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Factors contributing to higher level of functioning among the dually diagnosed

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FACTORS CONTRIBUTING TO HIGHER LEVEL OF FUNCTIONING AMONG THE DUALLY DIAGNOSED

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

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ABSTRACT

Dually diagnosed clients have co-occurring disorders, often substance abuse and psychiatric disorders, that affect their level of functioning and self-sufficiency. The challenge is to accurately treat both components of co-morbidity. This research project used quantitative data analysis to attempt to discover which factors contribute to clients being high functioning individuals. The findings of this research demonstrated that dually diagnosed clients need family support, appropriate psychotropic medications, and regular support group attendance, in order to be higher functioning. The results of this study may contribute to the social work profession by expanding knowledge of co-morbidity, providing suggestions on how best to integrate dual treatment, thus facilitating clients' higher functioning and promoting self-sufficiency.

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CHAPTER ONE

INTRODUCTION

Dual diagnosis is a complex phenomenon, which presents a challenge to the social work field and society as a whole. This term is reserved for a group of people who have both a primary psychiatric and a primary substance abuse disorder. Due to existing discrepancies in providing diagnosis and treatment of dually diagnosed clients, this problem needs to be addressed. Current research indicates that dually diagnosed clients are not being properly assessed or treated. Due to the complexity of this diagnosis, clinicians need to be educated and trained in dual diagnosis. The present paper will provide background information on co-morbidity, current treatment procedures, micro and macro practice modalities, and the significance of this disorder in social work practice. In addition, the research will attempt to answer why some dually diagnosed clients function on a greater level then others. The research will endeavor to correlate the significance of family support, properly taken psychotropic medication, and consistent support group attendance to a person's higher level of functioning.

Problem Statement

Dually diagnosed clients have two primary disorders, which are occurring at the same time. One of the main disorders is substance abuse. The substance abuse may manifest itself in the use of alcohol or elicit drugs. The illegal drugs frequently used are marijuana, methamphetamines, cocaine, and heroin. The primary psychiatric disorders that are evident in these clients are mood disorders, schizophrenia, and personality disorders. Some of the mood disorders may manifest as depression, anxiety, bipolar disorder, post-traumatic stress syndrome, and antisocial personality (Kranzler, & Rosenthal, 2003). Due to a massive increase in the rate of chemical dependency and psychiatric disorders, the need to understand co-morbidity of these two disorders warrants immediate investigation within mental health settings (Brooks, & Penn, 2003).

The quandary begins when individuals who are dually diagnosed seek help. The facilities that provide services for these individuals often do not have an integrated program or clinicians trained in dual diagnosis. When dually diagnosed clients seek assistance from either a mental health or substance abuse agency, they encounter

difficulties. If the agency is a mental health provider, their agenda is mental health treatment. If the agency is a substance abuse facility, their agenda is substance abuse treatment. The clinicians are trained in their own field. "Increasingly, clinicians are assessing and treating substance use disorders in clients who have co-morbid psychiatric conditions", without proper training on how to accurately assess and diagnose co-morbidity (Carey, 2002, p. 2). Due to an increase in society on chemical dependency and psychiatric disorders, appropriate and effective treatment needs to be available (Carey, 2002).

Dual diagnosis is important because it is more prevalent than is realized or recognized. According to the National Co-Morbidity Survey in 1991, approximately ten million adults in the United States were diagnosed with co-morbidity (Harvard Mental Health Letter, 2003). The research also indicates that, "in the early 1980s, the Epidemiological Catchment Area (ECA) Survey found that 45% of alcoholics and 72% of drug abusers had another psychiatric disorder" (Harvard Mental Health Letter, 2003, p. 1). In the field of social work, mental health specialists are being urged to provide services

for this population. Therefore, the social workers should have a clear understanding of the prevalence, root cause, and the effects of dual diagnosis.

Those that are affected by dual diagnosis are often the under privileged, the marginalized, and the disenfranchised populations. These include the homeless, the incarcerated, and mental patients within the community and mental facilities. "In the (ECA) survey, 56% of prisoners had an alcoholic problem, 54% a drug problem, and 56% another psychiatric disorder" (Lima, Lorea, & Carpena, 2002, p. 1179). This serves as an example of one disenfranchised population affected by co-morbidity.

In analyzing the root cause of dual diagnosis, both psychiatric disorders and substance abuse disorders may have common causes, which include biological, psychological, or social factors. Often, people with psychiatric disorders may develop a substance abuse problem as well. This problem may be caused by the mental illness impairing judgment or because they attempt to soothe their illness, hence treating its symptoms through the use of alcohol or illicit drugs. Social and psychological risk factors include child abuse and lack

of support from friends, family, or community agencies. Research also indicates that heredity is important. There is a genetic risk factor for depression, drug addiction, alcoholism, and the development of antisocial personality disorder (Harvard Medical Health Letter, 2003). Having knowledge of risk factors that contribute to dual diagnosis provides the clinicians with valuable information which can serve as preventatives of co-morbidity.

Possessing a better understanding of the etiology, which caused the client's dual diagnosis, allows for better assessment and treatment. Possible mechanisms of dual diagnosis are primary mental illness with subsequent substance abuse, primary substance abuse with psychopathology, dual primary diagnosis of substance use resulting in increasing of psychopathology and a situation in which there is a common factor causing both diseases (Lima, Lorea, & Carpena, 2002). In implementing interventions or treatment plans, knowing the mechanisms at work in clients with dual diagnosis will help the clinician tailor the treatment for a better outcome. "With the publication of DSM-IV, greater emphasis was placed on the clinical and research utility of the

substance induced disorders classification, as well as allowing primary disorders to be diagnosed during periods of abstinence or light substance use following remission of alcohol or drug dependence" (Samet, Nunes,Hasin, 2004, p. 16).

In regards to macro and micro practice, dual diagnosis is an evolving disorder with an unclear approach to treatment. The research reveals this to be due to measuring problems. Research on dual diagnosis is challenged in that at times, drug and alcohol intoxication and symptoms of withdrawal can strongly resemble psychiatric symptoms. Therefore, it is difficult to differentiate these psychiatric symptoms from alcohol and drug induced symptoms. (Samet, Nunes, & Hasin, 2004). To assist in addressing the diagnostic measuring problems in co-morbidity research of heavy drinkers and drug users, there has developed the Psychiatric Research Interview for Substance and Mental Disorders, or better known as (PRISM). As one can envisage, dual diagnosis is on the forefront of attention in methods of appropriate diagnosis and treatment. The only question then is, why do some agencies have better outcomes than others?

According to the literature, there are currently several approaches being incorporated in the treatment of clients with dual diagnosis. These treatment modalities include the psychotherapeutic approach, pharmacological approach and self-help approach. Clinicians also avail a combination of theories and various approaches in treating these clients. For example, there is application of the social stress model, strength based perspective, cognitive behavior therapy, supportive therapy, and motivational techniques, in helping dually diagnosed clients. Models of integrated treatment aim to combine traditional mental health and substance abuse counseling. The research indicates that, "such coordinated psychiatric and alcohol rehabilitation may lead to better outcomes" (Kranzler, & Rosenthal, 2003, p. 532).

Purpose of the Study

The purpose of this study is to expand on already existing knowledge on the phenomenon of dual diagnosis. By contributing to the expansion of information on co-morbidity, the primary goal is to assist clinicians and the overall profession of social work with the necessary apparatus and techniques to be competent enough

to properly assess their dually diagnosed clients, creating a treatment plan for each individual, catering to and focusing exclusively on his/her unique needs and treatment goals.

Through administering a questioner to the dually diagnosed client population of Central Valley Regional Recovery Center, this research will attempt to discover if there is a significant correlation between ones family support, intake of psychotropic medications, and support group attendance, and his/her level of functioning. The research hypothesis predicts that indeed these variables affect ones level of self-sufficiency. If a co-morbid individual for instance has adequate family support, takes his/her psychotropic medications as prescribed, and regularly attends a support group for his/her dual diagnosis, he/she is more likely to be a high functioning self-sufficient individual, as oppose to a person who does not have good family support, is not taking medications, or attending a support group.

An additional purpose of this study is to discuss the discrepancies in diagnosis and treatment of the dually diagnosed individual. The target population will be the co-morbid clients with a primary diagnosis of

mental disorder and substance abuse. Since there is an increase in clients diagnosed with co-morbid primary disorders, agencies, clinicians and licensed therapists are concerned about developing and providing appropriate treatment. "Accurate diagnosis is important both for the proper selection of treatment and for estimation of treatment or treatment cost. In addition, educating patients about their illness obviously must be based on an accurate diagnosis as well" (Basco 2000, p. 10).

It is important to understand this problem because using an incongruous approach results in poor outcomes in treating the dually diagnosed individual. Time and money is exhausted in providing inappropriate treatment. In using an erroneous approach, the client can become confused and caught in having to choose the disorder on which to focus. For example, a client who is in treatment and has been prescribed medication for his psychiatric disorder may have been directed to attend twelve step meetings. The philosophy of the twelve-step community is total abstinence. This client may feel that he needs to hide the fact that he is taking medication in order to fit into the twelve-step community. "Some patients who receive their care through the mental health treatment

system have become used to a 'don't ask, don't tell' policy with regard to substance use" (Carey, 2002, p. 3). In other words, clients are not willing to provide information that may jeopardize them in any way. Clinicians then will not be able to address a substance abuse problem because information is being withheld. The findings promote the merging of the two philosophies, mental health and substance abuse (Brooks, & Penn, 2003). Investigating the current treatment modalities that are being provided by conducting a quantitative research analysis of agencies and clients then becomes vital.

Significance of the Project for Social Work

A primary reason why research on dual diagnosis will be extremely valuable to the profession of social work is that it will better enable social work professionals to properly diagnose and treat their co-morbid clients. Clinicians need extensive education on dual diagnosis in order to properly assist their clients. In addition, clinicians need to utilize various diagnostic instruments in order to accurately measure and diagnose co-morbid disorders (Samet, Numes, & Hasin, 2004). Another important and significant aspect of this study will serve

to expand the knowledge base on dual diagnosis in the field of social work. Through the research, clinicians will be informed of and thus further understand the classifications and the relationship of co-occurring psychiatric and substance abuse disorders (Samet, Numes, & Hasin, 2004).

Incorporating the DSM-IV and the PRISIM, a tool used by mental health specialists to have a greater range in measuring and properly diagnosing clients, professionals in all mental health settings will have all of the necessary instruments, hence capable of accurately diagnosing dually diagnosed individuals. In using these instruments, the clinician will be able to provide a more standardized service to clients. Currently due to a large number of mental health clients suffering from co-morbidity, this research will serve as a vital addition to the already existing knowledge base on dual diagnosis in mental health settings. The quandary of co-morbidity is indeed considerably substantial, and large enough that the research findings from this study are essential for the discipline of social work.

Research findings will also contribute to the profession of social work by addressing the issues of

dual diagnosis and self-sufficiency. The research will attempt to discover and answer why some dually diagnosed individuals are considered high functioning and why the remaining are not considered self sufficient. The research will compare high functioning dually diagnosed individuals with low functioning ones, such as homeless co-morbid populations, attending the same treatment agency. Working with this group will permit the discovery of varying degrees of what is considered a high functioning and a low functioning dually diagnosed individual. Through the assessment of already existing data and its analysis, the mental health professional will gain a new insight and a new perspective on how to detect which co-morbid individual is low functioning and which is higher functioning. In addition, it will assist the therapist with a treatment plan in order to enable and empower a low functioning dually diagnosed person into a higher functioning adult suffering with co-morbidity.

The generalist process stages that will mainly benefit from this study and be most significantly informed and influenced are the assessment phase and the treatment phase. Within the assessment phase, the project

will enable clinicians to have a greater knowledge base on the phenomenon of dual diagnosis; hence, they will be able to utilize this collective body of knowledge on co-morbidity to properly and accurately diagnose their clients. In addition, research will provide measuring assessment tools, which could serve to guide therapist's assessment process and enable him/her to formulate a more accurate diagnosis.

Regarding treatment, this study will influence that aspect of the generalist approach by influencing first the assessment process, which naturally guides the treatment plan. Through accurate diagnosis, the clinicians will know which treatment plan best suits each client, taking into account his/her specific psychiatric disorder, including severity and intensity, and his/her particular substance of choice. Research findings will provide mental health specialists with alternate treatments that currently might not exist or are simply not known or recognized within the profession. In order to address and properly contribute to these two aspects of the generalist approach the research project is a quantitative data analysis of dually diagnosed population attending a dually diagnosed program at Central Valley

Regional Recovery Center. The central question being asked by this research hence remaining to be answered, is why are some dually diagnosed individuals better able to function on a higher level then others? Does level of family support, accurate intake of psychotropic medications and constant support group attendance by a client determine or affect his/her level of functioning?

CHAPTER TWO

LITERATURE REVIEW

Throughout the history of mental health the facilities that provide mental health services have always supported the ideology that substance abuse and mental illness are two separate entities; hence clients should be treated for mental illness and substance abuse problems separately. Not until the late 1960s and the breakdown and closing of most mental health hospitals in the United States, did the research on dual diagnosis begin to evolve within the discipline of social work (Flores, 1997). Currently social work researchers have done a phenomenal job of researching the subject of dual diagnosis, thus creating potential solutions on how better to treat the dually diagnosed population. Nevertheless, the overall research can still be categorized as small-scale research, because of limited longitudinal research studies. The topic of dual diagnosis has not been given the attention and emphasis that it should receive in order for social workers practicing in this area to be competent and trained in

how to assist the mentally ill who also have a substance abuse problem.

An important fact is that an overwhelming number of clients who suffer from some form of mental illness also have a coexisting problem of abusing a substance. In one study that was done "the Epidemiological Catchment Area (ECA) found that among individuals with schizophrenic disorders, close to half (47%) also met criteria for a lifetime addictive disorder" (Gomez, 2000, p. 352). These staggering statistics are frightening. The social problem of co-morbid disorders is substantial enough that it needs immediate research attention. In order for social workers and therapists to truly be able to assist this population, greater research on this topic is essential. Some researchers have suggested a therapeutic approach in treating clients who suffer from co-morbidity. In addition to client receiving mental health services, he/she should be able to receive substance abuse services, such as attending support groups and counseling sessions within the same facility.

Another poignant fact is that regardless of the high rates of co-morbidity, there are very few facilities that offer services for both disorders. Within the social work

profession, there still exists the notion that regardless of whether a client suffers from dual disorders, the mental illness should be treated separately and in a different facility with diverse professionals then the substance abuse disorder. Clinicians are becoming more familiar with the phenomenon of dual diagnoses; however, the existing treatment system has not evolved into a cohesive treatment modality in which both substance abuse and psychiatric disorders are considered as one entity.

The National Survey on Drug Use and Health reported that "in 2002, more then half of adults with co-occurring serious mental illness (SMI) and a substance use disorder (a total of 2 million adults) received neither specialty substance use treatment nor mental health treatment" (NSDUH, 2004, p. 2). The challenge for social workers is then not just to create facilities and rehab centers where dually diagnosed clients can receive dual services for their mental illness and their substance abuse. The challenge of getting clients to recognize that they are dually diagnosed is difficult, as well as attempting to provide them a location where both of their diagnoses can be properly and accurately treated. One facility where

both problems can be treated is the best and most beneficial solution for this population.

The empirical research that has been performed on dual diagnosis demonstrates that co-morbidity is a serious social problem that demands immediate attention from the social work profession. In 2002, 17.5 million people who were 18 or older suffered from a serious mental disorder. This figure is representative of approximately 8% of the adult population. Approximately 23% of these mentally ill adults suffered from a substance abuse disorder as well, and are considered dually diagnosed clients (NSDUH, 2004). Over half of this dually diagnosed population did not receive any services for either disorder (NSDUH, 2004). In addition to these latest statistics on the co-morbid client population, there are a limited number of research studies interested in discovering client satisfaction with dual diagnosis services. This perhaps could be attributed to limited government-funded facilities, which offer services for both disorders. In order to generate more interest in the topic of co-morbidity, clients' perspectives on currently available services along with pure research on the topic itself, is vital and obligatory.

Further studies that need to be located (in order for this research to fully develop) should focus on the satisfaction among dually diagnosed clients in substance abuse settings and or clinical settings. Some research studies already clearly indicate from a qualitative and quantitative standpoint that client satisfaction is closely related to better treatment outcomes (Brooks & Penn, 2003). How satisfied the dually diagnosed individuals are with their substance abuse treatment and their mental health treatment should be considered. In addition, statistical figures should be developed that clearly indicate the satisfaction of both services provided and the overall effectiveness of programs available for the dually diagnosed population.

One such study asked dually diagnosed clients who are being treated in a setting addressing both disorders about their satisfaction with support provided and whether the current treatment program addressing both illnesses was perceived to be useful and successful, in the treatment of co-morbidity. "The majority of patients reported that the program provided an adequate support network in the form of friends, a place to go, role models, and counseling. 84% of patients felt that this

support network helped them abstain from drug and alcohol use" (Gomez, 2000, p. 359). Further studies of this magnitude are required in order for the social work profession to fully be aware of the needs of their dually diagnosed clients.

Theories Guiding Study

One theory in particular that could assist and guide this study is the social stress model of substance abuse, which states that "the probability of an individual engaging in drug and alcohol use is linked with stress level and the degree to which it is buffered by stress modifiers such as social networks, social competence, and resources" (Gomez, 2000, p. 352). Through using this paradigm, one can conclude that one way in which dually diagnosed population can abstain from abusing substances is by having a support network, such as a facility where they can go and receive counseling services, participate in group therapy and simultaneously receive psychological treatment for the mental illness component of the dual diagnosis.

Another theory that could further be considered is the strength-based perspective. This theory indicates

that clients should focus on the strengths they posses and be encouraged by therapists to utilize their strengths in their recovery process. Using this perspective, it can be affirmed that dually diagnosed clients need a facility that not only provides services for both diagnosis but also encourages clients to use their strengths in order to function properly and more efficiently, and in order to constructively manage the two disorders.

In addition to the strengths-based perspective, incorporating solution-focused theory in order to complete this research on clients' level of functioning while receiving dually diagnosed services is important. Using this theory for the co-morbid population, facilities offering dual diagnosis treatment should focus on a solution for each client. Perhaps focusing on ways to minimize or entirely suppress the use of substances and take the correct medication, along with participating in consistent therapy, is considered to minimize and or prevent mental illness symptoms.

Theories Guiding Conceptualization

The primary theory guiding conceptualization of dual diagnosis originates from a theoretical framework that incorporates multiple theories. The first one derives from a strength-based perspective and is used within cognitive and behavioral theories. The second is a psychoanalytic approach, which self-psychology and object relations theories incorporate. The reason why the two frameworks were chosen to guide this study is that not all dually diagnosed clients need exactly the same treatment services. For instance, some clients might need more social support, so attending group therapy would be most helpful. This treatment technique stems directly from the strength-based perspective, incorporating behavioral-cognitive therapy in a short-term treatment setting. On the contrary, other clients suffering from co-morbidity might need more extensive, individual counseling. In that case a psychoanalytic framework would be most appropriate. The therapist could utilize in this instance either object relations therapy and or self-psychology to assist in the treatment of the dually diagnosed individual.

The study of dual diagnosis that will be conducted will contribute immensely to the profession of social work. Through the study, it is anticipated that greater knowledge of the phenomenon of co-morbidity will develop. Clinicians working in the mental health and substance abuse settings will be more competent and efficient in accurately diagnosing co-morbidity, and the measurement instruments that will be utilized in the research will assist social work professionals in their assessment and treatment phase of the dually diagnosed. Overall, an enhanced understanding of the co-occurring psychiatric and substance abuse disorders will be acomplished. A primary goal will be to conduct a research study at Central Valley Regional Recovery Center on the dually diagnosed population, attempting to discover and answer why some of the individuals function on a higher level then others. Does family support, proper intake of psychotropic medications and regular support group attendance alter ones level of functioning? The research will attempt to build on previous studies conducted on this topic, which used the social stress model of substance abuse and the strength-based perspective. Alongside incorporating these two theoretical frameworks

as the foundation for the research, the psychoanalytic framework including its applicable theories will be integrated as well.

The phenomenon of dual diagnosis is very complex. Much research is needed on this topic in order for the large number of individuals living with co-morbidity to ultimately be properly assisted. This research project will attempt to contribute to the already existing body of knowledge on dual diagnosis, in hopes of supporting those living with co-morbidity and enhancing the clinicians assessment and treatment skills. Even though the research is considered small scale, it will attempt to identify important factors that will provide social workers with a plan and various methods in which they can greatly facilitate the population suffering from co-morbidity.

CHAPTER THREE

METHODS

This chapter addresses the methods of this quantitative research study. The study's design, research methods, and the sampling component of the research will be addressed. The dually diagnosed group that was sampled in this study will be discussed, as well as reasons why in particular this group of clients was chosen to participate in the research. Independent and dependent variables are identified, along with ways in which data was collected. The intricacies of the instrument will be discussed, including its validity and reliability. The description of how the data was collected will be presented, as well as ways in which the protection of human subjects is guaranteed. Addressing data analysis and elaborating on the unique procedures that were used in order to process and refine the data will also be mentioned.

The purpose of the proposed study is to distinguish and explore the correlation between levels of family support, as well as the accuracy of prescribed psychotropic medications, and the degree of various types

of support groups attended, with the extent of functioning among the dually diagnosed population being studied. The research predicted that the greater level of family support clients have in addition to medication therapy as well as consistent attendance of a particular support group, the greater their level of functioning and overall self-sufficiency. This study considered complete self-sufficiency and independence as the highest form of functioning and homelessness as the lowest level of client functioning. For instance, clients who are considered high functioning dually diagnosed individuals might live on their own in an apartment, possibly are able to drive, monitor their own medications, and maintain steady employment.

The research is a quantitative data analysis that has evaluated information collected from the surveys administered to clients at Central Valley Regional Recovery Center. In order to accurately predict the hypothesis that clients are higher functioning if their level of family support is high, as well as if they attend support groups regularly while taking their prescribed psychotropic medications, the research examines from the data the following: Whether or not

clients are thought to have family close by geographically or if clients live with a nuclear family or with close relatives, in addition to the number of weekly support group sessions attended and clients feedback on daily medication intake. Regarding support group attendance, this research considers support group to range anywhere from a twelve step program such as Alcoholics Anonymous, to individual psychoanalytic mental health treatment programs, to a spiritually based support group.

The research method that was used in this study is quantitative and it was considered to be most appropriate form of a research method, due to this study seeking information directly from the clients of Central Valley Regional Recovery Center in a questionnaire format. A Likert scale questionnaire was administered to the clients in order to either prove or disprove the hypothesis of this research. In addition to collecting demographic data on each client surveyed, the questioner asked the participants Likert scale type specific questions regarding their level of family support, intake of psychotropic medications, and support group attendance. A quantitative research method was most

appropriate for this study because the subjects participating in the research were available to take the questionnaire and this study was given full approval by Mental Health Systems, Inc. to administer the surveys to their dually diagnosed clients.

The research design for this study is exploratory, attempting to uncover generalizations about co-morbidity and investigate the accuracy of the proposed hypothesis. This exploratory research design will attempt to explain why some dually diagnosed individuals are higher functioning then others, using the three previously described dependent variables. Designing research based on quantitative data analysis allows for the development of knowledge on an exploratory level, as well as on a descriptive level. Exploratory level allows for the data to produce the hypothesis for this research. The descriptive level will provide the study with an explicit means to illustrate the characteristics of the population and the overall phenomenon of dual diagnosis.

One limitation of this exploratory study is the potential subjective and biased answers given in the questionnaire filled out by the clients. There is no certainty as to whether or not the answers from the

clients' surveys are fully accurate or the actual truth. For instance, clients may write whatever answer they desire without any regard as to whether or not the answer given is a truthful one, based on reality. There is not a single approach in which the answers given by the clients can be controlled in order to assure accuracy, which can be considered one limitation of the study.

The research question and or hypothesis then is: does the level of family support, adequate intake of psychotropic medications, and support group attendance alter and affect a dually diagnosed individual's level of functioning? If these three variables are lacking, does the person function on a lower level? If the variables are increased, would it also increase clients level of functioning and self sufficiency?

Sampling

The sampled participants for this study are dually diagnosed clients who receive services from Central Valley Regional Recovery Center for their dual diagnosis. The size of the sample from which the data was collected is forty. Forty questionnaires were administered to the sampled group. The group was specifically chosen for this

study because of the availability of the client population being studied in this research. After extensive review for approval, Central Valley Regional Recover Center permitted access of their dually diagnosed clients to participate in this study on a voluntary basis, by filling out the administered questionnaire.

The research was conducted at a mental health facility, Central Valley Regional Recovery Center, using forty of its dually diagnosed voluntary clients to participate in this research study. The sampled group consisted of male and female dually diagnosed, who are considered high and low functioning adults. The group is diverse regarding the degree of self-sufficiency. The sampled population contained co-morbid individuals who have proper housing and employment, to clients that are actually homeless, thus very low functioning. This group was considered a convenience sample group due to its representation of diversity, beginning with gender and age, to the many differentiations in their dual diagnosis and combinations of it. For instance, the group had individuals who are diagnosed with drug dependence and schizophrenia, as well as clients with alcohol dependency and a bipolar psychiatric disorder. The diagnosis tended

to vary among members. The sampled group consisted of forty adults who were selected based on voluntary status, as well as based on the cooperation received from Central Valley Regional Recovery Center. More importantly, the subjects were chosen for this study because this dually diagnosed group contains a diverse co-morbid population, possessing high and low functioning adults.

A questionnaire was distributed to the forty clients at Central Valley Regional Recovery Center. This research was sensitive to the reality that the dually diagnosed human subjects involved are considered to be in the category of vulnerable adults; hence everything necessary was done in order to properly protect and shelter the subjects from any and all potential harm deriving from this study. In addition, the research complied with the Central Valley Regional Recovery Center's criteria for conducting a study. This research study did cooperate with all of the necessary entities in order to make the study feasible and possible.

Data Collection and Instruments

Clients demographic information as well as information pertaining to clients' level of family

support, regular intake of psychotropic medications, and frequency of support group attendance was collected through the administering of a questionnaire, designed to obtain the answers to these questions. The independent variable in this study is the level of functioning and or self-sufficiency among the dually diagnosed clients. The dependent variables are level of family support, accurate intake of psychotropic medication by clients as prescribed, and the degree of support group attendance.

The way in which the independent and dependent variables of this study were measured was by using Likert scale questions regarding clients' level of family support, intake of psychotropic medications, and support group attendance in the administered questionnaire. The instrument used in order to collect the desired data was a questionnaire (Appendix A), constructed by the researchers of this study, designed to answer questions regarding clients' level of self-sufficiency and either proving or disproving the posed hypothesis.

The instrument used for this study was carefully designed by the researchers. It is a questionnaire intended to collect personal information from the clients, regarding their substance use as well as their

mental disorder, in order to prove or disprove the hypothesis of this research study. The questionnaire asked the clients about their level of family support, their medication use and if the medications provided by their mental health specialist are working for them. In addition, the questionnaire asked clients about support group attendance and the frequency of weekly group attendance. The instrument used to collect the data from the dually diagnosed client population at Central Valley Regional Recovery Center is reliable and valid, because it is standardized, measuring on a Likert scale clients' levels of functioning, while attempting to be culturally sensitive, by asking clear and concise questions, hence catering to any client's level of education and comprehension. The questionnaire is considered to have construct validity, meaning that it accurately and successfully measures dually diagnosed clients' level of functioning.

This study incorporated three diverse levels of measurement. Nominal levels of measurement were illustrated in the survey through asking questions about gender, race, and ethnicity. Ordinal levels of measurement were manifested by asking questions about

quality of services received. Interval levels of measurement were introduced in the questionnaire through questions regarding income.

The measuring instrument for this study was evaluated prior to being administered through a pretest and through answering appropriate questions from a Social Work research book (Grinnell, 2001). The purpose of this pretest was to ensure the accuracy and the appropriateness of the instrument for this research study. The instrument was pre-tested on a sample of individuals who did not take part in the study. The pretest helped to insure that the instrument questions are clear and unambiguous, making them easy to understand. The pretest give the instrument internal validity. In addition, in order to insure the appropriateness of the instrument the following questions were considered: Does each question represent an aspect of the variable being measured? Are questions being asked empirically related to the construct being measured? Are questions differentiating among subjects at different points in the dimension being measured? Are there any questions that appear to be too ambiguous? Is the instrument alternating positive and negative wording for

questions in order to avoid the social desirability response set? Does the instrument pose short questions when appropriate and avoid biased and derogatory statements? (Grinnell, 2001). Answering these questions allowed the researchers to test their instrument and determine if it was indeed appropriate for this study. The questions used to test the instrument are found in Grinnell's book on Social Work Research and Evaluation.

Procedures

The data for this research was collected at Central Valley Regional Recovery Center. During support group time, dually diagnosed clients who were willing to participate in this research were asked to fill out the questionnaire. Initially, the idea for this research was introduced and clients received a thorough explanation of the study and why the research is being conducted. Clients who wanted to participate were given an informed consent document (Appendix B) which they will had to sign, as well as a debriefing statement (Appendix C) providing them with information on who to contact if their participation in this study caused them distress or harm of any type. During a two-week period, one of the

researchers of this study will administered the survey to the clients of Central Valley Regional Recovery Center and collected the data.

Protection of Human Subjects

Protection of human subjects is respected and valued in this study. The protection of participants involved in this research is guaranteed through confidentiality and by making debriefing statements available for each subject. All participants were ensured that the information gathered from the questionnaire was secure and confidential, only to be analyzed by the researchers of the study. In addition, client names were not needed or asked to be put on the questionnaires, so that when all surveys were collected they were considered anonyms. Debriefing statements were issued to each participant after completing the questionnaire providing clients with contact phone numbers of mental health professionals, in case clients felt distressed or disturbed by participating in this study.

Data Analysis

The data that was collected at Central Valley Regional Recovery Center and analyzed was put into the

SPSS program. The analysis of the results from the administered questionnaires was conducted in this research in order to test the proposed hypothesis. The data analyzed either supports or denies the claim made in the hypothesis, that the greater family support clients have, the more accurately taken psychotropic medications are, and the more consistent attendance of support groups, the greater the likelihood that dually diagnosed clients will function at a higher level, hence be considered self-sufficient.

There is a cause and affect contributing to the relationship of higher functioning dually diagnosed individuals as compared to lower functioning dually diagnosed. Thus, the likelihood that support systems, medication compliance, and support group attendance effect clients functioning is immense. "If the independent variable is considered to be the cause of the dependent variable, there must be some pattern in the relationship between these two variables" (Grinnell, p. 227). The data in this research was carefully collected and analyzed, emphasizing the detection of any patterns and correlations among variables.

Due to many individuals who are dually diagnosed continuing to struggle for survival, including the challenge experienced by those attempting to help the person, discovering variables that correlate with functioning at a higher level are vital. A quantitative research design was utilized in the study. The participants of this research were clients who are receiving mental health services at Central Valley Regional Recovery Center, while attending a dual diagnosis support group at the agency. The research collaborated with Mental Health Systems Inc. (MHS) in order to pre-approve the study design, the administered questionnaire and in turn preceded with the study. The data was collected and analyzed by using the SPSS program, which constructed statistics, exposed variable correlations, and either validates or discredits the study's hypothesis regarding co-morbidity.

CHAPTER FOUR

RESULTS

This chapter presents the findings of this research project. A table presenting the demographic results is included, as well as seven data tables indicating bi-variant correlations recognized as having a significant connection. A brief description of findings follows each Pearson correlation.

Listed below are the frequencies for the demographics.

Table 1. Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	19	1	2.5	2.5	2.5
	20	1	2.5	2.5	5.0
	21	1	2.5	2.5	7.5
	22	1	2.5	2.5	10.0
	23	2	5.0	5.0	15.0
	24	3	7.5	7.5	22.5
	25	1	2.5	2.5	25.0
	26	2	5.0	5.0	30.0
	27	1	2.5	2.5	32.5
	29	3	7.5	7.5	40.0
	32	1	2.5	2.5	42.5
	33	1	2.5	2.5	45.0
	34	2	5.0	5.0	50.0
	35	2	5.0	5.0	55.0
	36	2	5.0	5.0	60.0
	37	1	2.5	2.5	62.5
	38	2	5.0	5.0	67.5
	39	1	2.5	2.5	70.0
	42	3	7.5	7.5	77.5
	44	3	7.5	7.5	85.0
	45	1	2.5	2.5	87.5
	48	3	7.5	7.5	95.0
	52	1	2.5	2.5	97.5
	54	1	2.5	2.5	100.0
	Total	40	100.0	100.0	

	N	Mean	Std. Deviation	Std. Error Mean
age	40	34.28	9.624	1.522

Table 2. Frequencies for the Demographics

		Frequency	Percent	Valid Percent	Cumulative Percent
Employment					
Valid	disabled	17	42.5	42.5	42.5
	full-time	1	2.5	2.5	45.0
	other	18	45.0	45.0	90.0
	5	4	10.0	10.0	100.0
	Total	40	100.0	100.0	
Living Environment					
Valid	with family	3	7.5	7.5	7.5
	with friends	33	82.5	82.5	90.0
	community shelter	4	10.0	10.0	100.0
	Total	40	100.0	100.0	
Important Triggers					
Valid	financial	4	10.0	10.0	10.0
	marital	3	7.5	7.5	17.5
	Living situation	4	10.0	10.0	27.5
	job	2	5.0	5.0	32.5
	environment	5	12.5	12.5	45.0
	non-compliance	1	2.5	2.5	47.5
	friends	18	45.0	45.0	92.5
	other	3	7.5	7.5	100.0
	Total	40	100.0	100.0	
Education Level					
Valid	Some high school	11	27.5	27.5	27.5
	High school	16	40.0	40.0	67.5
	Some college	13	32.5	32.5	100.0
	Total	40	100.0	100.0	
Gender					
Valid	male	27	67.5	67.5	67.5
	female	13	32.5	32.5	100.0
	Total	40	100.0	100.0	
Marital Status					
Valid	Never married	17	42.5	42.5	42.5
	married	11	27.5	27.5	70.0
	divorced	6	15.0	15.0	85.0
	widow/widower	1	2.5	2.5	87.5
	Living together	5	12.5	12.5	100.0
	Total	40	100.0	100.0	

Table 3. Age and Medication Intake

Age	Pearson Correlation	1	-.456(**)
	Sig. (2-tailed)		.003
	N	40	40
Do you take medications as prescribed	Pearson Correlation	-.456(**)	1
	Sig. (2-tailed)	.003	
	N	40	40

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

The relationship between clients' age and intake of psychotropic medications was investigated using Pearson product-moment correlation coefficient. There was a strong, negative correlation between the two variables [r = -.45, n = 40, p < 0.01], with medium levels of reduced usage of psychotropic medications associated with increased age.

Table 4. Medication Intake and Support Group Attendance

Do you take medications as prescribed	Pearson Correlation	1	-.382(*)
	Sig. (2-tailed)		.015
	N	40	40
How many times do you attend support groups	Pearson Correlation	-.382(*)	1
	Sig. (2-tailed)	.015	
	N	40	40

* Correlation is significant at the 0.05 level (2-tailed).

The relationship between medication intake and clients degree of support group attendance was investigated using Pearson product-moment correlation

coefficient. There was a strong negative correlation between the two variable [r = -.38, n = 40, p < 0.05], with medium levels of reduced intake pf psychotropic medications associated with increased degree of support group attendance.

Table 5. Family Support and Received Services

Is your family a support system for you	Pearson Correlation	1	.415(**)
	Sig. (2-tailed)		.008
	N	40	40
I was able to get services I needed	Pearson Correlation	.415(**)	1
	Sig. (2-tailed)	.008	
	N	40	40

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

The relationship between degree of family support and degree to which clients receive dual diagnosis services was investigated using Pearson product-moment correlation coefficient. There was a strong positive correlation between the two variables [r = .41, n = 40, p < 0.01], with medium levels of increased family support associated with an increase in dual diagnosis services clients receive.

Table 6. Received Services and Support Group Attendance

I was able to get services I needed	Pearson Correlation	1	.406(**)
	Sig. (2-tailed)		.009
	N	40	40
To what extent do you attend support groups	Pearson Correlation	.406(**)	1
	Sig. (2-tailed)	.009	
	N	40	40

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

The relationship between needed dual diagnosis services and the extent that clients attend a support group was investigated using Pearson product-moment correlation coefficient. There was a strong positive correlation between the two variables [$r = .40$, $n = 40$, $p < .001$], with medium levels of increase in receiving the needed dual diagnosis services associated with the greater extent that clients will attend a support group.

Table 7. Staff Support and Satisfaction with Services

Staff here believes that I can grow and change	Pearson Correlation	1	.531(**)
	Sig. (2-tailed)		.000
	N	40	40
How satisfied are you with the quality of services you have received	Pearson Correlation	.531(**)	1
	Sig. (2-tailed)	.000	
	N	40	40

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

The relationship between staff members believing in the clients they serve and clients' growth and change and

clients satisfaction with the quality of received services was investigated using Pearson product-moment correlation coefficient. There was a strong positive correlation between the two variables [r = .53, n = 40, p < .001], with high levels of staff members believing that clients can grow and change associated with greater clients satisfaction with the quality of received services.

Table 8. Age and Satisfaction with Quality of Services

age	Pearson Correlation	1	.407(**)
	Sig. (2-tailed)		.009
	N	40	40
How satisfied are you with the quality of services you have received	Pearson Correlation	.407(**)	1
	Sig. (2-tailed)	.009	
	N	40	40

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

The relationship between age of clients and satisfaction with quality of services was investigated using Pearson product-moment correlation coefficient. There was a strong positive correlation between the two variables [r = .40, n = 40, p < .001], with medium levels of increase in age being associated with an increase in satisfaction of the quality of services.

Table 9. Service Expectation and Effectiveness of Treatment

To what extent have the services met your expectations	Pearson Correlation	1	.374(*)
	Sig. (2-tailed)		.018
	N	40	40
I feel comfortable asking questions about my treatment and medications	Pearson Correlation	.374(*)	1
	Sig. (2-tailed)	.018	
	N	40	40

* Correlation is significant at the 0.05 level (2-tailed).

The relationship between the extent that services met expectations and clients feeling comfortable asking about dual diagnosis treatment and psychotropic medications was investigated using Pearson product-moment correlation coefficient. There was a strong positive correlation between the two variables [$r = .37$, $n = 40$, $p < 0.05$], with medium levels of increased ability to ask service providers about treatment and medications being associated with an increase in clients perception that services received met their expectations.

CHAPTER FIVE

DISCUSSION

This chapter attempts to discuss the findings of the study and how they can be useful to the profession of social work regarding the co-morbid population. Results from the demographic data is presented along with findings illustrated in Chapter four. The meaning of the findings will is discussed. In addition, this Chapter suggests what effects the implications derived from Pearson bi-variant correlation have on the profession of social work, on policy, and future research regarding the dually diagnosed.

The demographic data gathered showed that 68% of sampled subjects are male. The sampled subjects ranged in age from 19 to 54 years old. Figures showed that 43% have never been married, while 28% are married. 40% of sampled participants have some high school education, whereas 33% have college education. A significant amount of subjects, 83%, are living with friends. Only 8% of respondents are living with family. A large number of participants, 43%, indicated that they are disabled and not working. Only 3% work full-time; the remaining 45% are receiving income

from other sources. The most common trigger to relapse reported was friends, 45%. The trigger least significant is non-compliance with existing treatment.

This research study found that the older the dually diagnosed clients become, the less likely they are to be regularly taking psychotropic medications for their mental illness. This perhaps can be true for a number of reasons. As co-morbid clients get older they discover alternate methods of managing their mental illness such as family support. Thus, they do not recognize or feel the need to take psychotropic medications. Dually diagnosed clients who are getting older may also not take psychotropic medications regularly because of the expense involved. As people get older they increase their chance of living on fixed incomes and cannot afford their medications. In addition, without health insurance, many of the psychotropic medications are extremely expensive and thus not affordable. These findings can be useful to social workers who serve the elderly with co-morbidity. The findings suggest that the elderly co-morbid clients tend not to take their psychotropic medications, which can make them unstable. Being aware of this tendency, social workers serving this population can present their

clients with alternatives to taking medications and maintaining psychological stability. Social workers can also advocate on the behalf of clients who are on fixed incomes to either receive their medications at a reduced rate or free of charge, depending on the brands of psychotropic medications.

This research found that the more clients attend support group the greater likelihood that they will reduce the use of psychotropic medications. This can be explained in a number of ways. The more clients are committed to taking their psychotropic medications, regularly, the less they will have the need to attend a support group. These clients have achieved a higher level of functioning through the taking of the prescribed medications. This is significant in that it makes social workers aware of the potential facts regarding clients' levels of need to attend dual diagnosed support groups. Social workers then can suggest to the clients who are not regularly taking medications to attend more support groups, in order to achieve a sense of stability and self-sufficiency. In addition, social workers treating clients who are compliant with taking their medications

regularly do not have to suggest to the clients to start attending a support group or to increase attendance.

From the research findings, it can be assumed that as family support increases, the more services dually diagnosed clients will tend to receive. This is a significant correlation because often the families advocate, on behalf of clients, in order to receive necessary services for their co-morbidity. The outcome then is more services. Families can also make it easier for clients to receive services by providing transportation or money in order for the clients to get to their service destination. Families can also serve as case managers, by advocating for their family member and guiding him/her to receive the necessary services. In addition, a family can easily recognize signs and symptoms indicating the need for dual diagnosis services.

This information can be very useful to social workers treating the dually diagnosed because it makes the professional aware of the need for family to be involved in clients' treatment processes. Perhaps social workers can attempt to link isolated clients with family members in order to enhance the treatment process and contribute to the increase of the received services.

Linking clients to their family can also assist a social worker in getting an accurate history of the client's illness, family dynamics, and family history of co-morbidity. The information gained can serve as a valuable tool during the treatment process.

This research found that clients attend support groups on a greater scale when they perceive that these services are vital. Perhaps this is the result of the clients' renewed belief system that the support group is the service that they actually need. The more clients think they need this support system, the greater likelihood that clients will attend support groups regularly. This information can be useful to social workers employed in a dual diagnosis agency setting for a number of reasons.

Social workers conducting dual diagnosis groups can develop groups that appeal to most dually diagnosed clients. Groups that have a comfortable and non-threatening atmosphere would most likely promote greater member attendance, thus contribute to clients being satisfied with the support group treatment. Gaining feedback from clients can assist the social worker in the

reconstructing of the support group, thus making the group more appealing and appropriate.

This research found that the more supporting the staff is towards clients, the more likely clients are satisfied with the services they receive. This is significant because the more clients sense the support from the staff, the more comfortable clients will feel. When a support system develops among clinicians it is recognized and valued by the clients. In addition, this support system promotes overall client satisfaction of services. This finding is very valuable to social work practitioners because it challenges the workers to be more supportive of their clients. This finding can also suggest to the social workers that empowering clients is vital in developing a supportive relationship. Through this empowerment, clients can receive better services and be more satisfied.

Research findings indicate that the older dually diagnosed clients become, the higher the satisfaction with services. This correlation is significant because the older people become, the more motivation they have to maintain sobriety and good mental health. This contributes to their satisfaction of services.

Maintaining sobriety and mental health indicates that client services are working for them. Clients may also want to maintain stability due to a desire to preserve their family unit. Increased morality and a higher standard of living that accompanies getting older can also be another reason for clients being successful with the treatment. This can be useful to social workers treating older dually diagnosed clients. Older clients are more serious and motivated for change. Social workers then can use a strength-based approach when developing a treatment program for older adults. Thirty days of sobriety for instance can indicate client progress, which illustrates satisfaction with services. Maintaining stability and good mental health is an indicator to the social worker of client satisfaction of services.

Research findings show that the extent that the services meet client expectation is correlated to clients feeling comfortable enough to ask about their treatment and medications. The more comfortable and satisfied clients are with the services they are receiving, the more likely they are to inquire about the effectiveness of their treatment. This may be accurate because clients trust the service provider enough to question the

treatment they are receiving. The services already received by the clients must have empowered them to be confident enough to ask about the appropriateness and accuracy of the services received. The belief in the treatment may influence the clients to utilize services more effectively. This finding may prove to be useful to social workers by including clients in treatment planning. The process of including clients may be empowering. In order to determine whether or not services did meet client expectation the researchers suggest that some form of feedback from clients could be useful to the social worker. Asking the clients' opinions can also facilitate cohesion between clients and treatment providers. This makes it possible for clients to ask about the effectiveness of the treatment and the medications they are currently receiving.

In conclusion, the results from this study indicate the following: As clients get older they tend to take less psychotropic medications. The more clients attend support groups, the less medications they use. As clients' family support increases, the more services clients receive. The extent that the clients attend the support group is associated with their perception of

needing that service. The greater support shown by the staff to clients, the greater satisfaction is reported. The older clients get, the greater satisfaction they have with quality of services. Clients felt more comfortable asking about their treatment and medications when the services they received met their expectations.

These findings have several implications for the profession of social work. It is clearly evident that clients need a support system, whether that entails family, support groups or medications. Even though the research in the area of dual diagnosis is still lacking, one thing remains certain: dually diagnosed clients need treatment facilities where both components of their co-morbidity can be treated simultaneously. The challenge remains for social workers to continue on with the process of integrating the mental health and substance abuse concepts, tools and treatment approaches.

APPENDIX A

DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

The study in which you are being asked to participate is a research project that uses data to measure the level of functioning of a dual diagnosed individual. This research project is being conducted by Larry Rodriguez & Dragana Gajic under the supervision of Dr. Tom Davis at California State University San Bernardino. This study has been approved by the Department of Social Work Sub-Committee of the Institutional Review Board, California State University, San Bernardino.

The answers you give will be fed into the SPSS data program, which will give answers that may correlate together. These correlations will be analyzed for information. The information this study provides will be used to further knowledge for treatment in the substance abuse field. All the data will be reported in group form only. The forms used to collect the information are gathered randomly with no identifying markings. The method of collection also eliminates any chances that information may be traced and will not be available to anyone. If you have any questions or concerns your questions may be answered at this time

For the purpose of avoiding any influence on individuals who may yet participate in this study, we ask that you not reveal the nature of the questions. You may receive the group results of this study after September, 2006 at the following location: John M. Pfau Library California State University San Bernardino, Central Valley Regional Recovery Center.

If you have any questions or concerns about this study, please feel free to contact Dr. Tom Davis at = (909) 537-3839.

APPENDIX B

INFORMED CONSENT

INFORMED CONSENT

The study in which you are being asked to participate is a research project, which uses data to measure the level of functioning of a dual diagnosed individual. This research project is being conducted by, Larry Rodriguez & Dragana Gajic, under the supervision of Dr. Tom Davis at California State University San Bernardino. This study has been approved by the Department of Social Work Sub-Committee of the Institutional Review Board, California State University, San Bernardino.

In this study you will be asked to respond to a questionnaire that asks questions about mental health and substance abuse issues. The questionnaire should take about 10-12 minutes to complete. All of your response will be held in the strictest of confidence by the researchers. Your name will not be recorded with your responses. All data will be reported in group form only. You may receive the group results of this study after September, 2006 at the following location: John M. Pfau Library California State University San Bernardino.

Your participation in this study is totally voluntary. You are free not to answer any questions and withdraw at any time during this study without penalty. Your decision to participate or not, will not affect your treatment at Mental Health Systems, Inc. Central Valley Regional Recovery Center in any manner. You may speak to the Program Manager or contact the corporate Clinical Coordinator at 866-910-2600, x 392, for clarification on this issue.

If you have any questions or concerns about this study, please feel free to contact Dr. Tom Davis at=(909) 537-3839.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am at least 18 years of age.

❑ Place a check mark here Date: _____

APPENDIX C

QUESTIONNAIRE

Questionnaire

Instructions: Please check and fill in the answers that apply to you.

Age _____

Employment
Unemployed _____
Disabled _____
Part-time _____
Full-time _____
Other _____

Education level
Some High School _____
High school _____
Some College _____
College _____

Ethnicity
Caucasian _____
Hispanic _____
African American _____
Asian/Pacific Islander _____
Native American _____
Other _____

Gender
Male _____
Female _____

Living Environment
Alone _____
With Family _____
With Friends _____
Community Shelter _____
Homeless _____

Marital Status
Never Married _____
Married _____
Divorced _____
Widow / Widower _____
Live Together _____

In your view, what are the two most important triggers in relapse?
Financial _____
Marital _____
Family _____
Living Situation _____
Job _____

Environment _____
Non-compliance _____
Medications _____
Friends _____
Other _____

Please answer the following questions. Please circle one of the answers based on the services you have received.

1. How satisfied are you with the quality of the services you have received?

   Very Satisfied Mostly Satisfied Mildly Dissatisfied Very Dissatisfied

2. How many time a week do you attend support groups?

   Weekly Twice weekly three times weekly Four times weekly five times weekly or more

3. Do you take medications as prescribed?

   All the time Most of the time Hardly ever Never

4. Is your family as a support system for you?

   All the time Most of the time Hardly ever Never

5. I was able to get services I needed.

   Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

6. I feel comfortable asking questions about my treatment and medication.

   Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

7. Staff here believes that I can grow and change.

   Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

8. To what extent have services met your expectations?

   All the time Most of the time Hardly ever Never

9. To what extent have the services helped you?

   All the time Most of the time Hardly ever Never

10. To what extent did staff encourage me to take responsibility for how I live?

    All the time Most of the time Hardly ever Never

11. To what extent do you attend support groups?

All the time Most of the time Hardly ever Never

12. To what extent do you feel that your medications are working for you?

All the time Most of the time Hardly ever Never

13. To what extent do you see your family members?

All the time Most of the time Hardly ever Never

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ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

   Team Effort: Dragana Gajic & Larry Rodriguez

2. Data Entry and Analysis:

   Team Effort: Dragana Gajic & Larry Rodriguez

3. Writing Report and Presentation of Findings:

   a. Introduction and Literature

      Team Effort: Dragana Gajic & Larry Rodriguez

   b. Methods

      Team Effort: Dragana Gajic & Larry Rodriguez

   c. Results

      Team Effort: Dragana Gajic & Larry Rodriguez

   d. Discussion

      Team Effort: Dragana Gajic & Larry Rodriguez