Perceptions of motivation in the recovery process among African American women with children

Raven Nicole Pagson

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PERCEPTIONS OF MOTIVATION IN THE RECOVERY PROCESS
AMONG AFRICAN AMERICAN WOMEN WITH CHILDREN

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
Raven Nicole Pagson
June 2004
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ABSTRACT

Substance abusing women with children are a diverse group, but some of them are among the most disadvantaged individuals in the United States. These women are in dire need of effective treatment modalities in order to sustain sobriety. Using a quantitative research design, the study will examine the perception of motivation in the recovery process among African American women with children. Through research surveys, these women will be able to identify the motivating factors necessary for successful treatment outcomes.
ACKNOWLEDGMENTS

Thank you to my silent partner, for your words of wisdom, knowledge, and commitment to my education and well-being. Thank you to my other half for all extremely long talks about life and commitment to my education and well-being. Without my past I wouldn't be able to look forward to my future.

Dr. Rosemary Mc Caslin for the guidance and support she provided to this research project.
DEDICATION

To my little “mamas” Imara, without you mommy would not have made it this far. You are my inspiration and the love of my life. To my two groups of parents Mom, Leroy, Dad, and Lisa whom I thank for keeping me grounded even when I chose follow my own paths. Also for your continued support and dedication to my education, in addition to the numerous times you had to take care of Imara so I could obtain my BASW and now my MSW. To my brothers and sisters, whom I love unconditionally with all my heart and soul Charles, Lloyd, Myisha, Lisa, and auntie’s Jayla stay focused on your dreams, because you all will be successful individuals, I hope I set a good example. Thank you for showing me how important it is to have family. To my friends that I have accumulated throughout this eight-year journey, my college experience would not have been the same without all of you.
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CHAPTER ONE
INTRODUCTION

Problem Statement

Since slavery African American women have been viewed as the pillar of strength and the foundation of their families. When times were tough, these women focused on keeping their families together, praying, going to church and nurturing not only their children, but also the children of the community of which they lived and the children of the people they worked for as housekeepers, and nannies. To preserve their families African American women have traditionally used church and spiritually, and focused on the belief that no matter what happened, everything would be all right. Throughout history they continued to stand strong in their spiritual foundations and convictions, and would go to just about any length to ensure that their family remained together.

However, for many African American women their religious beliefs, spiritual commitments, and their ability to be the backbone of the family was decimated in the 1980’s with the introduction of crack cocaine into the black communities. The beginnings of the crack cocaine drug epidemic not only introduced an era of destruction in
the inner cities, but also an era of disruption of the African American family system and the women who have held them together. From the 1980's to the present, there is little doubt about the destructive power of crack cocaine in inner city African-American communities and even less doubt about the devastating effect of this use on the family (Blume, 1990). Not surprisingly, the impact of the crack cocaine epidemic on the African American family system will have far reaching negative consequences for years to come.

Mother's who were once the backbone of their family system were now addicted to crack cocaine. With this addiction came an onslaught of negative consequences, the most significant being a high level of out of out home placements for these women's children due to neglect and other forms of maltreatment related to substance dependence. Many of these mothers have entered into a recovery process for addictive behavior. Some of these women were mandated by child protective court orders, others were not. Some embraced the 12-step process; others chose treatment processes integrated with African principles, while others still chose to return to their religious upbringings.
Regardless of what recovery mode these women decide to undergo, crack addicted mothers and their children routinely faced a number of obstacles throughout the recovery process. Racism, poverty, and unemployment are inextricably intertwined with substance abuse treatment issues (Germain, 1991). Other problems that they experience are lack of childcare, inability to pay for treatment, lack of transportation, support (Germain, 1991) and the unavailability of women-oriented treatment programs (Duckert, 1987). Additionally, if they decide on a treatment program typically these programs utilize culturally incompetent interventions and do not include their children (Saulnier, 1996). Finally, special attention has not been given, during the recovery process, to the barriers to treatment access and socioeconomic issues that impact their ability to obtain the resources to meet their basic needs (Germain, 1991).

In light of the multi-faceted problems that addicted African American women encounter in their quest to obtain and maintain sobriety, the question at hand is what are the factors that motivate them. In other words, how is it that they overcome these monumental problems to become successful? It is important to have an understanding of factors that sustain sobriety because this knowledge will
enable social workers to engage in their roles as caseworkers, therapists, administrators, lobbyists, advocates, publicists, program designers, and educators of the public.

Purpose of the Study

The purpose of the present study was to examine the perception of motivation in the recovery process among African American women with children. This information will help to determine whether or not their motivation is related to their seeking treatment and to successful recovery. There is a paucity of information to support the need for treatment geared specifically towards African American women and children and the obstacles they face. By using a quantitative research design this study examined the perceptions of motivation among African American women who have participated in any type of a recovery process.

Substance-abusing women are a diverse group, but they include the most disadvantaged individuals in the United States (Blume, 1990). Contrary to popular stereotypes, alcohol and drug abuse among women occurs at similar rates among poor and non-poor people and among white people and people of color (Blume, 1990). Although most studies have
found that white women and black women use substances at similar rates, black women are disproportionately tested for drug use and receive more child protective services interventions (Burman, 1994).

Oppression is systematic harm that people with more power do to people with less power. Women in general are subjected to many kinds of oppression (Germain, 1991). They are discriminated against in hiring, salary, the workplace, and discriminated against by educational organizations that do not make provisions for them to meet responsibilities toward their children (Karger & Stoesz, 1990). In addition to this discrimination, African American women are overrepresented among the poor population because of financial difficulties faced by single mothers (Karger & Stoesz, 1990). Oppression appears to be a major factor in creating and maintaining substance abuse and dependency among African American women. It is also a significant factor that could interfere with the treatment services that assist them in the recovery process and has the potential of making the lives of these troubled women more painful. Finally, oppression directed at female substance abusers directly reduces the availability of services to promote recovery.
Emotional, social and economic realities for women are quite different than they are for men. Yet, treatment programs currently available to women are most often designed by and for men (Bass & Jackson, 1997). Such programs tend to emphasize the Alcoholics Anonymous twelve-step model developed to help a specific population of white, middle-class, men with the specific problem of alcoholism (Duckert, 1987). As noted, standard treatment programs are based on male processes of recovery and this method of service delivery to African American women could pose enormous problems of access to treatment for them and their children.

Traditional residential treatment programs are difficult for women with dependent children to participate in because there seldom, have been no provisions for children while mothers go into treatment. Only a small number of experimental treatment programs provide accommodation for children with their mothers. Mothers receiving public assistance may lose their income if they go into treatment and leave the children with someone else. If this happens the women may not be able to reinstate their benefits without having the children in their custody. If the children are formally put into placement by the state for the duration of the mother's
treatment, it is sometimes difficult or impossible to regain custody after treatment has been completed (Jackson, 1995).

Significance of the Project for Social Work

This study explored the perceptions of motivation in the recovery process among African American women with children. Such research was needed to help this population receive the necessary treatment and support to live sustaining lives. As the system currently stands, social workers directly implement child welfare policies and provide or administer a considerable portion of treatment.

On a larger level social workers are trained to comprehend the complex relations between structural features of society, especially various forms of oppression, and apparently "private" problems. It is essential that they use this knowledge to advocate politically and through the media for social welfare policies that will decrease the risk of African American women developing substance abuse problems and the barriers that interfere with their recovery. Social workers must also be aware of the larger picture and avoid perpetuating stereotypes of African American substance abusers.
Although African American women are victims of oppression, their own behavior frequently puts their innocent children at risk and places a financial burden on society. In this respect, there are five generalist practice perspective themes that reflect the character of social work that could address the myriad of problems associated with addicted African American mothers. These are, 1) a commitment to social betterment, 2) a goal to enhance social functioning, 3) an action orientation, 4) an appreciation for human diversity, and 5) a versatile practice perspective. These themes must be incorporated into any plan that seeks to ameliorate this problem. These five themes support the need for this study because not only must the social work profession address the issues of appropriate treatment interventions, they must also work toward addressing the identified systemic issues that help to perpetuate and sustain addictive behavior among African American women. When this happens society, as a whole will be better off in terms of the decreased negative socioeconomic impact related to addiction in this population. As for individuals, such a plan will ultimately lead to productive and self-sustaining lives.

As such, this study will improve the lives of African American women and their children, which will in turn
better our society. In this light, this research project will seek to answer the following question: What motivates African American women with children to obtain and sustain sobriety from alcohol, and or clean time from drugs such as crack cocaine, and marijuana.
CHAPTER TWO

LITERATURE REVIEW

Introduction

Data and literature about substance abuse and women’s health are only beginning to emerge. The psychosocial health of women in today’s society has been much ignored and little researched. Clearly, with more than 4.5 million women in the United States who meet established criteria for a substance abuse problem, the importance of such research cannot be denied.

Although substance abuse is among the many afflictions that assault the psychosocial well being of women, to date, most of the treatment in this area has focused on White men (Davis, 1997). Lack of comprehensive data regarding motivation in the recovery process is particularly evident in research regarding African American women, despite the fact that substance abuse afflicts African American women in overwhelming proportions (Gasch, Poulson, Fullilove, & Fullilove, 1991).

Historical Perspective of Cocaine Use

The inception of crack, a smokable form of cocaine, in the 1980’s introduced a new era in the world of drugs
and accounted for staggering effects on morbidity and mortality across America. In 1985, crack cocaine use exploded in large urban cities, including Los Angeles, New York, Philadelphia, and Miami. Since then it has dominated illicit drug markets in many inner-city neighborhoods. From 1990-1993, 70% to 80% of all substance abuse admissions to publicly funded substance abuse facilities were from crack cocaine (Jackson, 1995). Most of the clientele whose primary substance of abuse was crack were identified as African American (Bass & Jackson, 1997).

There is little doubt about the destructive effects of this use on women include poverty, and poverty-associated stress, rape, spousal abuse and incest, and growing up in a dysfunctional family (Blume, 1990; Boyd, 1993). There are numerous contemporary explanations of substance abuse patterns among African Americans. One explanation is that “numerous emotions and motivations influence heavy drinking among Black Americans in their attempt to escape unpleasant feelings or to fulfill psychological needs.” In other words, the pain associated with the African American experience may be mitigated, at least temporarily, by using alcohol and/or substances, such as crack cocaine for recreational purposes (McNeece & Ditto, 1998). According to Boyd (1993), among 105
crack-using women, sexual abuse history was noted to be high. As such, illicit drug use among African American women has been described as a self-medication strategy to deal with feelings of anxiety, stress, powerlessness, or low self-esteem. The use of drugs as self-medication has been described by prenatal crack smokers as a symptom of greater underlying problems; for those people, crack eased the pain of feeling hurt (Pursley-Crotteau & Stem, 1996).

The crack cocaine epidemic has been devastating to the African American family system, and most notably, to the women in this population because once the drug enters their physiological system they have no self-control, self-esteem, or the desire to care about anyone. At this point, the values that have traditionally, been held as priority in their life and existence, loving and nurturing their family, becomes a blur, a figment of their imagination. As a result, their children have no mothers, regardless of whether they are in out of home placement or continue to reside with their mothers during the midst of their addiction.

Drug abuse is also viewed by some as a coping mechanism that persons use to escape their problems. Others see addiction as one of limited number of social and economic roles available to African Americans trapped
in the despair of poverty and racism in America. The adoption of the drug user lifestyle is an attempt to create a meaningful and worthwhile, albeit deviant, and some might say dysfunctional, self-concept (Jackson, 1995).

Child Custody Loss

It is widely known that African American women are disproportionately represented among the ranks of those who suffer from the abuse of cocaine and alcohol (Mc Neece & DiNitto, 1998). Consequently, many African American women eventually find themselves in some form of treatment because of the added fear of losing their children even though there are few agencies that provide treatment for children simultaneously while serving the mother.

One million children were victims of substantiated child abuse and neglect in 1996, the most recent year as reported to the Department of Human and Health Services (HHS) by State child protection services agencies. In 1996, 1,077 child fatalities from maltreatment were reported by the states. Maltreated children are found in all income, racial, and ethnic groups, and incidence rates are similar in urban, suburban, and rural communities. About half are cases of neglect, a quarter physical abuse,
and about one in seven sexual abuse (McNeece & DiNitto, 1998). The majority of neglect cases are a result of substance abuse by the parents, creating an inability to provide a safe environment for their children (McNeece & DiNitto, 1998). If a child has been removed, the parents' motivation might be increased to become sober in order that their children be returned.

A review of child welfare research suggests that children of color and their families experience poorer outcomes and receive fewer services than their Caucasian counterparts. This situation can be attributed to the impact of racism and discrimination that African American routinely face in our society. An old saying, which helps African American people within their group explain this phenomena is, "Black folks are the last to get hired, and the first to get fired." This saying can be interpreted as African Americans perceiving that because of their color, most often no resources are available for them and that they are also targeted for negative consequences because of racist attitudes and beliefs by many in our society. For these reasons, race has also been raised as a possible influence on child maltreatment reporting rates stemming from drug and alcohol testing. It is no wonder that African American women were three times as likely to test
positive for alcohol and four times as likely to test positive for cocaine as Caucasian women (Jones & Clifford, 1998).

The data on the relationship between race and child maltreatment are varied. Many of the risk factors associated with maltreatment can be traced back to problems of poverty and substance abuse. These factors are often found among communities of color that have had fewer economic and educational opportunities. All of these factors have been identified in the social ecology of child maltreatment (Jones & Clifford, 1998).

Treatment of African American Women

In order for women to accomplish and self-actualize, treatment must afford them the capacity to establish networks of support that recognize inner strengths which can be applied to recovery goals (Gutierrez, 1990). Yet, as previously noted treatment programs currently available to women are most often designed by and for white, middle-class men with a specific problem of alcoholism. As the AA program is applied to a wider variety of issues, with diverse populations, the model's generalizability has been called into question. Its applicability to other groups is, at best uncertain.
At worst, the addiction model and its notion of powerlessness could have serious negative consequences for women. The twelve-step model also promotes a worldview of addiction in which everyday life can be pathologized once women define themselves as addicted. In this instance, multiple patterns of behavior and sometimes even social and political circumstances are viewed through a lens of personal pathology (Saulnier, 1996). However, because of the inaccessibility of substance abuse treatment services in the private sector and the decrease in public services, treatment for African American women has become less affordable and hard to find. It is no wonder then that free twelve-step programs would appeal to women, particularly those whose income is limited (Jones & Clifford, 1990).

To be effective, services that are intended to help African American women must be designed to meet their specific needs. Therefore, it is necessary to incorporate information on incidence patterns and recognize social and cultural contributions to substance abuse problems in the development of interventions for African American women.

The majority of substance abuse programs for women emphasize a twelve-step process as a central program component. Jackson and Blass (1997) suggest that "women
will respond positively to messages of hope in the therapeutic setting and there is no need to reinforce guilt, shame, and self-criticism that they already feel about themselves." Many traditional drug treatment programs stress the negative while attempting to move the client in a more positive direction. Many clients, especially African American women, do not stay in such programs long enough to get the positive side of treatment. Further, culturally viable interventions for black women need to incorporate African American worldviews, lifestyles, behavior patterns, and problem-solving styles (Saulnier, 1996).

In contrast, twelve-step programs are not known for their cultural sensitivity. They may have the effect of decreasing African American women's motivation and desire to obtain sobriety (Saulnier, 1996). These programs also tend to deny differences and they de-emphasize the very approaches recommended for African American women. At this juncture, a more effective approach for this population would be programs that incorporate an Afro centric approach that would facilitate the strengthening of identity, spirituality, and community (Asante, 1988). These are the central components of effective drug treatment.
Theories Guiding Conceptualization

Theories guiding conceptualization of this study, as well as prior studies include viewing the person in the environment, through the use of the strengths perspective and empowerment approaches. It is imperative that treatment be based on the strengths perspective to sustain sobriety because this perspective is more aligned with the Afrocentric worldview that African Americans espouse. Unlike the 12-step approach, this approach would build upon the addict's historical and accomplished strengths, rather than tear them down in an attempt to rebuild.

Empowerment is an integral approach in assisting this population to maintain and sustain sobriety because it creates self-identity and dignity (Jackson, 1995). It is an approach that has the potential to increase personal, interpersonal, or political power so that individuals can take action to improve their life situations (Saulnier, 1996).

In viewing the treatment needs of African American women, parishioners have recognized the necessity for developing feelings and attitudes of empowerment and a separate sense of self as an aid toward recovery and a better quality of life. Independent functioning and self-reliance are important qualities that should be
established in order to acquire the tools to take responsibility for recovery and to resolve those issues that are gender related (e.g., abuse, domestic violence, and discrimination). The capacity to improve coping mechanisms to counteract life’s inequalities, stressors, and traumas is synonymous with developing a sense of control and stability which is much lacking in these women’s basic experiences (Burman, 1994).

The use of empowerment is a perspective that counters the negative value or image of African Americans. It also counters powerlessness and hopelessness with the ability to address problems competently, beginning with a positive view of oneself. As a treatment goal and process, it can counter racial oppression and poverty by helping African American women increase their ability to make and implement basic life decisions (Boyd-Franklin, 1989). Gutierrez (1990) has proposed several useful techniques to empower women of color and increase their motivation: (a) identifying and building upon existing strengths; (b) teaching skills, such as problem-solving, assertiveness, social competency, and self-advocacy, and life skills that include parenting and job seeking; and (c) mobilizing resources and gathering information to increase knowledge.
For more than thirty years, social work has been moving to view clients and the world from a less rigid, more open-minded perspective (Thorton & Carter, 1988). During the course of this paradigm shift the field of social work has worked hard to encompass new perspectives on women’s development, on the roles, unique experiences, characteristics, and their strengths. Additionally, with this change in their viewpoint has come the recognition that the needs, strategies and interventions for African American women must also incorporate principles such as empowerment while being sensitive to diversity and their individual differences (Saulnier, 1996).
CHAPTER THREE

METHODS

Introduction

This research project was a quantitative exploratory study, which focused on the perceptions of motivation in the recovery process of African American women with children. The study was based on 35 research surveys completed by African American women who have obtained and sustained sobriety and/or clean time for least 24 months, regardless of the mode of recovery treatment they underwent. This means that these participants may or may not have participated in an outpatient or residential treatment facility.

Study Design

This exploratory study was based on a quantitative approach. The purpose of this study was to identify, through quantitative surveys, factors that motivate African American women to sustain sobriety during and after the treatment or recovery process. The participants were asked questions grouped in four categories that included, motivation, treatment program (type, support services, provision of education regarding living skills), spirituality, and barriers to treatment.
Sampling

A snowball sample was used to locate the individuals in the population of interest. The study population included 35 African American women with children who have completed outpatient and/or residential substance abuse treatment in Riverside and San Bernardino County. The age range of these participants was 25-50 years old. Each participant was approached before and after open 12-Step meetings and asked to voluntarily participate in this study by completing an anonymous questionnaire.

Participants were then asked if they had been sober and/or clean from substance abuse for 24 months or more since initial treatment and had they participated in substance abuse treatment in the past 10 years.

Each participant of this study either had at least one child that was previously a dependent of the court due to parental substance abuse, or at least one child that was never a dependent of the state and who remained with the mother throughout treatment.

Data Collection and Instruments

On entry into this study, participants were given self-report survey questionnaires for their response. It is estimated that the survey instruments were completed
with-in a 15-minute time frame. The study participants were asked questions regarding socio-demographic data, their sobriety and/or clean time, participation in substance abuse treatment, child status, marital status, and educational background. Each participant was required to be sober/clean 24 months or more and to have participated in substance treatment in the past 10 years. Additionally, it was required that they have at least one child who may or may not have been removed from their custody during the recovery process. Survey options for selecting marital status included being married, never married, divorced, single, cohabitating (living with partner, unmarried), and separated.

Quantitative data, as previously noted, were collected on the survey that included the participants' perceptions regarding motivation, the treatment program (type, support and provision of living skills education), 12-Step and family support services. Also, information regarding spirituality and barriers to treatment were elicited.

In terms of motivation, this study sought to understand why did these women change? Was this motivation influenced, for example, by external factors, such as 12-Step meeting participation, church attendance, court
mandates, family support, or possibly assistance by Children’s Services Workers? Or did their motivation occur as a result of recognizing the discrepancies between “where they are” and “where they want to be” (Mattis, 1997).” Examples of such questions eliciting this information included, did they know right from wrong, were they in the process of soul searching, did they have guilt about their past, or did they want to improve their self image?

Next, this study wanted to know if the participants obtained sobriety and/or clean time in a residential treatment program or outpatient treatment program setting. In a residential program they resided on the premises for a set period of time according to program criteria. Comparatively, in an outpatient treatment program, the participants were allowed to return home and had to attend the program for a minimum number of hours per week, again, depending on the criteria set by the program. Then, this study inquired of these participants whether or not they had been taught any life skills while undergoing substance abuse treatment in either treatment modality. Examples of skills that could have been offered by the treatment program included, assertiveness training, stress management, vocational/employment skills, parenting, and
effective communication. Related to support, the participants were asked if the program staff supported them in the recovery process or had the staff made them feel bad about their past. Also, the survey inquired as to whether or not the participants received family support or support of a 12-Step sponsor (friend with more sobriety that the participant) in obtaining sobriety and/or clean time.

Following the previous set of questions, the participants were also asked questions that elicited their responses regarding their spirituality. At this juncture it is important to examine African American women’s subjective definitions of spirituality because research had reported that an Afrocentric perspective is built upon this construct. As such, spiritual belief and the rituals associated with them have been shown to influence African American people’s understanding of forgiveness, liberation, hope, justice, salvation, the meaning of purpose of life, and their responses to oppressions (Mattis, 1997). In this light, the participants were asked whether other methods of attaining and maintaining sobriety had been helpful, such as regular church attendance, only attending 12-step meetings on a regular
basis, and whether or not they believed in a higher power (an entity outside of themselves to rely upon for help).

Finally, this survey instrument asked the participants to report the barriers they had experienced in obtaining and maintaining sobriety and/or clean time. These questions included whether or not they understood written materials in the treatment program, if they lacked transportation, money, support, employment, or housing during the treatment or recovery process. According to Kovalesky, (2001), transportation issues are a significant factor in impeding the treatment and recovery process of women. Often mothers cannot visit their children, this problem intensifies their guilt, they cannot regularly attend outpatient program sessions, 12-Step meetings, seek employment or attend school or vocational training or even find housing.

The level of measurement used for all the above questions was nominal. Questions related to motivation, treatment program support, and barriers to treatment were added to form continuous scaled variables assessing extrinsic, intrinsic motivators, and barriers to treatment.
Procedures

Data collection was conducted by means of distributing surveys to the participants by the researcher. Participants signed a consent form (Appendix, A) responded to the anonymous background portion and other questions on the survey (Appendix, B).

During the announcement phase of the support group meeting, the researcher explained the purpose and nature of the research and the requirement of being sober/clean at least 24 months to all those in attendance at the various open 12-Step meetings (anyone can attend; no sobriety length of time requirement). The group was reminded that their participation and responses would be kept absolutely confidential, that there were no right or wrong answers, and that they should not hesitate to ask questions and could ask for clarification at any time. All participants, who had individual questions regarding the instructions, were provided further clarification.

Each participant was given an informed consent (Appendix, A) and debriefing form (Appendix, D) that were attached to each survey. The participants were requested to mark the consent form before commencing response to the survey.
Protection of Human Subjects

For sake of protecting the participants' anonymity in inputting the data, a numbering system was utilized for each interview, whereby no participant names were used. Study participants were asked to sign an informed consent before they participated in the study and were told that at any they could stop participation in the study. The participants were given debriefing statements that included the name of the researcher and research advisor along with a phone number to contact if they have any questions concerning the study.

Data Analysis

The study employed a quantitative approach using self-administered surveys. Perception of motivation was the dependent variable. Marital status, educational background, treatment program modality, staff support, and education provision relating to life skills, as well as the construct of spirituality, identified barriers and other modes of treatment were the independent variables.

Univariate statistics such as frequency distribution were used for descriptive analysis. Inferential statistics such as t-tests were also employed to evaluate the relationship between independent and dependent variables.
CHAPTER FOUR

RESULTS

Introduction

Procedurally, for this study the researcher focused on the hypothesis that a stable recovery cannot be maintained by external pressure only and that motivation and commitment must come from internal pressure. As such, this study examined and reported the factors that influence African American substance dependent women to continuously maintain sobriety, irregardless of the negative societal and systemic pressures that they must face.

Presentation of the Findings

A total of 35 respondents participated in this study. All of the respondents were African American women and their ages ranged 25 to 50 years old. All of the respondents had remained sober for at least 24 months and had participated in treatment in the past ten years. According to the frequency distribution, 54% had a child removed from their custody by child protective services and 46% did not. Eighty-nine percent of the respondents participated in outpatient treatment programs and eleven percent participated in residential treatment programs.
Sixty-three percent of the respondents went to church to obtain their sobriety, whereas 37% participated in 12-step meetings. Eighty-nine percent of the respondents were married, single, or divorced and 11% were either cohabitating, separated, or never married. Forty-nine percent of the respondents had an elementary, middle school, or high school education, whereas 51% had a vocational, AA, or BA degree.

During the treatment program recovery process, 49% of the respondents were able to talk to the staff about anything, 34% reported having staff that supported them during this process, and 17% indicated that the treatment program staff made them feel bad about their past. Twenty-nine percent received assertiveness training, 20% received stress management, 20% received job training, 17% received parenting education, and 15% received training in communication skills and resume preparation.

Scales were created to measure extrinsic motivators, intrinsic motivators, and barriers to treatment. The extrinsic motivators had 13 items, intrinsic motivators had 16 items, and barriers to treatment had six items. The extrinsic motivators mean score was 7.51 (S.D. = 3.08). The intrinsic motivators mean score was 7.91
The mean score was 3.49 (S.D. = 1.50) for the barriers to treatment.

The t test was calculated to assess whether there were differences among the subgroups of the sample on the three scales. There was no finding of significant differences for barriers to treatment. However, there was a finding of significance difference between the extrinsic and intrinsic motivating factors of obtaining sobriety and/or clean time through 12-Steps program or regular church attendance. According to the t test there were a higher number of extrinsic supports (Mean = 9.23), among those who became sober in 12-step meetings than those who became sober through attending church (Mean = 6.50) (t = -3.0, df = 33; p = .009). There were also a higher number of intrinsic supports (Mean = 10.23) among those who became sober in 12-step meetings than those who became sober through attending church (Mean = 6.55) (t = -2.4, df = 33; p = .022).

Summary

The present study did not support the hypothesis that, for African American women who had been dependent on drugs, intrinsic motivators had been better predictors of
improved behavioral outcomes than had extrinsic motivators.
CHAPTER FIVE
DISCUSSION

Introduction

This study examined client motivation as a predictor of substance abstention among African American women with children. Motivation is a complex and dynamic construct. It includes both extrinsic and intrinsic dimensions (Cunningham et al., 1994) as suggested by the diversity of reasons given by these women for entering treatment and maintaining sobriety. Extrinsic motivators such as legal pressures and sanctions have been found to be useful in keeping drug abusers in treatment. In comparison, intrinsic motivation, those inner reasons for personal change (Prochaska et al., 1992), are often considered more essential to the recovery process, and have been reported as better predictors of improved behavioral outcomes than extrinsic motivators (Curry et al., 1990).

Knowledge of the construct of intrinsic motivation specific to African American women assisted in understanding why the participants in this study were successful regardless of a lack of treatment program effectiveness and also while dealing with socioeconomic barriers.
Discussion

Intrinsic factors related to substance abuse have received considerable attention in the last 20 years because of the desire to understand why some people are successful while others fail in their attempts to change their behaviors (George et al., 1998). Intrinsic motivators have been found to be significant predictors of engagement and retention during the recovery process (Curry et al., 1990; George et al., 1998; Cunningham et al., 1994; Prochaska et al., 1992). However, in contrast to the findings of previous research and to a priori expectations of this researcher, the results of the present study were inconsistent with this ideology. This study did not find that intrinsic factors, including, but not limited too, soul searching, fear of loosing children, desire to gain respect, knowing right from wrong or religious values, to be predictors of African American substance dependent women’s obtaining and sustaining sobriety.

This study did however, show that in general, African American women with at least 24 months of abstinence reported that they rely less on intrinsic and more on extrinsic factors in helping them to obtain and maintain early sobriety. Specifically, the respondents reported the
extrinsic motivators of regular 12-Step program attendance and engaging in church attendance as factors that helped them in the recovery process.

The finding regarding 12-Step program attendance is consistent with the research of Jones & Clifford (1990) who reported that due to the high cost of treatment services, programs based on the Alcoholics Anonymous (AA) addiction model are appealing to African American women whose income is limited because these programs are affordable and easy to find. As previously noted, however, this program model posits the notion of powerlessness and could have serious long-term negative consequences for this population (Jones & Clifford, 1990). The lesser influence of church attendance can be related to the fact that the AA model is also based on the construct of spirituality. The AA program model is based on the 12-Step of the program that are described by the founder of the organization, Bill W. (1942) as spiritual in nature and that must be applied to one's life to obtain continuous sobriety. Comparatively, spirituality has been reported as the cornerstone of Afrocentric activity, and the influence of spirituality in a program of recovery is critical (Jackson, 1995).
Limitations

Various limitations must be noted when considering these data. First, the small convenience sample of 35 participants makes it impossible to statistically generalize the results to other substance abusing African American women. Second, for valid statistical analysis, the instrument used to collect the data must be tested for reliability and validity because it may not yield the same results if used again or may not be accurately assessing for the construct of motivation. Third, there is a paucity of recent research regarding what motivates substance-abusing African American women to obtain sobriety. Finally, the study relied on self-reports and therefore was subject to misunderstandings of the questions. Participants tended not to answer the open-ended questions, which might have clarified of their meaning. However, despite these limitations, several findings are encouraging and have implications for policy and practice.

Recommendations for Social Work Practice, Policy, and Research

The results of this study make clear that researchers, policymakers, and practitioners should give more attention to the following issues: 1) Development of
treatment programs that are not only gender specific and culturally relevant, but that also incorporate the AA model into the program to compliment the Afrocentric worldview for women and their children. An Afrocentric approach and the AA model would facilitate the strengthening of spirituality and community (Asante, 1988). 2) Given the prevalence of African American children experiencing out-of-home placement, the findings demonstrate the importance of Childrens Protective Services workers being educated not only in diversity, but also in "What is spirituality?" and how is the AA program model connected with the Afrocentric perspective. This knowledge will assist them in better relating to the mothers of these children. 3) Social work professionals need to advocate on behalf of this population that the policy makers develop the necessary programs that will offer these clients the treatment that best meets their needs. 4) Finally, that treatment programs in existence, regardless of their modality of residential or outpatient, should incorporate into their program policy and procedure for giving credit to clients for attending church and also AA attendance. These programs should re-devise their program format to include the attendance of church for African American women enrolled in their treatment programs.
Conclusions

This study advances our knowledge regarding why African American substance dependent women are motivated to engage in a journey of sustained sobriety. These findings also point to the importance of extrinsic motivators as factors that were influential in the participants of this study ability maintain ongoing abstinence from alcohol and drugs. Finally, this study also broadens our perspectives regarding the obstacles that these women encounter and overcome while partaking in this process of recovery.
APPENDIX A

INFORMED CONSENT
INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate motivation in the recovery process among African American women with children. This study is being conducted by Raven Pagson, graduate student under the supervision of Dr. Rosemary Mc Caslin, Professor of Social Work. This study has been approved by the Department of Social Work Sub-Committee of the Institutional Review Board at California State University, San Bernardino.

In this study you will be asked to respond to a questionnaire. There are no right or wrong answers. Completion of this survey should take approximately 10-20 minutes. All of your responses will be held in the strictest of confidence by the researcher. No names will be used in the questionnaire or in any part of this research study. Your participation in this research study is completely voluntary. You are free to withdraw at any time.

If you are interested in the results of this study, copies will be available in the Pfau Library at California State University, San Bernardino after June 2004. If you have any questions or concerns about the research, please do not hesitate to call my supervisor at (909) 880-5507.

Please check the box below to indicate you have read this informed consent freely consent to participate in this study, and are at least 18 years of age.

Please place a check mark here □ Date:
APPENDIX B

ANONYMOUS BACKGROUND INFORMATION
ANONYMOUS BACKGROUND INFORMATION

Are you at least 24 months sober/clean?
□ Yes □ No

Have you participated in substance abuse treatment in the past 10 years?
□ Yes □ No

Do you have at least one child or children that was previously removed from your custody by child protective services?
□ Yes □ No

Do you have at least one child or children that was not removed from your custody, but remained with you during your recovery process?
□ Yes □ No

MARITAL STATUS:
□ Married □ Single □ Divorced □ Cohabiting □ Separated □ Never Married

EDUCATIONAL BACKGROUND:
□ Elementary □ Middle School □ High School
□ Vocational School □ AA Degree □ Bachelor Degree
□ Other ______________

Thank you for your participation in this research project!!
APPENDIX C

RESEARCH SURVEY
RESEARCH SURVEY

Below is a list of questions that will identify what helped you to become and stay sober/clean. Please read the following questions and check the boxes that best apply to you. Remember that there are no right or wrong answers.

1. If you obtained sobriety or clean time in a drug treatment program check all that apply.
   - □ Out patient program
   - □ Residential program
   - □ Were you able to talk to the staff about anything
   - □ Staff supported you in the recovery process
   - □ Staff made you feel bad about your past

   Did you learn any of the following skills while in the treatment program.
   - □ Assertiveness Training
   - □ Stress Management
   - □ Job Training
   - □ Parenting
   - □ Communication Skills
   - □ Resume Preparation/Interviewing

2. If you did not obtain sobriety or clean time in a drug treatment program where did you go for recovery?
   - □ Church
   - □ Other __________________________
   - □ 12 Step Meetings (AA, CA, NA)

3. Check all that applied in your helping you to obtain and maintain sobriety/clean time.
   - □ Court mandate
   - □ Loosing custody child/children
   - □ Visiting with your children
   - □ Services by CPS Worker
   - □ Regular Church Attendance
   - □ Counseling by church members
   - □ Church attendance as a child
   - □ Your religion ________________
   - □ Family support
   - □ Clean/sober friends
   - □ 12 Step Sponsor
   - □ Working the 12 steps
   - □ Regular attendance 12 step
   - □ Attending sober/clean activities
   - □ Obtaining employment
   - □ Attending school/vocational training
   - □ Treatment Program
   - □ Therapy/Counseling
4. Check all that applied in your helping you to obtain and maintain sobriety/clean time.

☐ Knowing right from wrong ☐ Wanting to do what is right
☐ Being raised differently ☐ Belief in a Higher Power
☐ Soul searching ☐ Family expectations
☐ Fear of loosing children ☐ Helping others
☐ Being a role model ☐ Desire to gain respect
☐ Improve self-image ☐ Improve self-esteem
☐ Reconnecting with your race ☐ Guilt about your past
☐ Shame about your behavior ☐ Looking at past mistakes
☐ Failure to recognize the problem
☐ Fear of treatment itself ☐ Discrimination against you
☐ Fear of others reactions ☐ Prejudices against you

5. Check all the barriers you have experienced in obtaining and maintaining sober/clean time.

☐ Not understanding written materials in the treatment program
☐ Lack of transportation
☐ Unavailability of child care
☐ Lack of money
☐ Lack of support of others
☐ Scheduling/visit settings
☐ Lack of employment
☐ Lack of housing

6. What would you say influenced you the most in your obtaining sobriety/clean time?

7. What would be the most significant barrier(s) you experienced in obtaining sobriety/clean time?
APPENDIX D

DEBRIEFING STATEMENT
DEBRIEFING STATEMENT

You have just participated in a study that solicited information on motivation in the recovery process among African American women with children. This study was conducted by Raven Pagson, a graduate student at California State University, San Bernardino. Any concerns about this study may be addressed to my supervisor, Dr. Rosemary Mc Caslin, at (909) 880-5507. It is hoped that this research will increase the effectiveness of treatment for substance-abusing African American women with children, in order to live more sustaining lives. If you are interested in the results of this study, copies will be available in the Pfau Library at California State University, San Bernardino after June 2004.
REFERENCES


