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CLIENTS' PERCEPTIONS OF PROTECTIVE AND RISK
FACTORS INFLUENCING SUBSTANCE ABUSE RECOVERY

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
Bev Nora-Lea Scott

June 2012

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Approved by:



Dr. Ray E. Liles, Faculty Supervisor
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6/12/12
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Dr. Rosemary McCaslin,
M.S.W. Research Coordinator

ABSTRACT

The purpose of this study was to identify client perceptions of protective and risk factors that might influence recovery from substance abuse. Fifty clients in an outpatient drug treatment program in San Bernardino, CA completed a survey containing both multiple choice and open ended questions related to protective and risk factors the literature suggested might be related to recovery. Eighteen of the 50 participants reported being sober the previous 24 months and 32 of them reported not being sober for the previous 24 months. The results supported the hypothesis that clients perceive certain protective and risk factors as influencing their own recovery. Negative peer relationships, lack of employment, and lack of money were perceived by clients as important factors in recovery. Family support, improving self-image, wanting to do what's right, and knowing right from wrong were perceived as important protective factors in recovery. Social workers and persons with substance abuse problems might benefit from this study if it leads them to an increased understanding of protective and risk factors as they are related to recovery from substance abuse.

DEDICATION

To honor my dearest brother Robert Othello Scott, his strength to overcome drug addiction inspired me to conduct this research on substance abuse and to discover new methods to assist persons to find the strength to overcome their addiction.

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CHAPTER ONE

PROTECTIVE AND RISK FACTORS

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Introduction

Chapter one presents an overview of the research project, the problem statement, purpose of the study, and the significance of the project for social work.

Problem Statement

Substance abuse is a significant problem in society today (Lesser, 2007). Substance abuse not only affects the individual but the family and society as well (Lesser, 2007). Drake (2006) defines a substance use disorder as using substances such as "alcohol, cannabis, cocaine, amphetamines, heroin, and prescribed medications" (p. 3) and he goes on to say that recurrent use of psychoactive chemicals becomes a disorder when it continues "despite clear negative consequences such as social, emotional, vocational, and health risks" (p. 3). Persons with substance abuse disorders come from different age ranges, ethnic groups, social classes, sexual orientations, genders, cultural backgrounds, and communities.

There are a set of protective and risk factors that influence individuals' decisions to further use and/or abuse substances. A protective factor is defined as an attribute in an individual, family or society that helps a person more effectively deal with stressful events and assists in eliminating risk (National, 2012). A risk factor is a factor associated with an increased likelihood that maladaptive behaviors, such drug or alcohol abuse (Health, 2007) will continue to occur. Substance abuse can more effectively be treated when professionals create treatment plans that are aimed at promoting protective factors and eliminating or reducing the impact of risk factors. Protective factors can lower the risk of substance use and risk factors can increase the likelihood of continued substance use and abuse (NIDA, 1977).

When working with a person with a substance abuse disorder it is important to understand that clients have multiple factors in the inter-related systems of their multiple environments (family, work, social, spiritual, recreational, community, etc.) that influence recovery. This study examined a set of protective and risk factors

and how clients perceived them to be related to their own recoveries.

Purpose of the Study

The purpose of this study was to identify client perceptions of protective and risk factors that might influence recovery. Agencies and clients might benefit from this study by using an increased understanding of protective and risk factors in developing treatment plans that more effectively promote recovery.

The research question for this study is "What are clients' perceptions of protective and risk factors that could influence their recovery?" This study used an exploratory research design. According to Grinnell and Unrau (2008), "An exploratory study explores a research question about which little is known in order to uncover generalizations and develop hypotheses that can be investigated and tested" (p. 192). The hypothesis of this study is that there are protective and risk factors that substance abusers in treatment perceive of as having influenced their recovery.

Significance of the Project for Social Work

The intent of this research was to help develop a better understanding of protective and risk factors that influence recovery from substance abuse. The study asked the following questions. Does access to child care have an influence on client recovery? Does the treatment method used by staff appear to have an influence on client recovery? Does employment status have an influence on client recovery? Answers to these types of quantitative questions provide potentially valuable information on significant environmental factors that could influence continued substance use and abuse.

Factors in a person's environment, such as access to child care, can potentially have an influence on whether or not a person completes substance abuse treatment. Brown (2011) suggests that, "mothers who attend substance abuse treatment who have access to childcare are more likely to complete treatment" (p. 478). Access to childcare is an example of a protective factor that makes it more likely mothers will be able to use and benefit from substance abuse treatment services.

Social workers may be able to make use of an increased understanding of the influence of protective

and risk factors on recovery to develop more affective drug treatment plans. The literature on protective and risk factors that influence substance use and abuse supports the need for well-designed and individually targeted programs that meet the needs of persons with substance abuse disorders (Harner-Neer, 2003). For example, one way to enhance substance abuse treatment programs might be to develop and include mutual aid groups in programs that are designed to minimize risk factors and promote protective factors that influence recovery from addiction (Steinberg, 2004).

CHAPTER TWO
LITERATURE REVIEW

Introduction

This chapter consists of a discussion of the literature on substance abuse generally, the treatment of substance abuse, and how substance abuse and treatment relate to protective and risk factors.

Substance abuse is a social problem that is often linked to criminal behavior. In fact, one study (United States, 1989) study suggests that "decades of research and experience have shown that drugs and crime are inextricably linked" (chp. 4, para. 1). There is clearly an immense demand for illegal drugs in California. Drugs such as cocaine, heroin, methamphetamine, and marijuana are smuggled in large quantities into the state of California from Mexico (Lifeline, 2006) and methamphetamine and marijuana are illegally produced and cultivated in large quantities within the state (Lifeline, 2006). Substance abuse in California and all other states crosses all racial, ethnic and social/economic barriers. California has hundreds of substance abuse treatment centers (Lifeline, 2006) which

attempt to address the problems caused by the overwhelming supply of addictive, illegal substances which lead to abuse. This study focuses on one outpatient drug treatment center in San Bernardino, CA.

Theories Guiding Conceptualization

Systems theory suggests that substance use is influenced by interrelated systems within a client's environment. Systems theory guided this research in understanding how inter-related systems within a client's environment influences substance use. According to Thyer (2006) one basic assumption about human behavior is that it is "the product of the interaction between the person and their environment" (p. 443).

Andrea (2011) describes systems theory as:

Living things that are a part of an open system, interrelated and interdependent on each other; each part responds and adapts to input from other parts. Religion is an example of one system that may influence a substance abuser's decision to use or not use illegal substances again. (p. 246)

Social systems within a person's environment, such as religion, may be conceptualized as protective factors,

while other systems, such as drug using subcultures, may be conceptualized as risk factors in recovery from addiction.

Andreae (2011) defines environment as:

A continuation of people and their interactions and transactions in a particular geographic, socially-defined and constructed space over a particular period of time, both the individual's and the family's life and in the life of the social and cultural systems (p. 247).

Environment has an influence on a person's decision to use substances through interactions and modeling behaviors of peers. According to Thyer (2011), learning theory suggests that if behaviors can be learned then they can be un-learned. If, in fact, behaviors can be learned and unlearned then it should be possible to stop or reduce further substance use by using social learning theory in treatment to help individuals promote their individual protective factors and lower their individual risk factors.

According to Drake (2006) there are environments that he calls intentional social environments which offer opportunities for substance abusers to interact with

non-users and learn how to live lives without substance use and abuse. These intentional social environments can be seen as major protective factors in the treatment of substance abuse.

Literature Review

The relationship between counselor and client can either be detrimental or beneficial in obtaining/maintaining sobriety. Miller and Rollnick (2002) found that a protective factor that positively influences substance use is a "client centered approach where the focus of treatment is on what the client wants rather than on the he counselor views the problem" (p. 19).

Miller and Rollnick (2002) state that the client-centered approach "in counseling uses three critical approaches to providing the ideal atmosphere to build trust" (p. 25). These three conditions are empathy, non-possessive warmth, and genuineness. They go on to suggest that a counselor's approach should be non-directive and help provide solutions as well as an analysis of the client's problem behaviors (Miller & Rollnick, 2002). A client centered approach generally

provides an atmosphere where clients feel open to discuss problems that have meaning to them with the counselor and can often influence changes in behaviors related to substance use and/or abuse.

Miller and Rollnick (2002) indicate that the counselor's ability to reflectively listen and use an empathetic demeanor with clients is both protective factors in recovery.

Miller and Rollnick (2002) found another protective factor in recovery from addiction which is the waiting list to enter treatment. They discovered that some clients waiting to enter into treatment ultimately discontinued substance use on their own (p. 8) before they actually got into treatment. The waiting list became an accidental research control group in which a group of clients didn't feel pressured right away to quit their substance use and once they were actually allowed to enter treatment they were more likely to report they were ready to quit than a group of clients who entered treatment more quickly.

Miller and Rollnick (2002) used a questionnaire for assessing potential clients' readiness for change. Scores on the readiness for change questionnaires which were

distributed at the beginning of treatment showed similar results to the actual outcome of that client's change in behavior at the end of treatment. Miller and Rollnick (2002) suggest "The readiness to change on the part of clients seemed to be as important as the actual treatment program" (p. 10).

Keefe (1996) supports meditation as a protective factor in recovery. Keefe (1996) states that:

Meditation and mindfulness techniques are useful in substance abuse treatment; it is a mechanism for self-regulation and self-exploration where substance abusers can explore their own personal mental contents; the experience of meditation allows the individual to discover the symbolic meanings, the subtle fears and other internal stimuli that evoke the need to use a substance. (p. 293-314)

Meditation creates opportunities to practice coping methods and is a tool that can be included in substance abuse treatment to teach coping skills which potentially lower relapse rates.

Research by Dakwar and Levin (2009) supports meditation as an effective coping method for substance abuse treatment. Dakwar and Levin (2009) suggest

"Concentrative techniques which require a focus from the individual on a specific sensory or mental stimulus" are effective strategies for substance abuse treatment (p. 255). Dakwar and Levin (2009) describe meditation as a practice which involves allowing thoughts, feelings and sensations to arise while maintaining a non-judgmental and accepting attitude to those feelings and thoughts (p. 254). Meditation was seen by them as an effective strategy in relapse prevention (Dakwar, 2009).

A study by Friedman et al. (1998) indicates that there are protective and risk factors that can predict the chance of further substance use and abuse. Factors that predicted the chance of substance abuse were determined separately for 157 adolescent substance abusers attending inpatient treatment and 296 adolescents in outpatient treatment. Friedman et al. (1998) found risk factors in recovery from addiction which are the person's belief that school is not important and not considering substance abuse as harmful. Friedman et al. (1998) found that believing school is not important and that substance abuse is not harmful were factors that increased chance of substance use and thereby increasing the chance of recidivism.

Hodges (2011) supports religion as a protective factor that positively influences recovery from addiction. Hodges (2011) found that "Persons who regularly attended religious services were found to be less likely to further use substances; higher levels of church attendance were linked to fewer incidents of alcohol use and abuse" (p. 142-144). Religion and regular church attendance were found by Hodges (2011) to be protective factors in recovery.

Voight (2006) identifies risk factors that influence substance use such as substance abuse and dependency issues, family discord, and financial instability. He goes on to indicate there is a need for substance abuse treatment that can address risk factors during treatment. He further suggests that in order to reduce recidivism, treatment programs can promote protective factors such as involving family in treatment and address risk factors such as creating positive social environments during treatment

Peer relationships can either be detrimental or beneficial to recovery. Andreae (2011) uses systems theory to explain that people are heavily influenced by their environments. Peers are found to be significant and

influential components of the environment and can influence behaviors such as drug use and abuse. In fact, peers can be a risk factor or a protective factor in substance use and abuse.

Campbell's (2012) study found a significant relationship between peer relationships and recovery from addiction where adolescents were less likely to use a substance if their peers were persons who did not use substances themselves. Campbell's (2012) study suggests:

Adolescents with fewer friends who used substances (AOD friends) were more likely to be abstinent; having fewer than four AOD friends predicted abstinence for one year. (p. 1)

Anderson (2007) named person centered approach and environmental factors such as family, religion, and positive peer relationships to positively influence recovery from addiction. Anderson (2007) suggests that negative peer relationships are a risk factor in recovery due to the strong role they play in relapse.

Dickerson (1994) examined the effectiveness of a psycho educational intervention for crack addicts. The psycho educational intervention used in Dickerson's (1994) study uses Freudian constructs such as id, ego,

and super-ego. Dickerson (1994) indicated that Freudian constructs and concepts in treatment were protective factors that would potentially lower the risk of relapse. Dickerson (1994) suggests that having a better understanding of clients' own psychological views of their addiction was a protective factor that improved the recovery rate. Dickerson's (1994) study indicates that treatment counselors and staff should gain a better understanding of their clients in their efforts to positively influence client recovery.

Summary

A review of the literature indicates that there are multiple environmental factors in client's homes, lives and treatment settings that influence the chances of continued substance use and abuse. Protective factors in the treatment environment were empathetic client-counselor relationships, client centered approaches, waiting lists to enter treatment, and meditation. Protective factors from the client's home lives were positive peer relationships, religion, and family.

Negative peer relationships and lack of access to childcare, among others were found to be risk factors that have the potential to negatively influence recovery from substance abuse.

CHAPTER THREE

METHODS

Introduction

The goal of this research project was to identify clients' perceptions of protective and risk factors influencing substance abuse recovery. The population studied was adult clients currently attending substance abuse treatment. A mostly quantitative survey with some qualitative questions was returned by fifty participants.

Study Design

The focus of this study was to explore clients' perceptions of protective and risk factors in their environment that could influence recovery. The method used was a survey with both quantitative and qualitative questioning that was designed to elicit client perceptions on protective and risk factors. The survey method was chosen for this study because conducting interviews of clients was impractical due to the nature of treatment and the nature of clients' problems. The survey was distributed at group meetings in an outpatient drug treatment in San Bernardino, California.

Sampling

The population for this study was clients attending an outpatient drug treatment program in San Bernardino, California. The survey was anonymous. The sample consisted of eighteen clients who had maintained sobriety for at least twenty-four months and thirty-two clients who had not. The populations of interest were both males and females over the age of eighteen.

Data Collection and Instruments

Data for exploring perceptions of protective and risk factors related to recovery of clients of an outpatient drug treatment program were collected using quantitative and qualitative methods. Clients were given an anonymous survey which included protective and risk factors that could potentially influence the chance of further substance use. In addition to the quantitative survey questions (Appendix C) two qualitative questions were asked:

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

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

These open-ended questions allowed respondents to identify protective and risk factors that may not have been included in the quantitative questions.

Procedures

Surveys were distributed in group meetings to 110 clients enrolled in a drug treatment program in San Bernardino, California. The researcher placed a large envelope on a desk for the participants to place completed surveys into to assure confidentiality. The researcher and staff remained out of the room while surveys were being completed. A non-staff volunteer brought the sealed envelope to the researcher after all surveys had been completed. Fifty clients participated in completing the surveys.

Protection of Human Subjects

Each client was given a packet which contained a debriefing statement (Appendix D), informed consent (Appendix A) and the survey. The purpose of the study was discussed in the debriefing statement and participants

were assured of their anonymity and ability to decline from participation at any time.

To assure confidentiality of study participants, names, and any identifying information was not recorded. The researcher assured confidentiality by limiting the number of individuals allowed to view the completed surveys (researcher and research advisor). To keep the data secure all completed surveys are locked in a safe in the researcher's home and will be kept secure until destroyed.

Data Analysis

Qualitative data was analyzed to find common themes from all fifty responses. Qualitative data was analyzed using the Statistical Package for the Social Sciences (SPSS). This study considered sobriety time and other variables as factors that can affect clients' perceptions of protective and risk factors influencing their treatment outcomes. The qualitative and quantitative data on perceptions of factors influencing treatment outcomes were collected using the set of questions in Appendix A and C.

The protective and risk factors listed above are considered nominal levels of measurement because they can't be measured or put in any order (Grinnell, 2008).

Descriptive statistics were utilized to detect the most commonly identified client perceptions of protective and risk factors (Grinnell, 2008). Crosstabs and frequency tables were utilized for means, medians, and modes.

CHAPTER FOUR

RESULTS

Introduction

Chapter four includes the results of the survey grouped in terms of educational background of the participants, length of sobriety/clean time, removal (or not) of children, protective factors in the external environment, mental protective factors, risk factors, answers to the open-ended questions, and several cross tabulations.

Educational Background

This study included both female and male adult substance abusers attending an outpatient drug treatment facility. Of the fifty respondents four (8%) graduated from middle school; twenty-six (52%) respondents graduated from high school; five (10%) respondents graduated vocational school; five (10%) graduated with an associate's degree and five (10%) who graduated with a bachelor degree; four (8%) checked 'other' as an option for education level and one respondent did not check any option for education level.

Sobriety/Clean Time

Out of the fifty respondents eighteen (36%) identified themselves as having at least twenty-four months clean (free of substance abuse) and thirty-two (64%) who identified as not being clean for the past twenty-four months. Ten (20%) of respondents were married; eighteen (36%) were single; one (2%) respondent identified as a widow; nine (18%) respondents were living with a partner; six (12%) were divorced and three (6%) were never married.

Removal of Children

Of the fifty respondents three (6%) indicated they had their children removed by Child Protective Services and forty-seven (94%) indicated they had not had their children removed. One participant (2%) said he or she had no children. Twenty-four (48%) had children in their custody and twenty-five (50%) had no children in their custody.

Protective Factor Analysis

Data was analyzed to find the significance of each protective factor in obtaining/maintaining clean/sober time (subjects were asked to check all that applied for

each question). The first question regarding protective factors was treatment environment options as protective factors. It was followed by a question that contained options for protective factors in the client's external environment. The next question listed options for protective factors in a person's internal thought processes.

Treatment Environment

Of the fifty respondents twenty-seven (69.2%) identified obtaining clean/sober time in an outpatient treatment was a protective factor; nine (23.1%) indicated sober/clean time in a residential treatment facility was a protective factor; twelve (30.8%) indicated being able to talk to staff was a protective factor in obtaining/maintaining clean/sober time; twenty-two (56.4%) marked staff support and four (10.3%) marked that staff made them feel bad as a motivator to obtaining/maintaining sobriety/clean time. Outpatient treatment was identified most often as the place participants were able to obtain/maintain sobriety/clean time.

Places for Recovery

Of the fifty respondents five 5 (10%) indicated that they went to church as a part of their recovery process; twenty-two (44%) went to a twelve step program; fourteen (28%) identified 'other' for places they went to for recovery and nine (18%) did not answer the question. The highest number of respondents marked 'other' as the place they went to for recovery. Respondents may have chosen the 'other' option to indicate they obtained sobriety/clean time on their own without attending a substance abuse treatment center.

Protective External Environment

Fifty respondents were given nineteen options for responding to external protective factors influencing recovery. Findings for protective factors are as follows. Of the fifty respondents: twenty-one (42.9%) identified a court mandate as being a protective factor; seven (14.3%) respondents marked visiting children; fourteen (28.6%) checked regular church attendance; four (8.2%) identified attending church as a kid; twenty-eight (57.1%) identified family support; twenty-two (44.9%) identified twelve step sponsor; twenty-four (49%) identified

attending a twelve step program; fifteen (30.6%) identified obtaining employment; nineteen (38.8%) identified treatment program; two (4.1%) respondents identified loosing custody as a protective factor; two (4.1%) identified services from CPS worker; three (6.1%) identified counseling by church; six (12.2%) identified religion; thirty (61.2%) identified clean/sober friends; seventeen (34.7%) identified working a twelve step program as a protective factor; twenty-two (44.9%) identified clean/sober activities; eighteen (36.7%) checked attending trainings as a protective factor; sixteen (32.7%) marked therapy/counseling and four (8.2%) of respondents marked 'other' as a protective factor influencing the chance of obtaining/maintain clean/sober time. Respondents that chose the 'other' option may have meant attending a juvenile detention center or school staff were other protective factors in maintaining/obtaining sober/clean time.

The external protective factors that were most often identified by the respondents as being related to obtaining and maintaining sobriety were: clean/sober friends, family support and attending a regular twelve step program.

Mental Protective Factor Analysis

Fifty respondents were asked to check all that apply in protective factors for obtaining/maintaining clean/sober time. Out of those fifty respondents thirty three (68.8%) identified knowing right from wrong as a protective factor; twelve (25%) identified being raised differently; twenty (41.7%) identified soul searching; thirteen (27%) identified fear of losing kids; twenty-two (45.8%) identified being a role model; thirty-three (68.8%) identified improving self-image; three (6.3%) identified reconnecting with race as a protective factor; twenty-eight (58.3%) identified shame about behavior; eleven (22.9%) identified not recognizing the problem; twelve (25%) identified fear of others reactions; thirty-two (66.7%) identified wanting to do what is right; twenty-one (43.8%) identified belief in a higher power; fifteen (31.3%) identified family expectations; fourteen (29.2%) identified helping others; twenty-six (54.2%) identified gaining respect; twenty-four (50%) marked improving self-esteem; twenty (41.7%) identified guilt about past; twenty-three (47.9%) identified looking at past mistakes as a protective factor; three (6.3%) identified discrimination and four (8.3%) identified

having prejudice against you as a protective factor in obtaining/maintaining clean/sober time. Knowing right from wrong, improving self-image, and wanting to do what's right were most frequently perceived of as being protective factors in obtaining/maintaining clean/sober time.

Risk Factor Analysis

Fifty respondents were asked to check all that applied as barriers (risk factors) in obtaining/maintaining clean/sober time. There were eight options listed for risk factors. Of the fifty respondents two (5.6%) identified not being able to understand treatment materials as being a barrier; nine (25%) identified lack of transportation as a barrier; five (13.9%) identified unavailable childcare; twenty-three (63.9%) identified lack of money; ten (27.8%) identified lack of support; ten (27.8%) identified scheduling and missed treatment visits as a barrier; twenty-one (58.3%) identified lack of employment; ten (27.8%) identified lack of housing as a barrier to obtaining/maintaining clean/sober time. Lack of money and obtaining employment

were identified more often than any other risk factors in being related to obtaining/maintaining clean/sober time.

Qualitative Questions

Respondents were asked two qualitative questions in an effort to identify protective and risk factors that were not in the list of questions and may have influenced them the most in obtaining/maintaining clean/sober time. A few respondents didn't seem to understand the barrier (risk factor) question because they answered it by listing protective factors instead of risk factors. For example a respondent listed family support as a barrier in obtaining/maintain clean sober time. Family support is generally a positive factor that can help a person recover from addiction and therefore is not seen here as a barrier without further explanation.

Many of qualitative questions were answered in a similar way. Similar answers were gathered and grouped into common themes such as family support, being a role model for children, self-image and self-esteem building, religion, court mandates, clean/sober friends, and maintaining employment.

Cross Tabulation Findings

Respondents were divided into two groups. The first (18 respondents) is the group of persons that identified themselves as being sober for the past twenty-four months. The second group (32 respondents) is composed of persons who identified themselves as not being sober for the past twenty-four months. There seemed to be differences between these two groups (sober and not sober) of respondents.

A cross tabulation table was run for both groups of respondents with significant protective and risk factors. Significant protective factors are clean/sober friends, family support, attending a regular twelve-step program, knowing right from wrong, improving self-image, and wanting to do what's right. Significant risk factors were identified as lack of money and inability to obtain employment.

Protective Factor Crosstab

There was a difference in responses in the two groups of respondents in relation to significant external environment, protective factors in obtaining/maintaining sober/clean time. For the sober group (18 respondents) there were nine (50%) respondents who identified

clean/sober friends as a protective factor. For the not sober group (32 respondents), there were twenty-one (65.6%) who identified having clean/sober friends as a protective factor. Not sober group respondents showed a higher number of responses for marking clean sober friends as a protective factor.

Family Support Crosstab

There was a difference in responses by the two groups of respondents for significant protective factors in obtaining/maintaining sober/clean time. For the sober group (18 respondents), there were twelve (66%) who identified family support as a protective factor. For the not sober group (32 respondents), there were sixteen (50%) who identified having family support as a protective factor. Sober group respondents showed a higher number of responses for marking family support as a protective factor.

Attending a Regular Twelve Step Program

There was a difference in responses by the two groups of respondents for significant protective factors in obtaining/maintaining sober/clean time. For the sober group (18 respondents) there were eleven (61%) who identified attending a regular twelve step program as a

protective factor. For the not sober group (32 respondents), there were thirteen (40%) who identified having attending a regular twelve step program as a protective factor. The sober group showed a higher number of responses for attending a regular twelve step program as a protective factor.

Further Protective Factors

There was a difference in responses by the two groups of respondents for significant internal thought process, protective factors in obtaining/maintaining sober/clean time. For the sober group (18 respondents), there were fourteen (77%) who identified knowing right from wrong as a protective factor. For the not sober group (32 respondents), there were nineteen (59%) who identified knowing right from wrong as a protective factor. The sober group showed a higher number of responses for marking knowing right from wrong as a protective factor.

Improving Self-Image

There was a difference in responses by the two groups of respondents for significant internal thought process, protective factors in obtaining/maintaining sober/clean time. For the sober group (18 respondents),

there were twelve (66%) who identified improving self-image as a protective factor. For the not sober group (32 respondents), there were twenty-one (65%) who identified knowing right from wrong as a protective factor. The sober and not sober group showed similar results for marking 'improving self-image' as a protective factor.

Wanting to Do What's Right

There was a difference in responses by the two groups of respondents for significant internal thought process, protective factors in obtaining/maintaining sober/clean time. For the sober group (18 respondents), there were thirteen (72%) who identified wanting to do what's right as a protective factor. For the not sober group (32 respondents), there were nineteen (59%) who identified knowing right from wrong as a protective factor. The sober group showed a higher number of responses for identifying *wanting to do what's right* as a protective factor.

Risk Factors Crosstab

There was a difference in responses by the two groups of respondents for risk factors in obtaining/maintaining sober/clean time. There are two

missing responses from the set of responses from the not sober group. There are 30 responses from the not sober group for the risk factor question.

For the sober group (18 respondents), six (33%) identified lack of money as a risk factor. For the not sober group (30 respondents), seventeen (56%) identified lack of money as a risk factor. The not sober group showed a higher number of responses for marking lack of money as a risk factor.

Lack of Employment

There was a difference in responses by the two groups of respondents for risk factors in obtaining/maintaining sober/clean time. For the sober group (18 respondents), there were five (27%) who identified lack of employment as a risk factor. For the not sober group (30 respondents), there were sixteen (53%) who identified lack of employment as a risk factor. The not sober group showed a higher number of responses for marking lack of employment as a risk factor.

Summary

The responses from the survey showed common themes of protective and risk factors that clients in an

outpatient drug treatment program perceive as influencing their recovery. The protective factors most often mentioned from quantitative questions were clean/sober friends, family support, attending a regular twelve step program, knowing right from wrong, improving self-image and wanting to do what's right. Risk factors that were identified most often were the lack of money and inability to obtain employment.

Cross tabulation findings revealed some difference in what clients identified as protective and risk factors that influence recovery from addiction. The not sober group showed a higher number of responses (than the sober group) on clean sober friends as an external protective factor. The sober group showed a higher number of responses (than the not sober group) for wanting to do what's right, knowing right from wrong and attending a regular twelve step program as an internal thought process protective factor. The sober group and not sober group showed similar results for improving self-image as an internal thought process protective factor. The not sober group showed a higher number of responses (than the sober group) of identifying lack of employment and lack of money as risk factors.

CHAPTER FIVE

DISCUSSION

Introduction

This study utilized both a qualitative and quantitative method of research. Two open-ended qualitative questions were used to help identify any protective or risk factors that were not listed in the quantitative set of questions on the survey. Common themes were identified from the qualitative questions. Responses with the majority of subjects responding "yes" were identified from the quantitative set of questions and discussed further.

Theory

Systems theory guided this study in helping to understand the influence of environment on a clients' recovery from addiction. Andrae (2006) suggests that a person's environment is filled with inter-related systems that influence each other. Within a person's environment there are factors that can influence his/her behavior. Systems theory lead the researcher to the hypothesis, "there are protective and risk factors that influence a client's recovery from addiction". Systems theory

supports that recovery can be influenced by protective and risk factors within the set of interrelated systems in a person's environment. The data in this study identified specific protective and risk factors within the clients' environments that the clients' themselves perceived as being influential to their recovery from addiction.

Conceptualization

The researcher choose a published survey containing both quantitative and qualitative questions that listed options of possible protective and risk factors that could influence recovery from addiction. Quantitative questions identified the most significant responses for both protective and risk factors influencing recovery. Clean/sober friends, family support, and attending a regular twelve step program showed the most relevance for external environment protective factors. Quantitative questions were asked giving subjects internal thought process options as protective factors in recovery. Knowing right from wrong, improving self-image and wanting to do what's right showed the most relevance.

A quantitative question asked subjects to check all that applied in relation to barriers (risk factors) perceived as negatively influencing their own recovery from addiction. Risk factors/barriers found to be most important were lack of money and lack of employment.

Themes

Several main themes of responses were identified from the responses to qualitative questions. Qualitative questions asked respondents to name protective and risk factors influencing their own recovery from addiction. These questions were used to identify any factors that were not listed on the survey. The main theme of responses from the qualitative questions were family support, being a role model for children, self-image and self-esteem building, religion, court mandates, clean/sober friends, and maintaining employment as protective factors.

Main themes of responses for risk factors/barriers were non-clean/sober friends, the drug cravings, not enough treatment time, un-employment, and 'myself'. The 'Myself' response to the qualitative question on what was the most significant risk factor in obtaining/clean time,

was interpreted by the researcher as the person's inability to fight his or her own thought process about substance abuse.

All subjects chose at least one option from both protective and risk factors that influenced recovery, therefore supporting the hypothesis that there protective and risk factors that clients perceive as influencing recovery. Participants responded to both qualitative and quantitative questions with similar responses to what factors influence their own recovery from addiction. From the clients' points of view there are major themes that influence their recovery from addiction.

The importance of family support and having clean/sober friends had the most significance of all factors listed as an influence on recovery. Drug treatment organizations might benefit from this information during drug treatment planning. Tailoring treatment to include protective and risk factors in recovery planning outcome might improve substance abuse treatment program outcomes.

Limitations

Ethnicity was not a variable in this study and consequently its impact on recovery was not examined. Some of the vocabulary of the questions seemed to confuse respondents and therefore some answers were given that did not seem to apply to the question being asked. Improved wording on the questions used in this study might improve future studies.

Future studies on this topic might benefit from a more inclusive list of protective and risk factors, a larger and more diverse sample, and a more sophisticated statistical analysis that might detect interrelationships between variables.

Recommendations for Social Work

Social workers at the micro level of practice should make an effort to better understand perceptions of substance abusers themselves on what protective and risk factors they believe influence their recovery from addiction. Understanding client perceptions might help clients in treatment and improve treatment outcomes. Social workers can educate colleagues and share information from this study to create a wider range of

knowledge on protective and risk factors influencing recovery from addiction or they might use this study as a basis for further research in this area.

At the macro level, social workers must actively work toward promoting changes in drug treatment planning that lead to better outcomes. Creating more effective treatment planning which includes protective factors and addresses risk factors influencing recovery would be a good start toward this goal.

Social workers must advocate for funding that addresses the specific needs for substance abuse clients. Social workers can advocate for clients by educating treatment professionals, the general public, and legislators.

Conclusion

Data in this study supports the hypothesis that there are protective and risk factors that clients from within the population of an outpatient drug treatment center in San Bernardino, California see as influencing their recovery from addiction. These protective and risk factors were family support and improving self-esteem/image, and associating with clean/sober

friends. Non-clean/sober friends and drug craving feelings were listed as factors negatively influencing client recovery. There were differences in responses for respondents who had maintained sobriety for the past twenty-four months versus those who had not maintained sobriety. Looking at those differences in future research might be quite important to designing better programs.

APPENDIX A
INFORMED CONSENT

INFORMED CONSENT

The study in which you are being asked to participate is designed to gather data on applied strategies for relapse prevention, to determine protective and risk factors that affect a person's recovery. This study is being conducted by Bev Scott under the supervision of Thomas D. Davis, P.H.D., California State University, San Bernardino. This study has been approved by the School of Social Work Sub-committee of the Institutional Review Board, California State University, San Bernardino.

PURPOSE: To gather data on applied strategies for relapse prevention to determine protective and risk factors that influence a person's recovery.

DESCRIPTION: Survey on relapse prevention strategies

PARTICIPATION: Participation is voluntary; refusal to participate will have no effect on the services you receive from this agency.

CONFIDENTIALITY OR ANONYMITY: Anonymity will be maintained by omitting names of participants on any materials obtained for this research. Any materials obtained will be stored on a password protected computer.

DURATION: Survey's will be distributed and picked up on the same day.

RISKS: There are minimal risks from taking the survey-personal information is not required. Any data offered from treatment center for statistical analysis will only be viewed by the researcher and can only be accessed through a password locked computer.

BENEFITS: Benefits of completing the survey will be the benefit of participating in a study that is being used to prove the effectiveness of the applied strategies in each treatment program. Centers can use the data gathered to support further grant proposals if the center chooses to apply for a grant at a later date. Data obtained can be used to encourage helpful changes by applying the proven effective treatment strategies.

CONTACT: Thomas D. Davis, P.H.D. tomdavis@csusb.edu (909) 537-3839

RESULTS: Can be found at treatment centers.

APPENDIX B
BACKGROUND INFORMATION

BACKGROUND INFORMATION

Are you at least 24 months sober/clean

- a) Yes b) No

Have you participated in substance abuse treatment in the past 10 years?

- a) Yes b) No

Do you have at least one child or children that were previously removed from your custody by child protective services?

- a) Yes b) No

Do you have at least one child or children that was not removed from your custody, but remained with you during the recovery process?

- a) Yes b) No

Marital Status:

- a) Married
- b) Single
- c) Divorced
- d) Cohabiting (living with someone)
- e) Separated
- f) Never married

Educational background:

- a) Elementary
- b) Middle School
- c) High School
- d) Vocational School
- e) AA Degree
- f) Bachelor Degree
- g) Other _____

Thank you for your participation in this research project!

Pagson, R. N. (2004). *Perceptions of motivation in the recovery process of African American women with children*. San Bernardino; California State University.

APPENDIX C

SURVEY

SURVEY QUESTIONS

Below is a list of questions that will help to identify protective and risk factors that influence a person's recovery process. Please read the following questions and circle the letters that best apply to you. Remember there are no right or wrong answers.

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

2. If you did not obtain sobriety or clean time in a drug treatment program where did you go for recovery?
 - a) Church
 - b) 12 step program
 - c) Other _____

3. Check all that applied in helping you obtain and maintain sobriety/clean time.
 - a) Court mandate
 - b) Visiting with your children
 - c) Regular church attendance
 - d) Church attendance as a child
 - e) Family support
 - f) 12 step sponsor
 - g) Regular attendance 12 step
 - h) Obtaining employment
 - i) Treatment program
 - j) Loosing custody of child/children
 - k) Services by CPS worker
 - l) Counseling by church members
 - m) Your religion _____
 - n) Clean/sober friends
 - o) Working the 12 steps
 - p) Attending sober/clean activities
 - q) Attending school/vocational training
 - r) Therapy/ counseling
 - s) Other

4. Check all that apply in your helping you to obtain and maintain sobriety/clean time
 - a) Knowing right from wrong
 - b) Being raised differently
 - c) Soul searching
 - d) Fear of losing children
 - e) Being a role model
 - f) Improve self image
 - g) Reconnecting with your race
 - h) Shame about your behavior
 - i) Failure to recognize the problem fear of treatment itself
 - j) Fear of others reactions
 - k) Wanting to do what is right
 - l) Belief in a higher power
 - m) Family expectations
 - n) Helping others
 - o) Desire to gain respect
 - p) Improve self esteem
 - q) Guilt about your past
 - r) Looking at past mistakes
 - s) Discrimination against you
 - t) Prejudices against you

5. Check all the barriers you have experienced in obtaining and maintain sober/clean time.
 - a) Not understanding written materials in the treatment program
 - b) Lack of transportation
 - c) Unavailability of child care
 - d) Lack of money
 - e) Lack of support of others
 - f) Scheduling/ visit settings
 - g) Lack of employment
 - h) 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/maintain sobriety/clean time?

Pagson, R. N. (2004). *Perceptions of motivation in the recovery process of African American women with children*. San Bernardino; California State University.

APPENDIX D
DEBRIEFING STATEMENT

**DEBRIEFING STATEMENT
DRUG TREATMENT SURVEY**

Study of effectiveness of drug treatment centers

This study you have just completed was designed to discover strategies in preventing relapse in clients admitted to and graduated from drug treatment services. Data will be gathered and analyzed from the surveys completed on different strategies used for relapse prevention that were applied during treatment. Survey's will be distributed to all participating members and are to be filled out confidentially and mailed back to address given on orange envelope containing the surveys.

Thank you for your participation and for not discussing the contents of the survey or the answers provided with other persons. If you have any questions about the study, please feel free to contact Bev Scott or Professor Thomas D. Davis at (909) 537-3839. If you would like to obtain a copy of the group results of this study, please contact Dr. Ray E. Liles, (reliles@csusb.edu) after the end of June 2012.

APPENDIX E
DEMOGRAPHICS

Demographics

Treatment In The Past 10 Yrs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	30	60.0	60.0	60.0
	No	20	40.0	40.0	100.0
	Total	50	100.0	100.0	

CPS removal of children

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	6.0	6.0	6.0
	No	47	94.0	94.0	100.0
	Total	50	100.0	100.0	

Any children in your custody

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	24	48.0	48.0	48.0
	no	25	50.0	50.0	98.0
	N/A	1	2.0	2.0	100.0
	Total	50	100.0	100.0	

Marital Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	married	10	20.0	20.0	20.0
	single	18	36.0	36.0	56.0
	divorced	6	12.0	12.0	68.0
	cohabitating	9	18.0	18.0	86.0
	seperated	3	6.0	6.0	92.0
	never married	3	6.0	6.0	98.0
	widowed	1	2.0	2.0	100.0
	Total	50	100.0	100.0	

Demographics

Educational Background

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid middle school	4	8.0	8.0	8.0
high school	26	52.0	52.0	60.0
vocational school	5	10.0	10.0	70.0
AA degree	5	10.0	10.0	80.0
bachelor degree	5	10.0	10.0	90.0
other	4	8.0	8.0	98.0
99	1	2.0	2.0	100.0
Total	50	100.0	100.0	

APPENDIX F
FREQUENCIES

Frequency Table

Case Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
\$Sobriety ^a	39	78.0%	11	22.0%	50	100.0%

a. Dichotomy group tabulated at value 1.

\$Sobriety Frequencies

	Responses		Percent of Cases
	N	Percent	
Multiple response	27	36.5%	69.2%
sobriety in TX type ^a			
outpatient program	9	12.2%	23.1%
residential program	12	16.2%	30.8%
able to talk to staff	22	29.7%	56.4%
staff support	4	5.4%	10.3%
staff made you feel bad	74	100.0%	189.7%
Total			

a. Dichotomy group tabulated at value 1.

Statistics

where did you go for
recovery

N	Valid	50
	Missing	0

Frequency Table

Case Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
\$ProtectF ^a	49	98.0%	1	2.0%	50	100.0%

a. Dichotomy group tabulated at value 1.

\$ProtectF Frequencies

		Responses		Percent of Cases
		N	Percent	
Protective factors question three env ^a	court mandate	21	7.7%	42.9%
	protective/visiting with children	7	2.6%	14.3%
	reg church attendance	14	5.1%	28.6%
	church attendance as kid	4	1.5%	8.2%
	family support	28	10.2%	57.1%
	12 step sponsor	22	8.0%	44.9%
	reg 12 step attendance	24	8.8%	49.0%
	obtaining employment	15	5.5%	30.6%
	treatment program	19	6.9%	38.8%
	loosing custody of child	2	.7%	4.1%
	services by CPS worker	2	.7%	4.1%
	counseling by church	3	1.1%	6.1%
	your religion	6	2.2%	12.2%
	clean/sober friends	30	10.9%	61.2%
	working 12 step program	17	6.2%	34.7%
	clean/sober activities	22	8.0%	44.9%
	attending training	18	6.6%	36.7%
	therapy/counseling	16	5.8%	32.7%
other	4	1.5%	8.2%	
Total	274	100.0%	559.2%	

a. Dichotomy group tabulated at value 1.

Frequency Table

Where Did You Go For Recovery

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	church	5	10.0	10.0	10.0
	12 step program	22	44.0	44.0	54.0
	other	14	28.0	28.0	82.0
	did not answer	9	18.0	18.0	100.0
	Total	50	100.0	100.0	

Risk Factor Table

Case Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
\$Risk ^a	36	72.0%	14	28.0%	50	100.0%

a. Dichotomy group tabulated at value 1.

\$Risk Frequencies

		Responses		Percent of Cases
		N	Percent	
Risk factors question 5 ^a	not understanding materials	2	2.2%	5.6%
	lackof transportation	9	10.0%	25.0%
	unavailable childcare	5	5.6%	13.9%
	lack of money	23	25.6%	63.9%
	lack of support	10	11.1%	27.8%
	scheduling /visit setting	10	11.1%	27.8%
	lack of employment	21	23.3%	58.3%
	lack of housing	10	11.1%	27.8%
Total	90	100.0%	250.0%	

a. Dichotomy group tabulated at value 1.

Protective Frequency Table

Case Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
\$ProtectU ^a	48	96.0%	2	4.0%	50	100.0%

a. Dichotomy group tabulated at value 1.

\$ProtectU Frequencies

		Responses		Percent of Cases
		N	Percent	
Protective factors mental self ^a	knowing right from wrong	33	8.9%	68.8%
	being raised differently	12	3.3%	25.0%
	soul searching	20	5.4%	41.7%
	fear of loosing kids	13	3.5%	27.1%
	being a role model	22	6.0%	45.8%
	improve self image	33	8.9%	68.8%
	reconnect with race	3	.8%	6.3%
	shame about behavior	28	7.6%	58.3%
	failure to recognize prob	11	3.0%	22.9%
	fear of others reactions	12	3.3%	25.0%
	wanting to do whats right	32	8.7%	66.7%
	belief in a higher power	21	5.7%	43.8%
	family expectations	15	4.1%	31.3%
	helping others	14	3.8%	29.2%
	gain respect	26	7.0%	54.2%
	improve self esteem	24	6.5%	50.0%
	guilt about past	20	5.4%	41.7%
	looking at past mistakes	23	6.2%	47.9%
	discrimination	3	.8%	6.3%
prejudice against you	4	1.1%	8.3%	
Total	369	100.0%	768.8%	

a. Dichotomy group tabulated at value 1.

APPENDIX G
CROSSTABULATIONS

**Crosstabs Protective Factors
Sobriety vs. non-sobriety**

family support * at least 24mths clean Crosstabulation
Count

		at least 24mths clean		Total
		Yes	No	
family support	yes	12	16	28
	N/A	6	16	22
Total		18	32	50

reg 12 step attendance * at least 24mths clean Crosstabulation
Count

		at least 24mths clean		Total
		Yes	No	
reg 12 step attendance	yes	11	13	24
	N/A	7	19	26
Total		18	32	50

clean/sober friends * at least 24mths clean Crosstabulation
Count

		at least 24mths clean		Total
		Yes	No	
clean/sober friends	yes	9	21	30
	N/A	9	11	20
Total		18	32	50

**Crosstabs Protective Factor
Sobriety vs. non-sobriety**

knowing right from wrong * at least 24mths clean Crosstabulation
Count

		at least 24mths clean		Total
		Yes	No	
knowing right from wrong	yes	14	19	33
	N/A	4	13	17
Total		18	32	50

improve self image * at least 24mths clean Crosstabulation
Count

		at least 24mths clean		Total
		Yes	No	
improve self image	yes	12	21	33
	N/A	6	11	17
Total		18	32	50

wanting to do whats right * at least 24mths clean Crosstabulation
Count

		at least 24mths clean		Total
		Yes	No	
wanting to do whats right	yes	13	19	32
	N/A	5	13	18
Total		18	32	50

**Crosstabs Risk Factor
Sobriety vs. non-sobriety**

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
lack of money * at least 24mths clean	48	96.0%	2	4.0%	50	100.0%
lack of employment * at least 24mths clean	48	96.0%	2	4.0%	50	100.0%

**lack of money * at least 24mths clean Crosstabulation
Count**

		at least 24mths clean		Total
		Yes	No	
lack of money	yes	6	17	23
	N/A	12	13	25
Total		18	30	48

**lack of employment * at least 24mths clean Crosstabulation
Count**

		at least 24mths clean		Total
		Yes	No	
lack of employment	yes	5	16	21
	N/A	13	14	27
Total		18	30	48

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