 2001). Furthermore, CRA and CRAFT are a positive example of the importance of social support within substance abuse treatment.

The Role of Family and Friends

The significance of social support is further recognized in a recent study by Broome, Simpson, and Joe (2002). In their study titled *The Role of Social Support*

Following Short Term Inpatient Treatment, Broome and colleagues detail the importance of social support networks following treatment at an inpatient treatment facility. The study explains the way that negative peer influences can influence the development of substance use behavior and the promotion of relapse. Conversely, family and friend support can have positive effects. Strong social support is associated with greater treatment retention and behavioral improvement during treatment, as well as better outcomes (Broome et al., 2002).

In their study, Broome and associates studied 748 patients in 12 short-term inpatient programs. Their study was conducted to better understand and examine the roles of various influences on post-treatment drug using behavior for patients in short term inpatient programs. The results of the study were much like that of Smith et al., 2001. The importance and significance of social support was clear. "Of the original sample, 22% of patients used cocaine at least weekly in the one year follow up period, and an additional 9% drank frequently." This was considerably lower than the pretreatment rates of 69% and 15%. The study was clear in its conclusion as it proclaimed the importance of post treatment social

support networks. In fact, post treatment social support was found to be a more important factor than support during pre-treatment or even during drug treatment (Broome et al., 2002). Where Smith et al, 2001 explored the importance of social support during treatment; Broome and associates focused more on the post treatment effects of social support. At any rate, it is clear that social support is a very strong factor in treatment success.

The effect that social support networks have on the efficacy of alcohol and or substance abuse treatment is outlined by Broome and associates. Whether positively or negatively affecting an individual's propensity to drink; the role of social networks can be seen. A study by Mohr, Averna, Kenny, and Del Boca (2001) further elaborates on social support and social networks. As explained by Broome and associates, peer influences can affect an individual's chances of relapse or conversely treatment retention and improved success in changing problematic drinking behaviors (2002). The influence and importance of an individual's friendships, as well as the quality and structure of them, is explained by Mohr and associates (2001).

Building upon the ideas conveyed within (Rudkin & Indrikovs, 2002) as well as (Broome et al., 2002); Mohr and associates (2001) further explain and explore the relevance of adult alcoholics' friendships. In their study, Mohr and associates examined friendship characteristics of alcoholics that were involved in a treatment program known as project MATCH. As they studied 1,183 men and 380 women within their sample; Mohr and associates examined friendships with drinkers and nondrinkers at baseline and posttreatment. At baseline, one half of the alcoholics' friendships were with drinkers. However, following treatment that emphasized the importance of social support; the proportion of friendships with drinkers dropped and the proportion of friendships with nondrinkers increased. The study concluded that the importance of quality, and especially structure of the types of friendships that the adult alcoholics maintained, greatly influenced the alcoholics' drinking behaviors (2001). These results were consistent with previously mentioned studies regarding the importance of and the influence of social support and social networks.

Further discussion of social networks was explained by Litt, Kadden, Kabela-Cormier, and Petry (2007). Their study further expanded upon the principal that Mohr and associates examined. Litt and associates examined the way that socially focused treatment can effect change in an individual's social network. In their study, Litt and associates took a sample of alcohol dependent men and women recruited from the community and tried to change their social network from one that reinforces drinking to one that reinforces sobriety. To do this, participants were assigned one of three outpatient treatment conditions. The first was modeled after another intervention used in something known as The Marijuana Treatment Project. Basically problems were explored within the lives of the participants. Issues of education, employment, medical, housing, and transportation were addressed. After identifying problematic areas that could be barriers to treatment; resources were discussed in order to better address them. The second intervention entailed the network support intervention (NS). As in the study conducted by Mohn and associates, the NS intervention was based on the Project MATCH treatment style. The network support intervention

was geared to help the participant change his or her social support network to be more supportive of abstinence and less supportive of drinking.

An important aspect of this intervention was the utilization of Alcoholics Anonymous (AA) groups to encourage participants to engage in supportive abstinence-oriented social networks. Only the spirituality aspect of AA was downplayed. Emphasis was taken off of the higher power aspect that normally accompanies AA. The third treatment condition was the control group that consisted of case management. The results of the study indicated that a treatment specifically designed to change the social network can effect beneficial changes. Although behavioral support decreased for all treatment conditions from pre to posttreatment, only the network support treatment conditions appeared to result in increased support for abstinence. Ultimately it was found that both the network support and Alcoholics Anonymous variables were significantly correlated with drinking outcomes. The overall findings indicate that an individual's social networks can be changed by a treatment that is

specifically designed to do so, and that the changes contribute to improved drinking outcomes (2007).

Another study that found similar outcomes to the findings of Mohr and associates (1999) as well as Litt and Associates (2007) was a study by Zywiak, Longbaugh, and Wirtz. In their study, Zywiak and associates also based their research after the project MATCH treatment style. In their work, Zywiak and associates also determined that participants with more abstainers and or recovering alcoholics in their social networks had a greater success. Furthermore, as with the findings discussed in Litt and associates' research; Zywiak and associates found greater success rates of individuals that engaged in twelve step programs such as AA (2001).

Alcoholics Anonymous involvement and changes in social networks were further discussed in an article by Bond, Kaskutas, and Weisner. In their study the role of changes in Alcoholics Anonymous involvement and social networks in relation to abstinence following substance abuse treatments were studied. Particularly the role of Alcoholics Anonymous and network support for abstinence were examined in relation to abstinence rates between follow ups. The study-measured success rates both short

and long term. From twelve months to three years, the findings were consistent. The involvement with Alcoholics Anonymous and the type of support received from other AA members were consistent contributors to abstinence three years following a treatment episode. The AA involvement, namely the supportive networks obtained there, demonstrated the importance of social networks and the contributions they make to living an abstinent lifestyle (2006)

Summary

All of the studies discussed in this chapter discussed the relevance of social support. The aforementioned studies seem to show the impact that social support can have on an individual undergoing alcohol or substance abuse treatment. The importance of a concerned significant other, family members, or friend/peer groups and the impact that they can have on an individual's life were all discussed. The research seems to be quite clear that social support is an important aspect to consider when planning treatments and dealing with individuals undergoing alcohol or substance abuse treatments.

CHAPTER THREE

METHOD

Introduction

This chapter will cover the study design, sampling, the data collection process, instruments, procedures, and the assurance of protection for the human subjects involved.

Design

For the purposes of this research a self-administered questionnaire was implemented. Due to the practicality and convenience, this was deemed to be the most effective instrument for data collection. Also, by using this anonymous survey, study participants were ensured an important amount of confidentiality in line with the parameters already in place within Alcoholics Anonymous.

The study examined the relationship between the survey participants' age, gender, marital status, and ethnic/cultural background and their perceived social support levels. The research question asked whether there is a relationship between an individual's gender, ethnic/cultural background, age, and marital status and

the level of his or her perceived social support. The participants' gender, ethnic/cultural background, age, and marital status were the primary independent variables within this study. The study participants' level of perceived social support was examined as a dependent variable.

Sample

The study was made up of forty participants that were gathered from local Alcoholics Anonymous meetings within the Riverside and San Bernardino County areas. All participants were selected on the basis of age and his or her self-declaration/identification as an alcoholic in recovery. All members of the sample fell between the age range of 18 and 72 years old. This research project built upon a previous study conducted by Carol Richert Guy (2001). At the end of her study, Guy (2001) stated that further research could be gathered in Alcoholics Anonymous meetings regarding perceived social support and length of sobriety. The original design of this project also wanted to examine the length of participants' sobriety, but it was eventually removed in order to gain access to Alcoholics Anonymous meetings. After discussing

this factor of the study with many AA participants, it was clear that access would have not been allowed had this question been included in the survey instrument.

The sample was drawn using a non-probability convenience sampling method due to its overall convenience and practicality. Due to the possible difficulty in identifying possible participants, the conductor of this research attempted to include a diverse sample of participants regarding gender, age, cultural or ethnic background, and marital status. This was done in order to ensure the representeness of the sample. To do this the researcher did not draw all subjects from one area or one set of meetings. Rather, the researcher went to several different meeting locations and times in order to better ensure the diversity of the sample participants.

Data Collection and Instruments

Verbal and written permission was obtained by every participant in this study. Prior to handing out the surveys, the participants were asked whether they would like to participate in a research study voluntarily. Upon agreement, the researcher handed out questionnaires to

willing participants. The surveys were completed in a group format prior to the beginning of the Alcoholics Anonymous self help group as well as at the end, depending on the preferences of the meeting leaders. An informed consent form, a debriefing form, and a phone number to a local counseling center were attached to each questionnaire and distributed with the survey to study participants. Participants were instructed to sign the informed consent form prior to beginning to fill out the survey/questionnaire. The questionnaire was provided in English only.

The study participants were asked questions about their demographic information pertaining to gender, ethnic or cultural background, age, and marital status. Finally, participants were asked questions surrounding his or her feelings about the availability of social support from friends and family.

A demographic page was used with a quantifiable instrument to measure perceived social support in the data collection of this project. To measure perceived social support the Multidimensional Scale of Perceived Social Support (MSPSS) was utilized (Zimet, Dahlem, Zimet, & Gordon, 1988). The MSPSS is a twelve item

instrument in the form of a questionnaire that measures social support. It utilizes a Likert-type seven point scale ranging from 1, "very strongly disagree" to 7, "very strongly agree". It is made up of three sub scales that relate to family, friends, and significant other. The scores are calculated by adding up the individual item scores and then dividing them by the number of items. Higher social support is reflected in higher scores. The MSPSS has good internal reliability with alphas of .91 for the entire scale and .90 and .95 for the subscales. Good construct validity is claimed by the authors along with good factorial validity when correlated with depression. The MSPSS has been used with various diverse populations (Zimet et al., 1988).

Procedures

The Data was gathered by distributing the surveys to willing participants within a group setting at Alcoholics Anonymous meetings prior to the start of, or after the conclusion of the self-help meeting conducted at AA. The willing participants were asked to fill out the surveys while the researcher of this study left the room during completion of the research instruments. By leaving the

room, it was the intention of the researcher to reduce the Hawthorne effect of a bystander bias. The researcher was able to leave an envelope in the room for participants to place their completed surveys into. The approximate time to fill out the questionnaires was approximately 10 to 15 minutes. After participating in the survey the participants were given assorted candy as a token of gratitude for their participation. This was not known of by the participants prior to completion of the survey.

The participants were surveyed about their gender, ethnic or cultural background, age, and marital status. Lastly, questions concerning their feelings about social support from friends and family were asked of the survey participants. The data collection, coding, cleaning, as well as maintenance were all collected by the researcher. Data analysis and final completion of the project was completed by the end of the spring quarter 2008.

Protection of Human Subjects

The questionnaire/survey was designed to maintain the anonymity and confidentiality of the study participants. Maintaining both anonymity and

confidentiality was a priority within this project due to the anonymity and confidentiality of Alcoholics Anonymous groups, as well as outlined in the NASW Code of Ethics. No names were used within this project. Rather, a numbering system was utilized. Prior to partaking in the study all participants were required to fill out an informed consent form. Further, all participants were informed that they could quit participating in the survey at any time for any reason. Debriefing information detailing the names of the researcher and the research advisor was given along with applicable phone numbers in the event that any of the participants might have felt compelled to inquire for more information or voice any concerns.

Data Analysis

This research project gathered descriptive statistics to identify percentages while examining demographic variables that included gender, ethnic/cultural background, age, and marital status. This information was gathered along with the primary independent variable of perceived social support as measured by the Multidimensional Perceived Social Support

examined using the Pearson's r correlation test in order to determine the correlations between levels of social support.

This project evolved over the course of the study, and refraction from the original design was deemed necessary. The planning, changes, and implementation of this study were only successful after consulting often with the research advisor and study participants in the hopes of gaining access and completing the study design.

Summary

This chapter discussed the process of data collection for this research project. The evolution of this project and the need of the researcher to refract from the original research design are detailed in this chapter. This chapter went on to detail the quantitative study design and the use of the Multidimensional Scale of Perceived Social Support and a demographic questionnaire. Also discussed were the sample size of the study, the procedures in the field, and the ensured protection of human subjects. The types of analyses that were utilized after the data was collected were also brought up within this chapter.

CHAPTER FOUR

RESULTS

Introduction

This chapter describes the demographic characteristics of the individuals that comprised this study sample. The demographic information was collected with the answers to the Perceived Social Support Scale (MSPSS) survey questionnaire. The following details the information collected during the course of this study and lists correlations that were discovered after the data was further analyzed.

Presentation of the Findings

Table 1. Demographics

Characteristics	N	%
Gender		
Male	20	.50
Female	20	.50
Ethnicity		
African American	9	22.5
Hispanic/Latino	6	15
Native American	2	5
White	23	57.5
Marital Status		
Married	8	20
Unmarried	22	55
Living with significant other	2	5
Divorced or Separated	5	12.5
Widowed	3	7.5
Age		
18-25	7	17.5
26-33	9	22.5
34-41	10	25
42-49	10	25
58-65	2	5
66 and Up	2	5

Table 1 illustrates the demographic characteristics of the sample participants. There were a total of 40 participants that took part in this study. Of the 40 participants in the study, 50% were male and 50% were female. The ethnicity of the study participants was predominately white, totaling 57.5% of the participants. The second largest ethnic group of the study participants

was African American at 22.5%. Hispanic/Latino made up the third largest ethnic group of study participants with a total of 15%. Native Americans were the most under represented ethnic group to participate in the study totaling 5% of the sample participants.

The marital status of the study participants showed the majority of the sample to be unmarried at 55%. The second most common marital status found in the sample consisted of married persons at 20%. Divorced or separated was the third largest at 12.5%. Widowed individuals made up 7.5% of the sample and individuals living with a significant other represented 5% of the study participants.

The ages of the study participants were broken down to six categorical age ranges. The two most predominant age ranges of the study participants were 34-41 at 25% and 42-49 at 25%. Participants ages 26-33 comprised 22.5% of the sample while ages 18-25 represented 17.5%. 5% of the sample participants were ages 58-65 and ages 66 and over comprised 5% of the study sample.

Table 2. Survey Responses

MSPSS Results	N	%
There is a special person around me when I am in need.		
Disagree	6	15
Neutral	6	15
Agree	28	70
There is a special person with whom I share joys and sorrows.		
Disagree	6	15
Neutral	7	17.5
Agree	27	67.5
My family really tries to help me.		
Disagree	6	15
Neutral	2	5
Agree	32	80
I get the emotional help and support I need from my family.		
Disagree	7	17.5
Neutral	8	20
Agree	25	62.5
I have a special person who is a real source of comfort to me.		
Disagree	6	15
Neutral	7	17.5
Agree	27	67.5
My friends really try to help me.		
Disagree	9	22.5
Neutral	3	7.5
Agree	28	70
I can count on my friends when things go wrong.		
Disagree	12	30
Neutral	4	10
Agree	24	60
I can talk about my problems with my family.		
Disagree	13	32.5
Neutral	4	10
Agree	23	57.5

MSPSS Results	N	%
I have friends with whom I can share my joys and sorrows.		
Disagree	8	20
Neutral	8	20
Agree	24	60
There is a special person in my life who cares about my feelings.		
Disagree	8	20
Neutral	0	0
Agree	32	80
My family is willing to help me make decisions		
Disagree	12	30
Neutral	7	17.5
Agree	21	52.5
I can talk about my feelings to my friends		
Disagree	9	22.5
Neutral	6	15
Agree	25	62.5

Table 2 outlines the results of the Multidimensional Scale of Perceived Social Support (MSPSS). Each of the forty participants responded to twelve items on a survey that measured their perceived levels of social support. Each item on the survey pertained to different aspects of the participants' perceived familial and peer social support.

To the statement "There is a special person around me when I am in need" 70% of the participants agreed, 15% disagreed, and 15% were neutral. To the statement "There

is a special person with whom I can share joys and sorrows" 67.5% of the participants agreed, 17.5% were neutral, and 15% disagreed. To the statement "My family really tries to help me" 80% of the participants agreed, 5% were neutral, and 15% disagreed. To the statement "I get the emotional support and help I need from my family" 62.5% of the participants agreed, 20% were neutral, and 17.5% disagreed. To the statement "I have a special person who is a real source of comfort to me" 67.5% of participants agreed, 17.5% were neutral, and 15% disagreed. To the statement "My friends really try to help me" 70% of the participants agreed, 7.5% were neutral, and 22.5% disagreed. To the statement "I can count on my friends when things go wrong" 60% of the participants agreed, 10% were neutral, and 30% disagreed. To the statement "I can talk about my problems with my family" 57.5% of the participants agreed, 10% were neutral, and 32.5% disagreed. To the statement "I have friends with whom I can share my joys and sorrows" 60% of the participants agreed, 20% were neutral, and 20% disagreed. To the statement "There is a special person in my life who cares about my feelings" 80% of the participants agreed and 20% disagreed. None of the

participants were neutral regarding this aspect of the survey. To the statement "My family is willing to help me make decisions" 52.5% of the participants agreed, 17.5% were neutral, and 30% disagreed. To the statement "I can talk about my feelings to my friends" 62.5% of the participants agreed, 15% were neutral, and 22.5% disagreed.

Table 3. Correlations of Survey Questions 1 and 2

Question From Survey		There is a special person who is around me when I am in need.	There is a special person with whom I share joys and sorrows.
There is a special person who is around me when I am in need.	Pearson Correlation Sig. (2-tailed) N	1 . 40	.522(**) .001 40
There is a special person with whom I share joys and sorrows.	Pearson Correlation Sig. (2-tailed) N	.522(**) .001 40	1 . 40

** Correlation is significant at the 0.01 level (2-tailed).

Table 3 shows the correlation between the variables "There is a special person who is around me when I am in need" and "There is a special person with whom I share joys and sorrows". Using the Pearson Product Correlation Coefficient ($r = .522$, $n = 40$, $P < 0.01$). The correlation between these two variables is positive and large in

strength. This correlation indicates that when an individual has a special person around when they are in need that they will also have a special person to share their joys and sorrows as well.

Table 4. Correlations of Survey Questions 11 and 8

Question From Survey		My family is willing to help me make decisions.	I can talk about my problems with my family.
My family is willing to help me make decisions.	Pearson Correlation	1	.551(**)
	Sig. (2-tailed)	.	.000
	N	40	40
I can talk about my problems with my family.	Pearson Correlation	.551(**)	1
	Sig. (2-tailed)	.000	.
	N	40	40

** Correlation is significant at the 0.01 level (2-tailed).

Table 4 illustrates the correlation between the variables "My family is willing to help me make decisions" and "I can talk about my problems with my family". Using the Pearson Product Correlation Coefficient ($r = .551$, $n = 40$, $P < 0.01$). The correlation between these two variables is positive and large in strength. This correlation indicates that when an individual's family is willing to make decisions they will also be able to talk with their family about their problems.

Table 5. Correlations of Survey Questions 9 and 6

Question From Survey		I have friends with whom I can share my joys and sorrows.	My friends really try to help me.
I have friends with whom I can share my joys and sorrows.	Pearson Correlation	1	.575(**)
	Sig. (2-tailed)		.000
	N	40	40
My friends really try to help me.	Pearson Correlation	.575(**)	1
	Sig. (2-tailed)	.000	
	N	40	40

** Correlation is significant at the 0.01 level (2-tailed).

Table 5 shows the correlation between the variables "I have friends with whom I can share my joys and sorrows" and "My friends really try to help me". Using the Pearson Product Correlation Coefficient ($r = .575$, $n = 40$, $P < 0.01$). The correlation between these two variables is positive and large in strength. This correlation indicates that when an individual has friends with whom they can share their joys and sorrows they will also have feel that their friends really try to help them.

Table 6. Correlations of Survey Questions 7 and 10

Question From Survey		I can count on my friends when things go wrong.	There is a special person in my life who cares about my feelings.
I can count on my friends when things go wrong.	Pearson Correlation	1	.653(**)
	Sig. (2-tailed)		.000
	N	40	40
There is a special person in my life who cares about my feelings.	Pearson Correlation	.653(**)	1
	Sig. (2-tailed)	.000	
	N	40	40

** Correlation is significant at the 0.01 level (2-tailed).

Table 6 illustrates the correlation between the variables "I can count on my friends when things go wrong" and "There is a special person in my life who cares about my feelings". Using the Pearson Product Correlation Coefficient ($r = .653$, $n = 40$, $P < 0.01$). The correlation between these two variables is positive and large in strength. This correlation indicates that when an individual feels they can count on their friends when things go wrong they will also have a special person in their life that cares about their feelings.

Table 7. Correlations of Survey Questions 8 and 12

Question From Survey		I can talk about my problems with my family.	I can talk about my problems with my friends.
I can talk about my problems with my family.	Pearson Correlation	1	.460(**)
	Sig. (2-tailed)		.000
	N	40	40
I can talk about my problems with my friends.	Pearson Correlation	.460(**)	1
	Sig. (2-tailed)	.000	
	N	40	40

** Correlation is significant at the 0.01 level (2-tailed).

Table 7 illustrates the correlation between the variables "I can talk about my problems with my family." and "I can talk about my problems with my friends." Using the Pearson Product Correlation Coefficient ($r = .460$, $n = 40$, $P < 0.01$). The correlation between these two variables is positive and medium in strength. This correlation indicates that when an individual can talk about their problems with their family they can also talk about their problems with their friends.

Summary

This chapter illustrated the results of the data collected during this research project. Demographic statistics of study participants, the answers to the MSPSS survey, and bivariate statistics were all

discussed. The charts showed the correlations between several of the variables that pertained to the research question of "What is the extent to which social support is present among a group of people in a substance abuse treatment program?"

CHAPTER FIVE

DISCUSSION

Introduction

This chapter details some of the numerous obstacles that were present in and throughout the research project. It explains the unique challenges that had to be overcome as the project progressed. The need of the original research parameters to be redesigned was a large part of this project, and it seemed at times like all hope would have been lost if this had not been accomplished. Also explained in the chapter are some of the research details and the correlations that were found within the data group.

Discussion

The purpose of this study was to investigate the level of perceived social support among adult alcoholics within mutual aid/self help Alcoholics Anonymous treatment groups. While the overall research design did evolve from its original plan and a great deal of refraction was deemed necessary; significant data was collected that offered insight into social support among

adult alcoholics that were attending and participating in Alcoholics Anonymous treatment groups.

Originally the study set out to measure the relationship between levels of social support and length of sobriety among adult alcoholics within mutual aid/self help Alcoholics Anonymous treatment groups. However, after embarking into the field and trying to gain access to local Alcoholics Anonymous meetings, it was discovered that a large number of the participants in these treatment groups felt that the parameters of the initial research design were unacceptable. Many of the more experienced participants that had been attending AA meetings for longer amounts of time were against the original research design.

These more experienced and well respected participants, or the "old timers" as they are so affectionately known as within many of the AA groups, were quite clear and very adamant about their disapproval of the original research design. They would even rally other participants to join in the protest and express their disapproval of the project design. There were a few occasions when special announcements were made after the meeting! Time and time again they continued to explain

that such a study goes against the policies and practices of AA, and that most participants would not feel comfortable or be encouraged to take part in such a study. This process occurred at several different meeting times and locations within San Bernardino and Riverside Counties. The influence of these "old timers" was significant, and it seemed that there was almost always at least one at the numerous meetings this researcher attended.

After consulting several knowledgeable and veteran AA participant "old timers" and discussing these issues with the research supervisor; refraction was deemed necessary and the design of the project was modified. This change was directly related to the obvious lack of accessibility and the low to non-existent participation that would have been present with the original design.

Refraction from the original plan was carried out by altering the research design to investigate social support itself. Under the auspice of investigating social support it was decided that research could explore the possible relationship between an individual's gender, ethnic/cultural background, age, and marital status, and the relationship that these demographic variables might

have with the level of a participant's perceived social support. The demographic variables were the primary independent variables within this study and the study participants' level of perceived social support was examined as a dependent variable.

Once the data was gathered, the results from this study did not show any relationship or significant statistical correlation between the demographic variables of gender, ethnic/cultural background, age, or marital status and the participants' perceived level of social support.

Due to the lack of relationship between these variables, the researcher further investigated the items found on the Multidimensional Scale of Perceived Social Support (MSPSS). Correlation tests using bivariate analysis were selected to investigate the strength and direction of the relationships found between the variables contained within the MSPSS survey. The correlations between variables also illustrate the relationship between people and emotion, and the often-present parallel paradigms seen within different social support networks.

Friends, family, and the concerned significant others can comprise an individual's social support network. Other individuals that might be found under the recreational or occupational areas of social support continuum could also be involved, depending on the situation (Smith et al., 2001). Different social support networks often relate to one another through common paradigms that are at work and influenced by the people and emotion that are underlying aspects of any social support network. These similar paradigms that can occur are directly related to the emotion and the people factors of the network. Even though they are not always in fact part of the same set of social support network, these correlations are relevant and do often occur.

The data pertaining to the correlation between people and emotion, and the presence of parallel paradigms between two different social support networks was evidenced by a positive correlation that was medium in strength between the two variables "I can talk about my problems with my family" and "I can talk about my problems with my friends" (please see table 7). This positive correlation suggests that when someone confirmed that he or she could talk about their problems with their

family, he or she would also likely feel as though that they could talk about their problems with their friends as well.

A similar outcome was found comparing the data correlation between the variables "I can count on my friends when things go wrong" and "There is a special person in my life who cares about my feelings". The results show a correlation that is positive and large in strength (Please see table 6). When someone indicated that he or she could count on their friends when things go wrong, they also affirmed that there was a special person in their life that cared about his or her feelings. This is another example that further supports the relevance of people and emotion, and the parallel paradigms of separate social support networks.

The parallel paradigms present and the people and emotion elements that take place in social networks can sometimes be easier to conceptualize when the social networks seem as though they would have a logical relationship with one another. This was the case between the variables "There is a special person who is around me when I am in need" and "There is a special person with whom I share joys and sorrows" that showed a positive

correlation that was large in strength (Please see table 3). The data collected indicates that when a person's answers indicate that he or she feels support from a special person during a time of need, they are likely to answer that they have a special person with whom they can share joys and sorrows as well.

Another correlation showing the relationship between people and emotion and the presence of similar paradigms present within support groups was found between the variables "My family is willing to help me make decisions" and "I can talk about my problems with my family". The data shows a positive correlation that was large in strength. (Please see table 4) This data portrays that when a person's answers designate that their family is willing to help them make decisions, he or she will also likely answer that they feel they can talk to their family about problems too.

The evolution of this project was quite an ordeal that required several changes to the original research design. Despite the challenges and the need to reframe several aspects of the research design, the project did in fact gather useful information that answered the original research question "What is the extent to which

social support is present among a group of people in a substance abuse treatment program?" Despite the many challenges and set backs that needed to be overcome, it is the opinion of this researcher that the project was a success.

Limitations

There were several limitations that existed in this study. One of the largest limitations that had to be resolved was the resistance of meeting participants to participate based on the initial design of this project. Once that was overcome however, there were some concerns about the sample itself. Although much effort was placed into obtaining the most diverse sample possible, there were some limitations. The fact that there were only 40 participants makes the findings of this study unable to be generalized to the larger population of adult alcoholics within mutual aid/self help Alcoholics Anonymous treatment groups. Also, despite much effort being made to collect information from many different meeting times and locations within the San Bernardino and Riverside County area to ensure a diverse sample; there

were several aspects of the data collection that could have been improved upon.

The surveys were only handed out in English at English speaking meetings. The sample could have been more diverse and had more participants if the survey were translated into Spanish and distributed at Spanish speaking meetings. The ages of the participants were a limitation of this study. Even though there were many different meetings that were attended, there were some groups that were underrepresented within the sample itself. The participant age group of 58 and older was underrepresented within the sample because there were not many individual participants that fell within that age range. This limitation also makes it difficult to generalize the findings of this research project past this sample.

Recommendations for Social Work Practice, Policy and Research

The results of this study are relevant to social work practice in several ways. Social workers deal with individuals and families within a variety of settings that are affected by alcoholism in many ways. By having a greater understanding of an alcoholic's social support

networks ,it is theorized that more concrete interventions and treatment approaches could be designed and implemented. Knowledge of the perceived level of social support among adult alcoholics can help social workers to do this as they discover new ways to help the alcoholic through the recovery process.

Future research can be conducted on a larger scale so that the results might be able to be generalized. With a larger sample, research can investigate which sources of social support are most effective in helping the alcoholic cope with stress while in the recovery process. Future research can be gathered in both Spanish and English AA meetings. Furthermore, research can be gathered from a larger area than just San Bernardino and Riverside Counties in order to provide a more diverse study sample.

Conclusions

The presence and importance of social support is extremely relevant in understanding adult alcoholics that are in recovery. Most of the research that has been done about alcoholics and the relevance of social support on their recovery efforts is very clear. Research evidences

the influence that social support networks can have on an individual's efforts in recovery, and his or her overall lifestyle. The results of this study witnessed a relationship between the different levels of social support among the sample participants. The results of this study can help social workers better understand the social support needs of among adult alcoholics within mutual aid/self help Alcoholics Anonymous treatment groups.

APPENDIX A
PERCEIVED SOCIAL SUPPORT SCALE

Perceived Social Support Scale

The following statements are about your relationships with family and friends. Please read each statement carefully and indicate how you feel about each statement by circling the correct number on the number scale.

- 1 = Very strongly disagree
- 2 = Strongly disagree
- 3 = Mildly disagree
- 4 = Neutral
- 5 = Mildly agree
- 6 = Strongly agree
- 7 = Very strongly agree

- | | | | | | | | | |
|-----|---|---|---|---|---|---|---|---|
| 1. | There is a special person who is around when I am in need. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. | There is a special person with whom I can share joys and sorrows. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. | My family really tries to help me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. | I get the emotional help and support I need from my family. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. | I have a special person who is a real source of comfort to me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. | My friends really try to help me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. | I can count on my friends when things go wrong. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. | I can talk about my problems with my family. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. | I have friends with whom I can share my joys and sorrows. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. | There is a special person in my life who cares about my feelings. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. | My family is willing to help me make decisions. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. | I can talk about my problems with my friends. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

APPENDIX B
INFORMED CONSENT

Informed Consent

The study in which you are about to participate is designed to investigate recovering alcoholics and their social support system. The study is being conducted by Alex MacAdam, Graduate student under the supervision of Rachel Estrada L.C.S.W., Research Advisor for Master's of Social Work at CSUSB. This study has been approved by the Department of Social Work Sub-Committee of the Institutional Review Board at California State University, San Bernardino.

In this study you will be asked to respond to statements about your relationships with family and friends. There are no right or wrong answers. Completion of this questionnaire should take approximately 10 minutes. All of your responses will be held in the strictest of confidence by the researcher. No names will be used in the questionnaire or in any part of this research study.

Your participation in this research study is completely voluntary. You are free to withdraw at any time without penalty. In order to ensure the validity of this study, the researcher asks that you not discuss this study with other participants. No foreseeable risks are associated with participating in this study.

If you are interested in the results of this study, copies will be available in Phau Library at California State University, San Bernardino after September 2008. If you have any questions about the research at any time, you may contact Ms. Rachel Estrada, L.C.S.W. at (909) 537-5501.

By placing a check mark below, I acknowledge that I have been informed of this study and I freely consent to participate.

[] Date: _____

APPENDIX C
DEBRIEFING STATEMENT

Debriefing Statement

Thank you for participating in this study. The study in which you have just participated will explore an individual's perception of their social support system. In this study questions about relationships with families and friends were asked. This study is particularly interested in the ways that a person's social support system may be helping them to remain abstinent from alcohol or sober. All information collected will be kept anonymous and confidential. Thank you for not discussing the nature of this study with other participants. If you have any questions about this study, please feel free to contact Ms. Rachel Estrada, L.C.S.W. at (909) 537-5501. If you would like to obtain a copy of this study, please refer to the Phau Library at California State University, San Bernardino after September, 2008.

APPENDIX D
DEMOGRAPHICS

Demographics

Now would you please tell us a little about yourself?

Please mark your answer with an X.

1. What is your gender?
 1. Female
 2. Male

2. What is your ethnic or cultural background?
 1. African American
 2. Asian American/Pacific Islander
 3. Hispanic/Latino
 4. Native American
 5. White
 6. Other, Specify

3. How old are you: _____

4. What is your marital status?
 1. Married
 2. Unmarried
 3. Widowed
 4. Living with significant other
 5. Divorced or separated

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