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## SUBSTANCE USE COUNSELORS' PERCEPTIONS OF EFFECTIVE TREATMENT MODALITIES FOR WOMEN WITH CHILDREN

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SUBSTANCE USE COUNSELORS' PERCEPTION OF EFFECTIVE  
TREATMENT MODALITIES FOR WOMEN WITH CHILDREN

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

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

---

by  
Sally Irene Gonzales  
Jessica Monique Martinez

June 2017

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Approved by:

Dr. Janet Chang, Faculty Supervisor, Social Work

Dr. Janet Chang, M.S.W. Research Coordinator

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## ABSTRACT

The U.S Department of Health and Human Services (HHS) conducted a study and determined that approximately one-third to two-thirds of child neglect cases had some form of substance abuse related to the case. Further, it is reported that women who use alcohol or drugs are two times more likely to lose custody of their children than non- using mothers. The purpose of this study is to examine which treatment modalities substance use counselors find most effective when treating women with children. This study utilized a qualitative design asking eight open ended questions to fourteen substance use counselors employed at Prototypes in Pomona, CA. The substance use counselors were asked questions regarding what treatments they offered at their facility, what they believed the most effective treatment modalities are when treating women with children, and what barriers they faced when treating women with children.

Findings from this study found the holistic and client centered approaches to be the most effective treatment modalities when treating women with children. The holistic approach considers every aspect of the client's life and the client centered approach allows the counselors to develop care plans that are specific to their client's unique needs. Social workers should strive to keep women with their children while they are in treatment. Further research is needed to gain a better understanding of this population and to provide appropriate treatment, services, and resources to women and their children.

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## CHAPTER ONE

### INTRODUCTION

The introduction will begin with a problem statement that introduces the population that will be the focus of this research, the policy and practice contexts that influence how the needs of this population are addressed, and a description of the proposed study. The second part of the introduction will describe the purpose of the study and its significance for the social work profession.

#### Problem Statement

The National Survey on Drug use and Health conducted in 2014 revealed that about 21.5 million people over the age of 11 had a substance use disorder. Although the percentage of people with a substance use disorder has lowered since 2002, the results were similar to that of the 2011 and 2013 surveys (Hedden, Kennet, Lipari, Medley & Tice, 2014). The 2012 National Survey on Drug Use and Health found about 17% of women, pregnant and non-pregnant, had used drugs in the past thirty days. Of these women, only 11.2% had received treatment (Terplan, Longinaker & Appel, 2015). The U.S Department of Health and Human Services (HHS) conducted a study and determined that approximately one-third to two-thirds of child neglect cases had some form of substance abuse related to the case (HHS. 1999). Wahler and Otis (2014) reported that in the United States roughly 600 billion dollars are spent annually

on alcohol and drug addiction. This 600 billion takes into consideration the amount of money spent on housing incarcerated individuals, treatment (both inpatient and outpatient), and the increase of medical expenses.

San Bernardino County Department of Behavioral Health (DBH) gives priority care for substance abuse disorders to pregnant women who inject drugs and to women who need other treatments (DBH. 2016). Neger and Prinz (2015) reported women with Alcohol and Other Drugs (AOD) use are two times more likely to lose custody of their children than non-AOD using mothers. Substance use and problematic parenting coincide and have become a national health concern. Neger and Prinz (2015) also reported child welfare agencies becoming solely responsible for the children who enter the system, there is much pressure added to these agencies in ensuring children are financially stable and have adequate housing in a timely manner. Effective treatment for substance using women with children has not been significantly studied. Particularly, studies on substance use counselor's views on effective treatments for substance using women with children are scarce.

The problem addressed by the present study is the effective treatments that are provided to mothers who use or are addicted to substances at a residential treatment for women and their children. This residential center, named Prototypes is located in Pomona, California. The services provided by Prototypes are outpatient treatment, intensive outpatient treatment, medication-assisted therapies, child-care. Specifically, at the residential treatment center, Prototypes

offers detoxification, substance use counseling, mental health counseling and education as inpatient treatment. Prototypes offers women “individual and group counseling, psychiatric referrals, vocational and educational rehabilitation, parenting classes, recreational activities, and other support services” (Prototypes.org).

The supervisor of the substance use counselors has agreed to allow the counselors to be interviewed to study the effects of treatments for women with children. The counselors may have knowledge and practice experience with outpatient clients, so the study has not been limited to residential treatment. This research seeks to obtain the counselors’ perceptions of what treatments are most beneficial to women with children and what effectiveness of treatments looks like to women with children.

### Policy Context

As a result of the Child Abuse Prevention and Treatment Act, which requires states to have reporting procedures to the child protective services for drug exposed children, 19 states have created policies to protect drug-exposed newborn babies (Child Welfare Information Gateway, 2016). Nearly all states and the U.S. Virgin Islands have created laws to criminalize the possession of an illegal substance in front of a child in order to decrease the detriments to children exposed to drugs. Approximately 47 states, Guam, the District of Columbia and the U.S. Virgin Islands have also included manufacturing, distributing, selling and

exposing a child to illegal substances in their child abuse and neglect laws. Parents cannot be under the influence of any substance in a child's presence that may impair their ability to care for the child (Child Welfare Information Gateway, 2016). Upon the creation and implementation of these policies and laws, the population has increased and the need for substance use disorder treatment has also increased.

### Practice Context

Social workers are becoming more exposed to clients with a substance use disorder especially due to the anti-drug laws and creation of drug courts that may mandate substance use treatment. Many people choose to seek treatment rather than serve a prison sentence or have their children removed from their care. Since individuals prefer to seek treatment there is a higher demand for substance abuse training for social workers and a higher demand for substance abuse counselors. Understanding the needs of the clients may make treatment seen more reasonable and doable.

There is a big demand for substance use treatment in the child welfare system for parents because the issue is more prevalent than other issues. Specifically, there is a need for substance use treatment centers for women with children.

## Purpose of the Study

The purpose of this study is to examine the substance use counselor's perceptions on the effectiveness of the "comprehensive, integrated, evidence-based services" offered at Prototypes "to rebuild the lives of women, children, and communities affected by substance abuse." The quotes are taken from the Prototypes mission and history website page updated in 2016. Discussions with the director and staff of one Prototypes residential treatment center has clarified that the agency seeks to serve women who suffer from substance use disorders and children in the community. The substance use counselors were eager and willing to discuss their views on the effectiveness of treatments and services provided for substance use disorders.

The research design for this study is a qualitative design with the use of two focus groups of substance use counselors. The design decision was a collaborative conclusion between the researchers and the agency. Researchers, the agency supervisor and counselors believe focus groups are the best fit considering time and financial constraints. Open-ended questions and a set of demographic questions were asked of the participants. The study sample size is 14 participants and, therefore, the statistical significance may be limited.

## Significance of the Study for Social Work

This research will be significant to social work in multiple fields and at a micro, macro and research level. In terms of social work practice with individuals

and families it is hoped that this research will provide insight to social service agencies and substance use treatment programs on how to collaborate amongst each other to develop more in depth treatment options.

For social work practice on an agency level, the project will help the agency will be able to identify multiple strategies which are proven to be effective amongst its colleagues. This research will assist in meeting the needs of the women, children, and community which is the ultimate goal in the mission statement. It is hoped that more women will seek treatment from Prototypes with a well-rounded treatment program which directly assess substance use and problematic parenting.

In terms of social work research, the project will aid in examining the culture of parental substance use and the effective treatments which are related. This project is directly contributing to the literature connected to parental substance use. Most literature focus on the effects of parental substance use and suggest more treatment but do not specify which treatments would be effective in addressing both parenting and substance use. The research question is: What are substance use counselor's perceptions of effective treatment modalities for women with children?

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

Chapter two consists of a discussion of the relevant literature to this study. This chapter is divided into a section on studies discussing substance abuse counselors' perceptions on substance use, a section on effective treatment modalities within the substance use and recovery field and a section discussing parental substance use effects on children. Finally, provided is a section on the theories guiding the conceptualization of our research.

#### Substance Abuse Counselors' Perceptions

Dance, Galvani, and Hutchinson (2014) explore the difference in experiences between social workers and other social care practitioners and their encounters in working with clients with alcohol and other (AOD) use. They examined the gap in past research attempting to fill the gap and change the focus of research to the practitioner's perspective rather than the client problem perspective. They used a mixed method study distributing online surveys and focus groups to analyze how often social workers and social service practitioners encountered AOD use and what they perceived to be problematic use was. A major key finding was that children service social workers were more likely than other fields, such as; adult services, to encounter problematic substance use with



alcohol and other illicit drugs. Adult services encountered more problematic alcohol related issues. The study did well in the analyzation of current social service practitioners and their perceptions of problematic substance use among their specific areas of expertise but implicated a need for more AOD education for incoming practitioners. The implications of this study are relevant to substance use and child welfare because the highest number of practitioners with AOD use on their caseloads fall primarily on the children's services practitioners (Dance, Galvani, & Hutchinson 2014).

Bride, Kintzle, Abraham and Roman (2012) found that counselors treating client's substance use disorder believe motivational interviewing and contingency management to be effective treatments. Researchers used data collected by questionnaires of 345 substance abuse counselors working at private substance use treatment centers. One key finding from this study was that counselors perceived motivational interviewing as a more acceptable and more effective than contingency management. Another finding was that the counselors who were exposed to contingency management by a colleague were 100 times more likely to use contingency management. Researchers hypothesized the prior correlation was due to the contingency management being a required program intervention (Bride, Kintzle, Abraham & Roman, 2012).

Another study conducted by Ducharme, Knudsen, Abraham and Roman (2010) found that counselors had contradictory attitudes towards using contingency management. Researchers collected questionnaires from 1,959

substance abuse treatment counselors. The study revealed the counselors had more positive attitudes towards providing clients unidentified incentives than providing clients monetary incentives. Counselors had positive attitudes toward the statement regarding providing the client incentives and obtaining a positive client/counselor relationship. Counselors had negative attitudes toward the statement regarding providing tangible incentives to clients.

Since Buprenorphine was approved as an opioid treatment in 2002 by the U.S. Food and Drug Administration, some agencies have started to use it instead of methadone (Reickmann, Kovas, Macfarland & Abraham, 2011). Buprenorphine helps clients remain in treatment longer, reduce overdose, and lower the chance of misuse and withdrawal symptoms of opioids. A study conducted by Rieckmann, Kovas, Macfarland, and Abraham (2011) included a survey by 1093 counselors from 234 public treatment centers in 40 states that examined counselors view on utilizing buprenorphine for opioid addicts. The study conducted by Rieckmann and colleagues showed an 18 percent increase of counselors willing to answer questions about Buprenorphine and higher ratings of effectiveness and acceptability compared to similar studies. Counselors who rated Buprenorphine as acceptable and effective had specific training in working with Buprenorphine and had tenure in the field or were in recovery themselves. Counselors' education and personal preference on the 12-step model had little effect on their acceptability and effectiveness rates, however, the agency's utilization of 12- step model yielded low rates of acceptability and effectiveness

(Riechmann, Kovas, Macfarland & Abraham, 2011).

### Effective Treatment Modalities

The Substance Abuse and Mental Health Services Administration has identified different types of services that are effective in treating substance use disorders including individual and group counseling, inpatient and outpatient treatments, medication, 12-step programs, case management, and peer supports (Substance Abuse and Mental Health Services Administration, 2016). Common types of individual counseling used in the substance use field are cognitive behavioral therapy, motivational interviewing, contingency management, and the 12-step facilitation therapy.

Lundahl and Burke (2009) utilized four meta-analyses, including their own, to study the effectiveness and applicability of motivational interviewing. The researchers described motivational interviewing as “a treatment philosophy and a set of methods employed to help people’s intrinsic motivation by exploring and resolving ambivalence about behavioral change” (Lundahl & Burke, 2009, pg 1232). The study found that motivational interviewing was 10 to 20 percent more effective at decreasing substance use and risky behaviors and enhancing client engagement than no treatment at all and there was almost no change in effectiveness compared to other treatments such as cognitive behavioral therapy and 12-step programs. Another study conducted by Miller, Yahne and Tonigan (2003) found that there was no significant difference in substance use outcomes

for 208 inpatient and outpatient patients receiving motivational interviewing than those who did not receive motivational interviewing. The researchers did find the patients had increased abstinence from drugs, however.

Suchman, Decoste, McMahon, Rounsaville, and Mayes (2011) conducted a study focusing on The Mothers and Toddlers Program (MTP) a program which provides individual psychotherapy interventions and the effectiveness of its treatment plan. They conducted their study by exploring 47 mothers in an outpatient treatment facility who were parenting children between the ages of birth to 3 years. The study compared the MTP to the Parent Education Program (PE), which focuses on specific parenting technique and learning to enhance their skills, and they found that mothers who went through the MTP gained better reflective functioning, representation quality and caregiving behaviors than women who went through PE. The study did well in examining the benefits of clinical work with women than enhancing specific skills. The implications of this study are relevant to substance use and child welfare because more clinical modalities need to be implemented in substance use treatment (Suchman, Decoste, McMahon, Rounsaville, & Mayes, 2011).

#### Parental Substance Use Effects on Children

The Encyclopedia of Social Work (2008) discussed the effect of women drug abuse on children. Many women are unable to break an addiction to a substance such as alcohol, cocaine, or methamphetamine and may transfer the

addiction to their fetus, sometimes leading the child to be born with brain or other physiological detriments. A study by Substance Abuse and Mental Health Services Administration (SAMHSA) shows between 9% and 29 % of all children have encountered alcohol or drug abuse within their family. The impact of parental substance abuse on children is different among families. Some children are completely resilient to the exposure of alcohol or other drug (AOD) use. However, some children may encounter neglect or abuse from family members that use. Substance abuse is correlated with child neglect, domestic violence, child physical and emotional abuse, and incest and is prevalent in about two-thirds of the child services cases.

Itäpuisto (2014) conducted a study exploring whether or not the children of AOD using parents are receiving necessary attention throughout the outpatient treatment process. Seventeen professionals in substance abuse treatment in Finland were interviewed. This study discovered that children are rarely a part of the intake process and clients are typically only asked about the number of children they have and how old these children are. A key finding of this research was that the quality of the parenting skills and tools provided to AOD using parents are lacking the proper parenting interventions although children are directly affected by their parents AOD use. This study did well in examining the lack of parenting education in outpatient substance abuse treatment. It determined there is a need for substance use treatment which specifically focuses on parenting skills for AOD users. The implications of this study is

relevant to substance use and child welfare because it clarifies the need for parenting education to minimize the negative effects on children exposed to parental AOD use (Itäpuisto, 2014).

Another study conducted by Neger and Prinz (2015) explored the co-occurring effects of parental substance abuse and problematic child rearing. According to the 2012 National Survey on Drug Use, an estimated 7.5 million children, or 10.5% of the population 17 years of age and younger, live with at least one parent who abuses drugs or alcohol (Substance Abuse and Mental Health Services Administration, 2012). A key finding was substance abusing mother were more than two times likely to lose custody of their children than non-substance abusing mothers. Another key finding was that treating substance abuse without addressing parenting skills was proven not to be effective and vice versa, addressing parenting without treating the substance abuse was also not effective. The treatment of both must go hand in hand and can enhance the outcomes drastically. The study did well in examining the motivation level of mothers whose children are removed and their willingness to participate in treatment. The implications of this study are vital to substance use and child welfare since mothers with children are the leading group of individuals affected by substance use (Neger & Prinz 2015).

## Theories Guiding Conceptualization

### Ecosystems Theory

The eco systems theory focuses on all aspects of an individual's life which would contribute to their current situation. Eco systems theory provides a framework for examining all resources and their effects on the population. A key aspect of ecosystems theory is focusing on the person in their environment. Many women using substances are impacted by their environment by having a lack of access to employment, lack of family support, familial substance use, lack of parenting skills, lack of access to housing and shelters, lack of community support, and lack of medical, mental health services, and access to treatment.

Wahler and Otis (2014) conducted a study on the effects of social status, socioeconomic status, gender, and ethnicity, community inequality, and unemployment on substance use. All of these factors cause stress which in some instances can lead to substance use. They conducted a qualitative study examining secondary data analysis. A key finding was that low socioeconomic status and unemployment were leading factor in substance use among women. This study did well in examining the related stress factors contributing to substance use among Americans. The implications of this study are important to substance use and child welfare to assist in determining the leading factors to substance use and how they can be prevented (Whaler & Otis 2014).

A study conducted by Incerti, Henderson-Wilson, and Dunn (2015) explored the challenges a family has the potential of facing when exposed to

problematic substance use. This study attempted to fill a gap in research by studying what the effects of sibling AOD use were. They conducted their study by interviewing thirteen women between the ages of twenty-one and fifty-six who had a sibling/s with either current problematic AOD use or previous problematic AOD use. Researchers found three key themes in their study: Family strengths, Family challenges and Support. While exploring these themes researchers found that the siblings' problematic substance use not only affected the relationship between the sibling but also the relationships with the parents. This study did well in examining the problematic sibling AOD use and exploring which family relationships are affected by the use. This study also implied families are in need of more services which center on the family rather than only on the individuals (Incerti, Henderson-Wilson, & Dunn 2015).

### Feminist Theory

The feminist theory has been described by Mary Valentich (2011) as an implementation of revised ideologies and practices to reflect a woman's experience and the formation of new ways of thinking and practicing with women in mind. The feminist perspective is slowly growing in the world of substance use treatment but there is still a lack of evidence-based practices for women who suffer from substance use. Salter and Breckenridge (2014) found that women who were addicted to alcohol or other drugs had been unsatisfied with the drug treatment, in part, because the realities and needs of the women had been ignored. The study essentially found that women were less satisfied with co-



treatment facilities and more satisfied with treatment centers only serving women. A meta-synthesis study conducted by Hines (2012) found that substance abuse treatment should be unique to different genders. Specifically, the study found that women are more comfortable disclosing historical information, like sexual abuse or prostitution, without the presence of men. Also, women with substance use disorders preferred holistic approaches and the inclusion of their children in treatment.

A qualitative study analyzing 40 interviews and 37 follow-up interviews from 40 recovering heroin users compared the similarities and differences between men and women who have participated in formal outpatient or residential recovery programs (Neale, Nettleton & Pickering, 2014). The researchers compared the 'recovery capital' of women and men which includes social capital, physical capital, human capital and cultural capital that can be helpful in the recovery process. Specifically, social capital includes relationships, physical capital, includes income, investment property or other tangible monetary asset, human capital includes education or knowledge, skills, aspirations, and health, and cultural capital includes values and beliefs in relation to social norms. The study found that among social capital women had experienced more physical or sexual abuse than men and were more motivated to change for their children while. Among physical capital women were better off because they often received more support from family including housing. Human capital was low among men and women regardless of gender, however men tended to have

worse health due to drug use alone, women had worse health due to domestic violence, reproduction and self-harm. Cultural capital seemed higher compared other recovery capital, however, women worried about their body appearance.

Another qualitative study in which 48 different mother and daughter dyads, with one woman using crack cocaine, were interviewed found the different internal and external reasons women sought treatment and the barriers to women seeking treatment (Sterk, Elifson & Theall, 2000). The study compared 15 dyads with the mother and daughter using drugs, 18 dyads with a mother using drugs and 15 dyads with only the daughter using drugs. Out of all the women, 90 percent of the women had children, 75 percent of the women were single and 42 percent of the women did not have health insurance. Some of the external factors that led women to seek drug treatment were being court-ordered, a health or social service worker had intervened, they were pressured by people friends and family, and they were threatened by drug dealers or other drug users. Some internal factors identified for seeking treatment were becoming pregnant, they felt they hit rock bottom or they were “burnt out.” The women in this study identified barriers to receiving drug treatment such as not being able to get affordable treatment or being on a waitlist, less inpatient treatment centers for women and children are not allowed. Furthermore, many women preferred a holistic approach and disliked being treated as just a drug user with many restrictions on them. The women identified treatment needing a focus on their lives after they leave treatment (Sterk, Elifson & Theall, 2000).

Past studies have shown there are difference factors that affect the treatment received between women and men. There are also specific factors that lead women to seek treatment and prevent women from receiving effective treatment. This study seeks to add to the literature of the effective treatments for women who use substances and women who use substances and have children. Through the perceptions of substance abuse counselors at an inpatient women's facility, the study will look at the different treatment modalities that are used and effective in treating women.

### Summary

This section reviewed literature on the topics of substance abuse counselors' perceptions of effective treatment modalities. The section also reviewed literature of studies about effective treatments for substance abuse and how parental substance use affects children. The theories guiding the conceptualization for this study are ecosystems and the feminist theory.

## CHAPTER THREE

### METHODS

#### Introduction

This section discusses the methods and procedures that were taken to complete this research study. First, this section will address the design of the study, the sampling methods used, data collections and instruments, procedures, protection of human subjects, and methods for data analysis.

#### Study Design

The purpose of the study is to explore the substance abuse counselors' perception of effective treatments for women who have children. Specifically, the study utilized a qualitative design with open-ended questions to identify the effective treatment modalities among the women attending Prototypes located in Pomona. The substance abuse counselors were asked to discuss the treatments they utilize at Prototypes, their perceptions of what treatments are most effective for women who have children and the barriers to serving women with children.

This study used a qualitative design for collecting data. Two focus groups with fourteen substance abuse counselors in total were conducted at the Prototypes agency in Pomona. Two focus groups allowed for the most number of counselors to be included in the study. Utilizing two focus groups at the agency was suggested by the agency workers and supervisor in order to access the

most workers with concern to their work hours. The workers also suggested they would be able to stimulate each other in a group setting to generate a more in depth discussion. A quantitative design would not allow the counselors to formulate and discuss in depth their own perceptions of the effective treatments for the specific populations. The subjective views of the counselors are especially important to this study in order to focus on the specific treatments utilized at Prototypes. However, due to the utilization of the agency in Pomona, the results will not necessarily be a representative of all substance abuse counselors' perceptions.

### Sampling

The sample came directly from the agency named Prototypes located in Pomona, California. The sample was a non-probability sample of counselors who agreed to participate in the study. The researchers used a purposive sample by contacting a substance treatment agency's supervisor and asking to interview counselors. Since the purpose of the study is to examine substance use counselor perspectives on effective treatment modalities for women and children, substance use counselors will be chosen as they serve women and children. The sample criterion is set that each participant be a substance use counselor employed at Prototypes who have served women and children.

The sample size was 14 participants. The researchers visited the Prototypes facility on a January 18, 2017 and February 8, 2017 and conducted

two focus groups of substance abuse counselors employed at the facility. The sample excluded any clerical staff, management, support staff, mental health practitioner, or a demographic sampling criterion in terms of age, ethnicity, gender, level of education, years of experience as a counselor, and years of employment at Prototypes was not set.

### Data Collection and Instrument

The first focus group consisted of eight participants and the second focus group consisted of six participants who are substance abuse counselors employed at Prototypes. The data collected included variables of demographic information, as well as, the responses to the eight questions asked in the group setting. Demographic information including gender, age, ethnicity, highest level of education, title, and number of years worked as a substance abuse counselor was collected prior to conducting the focus group. An interview guide was utilized to ask open-ended questions to the participants. Participants were encouraged to elaborate on questions asked and responses, especially to elaborate off others' answers, as seen fit.

The participants were asked questions regarding counselors' views on substance use disorders, their training or education background on substance abuse counseling, their views on effective treatments for women and children and some barriers the women encounter at with treatment. The limitations to utilizing an interview guide was that they were subject to answering questions

designed by the researchers.

### Procedures

Researchers spoke with the administrator from Prototypes and asked to present the research topic to the substance use counselors. Researchers then met with the potential participants and gave them details about the research topic. Upon agreement from the substance abuse counselors at Prototypes agency in Pomona, the administrator gave approval to the researchers and provided them with a letter to confirm the research will be done at their facility. The researchers submitted the agency approval letter along with their research proposal to the IRB.

Once the IRB approved the research project researchers proceeded to gather data and arrange the focus groups. The focus groups were conducted during scheduled work hours as arranged by the administrator on January 18th and February 8st, 2017. The focus groups were held in a large conference room where employees attend their regularly scheduled staff meetings. The environment was an open and free space with snacks and water provided to them. The participating counselors were given an informed consent form and an audio consent form. Participants were also given a half sheet of demographic questions to fill in before the start of the focus group. The focus groups took approximately one hours and had a facilitator and a recorder. Jessica Mandizha, the facilitator, presented a question to the group and all participants had an opportunity to engage in conversation and discuss their viewpoints and ideas.

The focus group ended once all questions were presented and explored by the participants.

### Protection of Human Subjects

The researchers took all appropriate steps and followed all IRB procedures to ensure the protection of all substance abuse counselors who participated in the focus groups. All the counselors participated in the focus groups on a voluntary basis. All substance use counselors were given informed consent forms along with audio consent forms which gave permission to record the entire focus group session. Researchers advised the participants of the purpose of the study and what confidentiality entailed during the focus group. Since participation is voluntary counselors could have stopped at any time or refused to participate in the focus group at any time. Participants were advised of who is conducting the research, who is supervising the study, receipt of IRB approval, and who will have access to the results of the study one made for public viewing. No names will be used during this research and for the purpose of the study individuals will be identified only by a number between 1 and 14. Using numbers instead of names protects the confidentiality of the participants. The data obtained from the research is solely available to the researchers, stored on an audio recorder and USB drive, and once the research has been completed all data will be destroyed and any tangible recording device will be broken.



## Data Analysis

This study used a qualitative data analysis technique. The audio gathered during the focus groups was transcribed. All the transcribed information was coded in order to organize data and develop results. Coding the data will allow the researchers to identify meaning units and place them in categories. Data was transcribed by the researchers themselves to allow the researchers to become thoroughly acquainted with the content of the focus groups. While transcribing, researchers focused on categories, themes and patterns which emerged from the data. No personal identifying information was included in the transcript. The researchers used a journal during the focus groups to keep record of what transpired during the group process. The demographic variables were assessed using descriptive statistics, more specifically frequency distribution and measures of variability.

## Summary

This chapter discussed the methodology that was used in this study. The study was designed as a qualitative study that utilized an interview guide in a two focus group settings. This study used a convenience sample at the Prototypes agency in Pomona. The procedures in which the focus groups were assembled are presented was also covered in this chapter. Finally, data analysis and protection of human subjects for qualitative research was presented.

## CHAPTER FOUR

### RESULTS

#### Introduction

In this chapter, demographics and characteristics representing the substance abuse counselors interviewed in this study will be presented. Major findings, regarding the treatments they utilize at Prototypes Women's Center and their perceptions of what treatments are most effective for women who have children. The barriers to serving women with children will also be presented.

#### Presentation of the Findings

##### Demographics

The study sample included fourteen substance abuse counselors who completed the interview. Of the participants, thirteen counselors (92.9%) identified as female and one counselor (7.1%) identified as transgender female. The participants were of many different races or ethnicities including: 6 participants (43%) that identified themselves as Hispanic or Latino, 3 participants (21.4%) who identified as White or Caucasian, 2 participants (14.3%) that identified as African-American, one participant (7.1%) that was mixed both Hispanic and White, another one participant (7.1%) that was mixed Hispanic, African-American, White and Native American and finally, one (7.1%) that identified as Other.

The highest level of education was a professional degree and the lowest level of education was a high school degree. Of the participants, five (36%) have a bachelor's degree, three (21.4%) have some trade, technical or vocational training, two (14.3%) have an associate's degree, two (14.3%) have high school diplomas, one (7.1%) has some college and finally one (7.1%) has a professional degree.

Nine of the participants (64.3%) had only worked as a substance abuse counselor between one and five years. Two (14.3%) worked as a substance abuse counselor between 6 and 10 years. We then had one (7.1%) that worked between 11 and 15 years, one (7.1%) that worked between 16 and 20 years and one (7.1%) participant that had 20 years' experience as a substance abuse counselor. Additionally, over half of the participants (57.1%) identified as a Certified Alcohol Drug Counselors. Two participants (14.3%) indicated they were registered Alcohol Drug Trainees and four participants (25.6%) did not indicate if they were certified counselors at all.

#### Perceptions of Women who Use Substances

Substance abuse counselors were asked what their views were of women who use substances. A majority of the participants (78.5%) answered the question with reasons women use substances. For instance, one participant stated "My view on women who use substances vary in the sense where it can be brought on by all kinds of different demographics." (P5, Personal Communication, February 1, 2017) Specifically, six participants (42.9%) believed

the women had experienced trauma in their life. One participant stated “I believe they are women who need to be heard and for some reason they have a lot history, either trauma or some issues in their life.” (P3, personal communication, January 18, 2017) Another participant stated, “they’re [women] more easily exposed to different types of trauma, abuse, sexual, emotional, all the types of abuse.” (P5, personal communication, January 18, 2017)

Another perception of women who use substances reported by participants (42.9%) is that women use substances as a coping mechanism. For example, one participant stated “I think women who use substances use it as a solution because they have not learned any other solution in their life that’s sufficient enough to deal with whatever it is that their dealing with.” (P9, personal communication, February 1, 2017) Another participant said women’s substance use is “definitely a way of coping with their environment.” (P4, personal communication, January 18, 2017)

Three participants (21.4%) stated substance use is a learned behavior or prevalent among family members. Three participants (21.4%) also stated these women who use substances have unresolved mental health issues. One participant stated there is “usually undiagnosed mental health going on, or a lot of family dysfunction, a lot of trauma, or sometimes even family members are using with them.” (P10, personal communication, February 1, 2017)

Some participants’ answers to the first question indicated their perception of women who use substances was influenced by role as a mother. One

participant stated, “my view is it is a very sad state,” and further “when i say sad it’s not looking down on them, it is the sadness of a woman that is supposed to be that nurturer.” (P2, personal communication, January 18, 2017) Another participant said, in regards to working with this population, “we’re able to work with the whole family not just focus on working with woman herself and you know sometimes, for especially women, it’s difficult for them to come into treatment if they can’t bring their children.” (P5, Personal Communication, January 18, 2017)

### Most Effective Treatment Modalities

The substance abuse counselors were asked what treatment modalities they find to be most effective for mothers with substance use disorders. Almost half of the participants (43%) agreed that the holistic approach was the most effective treatment utilized with this population. Specifically, one participant explained “the modalities of treatment that I have known to be effective where the therapeutic, social model and the gender responsive model, modalities that take a holistic approach.” (P2, personal communication, February 1, 2017) Another participant explained, the holistic approach takes into consideration “their usage and their background,” and the counselor’s “never know what they’re going to internalize and what’s going to set them on their own path to recovery.” (P5, personal communication, February 1, 2017)

Another common treatment modality identified as effective is Motivational Interviewing. Four participants (28.5%) explicitly stated motivational interviewing

was effective and others explained that meeting the client where they are at is effective. One participant stated,

sometimes we can look at the client and have these expectations that they're bound to fail because we're setting them up for failure if they're not there yet, but if you can kind of catch them where they're at and change just a little, I think over time that growth is most efficient. (P9, personal communication, February 1, 2017)

Three participants perceived Trauma-Informed Approach and Peer supports were effective forms of treatment modalities for women who use. One participant stated, "I think a long-term treatment is needed for women with children, the trauma and unresolved issues that they come in with, need to be treated by building that trust level, reassuring and empowering her to let her know it's okay." (P4, personal communication, January 18, 2017) Other participants explained that self-esteem building was important for these mothers who suffer from substance use disorders. One participant stated that the therapeutic community was most effective for these women because "sometimes the best healthy interaction where they can give and receive is going to be from each other and not staff." (P 10, personal communication, February 1, 2017) Another participant said "specialized groups are one way to help them on their journey and they realize they are not alone and overcome the thought that other women have not done what they did." (P7, personal communication, January 18,

2017) Other participants specifically mention twelve-step classes as effective for women with children.

Case management was cited as one effective treatment model for mothers with substance abuse problems. One participant stated “case management, making sure that housing, entry and exit plan is being addressed, so we don’t have people leaving here with nowhere to go.” (p7, personal communication, January 18, 2017) One participant stated “everybody should be looked at as different and unique and everybody needs a different plan for their treatment and for the recovery. No one’s plan or recovery system should be the same.” (p14, personal communication, February 1, 2017)

#### Reasons Treatments are Effective

The substance abuse counselors were asked what they believed made the treatments effective for this particular population. Six participants explained the treatments utilized with mothers are effective because of they are aware of their gender or the Gender Responsive Approach they use. One participant explained, “when you are speaking of gender responsive that means I’m thinking of the woman and I’m specifically identifying the treatment for her.” (P2, personal communication, January 18, 2017) Another participant stated “you have to approach both genders different and different population differently and be open minded and sensitive to their needs.” (P8, personal communication, January 18, 2017) Other participants spoke of the nurturing environment that is often used when working with this population.

Three participants explained that utilizing the holistic approach was the reason the treatments were effective when working with this population. Particularly, one participant stated, “we do have to meet a client where they’re at and, I would say, that individual place regardless if they’re a woman, man or transgender. It’s based on the individual.” (P12, personal communication, February 1, 2017) Another participant stated “I think addiction is addiction, I mean you have to treat the individual and the disease at the same time.” (P11, personal communication, January 18, 2017)

Some participants (35.7%) attributed the effectiveness of treatments to their ability to help women overcome the stigma placed on mothers using substance. One participant explained,

women are nurturers, women are caregivers, and they want to do that role and it’s like there’s a lot of shame involved because they haven’t been meeting up to what society thinks they should be, because they’ve been on drugs. And in a safe nurturing environment they can learn to become that, if that’s the kind of role that they want. (P10, personal communication, January 18, 2017)

Two participants specifically spoke about peer support aiding the reduction of the stigma. One participant stated,

12-step recovery seems to work best in that nature because they don’t feel ashamed so maybe that is good for mothers with children. They can



go into a meeting room and not feel ashamed because somebody else has been twice that bad. (P9, personal communication, February 1, 2017)

### Parental Substance Use and Effects on Children

The substance abuse counselors were asked what their views were on the effects of parental substance use. Six of the participants identified parental substance use as being generational and being a learned behavior. These participants believe that a majority of children who witness their parents using will become substance users during their lifetime. These same six participants believe the children's future will be directly impacted if the substance using cycle is not broken. (P7, personal communication, February 1, 2017)

The children's emotional well-being is directly impacted by their parents substance use. Four of the counselors also stated the children are emotionally affected by the parents' substance use. Each counselor gave a response suggesting the children begin to question their own self-worth or compare themselves to the drug of choice. One participant stated,

it instilled fear that's going to manifest for these kids later growing up, its underlying somewhere they're gonna be driven by fear whether they're not good enough, what people think of them, all those worries and those concerns of having an addicted parent they internalize (P11, personal communication, February 1, 2017).

Three of the counselors stated children's self-esteem will be impacted and they will behave according to their low self-esteem as they get older.

One of the participants mentioned children become “parentified” as they learn to take care of themselves. The same counselor explained children who are exposed to parental substance use are more susceptible to abuse; mental, emotional, and physical abuse, especially domestic violence. This participant explained,

children become more susceptible to the dysfunction. They become susceptible to domestic violence. They become more acceptable to what are not your norms, due to the dysfunction in the home, due to the substance abuse and children are definitely exposed to more abuse, more trauma, and violence. (P8, personal communication, January 18, 2017)

One participant emphasized the fact that children may have mental health issues and behavioral issues caused by their parent’s substance use but often times these issues are not identified as having a direct correlation with the parental substance use. (P1, personal communication, January 18, 2017)

#### Differences Between Voluntary and Involuntary Clients

The substance use counselors were asked if they noticed a difference in treatment outcomes between voluntary and involuntary clients. Four counselors believed there was no difference in treatment outcomes between the two, instead they believed the only difference between the voluntary and involuntary clients was the cause of them being admitted into treatment. One participant stated, “I haven’t seen a difference just their consequences, I think would be different between a walk-in client than a client who comes from jail, their consequences

are different.” (P5, personal communication, January 18, 2017) Some clients are court ordered to enter treatment while other clients voluntarily admitted themselves. However, three counselors noticed that some voluntary clients are more willing to accept and participate in treatment. Five counselors (36%) believed the client’s own motivation level determined their treatment outcome. They believed that a client whether they be voluntary or involuntary would experience success in their treatment if they had enough self-motivation to set their own goals and work to achieve them.

#### Differences Between Women with Children and Women without Children

The substance use counselors were asked whether they noticed a difference in treatment outcomes between women with children and women who did not have children. Five participants did not believe or have seen a difference between the two during the time they have practiced. One participant has witnessed women with children becoming very overwhelmed with parenting upon completion of the program and they return to treatment after they relapse from the pressure of parenting without assistance. This participant stated, “I’ve seen women lose their children again, not once but twice or three times because it is just overwhelming because they haven’t had the opportunity to take care of them and what we do is we insist that this is what they should be doing.” (P2, personal communication, January 18, 2017) Also, one participant stated women without children return to treatment after a relapse or returning to their old environments. Similar to the differences between voluntary and involuntary clients, 14% of the

counselors believe it depends on the motivation level of the individual to determine the success of their treatment and whether or not they have gained enough skills along with their motivation to continue living in sobriety outside of treatment.

### Treatments Used for Mothers Versus Women without Children

The substance abuse counselors were asked if there is a difference in treatment modalities used for women with children and women without children. At Prototypes, all women regardless of whether they are parenting or not have to participate in parenting classes and/or assist in the on-site daycare and learn parenting skills. Two of the participants identified parenting classes for all individuals as a treatment modality which has proven to be successful for the clients who enter prototypes. Two participants also identified mothers as having specialized group specifically focused on women with children. These groups include; mommy and me classes, Parent Child Interaction Therapy (PCIT), and family therapy. Two participants believed that the most effective part of providing the appropriate treatment modalities is to have individualized treatment plans for each client and providing services to the client according to this plan. One participant stated, “when we meet with the client and talk to them and they really open up we find out okay these are the areas or issues that they need to focus on as an individual and that’s how we do the treatment plan based on what their needs are.” (P4, personal communication, January 18, 2017) Twenty nine percent of the participants believe that the women who have their children on site

with them during their treatment process benefit more from the groups and parenting classes offered to them. These parents are able to practice what they are learning with their biological children and, in some cases, work on their Child Welfare case at the same time.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

This chapter will discuss the major findings presented in chapter 4. The limitations of the study and recommendations for social work practice, policy and research will also be discussed. The chapter will conclude with a summary of findings and implications for social work practice discovered through this research.

#### Discussion

The demographics of the participants were diverse in race, highest level of education, and the amount of years of experience. All of the participants were female. The results of the study found that nearly half of the substance use counselors believe that women use substances because of past trauma and as a coping mechanism to deal with their environment. Salter and Breckenridge (2015) found similar results in their analysis of 16 female and male participant interviews with substance use disorders. One participant stated that women with addiction are usually aware they have this issue because of past trauma or an unpleasant childhood. Giordano, et al. (2016) surveyed 121 participants from thirteen outpatient substance abuse facilities and found that 85% of men participants and 85% women participants were exposed to at least one traumatic

experience. Also, women participants were more likely to experience trauma related to sexual assault. Research by Ford et al. supports that there is often comorbidity of Posttraumatic Stress Disorder and Substance Use Disorders (as cited in Weis, 2010, p.27). Although six participants identified trauma as a main precipitator of substance use disorders among women, only three participants identified trauma-focused approach to treatment as an effective modality.

Although the types of treatments identified as most effective for women with children varied, half of the participants agreed the holistic approach is most suitable for this population. This finding is consistent with previous research that found many women with substance abuse issues prefer the holistic approach (Linton, 2009; Sterk, Elifson & Theall, 2000) Linton et al. (2009) found that women seeking treatment preferred the holistic approach that involved bringing their children to treatment with them. Sword et al. (2009) used a quantitative and qualitative meta-synthesis to find that integrated treatment programs were an effective way to treat women. The study found that women improved self-esteem, gained personal responsibility, created social networks and developed a sense of motherhood when utilizing the holistic approach.

Nearly half of the substance abuse counselors identified that the client-centered approach was effective when working with people with substance use disorders. Some counselors identified that an individualized plan was essential in respect to treating women with children and women without children. The counselors frequently spoke about meeting the client where they are and

creating a treatment plan with their client rather than for their client. These findings are consistent with previous literature (Linton, 2005). Linton describes one of the benefits of using a client centered approach is that the clients are motivated to change by setting their own goals in treatment. Some participants discussed treatment outcomes being the result of an individual's motivation. Only three participants mentioned motivational interviewing as an effective treatment, even though research has shown it is effective when working with people with substance use disorders (Lundahl & Burke, 2009).

Most participants in this study believe that the treatments provided to women with children are effective because they are gender responsive. Similar to studies previously mentioned in the literature review, a woman only facility is conducive to a woman's recovery (Hines, 2012; Salter & Breckenridge, 2015). The feminist theory and gender response approach has taken into consideration the idea that different genders have different needs and treatment plans should look different. Specifically, Neger and Prinz (2015) found that treating substance abuse without addressing mothers parenting was not effective to their treatment.

The last finding of this study is that substance abuse counselors believe parental substance use is a generational issue that will be passed down to their children. The children of parents who use substances are more likely to use substances than those children who are not exposed by their parent. This result was consistent with previous literature (Bailey, Hill, Oesterle, & Hawkins, 2006). Bailey, Hill, Oesterle, and Hawkins (2006) conducted research examining



generational substance use among three generations. The researchers found that the first generation's substance use was significantly related to the second generation's substance use.

### Limitations

One major limitation of this study is the small sample size of 14 substance abuse counselors employed at one agency in the City of Pomona. The sample may not be a representative of all substance abuse counselors in other geographical areas. Similarly, the perceptions of these participants regarding women with substance use issues may not be representative of all substance abuse counselors. Another limitation is the study's sample consisted of only female participants, including one participant who identified as a transgendered female, leaving out the perceptions of male or transgendered male substance abuse counselors. Thus, the perceptions presented in this study are not representative of all substance abuse counselors.

### Recommendations for Social Work Practice, Policy and Research

As evidenced by the findings in this study, substance abuse counselors use a holistic approach when working with women who use substances. Social workers should keep in mind that an individual's entire environment and past experiences have shaped the decisions they make during the present and the future. Using a holistic approach allows social workers to gain a better

understanding of all the systems involved in an individual's life and all the circumstances and trauma an individual is exposed to in their everyday environments. It is critical to be aware of the importance of the ecosystems and what affect they have on the clients. While assessing the client's environment social workers should keep in mind the importance of family relationships and the effects of substance use on the children. Social workers should strive to keep women with their children or in contact with their children while they are in treatment and while they continue in their recovery outside of treatment. Offering services to the children impacted by parental substance use is recommended to assist in breaking a substance using cycle.

To allow the social workers to fully understand the needs of this population they must understand what treatments are proven to be effective in producing successful outcomes for individuals in recovery. Thus, social workers can provide appropriate treatment, services, and resources to women and their children while they battle the cycle of addiction. Furthermore, by taking into consideration the effective treatment modalities substance use counselors are currently using, social workers can provide services to substance using clients and their children in a multitude of settings, thereby resulting in the enhancement of services and allowing clients to receive the appropriate services in settings other than treatment facilities.

In addressing the most effective treatment modalities when working with women who are parenting and using substance, current evidence about

treatment programs for women with children is very limited. Further research is needed to add substance using programs in all entities of social work and to improve on the programs which are already in place. Furthermore, policy regarding effective treatments for substance using women should be broadened and offered in multiple entities throughout the social work field. According to the National Associations of Social Work understanding the importance of human relationships is important when addressing not only the women but also the children when creating and implementing policies.

### Conclusions

The study explored the most effective treatment modalities for women with children through the perceptions of substance abuse counselors at one substance use treatment agency. The substance abuse counselors perceived the holistic approach and client centered approach as most effective for women with substance abuse issues. It is hoped that this study will assist social workers in increasing their competence level and knowledge of effective treatment modalities when working with mothers who use substances. Understanding the effects of parental substance use will allow social workers to develop and implement the most appropriate treatment plan for both the women and their children.

APPENDIX A  
INTERVIEW GUIDE

#### Interview Guide

1. What is your education/training background on substance abuse counseling?
2. What are your views about women who use substances?
3. What treatment modality do you find to be most effective for mothers with substance abuse disorders?
4. What do you think makes this treatment more effective with this population than other treatments?
5. What are your views on the effects of parental substance use on children?
6. In your practice have you noticed a difference in treatment outcomes between voluntary clients and involuntary clients?
7. In your practice have you noticed a difference in treatment outcomes between women with children and women who do not have children?
8. Is there a difference in the effectiveness of treatments for women with children versus women without children?

Developed by Sally Irene Gonzales and Jessica Monique Martinez

APPENDIX B  
INFORMED CONSENT



California State University, San Bernardino  
Social Work Institutional Review Board Sub-Committee  
APPROVED 12/19/17 VOID AFTER 12/18/19  
IRB# SW 1704 CHAIR Janet Chang

College of Social and Behavioral Sciences  
School of Social Work

**INFORMED CONSENT**

The study in which you are asked to participate is designed to examine effective treatment modalities for substance using mothers. The study is being conducted by Jessica Mandizha and Sally Gonzales, MSW students under the supervision of Dr. Janet Chang, Professor in the School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Sub-committee, California State University, San Bernardino.

**PURPOSE:** The purpose of the study is to examine the substance use counselors' perception of effective treatment modalities for women with children.

**DESCRIPTION:** Participants will be asked four demographic questions and eight questions on the effectiveness of different treatment modalities, current best practices, success rates, and the effects of substance use on parenting. Discussion will take place in the form of a focus group.

**PARTICIPATION:** Your participation in the study is completely voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

**CONFIDENTIALITY OR ANONYMITY:** Your responses will remain anonymous and data will be reported in group form only.

**DURATION:** The focus group will last approximately 1-2 hours in length.

**RISKS:** The immediate risks that are foreseen during this study are the researcher's inability to secure full confidentiality utilizing a focus group method. The researchers can explain confidentiality and ask that participants do not repeat what has been disclosed during the focus group.

**BENEFITS:** There will not be any direct benefits to the participants.

**CONTACT:** If you have any questions about this study, please feel free to contact Dr. Janet Chang at 909-537-5184.

**RESULTS:** Results of the study can be obtained from the Pfau Library ScholarWorks (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after December 2017.

This is to certify that I read the above and I am 18 years or older.

\_\_\_\_\_  
Place an X mark here

\_\_\_\_\_  
Date

909.537.5501 • fax: 909.537.7029 • <http://socialwork.csusb.edu/>

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

The California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles  
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

APPENDIX C  
DEMOGRAPHICS FORM



Demographics:

1. To what gender identity do you most identify?
  - a. Female
  - b. Male
  - c. Transgender Female
  - d. Transgender male
  - e. Prefer not to answer
  
2. To what race/ethnicity do you most identify?
  - a. Hispanic/Latino
  - b. Black/African American
  - c. White/Caucasian
  - d. Asian American/Pacific Islander
  - e. Native American/American Indian
  - f. Middle Eastern
  - g. Other
  
3. What is your highest degree or level of education you have completed?
  - a. High School Graduate
  - b. Trade/Technical/Vocational Training
  - c. Associate's Degree
  - d. Bachelor's Degree
  - e. Master's Degree
  - f. Professional Degree
  
4. How many years have you been a substance abuse counselor?
  - a. 1-5 years
  - b. 6-10 years
  - c. 11-15 years
  - d. 16-20 years
  - e. more than 20 years

APPENDIX D  
INSTITUTIONAL REVIEW BOARD APPROVAL

**CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO**  
**SCHOOL OF SOCIAL WORK**  
*Institutional Review Board Sub-Committee*

Researcher(s) Sally Gonzalez & Jessica Mandelzhan  
Proposal Title Substance Use Counselors' perceptions of  
Effective Treatment Modalities for Women & Children  
# SW 1704

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

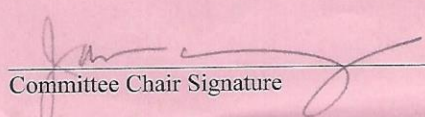
-----  
Proposal is:

- approved  
 to be resubmitted with revisions listed below  
 to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- faculty signature missing  
 missing informed consent  debriefing statement  
 revisions needed in informed consent  debriefing  
 data collection instruments missing  
 agency approval letter missing  
 CITI missing  
 revisions in design needed (specified below)

- Better to have a Separate Demographic information sheet.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
Committee Chair Signature

12/19/16  
Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

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## ASSIGNED RESPONSIBILITIES

This was a two-person project where authors collaborated throughout.

These responsibilities were assigned in the manner listed below:

1. Data Collection:

Team Effort: Sally Gonzales and Jessica Martinez

2. Data Analysis:

Team Effort: Sally Gonzales and Jessica Martinez

3. Writing Report and Presentation of Findings:

a. Introduction and Literature Review

Team Effort: Sally Gonzales and Jessica Martinez

b. Methods

Team Effort: Sally Gonzales and Jessica Martinez

c. Results

Team Effort: Sally Gonzales and Jessica Martinez

d. Discussion

Team Effort: Sally Gonzales and Jessica Martinez