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EXPLORING THE EFFECTS OF SUBSTANCE USE DISORDER ALCOHOL USE DISORDER TREATMENT SERVICE BARRIERS

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EXPLORING THE EFFECTS OF SUBSTANCE USE
DISORDER/ALCOHOL USE DISORDER
TREATMENT SERVICE BARRIERS

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
Erica Vanderhyde
August 2022

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ABSTRACT

This project will focus on Substance Use Disorder/Alcohol Use Disorder (SUD/AUD) treatment service barriers in the rural desert communities of Yucca Valley, Joshua Tree, and Twentynine Palms, CA.

This project follows the concepts of the positivist paradigm. Because of this, the author primarily collected quantitative information. The author gathered data through snowball and convenience sampling utilizing local personal social connections and posting her questionnaire on Facebook. Study participants entered their answers into a self-administered questionnaire on Qualtrics. After completing data collection utilizing Qualtrics, the author examined the frequency analysis of the demographic statistics and key variables by exporting the data to SPSS. Results of the study were analyzed using the concepts of univariate analysis only (frequency analysis), because the study sample is smaller than anticipated.

The results of this project impact the SUD/AUD field on micro and macro levels. On the micro level, these implications help decrease stigmatization. On the macro level, these findings implicate a possible need for program development, expansion, and/or easier access to SUD/AUD treatment services.

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CHAPTER ONE

ASSESSMENT

Introduction

The purpose of chapter one is to discuss and explore different concepts of this projects assessment stage. First, chapter one will discuss the authors research focus. Second, the author will explore the paradigm she has chosen to utilize for this project. Third, chapter one will discuss different aspects of the literature review. Fourth, chapter one will describe the theoretical orientation guiding this research and the potential contributions of the research to social work practice. Last, chapter one will review and summarize major themes that were covered in chapter one.

Research Statement/Focus/Question

This study will focus on barriers to treatment for individuals with substance use disorder (SUD) and alcohol use disorder (AUD) living in a rural community in Southern California. SUD and AUD occur when an individual's use of substances or alcohol leads to significant impairment. According to the Diagnostic Statistical Manuel of Mental Disorders-5 (DSM-5) individuals are diagnosed with a SUD and/or AUD if they exhibit 2 of the 11 symptoms of the disorder (American Psychiatric Association, 2013).

In 2019, 19.3 million individuals 18 and older were diagnosed with a SUD (Substance Abuse Mental Health Services Administration, 2020). Also in 2019, 14.3 million individuals aged 18 and older were diagnosed with an AUD (Substance Abuse Mental Health Services Administration, 2020). Many individuals diagnosed with SUD and/or AUD do not receive treatment. Although barriers to treatment are present in any community, rural communities present a unique set of barriers. Individuals in rural communities also face treatment services may not being available in the area (Pollen & Oser, 2014), a lack of confidentiality (Pollen & Oser, 2014), and a lack of access to transportation (Pollen & Oser, 2014).

Identifying and addressing barriers to treatment is important because of the negative consequences individuals and society encounters when they do not receive treatment. Individuals who do not receive the treatment can develop serious physical health issues and mental health issues (Schulte & Yih – Ing, 2014). They are also more likely to become homeless, drive while under the influence, and commit violent crimes than people who do receive treatment (Hakansson & Jesionowska, 2018). Untreated SUDs and AUDs also affect society through things like high costs rates from individuals visiting the emergency room (Peterson et. al., 2021).

Paradigm and Rationale for Chosen Paradigm

This study will adopt the positivist paradigm. The positivist paradigm makes three assumptions about research (Morris, 2013).

The first assumption of the positivist paradigm is that actuality is objective. The positivist paradigm allows researchers to explore aspects of an individual's life. Positivist questionnaires allow researchers to identify relational connections within the issue being explored (Morris, 2013).

The second assumption of this paradigm is that the researcher is impartial. This does not change the execution of the study. Positivist researchers remain impartial by not letting their preconceived thoughts effect the results of the project (Morris, 2013).

The third assumption is that the researcher will collect quantitative data. Quantitative data is completed by the study participants providing answers to questionnaires (Morris, 2013).

The author has chosen to adopt the positivist paradigm because it allows researchers to explore encounters that various individuals have. The author has also chosen the positivist paradigm because the study participants can submit their answers to the author through a questionnaire. (Morris, 2013). This will allow the author not to have to be in the same room.

Literature Review

The purpose of this section is to discuss and explore different aspects of the SUD and AUD sociological phenomenon in the literature. First, the literature review discusses the prevalence rates of SUD and AUD. Second, the literature review explores contributors to the SUD and AUD sociological phenomenon. Third, the literature review discusses the consequences of SUDs and AUDs. Lastly, the literature review explores existing SUD and AUD interventions.

Prevalence

In 2019, 4.8 million individuals between the ages of 18-25, and 14.5 million individuals 26 and older were diagnosed with an SUD diagnosis. Also in 2019, 3.1 million individuals between the ages of 18-25, and 11 million individuals older than 26 were diagnosed with an AUD diagnosis (Substance Abuse Mental Health Services Administration, 2020).

In 2019, 40,000 individuals between the ages of 18-25 and 190,000 and individuals aged 26 and older tried to obtain treatment services. Though individuals try to obtain treatment, they might not always be successful at doing so because of the treatment service barriers they encounter. (Substance Abuse Mental Health Services Administration, 2020).

SUD and AUD Treatment Barriers

The literature has identified several contributors/barriers to treatment service barriers of SUD/AUD.

Rural Area Barriers. The first treatment service barrier found was treatment services may not be available in the area. This is because rural areas may not be as developed as urban areas. Underdeveloped rural areas can prevent individuals from obtaining SUD and AUD treatment services because they may not have important necessities that could include mental health treatment service facilities. (Pollen & Oser, 2014).

The second treatment service barrier that was found was a lack of confidentiality in rural towns. Because rural towns are small, individuals may be identified in group sessions (Pollen & Oser, 2014). Individuals may also be identified while entering the SUD and AUD treatment service building. Being noticed in while at the treatment service facility may prevent individuals from receiving services because they do not want others to know they have an SUD or AUD diagnosis.

The third SUD and AUD treatment service barrier that was found was SUD and AUD exists in rural towns because of a lack of access to transportation. Individuals may not have their own transportation and have to utilize public transportation to travel to and from SUD and AUD treatment service facilities. However, because the individual lives in a rural area, there may not be many or any public transportation options available to them. Not having easy access to public transportation prevents individuals from receiving treatment services because they have no way of going to the facility (Pollen & Oser, 2014).

Societal Barriers. Lastly, the fifth treatment service barrier found was a lack of funding provided to SUD and AUD treatment service providers by insurance companies. The treatment service facility may not receive any or full treatment services because the individual's insurance provider does not pay for all of the services the individual needs. This makes the individual have to pay high-out-of-pocket fees (Harwood, 2017). Having to pay the high-out-of-pocket fees, may cause the individual to reconsider beginning or staying in SUD and AUD treatment services.

Consequences of Treatment Barriers

An individual may be experiencing one or more treatment service barriers that is too challenging to overcome. Because of this they now face the consequence of not being able to not access SUD/AUD treatment services. Not accessing treatment services prevents them from receiving the help they need (Rapp et. al., 2006).

Individual SUD/AUD Consequences. The first consequence of the untreated SUD and AUD that an individual may experience is that their physical health may be negatively impacted. This is because consuming substances and alcohol increases the likelihood that an individual may experience a new medical symptom(s). Individuals who consume too many substances and alcohol are more prone to encounter symptoms of or become diagnosed with cardiovascular disease, heart disease, blood pressure issues, heart attacks, cardiac arrest, hypertension, cerebrovascular accidents, strokes, different types of cancers,

respiratory illnesses, HIV, Hepatitis C and/or AIDS. (Schulte and Yih – Ing, 2014).

The second consequence of untreated SUD and AUD that an individual may encounter is that they can become diagnosed with a co-occurring mental health disorder. Though some individuals could already have a mental health diagnosis pre-SUD and AUD diagnosis, others may develop one after consuming too many substances and alcohol. Individuals who consume substances are more likely to be diagnosed with an Anxiety Disorder or PTSD than individuals who do not consume substances. Individuals that have a SUD have an increased likelihood of also becoming diagnosed with a Mood Disorder such as Major Depressive Disorder and Bipolar 1 and 2 Antisocial Personality Disorder. (Schulte & Yih – Ing, 2014).

The third consequence of untreated SUD and AUD is that substance use may affect the individual's employment status. This is because individuals addicted to alcohol may work while being hungover, consume alcohol while working, or work while being intoxicated. Individuals who are addicted to substances may consume them while working. Participating in these activities may affect an individual's employment status because one's ability to work effectively is altered (Proctor & Herschman, 2014).

The last consequence of untreated SUD and AUD an individual may experience is overdosing and dying. Individuals diagnosed with an AUD and SUD are 10 – 14 times more likely to die by suicide and are also more likely to

engage in suicidal actions such as overdosing. This is because substances affect an individual's decisions and impairs their impulse control (Esang & Saeed, 2018). Because substances and alcohol reduce an individual's impulse control abilities, they may act on their suicidal ideations they already had after consuming substances and/or alcohol.

Individual and Societal SUD and AUD Consequences. The first individual and societal consequence of untreated SUD and AUD is increased likelihood of committing a crime and being incarcerated. Individuals may be sentenced to prison for committing violent crimes while intoxicated. Violent crimes have been identified as and encompass attacks and/or killings. In addition to committing violent acts while intoxicated, these individuals may commit crimes of stealing, shoplifting, or breaking and entering in order pay for the substance (Hakansson & Jesionowska, 2018).

The second individual and societal consequence of untreated SUD and AUD is individuals may obtain a DUI. An individual receives a DUI when they are driving under the influence. Driving under the influence occurs because an individual may not realize how many substances or alcohol, they previously consumed. This then causes the individual to receive a DUI for potentially harming themselves or someone else or themselves while traveling to their next location. (Martin et. al., 2014).

The last individual and societal consequence of untreated SUD and AUD is homelessness. Consuming substances and alcohol can prevent individual from

obtain and/or maintaining employment as well as prevent them from properly taking care of their finances. Not properly maintaining finances prevents them from being able to pay bills and can lead individuals to lose their homes (Thompson et. al., 2013). Dealing with being homelessness on a daily basis, in turn, may cause an individual to overdose or take their own life.

Societal Consequences. A society consequence of SUD and AUD is a high cost of other types of treatment. In 2017, the cost of SUD hospital medical treatment services in the US was 13.2 billion dollars. Also in 2017, the cost of AUD hospital medical treatment services in the US was 7.6 billion dollars (Peterson et. al., 2021).

Existing Interventions or Prevention Measures

Funding Interventions. In previous years, legislators passed policies to help reduce treatment service costs. In 2008, the Mental Health Parity and Addiction Equity Act (MHPAEA) was enacted. MHPAEA decreased the costs of mental health and substance abuse treatment services (Druss & Goldman, 2018). In 2010, the Affordable Care Act made it mandatory for insurances to recognize the importance of psychological and substance abuse treatment services coverages being offered to individuals as a necessity (Druss & Goldman, (2018).

Funding Setting Interventions. One way individuals can receive treatment services, if they have enough funding, that also reduces treatment service barriers such as transportation is residential services. Residential treatment services provide inpatient treatment services to individuals diagnosed with SUD

and AUD diagnosis (McCarty et. al., 2014). Individuals residing in residential facilities receive clinical treatment services for their SUD diagnosis while going through different levels of care. These levels of care consist of detoxification, residential, partial hospitalization program (PHP), and intensive outpatient services (IOP). These level of care treatment services lengths can vary depending on the individual's needs (Proctor & Herschman, 2014).

Summary

This literature review identified common SUD and AUD treatment service barriers in rural communities. However it is unclear how pervasive these barriers are. The literature discusses generalities of rural communities but there are different types of rural communities. It is uncertain that the treatment service barriers that the author found in the literature review apply to the community the author will be studying, a rural desert community. This study will therefore seek to fill this gap, identifying common barriers to SUD/AUD treatment in a rural desert community and identifying how pervasive those barriers are.

Theoretical Orientation

The framework of the Health Belief Model (HBM) was first developed in the 1950s and has been further developed over time (Sheeran & Abraham, 2015) to explore why individuals may or may not access health care related treatment services (Orji et. al., 2012). Because the HBM explores individual's reasons for

and not for accessing treatment services on a micro and macro level, the HBM is the theoretical orientation for this research project. It proposes that there are four concepts as to why individuals may or may not access treatment services on micro and macro levels.

The first concept of the HBM is the individual's thoughts on how likely it is that the issue will affect them. Individuals access treatment services if they think are prone to experiencing adverse health related consequence from their issue. An individual thinking they are prone to experiencing a bad health consequence will further increase the chance they will go and obtain treatment. (Orji et. al., 2012).

The second concept of the HBM is the individual's thoughts on if the issue will negatively affect them. There is a higher chance that individuals will access health care related treatment services if they believe the health consequence risk is high. If the individual thinks the issue will not have a bad consequence on their health they may not access treatment services. (Orji et. al., 2012).

The third concept of the HBM is individual's may access treatment services if they see positive outcomes from obtaining treatment services. If the individual thinks an adverse health consequence will come from their issue, then they think that obtaining treatment services will be good for them. If they do not think there will experience an adverse health consequence then they may think it is not worth it to obtain treatment services. (Orji et. al., 2012).

The fourth concept of the HBM is that challenges may prevent individuals from accessing treatment services (Orji et. al., 2012). An individual may want to obtain services, but they have to overcome one or more challenges to access treatment services (Orji et. al., 2012). Individuals face challenges such as funding, scheduling conflicts, (Abraham and Sheeran, 2015) and having to commute further to the service providers location (Pollen & Oser, 2014). Because of having to overcome one or more challenges the individual may decide not to proceed with getting the help they need. (Orji et. al., 2012).

The HBM model was further developed by Rosenstock (Orji et. al., 2012). Rosenstock added two additional concepts to the HBM which are the individual: Realizes they have to change (Sheeran & Abraham, 2015), and they are convinced they can change (Bandura, 1977 as cited in Orji et. al., 2012). The first addition was the individual realizes they have to change. Something may make the client realize they need to change, thus increasing the chance they will access treatment services. If nothing makes them realize they need to change (Sheeran & Abraham, 2015), they may not access treatment services. (Sheeran & Abraham, 2015).

The second addition to the HBM was they are convinced they can change. If an individual thinks the change is doable and they need to change there is a higher chance they will change. If an individual thinks the change is not do able and they do not need to change they might not make changes. (Bandura, 1977 as cited in Orji et. al., 2012).

Potential Contribution of the Study to Micro and/or Macro Social Work Practice

Micro Contributions

The micro contribution the author hopes this project will make is a reduction of stigmatization. Stigmatization is an individual being seen as inferior within society and it occurs because of a lack of understanding on the subject matter (Zwick et. al., 2020). These misunderstandings occur within society for two reasons (Kelly et. al., 2010). The first reason stigmatization occurs is because some individuals in society think the individual diagnosed with an SUD and/or AUD should easily be able to stop consuming substances. The second reason stigmatization occurs is because individuals with SUD and/or AUDs in society are still being seen as merely abusing substances instead of being diagnosed with a disorder. (Kelly et. al., 2010). The author hopes that identifying and exploring treatment service barriers will help society understand the complexity of SUD and AUD disorders and reduce stigmatization towards individuals that have been diagnosed with a SUD and AUD disorder.

Macro Contributions

The macro contribution the author hopes to make is that it will allow agencies to take steps to helping individuals overcome treatment service barriers. Identifying these treatment service barriers may give agencies additional insight as to why individuals may not obtain treatment. This information may help them generate new resources to help individuals receive treatment services.

Summary

Chapter one discussed and explored different aspects of the assessment stage of the author's research project. First, chapter one discussed that the author's research focus for this project is SUD and AUD treatment service barriers. Second, chapter one explored different aspects, and assumptions of the post positivist paradigm and why the author has chosen to use it for this project. Third, chapter one reviewed the literature on SUD and AUD. Fourth, chapter one explored the health belief model and why the author chose it to be the theoretical orientation for this project. Lastly, chapter one discussed potential micro/macro contributions to social work the author hopes this project will make.

CHAPTER TWO

ENGAGEMENT

Introduction

The purpose of chapter two is to discuss and explore how the author engaged with gatekeepers and study participants during the engagement stage. First, chapter two discusses the services and characteristics of the study site with which the author engaged. Second, chapter two explores the different engagement strategies the author utilized while engaging with gatekeepers at the study site. Third, chapter two discusses how the author prepared to collect data information. Fourth, chapter two discusses diversity, ethical, and political issues that the author may encountered. Lastly, chapter two explores how technology was utilized throughout the research project.

Study Site

Instead of utilizing an agency as a study site, the author will gather study participants through local Facebook groups, personal social connections and their networks. According to Ryan et. al. (2014), Facebook is a website where individuals can connect with others. This will allow the author to connect with additional individuals in Yucca Valley, Joshua Tree and Twentynine Palms, CA. The author will do this by posting her questionnaire on a Facebook group that is correlated with the previous areas mentioned. The author will also ask her social

personal connections to engage in snowball sampling and share the author's questionnaire on Facebook.

Engagement Strategies for Gatekeepers at Research Site

Instead of utilizing a study site, the author will gather study participants through Facebook and personal social connections. Potential gatekeepers that the author will have to contact to engage with study participants are Facebook page administrators, and personal social connections. The author will contact them and utilize two engagement strategies to secure permission for the researcher to complete her research project utilizing a local Facebook group and personal social connections.

Engagement Strategies

The first engagement strategy the author will utilize is contacting the Facebook group gatekeepers through the Facebook direct message system. Contacting this person will allow the author to introduce herself and provide an overview of her research project (Morris, 2013). Providing an overview of the project will allow the study sites gatekeeper to understand what the project is about. This will hopefully increase the likelihood that the Facebook page administrator gatekeeper will be receptive to allowing the researcher to post her survey on her groups page. Once the study site gatekeeper and the IRB approval team grants permission, the author will post her flyer on the groups page.

The second strategy the author will use when engaging with personal social connections is by providing them my flyer. The author will also answer any questions my personal social connection may have about the research project. Discussing these questions can provide clarification to the author's personal social connection. Exploring the questions the personal social connection may have can allow them to better understand and explain the survey to other individuals they think may be able to complete the survey.

Self-Preparation

Preparing to engage with study participants is an important part of data collection as it allows the researcher to obtain additional knowledge on the engagement topic beforehand, develop an understanding of her biases, and know what to be sensitive to while engaging with individuals (Morris, 2013). Preparing for data collection can also further increase the likelihood that the author will obtain all the information that is needed to reach comprehensive conclusions about the study topic. The author has prepared for data collection in the ways described below, which allowed her to be aware certain issues she may have to be sensitive to.

Preparing for Data Collection

In order to prepare for data collection, the author has completed an in-depth literature review. Conducting a literature review has allowed the author to prepare for collecting data by furthering her understanding of and providing her

the opportunity to acquire knowledge she did not already have about SUD and AUD treatment service barriers. Obtaining additional knowledge on SUD and AUD helps the author further understand each disorder and what information to engage study participants with. The author prepared engagement questions based off of information she found during the literature review.

Creating a question list from the literature review, allowed the author to confirm whether or not information found in literature review is applicable to this setting. After developing questions from the literature review, the author continued to prepare for data collection by having her research supervisor review the questions prepared. The author made adjustments the questionnaire based on feedback from her supervisor.

Identifying any preconceived biases that the author has beforehand allowed her to fully absorb and properly analyze data. Since the author has worked with the co -occurring (SUD, AUD and mental health disorder) population, needed to identify any preconceived biases she has before collecting data from study participants. This allowed her to create an instrument, collect data, and analyze data while reducing the impacts of these biases.

Sensitive Issues

While creating the questionnaire for the study participants, the author kept in mind that some individuals may be sensitive to discussing different treatment service barriers. These questions may trigger the individual. This is because individuals often have to face barriers to treatment and discussing these barriers

may be a challenge for them. Being aware of different treatment service barriers the study participants may face helped the author properly create questions that discuss sensitive issues they encounter while the providing answers to the self-administered survey.

The second way the author addressed sensitive issues is by creating a sensitive issue statement in the participation section in the client informed consent form. The sensitive issue statement informed study participants they can discontinue taking the survey or not answer a question without any consequences. Inserting this information into the flyer and informed consent allowed study participants feel not feel forced to answer or guilty if they do not want to answer all of the questions. This also allowed the study participant to decrease any emotions they may feel due to being triggered from questions they are being asked in the questionnaire. Allowing study participants to answer the questions they preferred to answer can allow the author to still receive some data for her project.

Diversity Issues

Sociological phenomena such as SUD and AUD affect a large population of individuals that can come from diverse socioeconomic backgrounds. Because of this, the author could have encountered issues relating to diversity while engaging with study participants. These include engaging with individuals from different ethnicities, engaging with individuals who are a different age and/or

gender. Collecting data from individuals may be challenging if the author does not understand the socioeconomic background of the study participant. The author addressed these diversity issues in three ways.

First, the author conducted a literature review to understand how individuals from diverse socioeconomic backgrounds are affected by this issue. While conducting the literature review, the author researched information about different treatment services barriers of the SUD and AUD phenomenon in different parts of the United States of America. The literature review provided the author with additional insight into how each of the diversity issues may become another barrier that prevents individuals from getting treatment.

The second way the author will address diversity issues is by trying to create inclusive answers about the clients race/ethnicity. The answers will include: White/Caucasian, Black/African American, Hispanic/Latino, Asian/Asian American, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander. The author also created a blank response that allows study participants to insert their race/ethnicity information that was not included in the other answers.

The third way the author will address diversity issues is through creating inclusive answers to questions about the study participants gender. Answers to questions about the study participants gender will include: Female, male, non-binary, and transgender. Study participants will also be allowed to insert additional information in regard to their gender.

Lastly, the author will address diversity through creating answers that incorporate various age ranges. The answers included: 18-29, 30-39, 40-49, 50-59, and 60 and above. This will allow the author to be able to obtain answers from various study participants of different ages eighteen years and older.

Ethical Issues

Ethical guidelines are an important part of the social work field as they not only provide guidelines to individuals who practice social work but to those who conduct research project studies as well. Being aware of these ethical guidelines allow social workers to know how to properly address confidentiality issues that may arise while practicing social work and conducting research. The author anticipated encountering the ethical issue of making sure the study participants identifying information being is not shared outside of the questionnaire. The author properly addressed this confidentiality issue through not collecting identifying information from study participants.

The author did not collect identifying information by making the questionnaire anonymous. In order to make the questionnaire anonymous, the author did not ask study participants for their names. Engaging in this practice can further prevent study participants from being recognized. Knowing that they cannot be identified by their answers may increase the likelihood individuals will participate in the study.

Political Issues

Facebook groups work hard to receive positive reviews, foster healthy conversations on their page so they can try to avoid negative political issues. Nonetheless, the Facebook group may still face political issues such as receiving a negative review while the author posts her questionnaire on their group's page. Because of this, the Facebook group could have been hesitant to allow the author to recruit study participants on their page. The author addressed political issues in the following ways.

First, the author will research background information on the Facebook group and ask the administrator for permission to post on their page. Second, the author will address negative reviews/feedback the Facebook group receives with the Facebook administrator. This allowed the Facebook administrator to provide context about any of the negative reviews/feedback in regard to the author's questionnaire. From this discussion, the author could have gained additional information on why the Facebook group and/or author received a negative review and know if the situation has already been resolved or not.

The Role of Technology

The author has used technology to complete different stages of her research project. First, during the assessment stage of the research project, the author previously used technology to complete a literature review and to identify a theoretical orientation. Second, the author utilized technology during the

engagement stage to research information about local Facebook groups, research information on how to contact Facebook administrators. Second, during in the implementation stage the author will use technology when creating a question list and questionnaire for collecting data from study participants, contacting personal social connections, and posting her questionnaire to a local Facebook group. Third, the author utilized technology in the termination stage through posting this project to the Scholarworks website and create an electronic poster for the research symposium. Lastly, the author will use technology throughout this project to meet with her research teacher, supervisors and Institutional Review Board committee (IRB) members.

Summary

In chapter two, the author discussed and explored various aspects of the engagement stage of research. First, the author discussed information on the study site she has chosen to use and how she gained access to the study site to engage with their clients. Second, the author explored how she has prepared for engaging with study participants. Third, the author discussed diversity, political, and ethical issues that may arise and how the author will address them. Lastly, the author explored how she utilized technology throughout the research project.

CHAPTER THREE

IMPLEMENTATION

Introduction

The purpose of chapter three is to discuss and explore the implementation stage of the author's research project. Chapter three begins with a discussion of the characteristics of study participants and how the author selected them. Second, chapter three explores how the author will gather data. Third, chapter three discusses the different procedures the author will use while collecting data. Fourth, chapter three explores how the author recorded, managed, and analyzed data. Lastly, chapter three discusses how the author terminated the project and follow up with the study site.

Study Participants

Study participants for this research project were individuals who have tried or may have considered receiving Substance Use Disorder and/or Alcohol Use Disorder (SUD/AUD) treatment services for themselves or another individual. The study participants could come from diverse backgrounds. First, they could have different ethnicities. Second, participants needed to be 18 or older. Third, they may be males, females, transgendered, non-binary, or another category. They were individuals who come from Yucca Valley, Joshua Tree, and Twentynine Palms, California.

Selection of Participants

This study used convenience and snowball sampling to select study participants. Snowball sampling allows researchers to gather study participants through the individuals associated with the population being studied (Morris, 2013). For example, these individuals have included those that are related to or individuals that help the population being studied. Researchers also asked these individuals to complete the questionnaire. Researchers also inquired if the individuals associated with the population can ask the individuals they know to complete the questionnaire as well. (Morris, 2013). Because of this, the author has chosen to use snowball sampling for this project.

Sampling Strategy Approach

To obtain study participants, the author posted her recruitment flyer with her questionnaire on a Facebook social media site associated with Yucca Valley, CA, Joshua Tree, CA. The author also used personal social connections to recruit participants, and asked those connections to share her study materials, including a research flyer and link. This allowed the author to obtain quantitative data on information about the relational connections between SUD/AUD and rural desert treatment service barriers in the Yucca Valley, CA Joshua Tree, CA and Twentynine Palms, CA area.

In the informed consent, the study participants confirmed that they meet the requirements of being 18 or older and reside in Yucca Valley, CA, Joshua Tree, CA, and Twentynine Palms, CA and have either sought or been interested

in seeking SUD and/or AUD treatment services for themselves or another individual. If they do not meet these requirements, they were not able to continue the questionnaire. Study participants that met the requirements were able to complete the questionnaire via computer or a cell phone they had access to.

Data Gathering and Phases of Data Collection

In order to collect data, researchers develop questions based on the paradigm they have chosen. The author created a positivist paradigm self-administered questionnaire utilizing open ended, close ended, multiple choice and close/open ended combination questions (Morris, 2013).

The first type of questions the author asked are multiple choice questions. Multiple choice questions allowed the author to provide more than one responses (Morris, 2013). Multiple choice answers can allow the author to create an inclusive questionnaire. This is because the multiple choice questions will gather information about the study participants background. These questions were: What is your current age; What is your marital status; What is your gender identity; What is your level of education; and What is your yearly income?

The second type of questions the self-administered questionnaire asked study participants are close/open ended combination questions. Close/open ended combination questions provide answers to the question and allow study participants to insert information insert their answer as well (Morris, 2013). The

close/open ended combination questions were: What is your ethnicity (check all that apply) and Gender Identity (please select all that apply).

The third type of questions the author will ask study participants in the self-administered questionnaire are closed ended questions. Closed ended questions, also like multiple choice questions, also allow study participants to choose their answer from a list and prevent them from providing an answer that is not on the list (Morris, 2013). The closed ended questions the self-administered questionnaire will ask are: I am 18 years or older and have read and understand the informed consent for and am agreeing to be a study participant in your study; I am a resident of Yucca Valley, C A Joshua Tree, CA and/or Twentynine Palms, CA; Do you identify as transgender; Have you ever been diagnosed with a Substance Used Disorder and/or Alcohol Use Disorder?; Have you ever sought substance abuse/alcohol services for yourself?; Have you ever sought substance abuse/alcohol services for someone else?; Have you ever sought substance abuse/alcohol services in the Yucca Valley and surrounding areas (Yucca Valley, Joshua Tree, and Twentynine Palms)?; and Have you needed to travel to receive substance abuse/alcohol treatment services?

The fourth type of questions the author asked study participants in the self-administered questionnaire are Likert questions. Likert questions ask study participants their opinion of the subject through a range of agree and disagree answers (Morris, 2013). The Likert questions that the author asked are: There

are limited substance abuse/alcohol treatment service options in my area; Substance abuse/alcohol services would be too expensive to use; I am concerned about using substance abuse/alcohol services because I may be recognized or known; I believe my insurance would not pay for substance abuse/alcohol treatment services; I would not participate in substance abuse/alcohol treatment services because of the time these services would take away from my schedule; and I would not participate in substance abuse/alcohol treatment services because I am not familiar with what substance abuse/alcohol treatment services would entail.

The last type of question study participants were asked in the self-administered questionnaire is one open ended question. Open ended questions allow individuals to give an answer freely to the question instead of from a set answer list (Morris, 2013). The open ended question the survey asked study participants is: Have you experienced any other substance abuse/ alcohol treatment service barriers that were not listed? If so, which ones?

Data Recording

While completing research projects, authors record data they collect in different ways. The author collected primary data- information directly from study participants. Positivist researchers may collect data through the questionnaires the study participant completes on their own. Study participants provided their answers to questions through a self-administered (Morris, 2013) questionnaire

through Qualtrics. Because the study participants answered questions through a self-administered questionnaire on Qualtrics, the author did not meet with the study participants or audio/video recorded them. Study participants that met the requirements were able to complete the questionnaire via computer or a cell phone they had access to. The self-administered questionnaire lasted 10-15 minutes. Study participants recorded their data by pushing a button that coincides with their answer on Qualtrics.

Data Analysis

Positivist researchers analyze quantitative data they have collected from study participants through the use of a Statistical Package for the Social Sciences (SPSS) (Morris, 2013). After completing data collection utilizing Qualtrics, the author examined the frequency analysis of the demographic statistics and key variables by exporting the data to SPSS. Positivist researchers analyzed data utilizing the concepts of descriptive statistics, univariate statistics, bivariate statistics, multivariate statistics, or non-parametric statistical tests (Morris, 2013). For this project, the author identified the results of her survey by following the procedures of analyzing the frequency of the variables and univariate statistics.

Univariate statistics allows positivist researchers to further understand the results of each variable. In order to find the results of the study participants data, positivist researchers select certain buttons on the SPSS program. These steps

are choosing the: “Analyze, descriptive, and frequencies” buttons. Completing this will organize the study participants information into quantitative data.

Positivist researchers then develop a graph to show the outcome of the quantitative information which consists of the “mean, median and mode.”

Positivist researchers insert information about the “variables mode, median and mean” into their graph. In order to find the “mean, median and mode” positivist researchers press these buttons in the SPSS program. The author created a graph after completing the steps of bivariate statistics. (Morris, 2013).

The second way the author had intended to analyze the results of her project is using bivariate statistics. Bivariate statics allow positivist researchers to “reject the null hypothesis.” “Rejecting the null hypothesis” consists of the author denying the concept that there is not a connection between the variables. While reviewing the connection between the variables, the author only explores the sole correlation between the independent and dependent variables. This allows positivist researchers to know if any mistakes were made.

Bivariate mistakes are “type one” and “type two.” “Type one” mistakes happens when the researcher rejects the “null hypothesis” incorrectly. “Type two” mistakes occur when the researcher accepts the “null hypothesis” incorrectly. Completing these steps of bivariate and univariate statistics analysis will allow the author to see if the treatment service barriers found in the literature review were true or false. (Morris, 2013).

Summary

In chapter three, the author discussed and explored how the author conducted different stages of implementation for this research project. First, chapter three began with discussing the characteristics of the study participants and how the author utilized snowball sampling to select study participants for this project. Second, chapter three explored the types of questions that study participants were asked in the questionnaire. Third, chapter three discussed how author used Qualtrics to record study participant data. Last, chapter three explored how the author utilized univariate statistics to analyze the information gathered from study participants.

CHAPTER FOUR

EVALUATION

Introduction

In chapter four, the author will discuss and explore how she conducted the evaluation stage of her project. First, the author will analyze her data. Second, the author will discuss the interpretation of the data. Third, the author will explore the implications of this project. Fourth, the author will explore the limitations, challenges and strengths of this project. Last, the author will summarize what was covered throughout the chapter.

Data Analysis

Participants of this study were individuals that reside in Yucca Valley, Joshua Tree or Twentynine Palms CA that have tried to obtain Substance Use Disorder and/or Alcohol Use Disorder treatment service barriers for themselves or another individual. Study participants answered anonymous questions about their background; if they have an SUD/AUD and if they have tried to obtain treatment services for themselves or another individual; and what their thoughts are on treatment service barriers in Yucca Valley, Joshua Tree and Twentynine Palms, CA. 13 individuals participated in the author's questionnaire, however two of them were not residents of the previously stated areas. Because they did not meet the residential requirements the final number of study participants is 11.

Demographics

The questionnaire began with the study participants inserting data about their background. First, study participants recorded the following information about their race/ethnicity: 9 were White/Caucasian (81.8%), 1 was Black/African American (9.1%), and 1 was Hispanic/Latino (9.1%). Second, study participants informed the author what their age. 3 were 18-29 (27.3%), 0 were 30-39 (0%), 3 were 40-49 (27.3%), 1 was 50-59 (9.1%), and 4 were 60 and above (36.3%). Third, study participants inserted data about their marital status. 3 were single (27.3%), 2 were in a relationship/not married (18.2%), 3 were married (27.3%) and 3 were divorced (27.3%). Fourth, study participants selected and or entered what their gender was. All of the 11 individuals (100%) that participated were non transgender females. Fifth, study participants reported on their level of education. 2 had less than a high school diploma (18.2%), 4 had high school diploma (36.4%), 3 had some college (27.3%), 3 had technical or professional certification (27.3%), 1 had an associate's degree (9.1%), 2 had a bachelor's degree (18.2%), and 1 had a graduate degree (9.1%). Last, the study participants provided information on what their yearly income was. 0 selected below 10,000 (0%), 2 selected \$10,000- \$19,999 (18.2%), 1 selected \$20,000-\$29,999 (9.1%), 2 selected \$30,000-\$39,999 (18.2%), 1 selected \$40,000- \$49,999 (9.1%), 5 selected \$50,000 and above (45.5%). Table 1 below, shows the distribution of these variables.

Table 1. Study Participants Demographics

Variable	Frequency (N)	Frequency (%)
Race/Ethnicity		
White/Caucasian	9	81.8%
Black/African American	1	9.1%
Hispanic/Latino	1	9.1%
Asian/Asian American	0	0%
American Indian/Alaska Native	0	0%
Native American/Other Pacific Islander	0	0%
Another Race/Ethnicity	0	0%
Age		
18-29	3	27.3%
30-39	0	0%
40-49	3	27.3%
50-59	1	9.1%
60 and above	4	36.3%
Marital Status		
Single	3	27.3%
In a relationship/not married	2	18.2%
Married	3	27.3%
Divorced	3	27.3%
Widowed	0	0%
Gender		
Female	11	100%
Male	0	0%
Non-Binary	0	0%
Prefer not to disclose	0	0%

Additional gender category/identity not listed	0	0%
Transgender	0	0%
Level of Education		
Less than a high school diploma	2	18.2%
High school diploma	4	36.4%
Some college	3	27.3%
Technical or professional certification	3	27.3%
Associate's degree	1	9.1%
Bachelor's degree	2	18.2%
Graduate degree	1	9.1%
Yearly Income		
Below \$10,000	0	0%
\$10,000-\$19,999	2	18.2%
\$20,000-\$29,999	1	9.1%
\$30,000-\$39,999	2	18.2%
\$40,000-\$49,999	1	9.1%
\$50,000 and above	5	45.5%

SUD/AUD Diagnoses and Treatment Service Access

After inputting information about their background, study participants were asked if they had a Substance Use Disorder and/or Alcohol Use Disorder (SUD/AUD) and if they have ever sought SUD/AUD treatment services for themselves or another individual. 5 individuals (45.5%) reported they were diagnosed with an SUD/AUD and 6 individuals (54.5%) reported they were not diagnosed with a SUD/AUD diagnoses. 4 study participants (36.4%) sought SUD/AUD treatment services for themselves, and 7 study participants (63.6%)

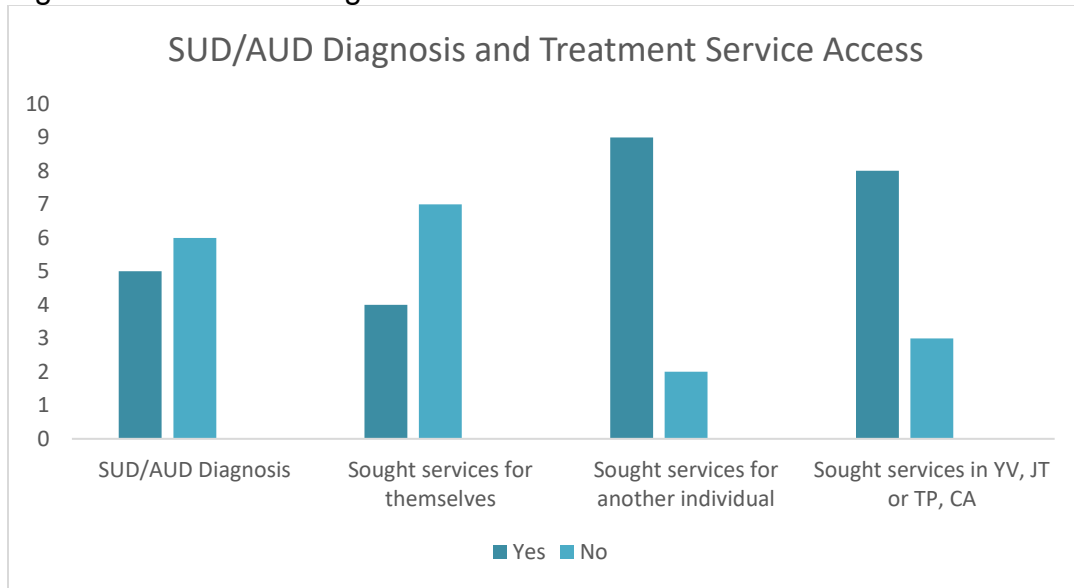
did not. 9 individuals sought SUD/AUD treatment services for someone else while 2 (18.2) did not. Lastly, individuals were asked if they have ever sought SUD/AUD treatment services in Yucca Valley (YV), Twentynine Palms (TP), or Joshua Tree (JT), CA.

Table 2. SUD/AUD Diagnoses and Treatment Service Access

Variable	Frequency (N)	Frequency (%)
SUD/ AUD Diagnoses		
Yes	5	45.5%
No	6	54.5%
Sought SUD/AUD services for themselves?		
Yes	4	36.4%
No	7	63.6%
Sought SUD/AUD services for someone else.		
Yes	9	81.8%
No	2	18.2%
Sought SUD/AUD services YV, JT, and TP.		
Yes	8	72.7%
No	3	27.3%

Figure 1, the graph below, shows the results of study participants answers.

Figure 1. SUD/AUD Diagnoses and Treatment Service Access



Treatment Service Barriers

Transportation. The first treatment service barrier the study participants were asked was about transportation. The first question individuals completed was: Have you needed to travel to receive substance abuse/alcohol treatment services? 6 (54.5%) said yes while 5 (45.5%) said no. The second question about transportation was: If you needed to travel, how far did you travel? 3 (27.3%) traveled under 14 miles, 1 (9.1%) commuted 30-59 miles, 2 (18.2%) drove 60 or more miles, and 5 (45.5%) did not have to travel. The last question study participants completed about transportation was: Do you have access to

transportation in general? 10 (90.0%) stated they did have access to transportation, and 1 (9.1%) reported they did not have access to transportation.

Table 3. Transportation/Distance Treatment Service Barrier

Variable	Frequency (N)	Frequency (%)
Needed to travel?		
Yes	6	54.5%
No	5	45.5%
Distance		
Under 14 miles	3	27.3%
15-29 miles	0	0%
30-59 miles	1	9.1%
60 or more miles	2	18.2%
Has access to transportation?		
Yes	10	90.9%
No	1	9.1%

Figure 2, the graph below, shows the distribution of these variables.

Figure 2. Transportation Treatment Service Barrier

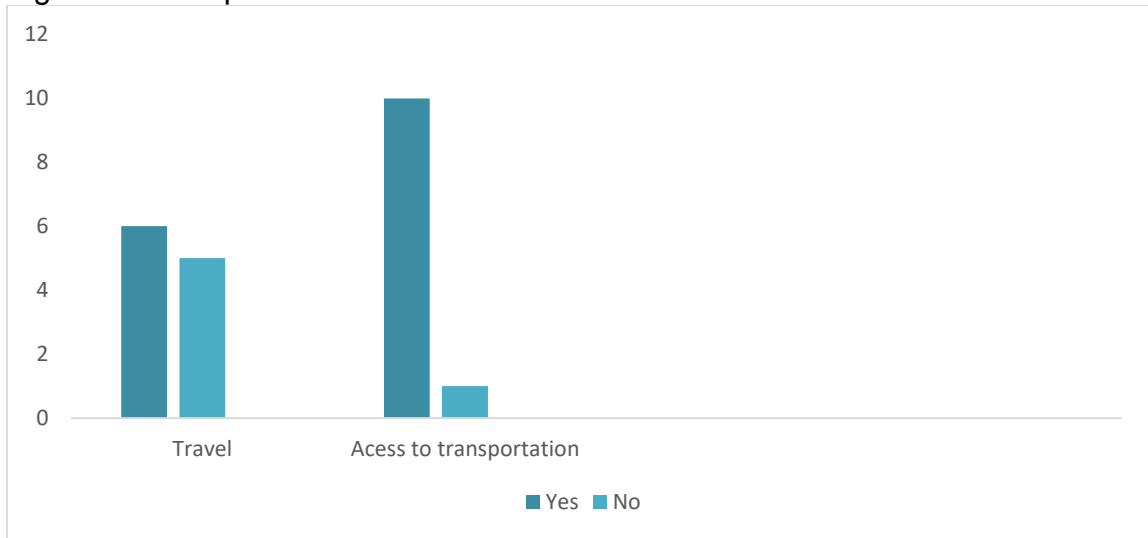
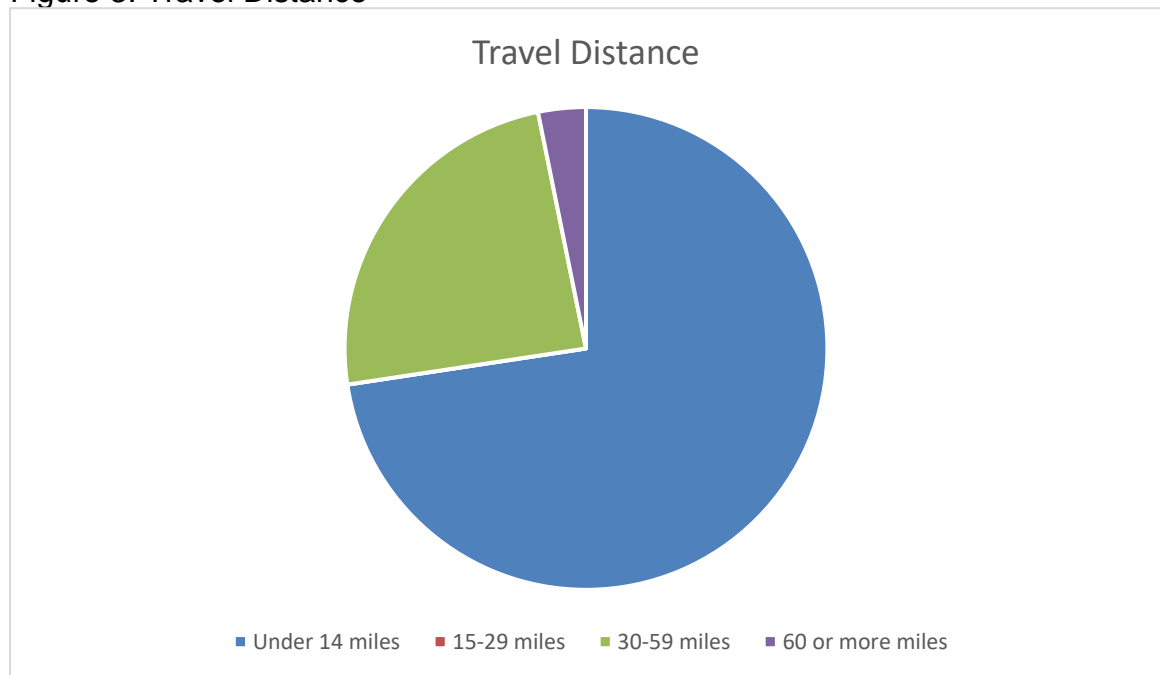


Figure 3, the pie graph below, shows the distribution of how much study participants had to travel to acquire SUD/AUD treatment service barriers.

Figure 3. Travel Distance



Other Treatment Service Barriers

Next, the questionnaire asked study participants were asked questions about other Substance Use Disorder/Alcohol Use Disorder (SUD/AUD) treatment service barriers. These questions were presented in Likert format with the answers being “strongly agree, agree, disagree and strongly disagree” (Morris, 2013). Even though 11 individuals started the questionnaire, 1 of them did not complete this section. Because of this, there is a missing percentage of 9.1%.

The first question study participants answered was: There are limited substance abuse/alcohol treatment service options in my area. 7 (63.6%) strongly agreed, and 3 (27.3%) agreed. Strongly agree and agree were the only two answers selected for this question. Second, study participants were asked: Substance abuse/alcohol services would be too expensive to use. 3 (27.3%) strongly agreed, 1 agreed (9.1%), 4 (36.4%) disagreed, and 1 strongly disagreed (18.2%). Third, study participants provided answers to: I am concerned about using substance abuse/alcohol services because I may be recognized or known. 4 (36.4%) strongly agreed, 2 (18.2%) agreed, 3 (27.3%) disagreed, 1 (9.1%) strongly disagreed. Fourth, study participants rated their thoughts on: I believe my insurance would not pay for substance abuse/alcohol treatment services. 4 (36.4%) strongly agreed, 2 (18.2%) agreed, 3 (27.3%) disagreed, 1 strongly disagreed (9.1%). Fifth, study participants answered the question: I would not participate in substance abuse/alcohol treatment services because of the time these services would take away from my schedule. 4 (36.6%) strongly agreed, 2 (18.2%) agreed, 3 (27.3%) disagreed, 1 (9.1%) strongly disagreed. Sixth, study participants were asked their opinion on: I would not participate in substance abuse/alcohol treatment services because I am not familiar with what substance abuse/alcohol treatment services would entail. 3 (27.3%) strongly agreed, 2 (18.2%) agreed, 4 (36.4%) disagreed, 1 (9.1%) somewhat disagreed. Table 4 below shows these frequencies.

Table 4. Other Treatment Service Barriers

Variable	Frequency		Frequency		Frequency		Frequency		Frequency	
	(N)	(%)	(N)	(%)	(N)	(%)	(N)	(%)	(N)	(%)
	Strongly Agree		Agree		Disagree		Strongly Disagree		Somewhat Disagree	
Limited SUD/AUD Services	7	63.6%	3	27.3%	0	0%	0	0%	0	0%
Too Expensive	3	27.3%	1	9.1%	4	36.4%	2	18.2%	0	0%
Concerned of being recognized or known	4	36.4%	2	18.2%	3	27.3%	1	9.1%	0	0%
Insurance would not pay for SUD/AUD services	4	36.4%	2	18.2%	3	27.3%	1	9.1%	0	0%
SUD/AUD services takes time away from schedule	4	36.6%	2	18.2%	3	27.3%	1	9.1%	0	0%
Unfamiliar with what SUD/AUD services entails	3	27.3%	2	18.2%	4	36.4%	0	0%	1	9.1%

Additional Treatment Service Barrier Information

Last, study participants were asked if they experienced any other treatment service barrier that was not listed. 9 (81.8%) did not answer, 1 (9.1%) said answered no, and 1 (9.1%) said they experienced another SUD/AUD treatment service barrier. This study participant stated that “seeking help for her daughter when she was under 18 was difficult due to limited services for adolescents” (anonymous, personal communication via questionnaire, 2022). Table 5 shows this distribution below.

Table 5. Additional Treatment Service Barrier Information

Variable	Did not answer (N)	(%)	(N)	No (%)	(N)	Yes (%)
Additional SUD/AUD Treatment Service Barriers	9	81.8%	1	9.1%	1	9.1%

Data Interpretation

The author planned to examine the results of her project utilizing the concepts of univariate and bivariate data analysis, however because the study sample is smaller than anticipated, the author will review the answers using univariate analysis only (frequency analysis).

The first SUD/AUD treatment service barrier that was explored was transportation and distance to a treatment service provider. According to Pollen & Oser, 2014, SUD/AUD exist in rural areas because of a lack of access to transportation. To gather information on this, study participants were asked: Do you have access to transportation in general? 10 (90.0%) stated they did have access to transportation, and 1 (9.1%) reported they did not have access to transportation.

The second SUD/AUD treatment service barrier explored was availability of SUD/AUD treatment services. According to (Pollen & Oser, 2014) rural areas may be underdeveloped. Because of this, study participants rated their thoughts on: There are limited substance abuse/alcohol treatment service options in my area. 7 (63.6%) strongly agreed, and 3 (27.3%) agreed. Strongly agree and agree were the only two answers selected for this question, so these findings show some support for Pollen and Oser's (2014) findings.

The third treatment service barrier explored were issues surrounding funding SUD/AUD treatment services. According to Harwood (2017), individuals have to pay high-out-of-pocket fees. Because of this, study participants were asked: Substance abuse/alcohol services would be too expensive to use. 3 (27.3%) strongly agreed, 1 agreed (9.1%), 4 (36.4%) disagreed, and 1 strongly disagreed (18.2%).

Also according to Harwood (2017), an individual's insurance provider may not cover any or all SUD/AUD treatment services. To further understand funding

service barriers, study participants were also asked: I believe my insurance would not pay for substance abuse/alcohol treatment services. 4 (36.4%) strongly agreed, 2 (18.2%) agreed, 3 (27.3%) disagreed, 1 strongly disagreed (9.1%).

The fourth treatment service barrier explored was: Being concerned with being recognized or known. According to Pollen & Oser, 2014, lack of confidentiality in rural towns and individuals may be identified in group sessions. Because of this study participants were asked: I am concerned about using substance abuse/alcohol services because I may be recognized or known. 4 (36.4%) strongly agreed, 2 (18.2%) agreed, 3 (27.3%) disagreed, 1 (9.1%) strongly disagreed.

The fifth treatment service barrier explored was if the individuals schedule prevents them from receiving SUD/AUD treatment services. According to Sheeran & Abraham (2015), an individual's schedule and how long they spend at their service providers office may prevent them from acquiring help. Because of this, study participants were asked: I would not participate in substance abuse/alcohol treatment services because of the time these services would take away from my schedule. 4 (36.6%) strongly agreed, 2 (18.2%) agreed, 3 (27.3%) disagreed, 1 (9.1%) strongly disagreed.

The sixth treatment service barrier explored was how not knowing what SUD/AUD treatment services encompassed could prevent an individual from obtaining services. According to Bandura (1977) if an individual thinks they can

change, they need to change, and the change is doable there is a higher chance they will change. Because of this, study participants were asked: I would not participate in substance abuse/alcohol treatment services because I am not familiar with what substance abuse/alcohol treatment services would entail. 3 (27.3%) strongly agreed, 2 (18.2%) agreed, 4 (36.4%) disagreed, and 1 (9.1%) somewhat disagreed.

Additional Treatment Service Barriers

In order to identify other treatment service barriers, the questionnaire asked study participants to insert qualitative information in the last question. 9 (81.8%) did not answer, 1 (9.1%) said answered no, and 1 (9.1%) said they experienced another SUD/AUD treatment service barrier. This study participant stated that “seeking help for her daughter when she was under 18 was difficult due to limited services for adolescents” (anonymous, personal communication via questionnaire, 2022).

Implication of Findings for Micro and/or Macro Practice

This research project can help individuals further their understanding of different issues within the Substance Use Disorder/Alcohol Use Disorder (SUD/AUD field at the micro and macro levels.

Micro Level Findings

The findings of this research project can help decrease stigmatization. Stigmatization is an individual being seen as inferior within society and it occurs because of a lack of understanding on the subject matter (Zwick et. al., 2020). These misunderstandings occur within society for two reasons (Kelly et. al., 2010). One reason stigmatization occurs is because some individuals in society think the individual diagnosed with an SUD and/or AUD should easily be able to stop consuming substances (Kelly et. al., 2010). Although most of the Linkert scale had various responses to them, some study participants still strongly agreed and agreed with the questions about SUD/AUD the following treatment service barriers. Some study participants had to travel to obtain SUD/AUD treatment services and 1 did not have access to transportation. This shows that some individuals may still experience treatment service barriers that could make it hard to stop consuming substances and/or alcohol.

7 (63.6%) strongly agreed and 3 (27.3%) agreed with there being limited SUD/AUD services in Yucca Valley, Joshua Tree, Twentynine Palms, CA. 3 (27.3%) strongly agreed and 1 (9.1%) agreed with SUD/AUD treatment service barriers being too expensive. 4 (36.4%) strongly agreed and 2 (18.2%) agreed with being concerned about being recognized or known. 4 (36.4%) strongly agreed and 2 (18.2%) agreed with thinking their insurance would not pay for SUD/AUD treatment services. 4 (36.6%) strongly agreed and 2 (18.2%) agreed with SUD/AUD treatment services taking time away from schedule. 3 (27.3%)

strongly agreed and 2 (18.2%) agreed with how being unfamiliar with what SUD/AUD treatment services entail would deter them away from trying to obtain them.

Also, study participants rural Yucca Valley, Joshua Tree, Twentynine Palms, CA shared their experience with traveling to obtain treatment services as well as having access to transportation. Only 1 (9.1%) study participant shared they did not have access to transportation in general. However 6 out of 11 shared that they had to travel to receive SUD/AUD treatment services. 3 (24.7%) had to drive under 14 miles, 1 (9.1%) traveled 30-59 miles, and 2 (18.2) commuted 60 miles or more.

Macro Level Findings

According to (Meenaghan 1997 as cited in Hepworth et. al., 2017) creating programs is a part of macro level social work. These findings implicate a possible need for program development, expansion, and/or easier access to SUD/AUD treatment services. Although there are some SUD/AUD treatment services in Yucca Valley, Joshua Tree and Twentynine Palms, CA, these findings implicate that there may be some truth to (Pollen & Oser, 2014) idea that rural areas may be underdeveloped. 7 study participants (63.6%) strongly agreed, and 3 study participants (27.3%) agreed. 1 study participant (9.1%) stated that “seeking help for her daughter when she was under 18 was difficult due to limited services for adolescents” (anonymous, personal communication via questionnaire, 2022).

Limitations, Challenges and Strengths

Research allows service providing fields to obtain valuable information about the population they are exploring. While gathering data from study participants, researchers may experience challenges. Encountering these problems can affect the outcome of the results.

Challenges

The first challenge the author experienced was that she had to come up with an alternate way to complete this project. The agency she was going to collaborate with did not complete the partnership process. Because of this, author could not access their population of SUD/AUD clients. This led to the author changing the way she collected information to snowball and convenience sampling.

The second challenge the author experienced was the individuals perception on the questionnaire. The author presented and discussed her projects flyer to the individuals she asked to take her questionnaire. Although she discussed how long the questionnaire would take (10-15 minutes) one individual told the author they thought it would take them longer than that to complete it. This was because of their background experience with electronics and questionnaires (Anonymous, personal communication, 2022).

Possible Challenges. The third challenge that may have occurred is individuals may not acquire SUD/AUD treatment services because of their culture. According to Substance Abuse and Mental Health Service Administration

(US) (2006), an individual's race/ethnicity is a part of their decision to obtain SUD/AUD treatment services. In this study 9 study participants were White/Caucasian (81.8%), 1 was Black/African American (9.1%), and 1 was Hispanic/Latino (9.1%). The highest race/ethnic demographic of study participants were Whites/Caucasians.

The last possible challenge that could have happened was an individual may not seek SUD/AUD treatment services because they might they do not need help. According to Min Kim et. al. (2007) individuals that abuse alcohol could experience different levels of change. Some of these individuals may be in the precontemplation stage. In the precontemplation stage the individual does not seek help even though they need it.

Limitations

The first limitation of this study was the ending sample size of this study was smaller than the author hoped to have. 13 individuals participated in the author's questionnaire, however two of them were not residents of the Yucca Valley, Joshua Tree, and Twentynine Palms, CA. Because they did not meet the residential requirements the final number of study participants is 11.

The second limitation of this study was the gender characteristics of the study participants. All of the individuals that participated in this study were cis women. Although it is unclear of how many non cis females there are City Data provides some information on how many males reside in each area. There are

10,470 (48.1%) of in Yucca Valley, CA, 3,580 (48.3%) in Joshua Tree, CA, and 14,874 (57.1%) in Twentynine Palms, CA (City-Data, 2022).

The third limitation of this study was that it does not encompass data from all races/ethnicities in Yucca Valley, Joshua Tree, and Twentynine Palms, CA. Study participants were 9 were White/Caucasian (81.8%), 1 was Black/African American (9.1%), and 1 was Hispanic/Latino (9.1%). Yucca Valley, CA is comprised of: Caucasian 76.8%, Black/African American (5.0%), American Indian (1.3%), Asian/Asian American (2.9%), Native Hawaiian/Pacific Islander (0.8%), More than one race (8.7%), Hispanic/Latino (26.6%) (United States Census, 2021). Joshua Tree, CA consists of: White/Caucasian (89.2%), Black/African American (0.6%), American Indian/Alaska Native (0.1%), Asian (0.3%), Native Hawaiian/Pacific Islander (0.4%), More than one race (9.1%), Hispanic/Latino (19.6%) (United States Census, 2021). Twentynine Palms is made up of: White/Caucasian (67.3%), Black/African American (9.7%), American Indian/Alaska Native (0.7%), Asian (4.0), Native American/Other Pacific Islander (2.2%), More than one race (14.1%), Hispanic/Latino (24.5%) (United States Census, 2021).

Lastly, who the study participant was seeking treatment for and how many had an SUD/AUD could have affected the outcome of the results. Out of 11 study participants 9 (81.8%) sought SUD/AUD treatment services for someone else, while only 4 (36.4%) sought SUD/AUD treatment services for themselves. Also, the results were split in regard to how many individuals were or were not diagnosed

with and SUD/AUD. 5 (45.5%) study participants selected yes while 6 (54.5%) of the study participants said they were not diagnosed with an SUD/AUD. Though some of these findings show that individuals seeking SUD/AUD treatment services for someone else may still experience treatment barriers, they may have access to more and/or different resources than an individual diagnosed with an SUD/AUD and seeking treatment services for themselves.

Strengths

Although this the author experienced challenges throughout this project which caused the end result to have limitations, the project brings awareness to the various complexities of SUD/AUD. The author does this by first discussing the information about SUD/AUD from the DSM-5. Second, the author explores the prevalence of SUD/AUD. Third, the author discusses SUD/AUD rural treatment service barriers. Fourth, the author explores the consequences of SUD/AUD. Fifth, the author discusses the health belief model. Six, the author explores the race/ethnicity and SUD/AUD treatment services. Last, the author discusses the stages of change.

Summary

In chapter four, the author examined the results of her data and discussed the limitations of this project. First, the author presented the results of her questionnaire. Second, the author explored what the findings of her survey mean. Third, the author the author discussed the challenges she experienced

with obtaining data. Fourth, the author explored how the study participants answers can benefit micro and macro practice. Fifth, chapter four discussed the challenges, limitations, and strengths of the study. Last, the author summarized chapter four.

CHAPTER FIVE

TERMINATION AND FOLLOW UP

Introduction

Chapter five discusses and explores how the author conducted the termination stage of this research project. First, the author discusses how she terminated from the study participants that participated in her survey and the rationale behind the termination procedures. Second, the author explores how she informed the study participants of the results of the projects. Third, the author discusses how this project helped the study participants. Fourth, the author explored how she disseminated findings of the results. Last, the author will summarize the chapter.

Termination of Study

Termination is the last phase of an individual's research project. Positivist researchers informs the stakeholder of the projects results. This is because termination within the positivist paradigm focuses on distributing the results of the project to professionals within the field and informing individuals who took part in the study where the results can be found. (Morris, 2013).

Instead of utilizing a study cite to collect study participants, the author gathered individuals to participate in her questionnaire through a local Facebook social media group and personal social connections. These study participants

inserted their answers into a self-administered questionnaire. The author terminated with the study participant at the end of the survey by providing a debriefing statement. The debriefing statement signaled the end of the questionnaire; provided the study participant with information on how they can obtain Substance Use Disorder and Alcohol Treatment Use Disorder (SUD/AUD); and how and when the individual can find the results of this project.

Communication of Findings to Study Site and Study Participants

Study participants were informed they could obtain the findings to the project in the debriefing statement. The debriefing statement provided study participants the author's research project's Principle Investigator's (PI's) contact information. The contact information included the PI's name and email. The debriefing statement also included the date the results could be accessed. Giving this information to the study participants allows the author to communicate the findings to the study participants if they would like to know the results of the project.

Ongoing Relationship with Study Participants

The author gathered study participant information through the utilization of a local Facebook group, snowball and convenience sampling methods. Some local personal social connections completed the questionnaire themselves or engaged in snowball sampling within their networks; and individuals on a local

Facebook group participated in the authors study. At the end of the author's self-administered questionnaire was a debriefing statement. The author terminated the relationship with study participants in the debriefing statements. The will continue to maintain relationships with her personal social connections. The author's questionnaire was anonymous so she will not be able to identify personal social connections (and other study participants) answers.

Dissemination Plan

Positivist termination consist of the author distributing their project and project findings to professionals within the field (Morris, 2013). The author disseminated information of this project two ways. The first way the author disseminated this project was by submitting it to CSUSB School of Social Work research symposium. The second way the author will distribute her research findings is by submitting it to CSUSB's Scholarworks website for publications.

In order to distribute information on this project at the research symposium, the author created an electronic poster. The poster included information on: The abstract, introduction, data collection methods, references, and information from the literature review. The author submitted the poster to the research symposium poster coordinator. The research symposium poster coordinator distributed the authors poster to a team of reviewers within the School of Social Work at CSUSB (other teachers/professionals within the field of social work).

Social work students at CSUSB have to meet the requirement of submitting their project to the Scholarworks website. The author also provided this research project to Scholarworks website. This allowed the author to disseminate this project to professionals on a wide ranging scale.

Summary

Chapter five discussed how the author carried out different aspects of the termination stage of her project. First, this chapter explored how the author utilized a debriefing statement to terminate this study with study participants. Second, the author discussed how the debriefing statement informed study participants how they could obtain the results of the study. Third, the author explored the author's relationship with study participants after the study. Fourth, the author discussed how she distributed this project within CSUSB and to professionals. Last, the author summarized the chapter.

APPENDIX A
APPROVAL LETTER

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2022-172

Carolyn McAllister Erica Vanderhyde
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Carolyn McAllister Erica Vanderhyde:

Your application to use human subjects, titled “Exploring the Effects of SUD/AUD Treatment Service Barriers” has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's [COVID-19 Prevention Plan](#) for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**
- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**
- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**
- **Submit a study closure through the Cayuse IRB submission system once your study has ended.**

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2022-172 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

ND/MG

APPENDIX B
STUDY PARTICIPANT INFORMED CONSENT FORM

The study in which you are being asked to participate is designed to investigate barriers to treatment for Substance Use Disorders and Alcohol Use Disorders (SUD and AUD) in Yucca Valley, CA, Joshua Tree, Ca and Twentynine Palms, CA. This study is being conducted by Erica Vanderhyde under the supervision of Dr. Carolyn McAllister, Director of the School of Social Work and Professor, California State University, San Bernardino. This study has been approved by the Institutional Review Board, California State University, San Bernardino.

PURPOSE: The purpose of this study is to identify treatment barriers that individuals with Substance Use Disorders (SUD) and Alcohol Use Disorders (AUD) living in Yucca Valley, CA, Joshua Tree, Ca and Twentynine Palms, CA experience.

DESCRIPTION: This study involves collecting data through asking you questions, in a self-administered questionnaire, about treatment service barriers that you may have experienced while seeking Substance Use Disorder or Alcohol Use Disorder treatment for yourself or someone else in the Yucca Valley, CA, Joshua Tree, CA and Twentynine Palms, CA.

PARTICIPATION: Participation in this study is voluntary. If you decide to participate then change your mind participating once you have started the questionnaire, you may withdraw from the survey anytime without any consequences. If you do not want to provide an answer to a question you can pass on providing an answer to that question.

ANONYMITY: We will not collect any personally identifiable information about you in this study. We are taking precautions to minimize risk of data being exposed such as using a password protected computer. All data associated with this project will be destroyed by being shredded 3 years after the project has finished.

DURATION: It is anticipated that the surveys will last 10-15 minutes.

RISKS: Participants should not be exposed to any risk as a participant in this study. The participant may feel discomfort in answering some of the questions. In order to minimize chance of discomfort, you can decline to answer a question, or decide not to participate anymore if you are concerned with the questions.

BENEFITS: There are no foreseen expected benefits that you will receive from participating from in this research project at this time. However, the author hopes that this project will help identify barriers to treatment so that they can begin to be addressed.

CONTACT: If you have any questions about this research projects your rights' as

a participant or experience a research question injury please feel free to contact the research advisor at: Name: Dr. Carolyn McAllister, Director of the School of Social Work and Professor Email: cmcallis@csusb.edu

RESULTS: The results of this study will be available on the CSUSB ScholarWorks website after August 2022.

APPENDIX C
QUESTIONNAIRE

Client Question List
Created by: Erica Vanderhyde
And
Dr. Carolyn McAllister

Demographics

1) What is your ethnicity (check all that apply)?

White or Caucasian

Black or African American

Hispanic or Latino

Asian or Asian American

American Indian or Alaska Native

Native Hawaiian or other Pacific Islander

Another race

2) What is your current age?

18-29 years

30-39 years

40-49 years

50-59 years

60 years and above

3) What is your Marital Status?

Single

Married

Divorced

Widowed

4) A. Gender identity (select all that apply):

female

male

non-binary

prefer not to disclose

additional gender category/identity not listed (please specify below)

Gender Identity _____

B. Do you identify as transgender? (Make this second)

Yes

No

Prefer not to disclose

5) What is your level of education?

Less than a high school diploma

High School Diploma or equivalent

Some College

Technical or Professional Certification (without a Degree)

Associates Degree

Bachelor's degree

Graduate Degree

6) My yearly income is:

Below \$10,000

\$10,000 - \$19,999

\$20,000 - \$29,999

\$30,000 - \$39,999

\$40,000 - \$49,999

\$50,000 or above

7) Have you ever been diagnosed with a Substance Use Disorder and/or Alcohol Use Disorder?

Yes

No

8) Have you ever sought substance abuse/alcohol services for yourself?

Yes

No

9) Have you ever sought substance abuse/ alcohol services for someone else?

Yes

No

10) Have you ever sought substance abuse/ alcohol services in the Yucca Valley and surrounding areas?

Yes

No

11) There are limited treatment service options in my area

Strongly agree

Agree

Disagree

Strongly Disagree

12) Have you needed to travel to receive substance abuse/alcohol treatment services?

Yes

No

If so, how far?

Under 14 miles 15-29 miles 30-59 miles 60 Plus miles

13) Do you have access to transportation in general?

Yes

No

Whether or not you have ever sought substance abuse/ alcohol treatment services, please answer the following questions based on your perspective on using this type of service and potential barriers to accessing services.

14) Substance abuse/ alcohol services would be too expensive to use

Strongly agree

Agree

Disagree

Strongly Disagree

15) I am concerned about using substance abuse/ alcohol services because I may be recognized or known

Strongly agree

Agree

Disagree

Strongly Disagree

16) I believe my insurance would not pay for substance abuse/ alcohol services

Strongly Agree

Agree

Disagree

Strongly Disagree

17) I would not participate in services because of the time these services would take from my schedule

Strongly agree

Agree

Disagree

Strongly Disagree

18) I would not participate in services because I am not familiar with what substance abuse/ alcohol treatment services would entail.

Strongly agree

Agree

Disagree

Strongly Disagree

19) Have you experienced any other treatment service barriers that were not listed? If so, which ones?

APPENDIX D
DEBRIEFING STATEMENT

You have just completed a survey on availability of treatment programs for Substance Use Disorders and/or Alcohol Use Disorders in your area. If you have questions at a later time regarding this project, please feel free to contact Dr. Carolyn McAllister, Director of the School of Social Work and Professor at cmcallis@csusb.edu. The results of this survey will be available at the CSUSB ScholarWorks website after August 2022.

If, after completing this study, you would like additional information or support for a Substance Use Disorder or Alcohol Use Disorder, please contact the San Bernardino County Substance Use Disorder 24-hour helpline at (800) 968-2636 or walk in to the Yucca Valley Crisis Walk in Center, 24 hours a day, at 7293 Dumosa Avenue, Suite, 2, Yucca Valley (760) 365-2233.

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