The effects of individual and group counseling on a substance abusing client's self esteem and depression

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ABSTRACT
SOCIAL WORK

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THE EFFECTS OF INDIVIDUAL AND GROUP COUNSELING ON A SUBSTANCE ABUSING CLIENT'S SELF ESTEEM AND DEPRESSION

Advisor: Melvin Williams, Ph. D.
Thesis dated May, 1992

The purpose of this study was to examine the effects of individual and group counseling on self-esteem and depression on a substance abuse client. There were two hypotheses, the first one hypothesized that participation in individual and group counseling would increase the client's self-esteem. The second hypothesized that as the client continued to participate in individual and group counseling depression would decrease. This study was conducted over a nine (9) week period with instruments administered during individual sessions. The design of the study was a single A-B case study. The results showed a significant increase in self-esteem levels monitored by Index of Self Esteem and a decrease in depression monitored by Generalized Contentment Scale. Random urine screenings were collected to monitor clients drug usage. Findings indicated that the client experienced improvement from the interventions.
THE EFFECTS OF INDIVIDUAL AND GROUP COUNSELING ON A
SUBSTANCE ABUSING CLIENT'S SELF ESTEEM AND DEPRESSION

A THESIS
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF SOCIAL WORK

BY
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CHAPTER I
INTRODUCTION

The abuse of drugs is one of the most serious problems facing the United States today. In fact, it may very well be this country's number one health problem. Many people use alcohol, marijuana, cocaine, and other drugs on a regular basis. This also affects the physical and psychological well-being of the drug users themselves, but it threatens the social and economic stability of the entire country. Individuals who consume cocaine or other drugs may become unwilling victims of drug abuse. Drug addictions do not respect race, age, religion, or national origin; drug abuse permeates all personality types, economic strata, and age groups.

According to Gellman and Gage, the only way for a person who turned to drugs is to first confront self-doubt to help overcome the addiction and, second to work on self-esteem. Most drug abusers think they can stop whenever they want to. The realization that the user can not stop is often devastating. The abuser needs to be convinced to change their behavior and that often leads to pressure from the family, employer, physician, counselor or the legal system.


2Reginald L. Jones, Black Adult Development and Aging Berkeley:
It takes considerable commitment to stop drinking or using drugs because once a person stops the addiction, the drug abuser has to admit that their behavior has caused pain to self and others. The most effective way for drug abusers to begin overcoming their addictions and addressing their problems is through professional counseling. Detoxification takes only about eighteen hours for the drug abuser. The biggest struggle the substance abuser has is getting rid of self-doubt. Building a person's self-esteem is the major thrust of drug treatment programs because recovering addicts know that they have failed in their personal relationships and in their jobs. Treatment programs are designed to help people gain the self-confidence they may have never experienced without depending on or drugs.

STATEMENT OF THE PROBLEM

The number of individuals and families affected by drug abuse and addiction is staggering. A 1987 Gallup poll found that one in four families reported a problem with drug abuse in the home. This is twice the rate of 1974. Data from the National Institute of Mental Health's Epidemiologic

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5Gellman and Gage, loc. cit., p. 107.
Catchment Area Survey of 20,000 adults indicated that 13.7 percent of adults met current or lifetime criteria for alcohol abuse or dependence, and 5.9 percent met criteria for drug abuse or dependence.

The most consistent findings is that many substance abusers have a history of antisocial behavior (e.g. nonconformity, acting out, and impulsivity) and a high level of depression and low level of self-esteem. Depression and low self-esteem are more likely to be concomitants of either the social conditions surrounding the substance abuse of the pharmacological effects of the substance themselves. Research was done to determine if there were factors in the substance abuser's home environment which were conducive to the development of drug addiction and antisocial behavior. What was found was that the substance abuser developed poor self esteem.

Addiction is a chronic disorder that is characterized by (1) the compulsive use of a substance or substances that results in physical and/or psychological danger to the

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individual and (2) the continued use of the substance despite its harmful effects.³

Some people continue to use drugs despite their harmful effects which reflects the compulsive nature of addiction, it cannot be controlled by willpower alone. The desire to use the drug is so strong that addicts often deny that any problems exist, and thus they gradually allow the drug to become the central part of their behavior. This denial is often the chief obstacle in overcoming a drug problem.⁴

The individual with a drug addiction is at greater risk for a multiplicity of problems, including medical, psychological, psychiatric, interpersonal, social, occupational or academic, family, spiritual, and financial complications. Addiction causes tremendous personal suffering; many deaths are related to drug addiction (medical disease, accidents, overdoses, etc.).

In addition to information about the patterns of substance use, the clinician will need to get information on the effects of substance use on several areas of functioning: physical and medical condition; eating patterns and diet; emotional and psychological health (e.g. moods,

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⁴Ibid., p. 20.
self-esteem); family relationships, work and school; social activities; financial condition; legal status; and spirituality. Society is affected by the great economic costs of drug addiction. The annual cost to American society of cocaine abuse is estimated at 25 to 35 billion dollars; drugs cost the United States approximately 117 billion dollars annually in medical bills and lost productivity. Drug trafficking erodes the nation's quality of life. It demands the combined response of the medical and law enforcement professions working together to bring this crisis under control. The courts and prisons report that they deal with high proportions of drug abusers. Almost 50 percent of the arrests in the United States are drug related. Many people take cocaine at work, and this has become a major concern in business, industry, and the professions. Costly mistakes to the individual and society include stealing, embezzlement, or padding expense accounts.

In summary drug abuse appears to be one of the leading social problem in our society today. It is a social problem due to the impact of an individual's quality of life.

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'Daley and Raskin, loc. cit., pp. 12-13.'
CHAPTER II

REVIEW OF THE LITERATURE

Many people in our culture still view addiction as a moral issue and see addicts as morally corrupt individuals who need to be punished, because society views an individual's self-worth by their values, morals, beliefs and lifestyles. Others consider addiction synonymous with chemical dependency and do not understand why treatment programs based solely on drug or alcohol detoxification do not work.¹ According to Marino, society has come to accept the idea that alcoholism is a disease that requires a lifetime of treatment and it is known that other drugs may create problems that require long-term, even lifetime care. Recent evidence suggests that approximately 10 percent of all people who try drugs will become addicted. Addiction appears to be an interactive product of social learning behaviors, that the substance abuser learns early that escape into drugs can effectively overcome their problems at least for a little while.²

Self-esteem has been identified as a key concept in socioemotional problems and more specifically as a forerunner of depression, anxiety and addiction. Self-esteem

²Ibid., 368.
is an extremely powerful factor in growth and development as human beings. Part of that power comes from its uniqueness. Self-esteem operates as a mechanism for maintaining one's inner consistency and helps determine how one's experiences are interpreted. It provides a set of expectancies of what individuals do in situations and how they interpret what others do in situations.3

Drug abuser have a basic tendency to strive, actualize, maintain, and enhance themselves. Those who develop self-esteem that is uniquely their own are called fully functional people. In the process of becoming fully functional people, drug abuser's move from the superficial self-esteem to a realistic self-esteem with a greater awareness of motivation and independence. Self-esteem includes one's character and values which emphasize and directs one's energy toward increasing internal positive evaluation of one self. On the other hand, the lack of self-esteem causes difficulty in adapting to new circumstances and reluctance to make an effort to change current behavior. Self-doubt is a safety valve people turn on when they want an excuse to avoid making decisions or for fear of failure.

Self-doubt is a scapegoat that exempts the drug abuser from taking action.  

There are studies focusing on the personality structure of individuals who ultimately develop problems with alcohol, drugs and other addictive behaviors. According to Kernis many studies have documented a strong negative correlation between self-esteem and depression. It has been suggested that there may be considerable overlap in the process that underlie low self-esteem and depression. It has been reported that individuals with low self-esteem, and those who are depressed are especially prone to overgeneralize the negative implications of specific failures to other aspects of their identities. Kernis have suggested that it is the negative self-evaluative component of depression that mediates depressive's reactions to positive and negative outcomes. In summary this study seems to be a consensus that low self-esteem is related in a important way to depression. It is argued that in addition to level of self-esteem, stability of self-esteem may have important implications for depression.  


Mood altering drugs usually lead to self destructive behavior in the substance abuser. The substance abuser attempts to modify their perception of reality of life by chemically altering their mind with drugs. The effect is temporary and destructive. The destructive effect goes well beyond the client through the changes induced in perception, personality, attitudes and feelings, relationships deteriorate, physical and mental health problems come about and financial problems ensue, all creating additional pressures that are related to in a markedly self-destructive of chemicals. Substance abuse have been shown to have harmful effects on personal health, and most users are aware of these risks, yet the abuser continues to use the substances anyway. Drinking and use of other drugs clearly fit the pattern of potentially self-destructive behaviors.6

According to Baumeister and Scher there are two principal benefits of substance abuse which motivate people to use drugs despite the risks, and benefits which indicate that the self-destructive aspect of substance abuse relates to their behavior. First, the substances cause pleasant sensations. Alcohol and other drug intoxication are

subjectively pleasant, so individuals pursue these effects. Among regular users, the subjective pleasure at ingestion is intensified by the appeasement of addictive cravings. The addictive cravings and patterns of substance abuse is also well known, affecting roughly 5 percent of the U.S. population. Secondly, substance use is a means of lowering self-awareness may be appealing for several reasons, including reducing inhibitions and coping with stress by blotting out undesirable thoughts about oneself.

Several studies have demonstrated that drug ingestion reduces self-attention and that drug consumption increases when self-awareness would be aversive (such as after failure). Related evidence shows that drug ingestion reduces cognitive dissonance, although it is not clear whether the mediating mechanism is reduction of self-awareness or physiological reduction of unpleasant arousal.

Sullivan suggests that peer groups in group settings have a powerful influence on individual members. The group can help bring about changes in negative behavioral patterns by confronting people with the results of their behavior; creating a sense of shared decision making and

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responsibility between people and those who care for them; and finding alternatives to negative patterns (substance abuse) for enhancing self-esteem.9

Bieger evaluated a drug prevention program which focused on the following intervention components: self-confidence, general social skills (listening, coping and communicating), self-esteem, decision-making and problem solving. The experimental group received 21 sessions of the program. Nine self-report measures were used to evaluate the program's effectiveness. This study provided evidence that the treatment program accomplished three of its four evaluated goals: increasing interpersonal area of self-confidence, increasing the coping skills of the program participants, and enhancing self-esteem.10

Marino examined the effectiveness of using cognitive behavioral therapy to positively change substance abuse clients' levels of anxiety, and self-esteem. A sample of 12 residential substance abuse programs were studied. Marino used the Clinical Anxiety Scale, and Index of Self Esteem to determine if the treatment group exhibited reduced anxiety


and improved self-esteem. The results indicated that
cognitive behavioral therapy is helpful with substance
abuse clients.11

Gross and McCaul examined how levels of self-esteem
indicated that a person's age, sex and attitudes about drug
use relates, and how this relates to the personal use of
drugs. The subjects were given a survey on attitudes about
the use of drugs and a measure of self-esteem. He used the
Rosenberg Self Esteem Scale to measure the progress of self-
esteeem. The results showed that low self-esteem was a
significant predictor of use of recreational drugs (cocaine,
crack, marijuana, hallucinogens and inhaled substances),
because usually these are people who feel they can use drugs
without experiencing trouble with drugs. In this study it
also stated that there may be a sub-population of people who
can do a little bit of drugs, put it away, do a little bit
more later, and not have problems.12

Bry studied depression, self-esteem, behavioral
competence, dysfunction, drug and alcohol use. In Bry's
findings it was indicated that people with a positive family

11Jeffery Marino, "Bio-Feedback Assisted Cognitive
Behavioral Therapy with Substance Abuse Clients: A Program

12Janet Gross, et al., "The Relationship of Self-
Esteem, Sex, Age, and Attitudes about Drug Use to the Use of
Drugs," International Journal of Addictions, 25, No. 2,
history for substance abuse exhibited more use of illicit drugs compared to those with a negative family history.\(^3\)

Several authors have conducted research studies on addictive behaviors. This behavior includes drug abuse and alcoholism as it relates to the individual self-esteem.

Allman, Taylor, and Nathan have shown that drinking in chronic alcoholics varies with stress and companionship. When stress was combined with being other drinkers, in contrast to isolation, drinking increased. Stress alone brought on anger, tension, and depression; alcohol independently enhanced levels of depression anxiety. Allman had shown earlier that alcoholics compared to others showed greater arousal was lowered by their drinking. Stress effects varied person. It was also observed that irritation increased with continued drinking.\(^4\)

Higgins found that stress as an environmental feature was less important than prior drinking history; consumption is best predicted by being an alcoholic or not.

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Nevertheless, one may identify features that induce drinking. Theses include threats to self-esteem, insult to heavy drinkers, and requirements for self-assertiveness in difficult social situations. Drinking varies with the drinking conduct of others in the situation. Higgins concluded that additional setting variables affecting alcohol intake include the drinking conduct of the group leader, interpersonal difficulties between family members, group versus individual drinking decisions, and being alone or with others.15

Higgins states to the effect that the psychopathic aggression and sexuality are displayed as alcoholics drink over time, and that control over conduct deteriorates. Non alcoholics do not show such changes. Self-esteem also deteriorates during drinking; alcoholics may become more withdrawn even if they claim as many do, that drinking is a social lubricant.16

In summary, studies indicated that the process of addiction is devastating to self-esteem. Given that most


addicts identify low self esteem as a problem leading to the use of drugs, vicious cycle results in low levels of self-esteem and high levels of depression is a significant warning for the use of drugs. Improving self-esteem is a major interest in helping the substance abuser to overcome their drug problem.
Overview of Theoretical Framework

Albert Bandura, has developed a Social Learning Theory that encompasses each type of learning and a wide range of influences that each type of learning entails. Bandura's theory is based upon a behavioralistic position that stress social learning as the main basis for behavior acquisition. Through the process of observational learning, individuals can learn to perform desired acts themselves without trial and error learning. Bandura has emphasized the role of modeling in the development and the modification in human behavior. Within social interaction, individuals are influenced by their peers and model their displayed behaviors. It also propose that individuals who experience a great deal of stress learn that drug decreases anxiety and tension. Consequently the behavior are adapted as a means of acceptance and approval for others.17

Through modeling the psychosocial effects of the environment impacts an individual's self-concept. Bandura outlined a major effect of modeling which has significant implications for clinical practice. The effect of modeling is a facilitation of responses, in which a model provides cues for others to compete. The effect is to increase behaviors that the individual has already learned and for which there are no inhibitions. With substance abuser's

the modeled behavior guides the lifestyle of the individual, which influence social settings, maintaining stable employment family and interpersonal relationships. Everything that had significant value in life becomes unimportant. Their main priority is using drugs and everything in their lives that was once of value becomes secondary, including their self-esteem. The behavior change resulting from the program should make a difference that is noticeable to person's in the clients environment. The change should move the client appreciable closer toward the level of performance necessary for functioning in society.  

An individual according to Erikson in the Intimacy versus Isolation stage of development this is when early adulthood usually begins in the early twenties and ends at approximately age 39. Most individuals, depending on their childhood and adolescent experiences, become conforming adults who follow the rules and roles set up by society; they play a part that is socially acceptable in their culture. The type of adulthood a person experiences is dependent on family culture and the immediate environment.

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The social and economic roles of early adulthood are so familiar and clearly defined that young adults have no doubts as to what the expectations of society are. These expectations indicate developmental tasks: selecting a mate, learning to live with a marriage partner and/or choose a career, starting a family, rearing children, managing a home, getting started in an occupation, taking on civic responsibilities and finding a congenial social group. Successful achievements of these tasks leads to a better and more satisfying middle and late adulthood. According to Erikson a major crisis of young adulthood is intimacy versus isolation. Erikson states that only after a reasonable sense of identity has been established can there be any sure of their identity would shy away from interpersonal intimacy, but as the individual become more sure of themselves the individual would seek intimacy in the form of friendship, combat, leadership, and love. Erikson's formulation of the crisis in this period is based on observation of men.\(^2\)

Losing and gaining love represent the greatest challenges in adulthood. The negative side of the crisis of intimacy, is self-absorption and isolation. Such a person develops a fragile sense of self from a accumulated experiences of childhood, which fostered the development of

\(^{20}\text{Ibid., p. 228.}\)
a sense of personal identity that is rigid and brittle or else totally diffused. People who have a tenuous sense of self are so busy reminding themselves who they are or so occupied in maintaining their identity or struggling to make sense out of diffusion that they really cannot attain a sense of intimacy.\textsuperscript{21}

**PURPOSE OF THE STUDY**

The purpose of the study was to examine the effects of individual and group counseling on self-esteem and depression of a substance abusing client. By doing this study the counselor would gain a better understanding of how to treat a substance abuse client who was experiencing problems with self-esteem and depression.

\textsuperscript{21}Ibid., p. 231.
CHAPTER III
METHODOLOGY

Setting

The Southside Integrated Care Program (ICP) was developed and implemented in 1989 to meet the rising needs of substance abuse in the African American Southside communities to decrease substance abuse and the spread of the HIV virus. Research has shown that substance abusers don't seek healthcare which leads to poor health and shortened life spans. The program provides comprehensive medical care as well as the following substance abuse services: individual, group and family counseling in an effort to assist the clients with remaining drug free and provide support for the clients' family members. Random urine screening is also used to help monitor the clients' drug usage. Integrated Care Program's wholistic approach to treatment works to achieve complete recovery. The program attempts to treat all of the healthcare concerns of its clients.

Background Information of the Case Study

The client was a 36-year-old divorced black male who was referred to the program by another client. The client stated that his abusive use of drugs has caused him to become scared, lose self-confidence and no longer interact with people. The client stated that he wanted to find a way to deal with his drug problem and to regain his self-
confidence. Also the client identified feelings of depression with symptoms of sleep disturbance, loss of appetite, restlessness, isolation from social activities and low self-esteem. Reportedly symptoms have been present for a month.

The client, is the middle child of six children. Both parents are employed, his mother works as a nurse and his father is a truck driver. The client denies previous history of drug abuse within his family. However during his childhood he recalled episodes of his parents becoming angry and leaving the house for hours. He expressed being unfavorably treated by his parents who bragged on his older sisters and brothers which left him with feelings of anger and rejection. The client reached all developmental milestones and there were no medical problems.

After completing high school, he left his family to attend Xavier University. While in college he began using cocaine after being with the wrong crowds. He described his first experience with cocaine as being an "outlet as a means to escape from his daily problems." After completing college, he moved to Atlanta, Georgia and started working for IBM as an Electrical Engineer. He was dismissed from his job after being there for two years due to his drug usage. The client stated that he lost his job due to the drugs controlling his life. This was the beginning of his substance abuse problem which has continued through a period of ten years.
During this time he has continued to have unstable employment and has led a life of being socially isolated. He has had limited contact with his family. His primary friends were all substance abuser.

The client married when he was 26 years old and describe his marriage as being in constant uproar surrounding his drug habit. He stated that the marriage suffered financially, emotionally and spiritually. The marriage was dissolved after four years and he has not had any contact with his ex-wife.

TREATMENT HYPOTHESIS

It was hypothesized that participation in individual and group counseling would increase the clients level of self-esteem. It is also hypothesized that as the client continued to participate in individual and group counseling his level of depression would decrease.

Outcome Measures

In this study, three outcome measures were used. The first measure utilized was the Index of Self Esteem, which measures the degree or magnitude of a problem the client has with his or her self-esteem. The Index of Self Esteem have internal consistency reliabilities and test-retest reliabilities (stability) of 0.90 or better. It also has high face, concurrent and construct validity. The high scores (above 30) suggest problems with self-esteem and as the scores go below the cut off (point of 30), the levels of
self-esteem has improved. The scale has a good ability to discriminate between people known to have or admittedly having problems and people who are known or claim not to have problems. This scale consists of 25 items and was administered to the client on a weekly basis.¹

The second outcome measure used was the Generalized Contentment Scale. This scale measures the degree of contentment that a person feel about their life and surroundings. The Generalized Contentment Scale has internal consistency reliabilities and test-retest reliabilities (stability) of 0.90 or better. It is reported as having high face, concurrent and construct validity and appears to measure what it is intended to measure. The high scores (above 30) suggest problems with depression and as the scores go below the cut off (point of 30), suggest lower levels of depression. The scale has a good ability to discriminate between people known to have or admittedly having problems and people who are known or claim not to have problems. This scale consist of 25 items and was also administered to the client on a weekly basis.²

The third measure used was urine screenings to help monitor the clients drug usage. Random urine screens were


²Ibid., p. 148.
collected they were picked up by an independent laboratory for testing of drug use.

INTERVENTION STRATEGY

The primary intervention strategies used in this study was individual and group counseling.

Group Counseling

Group sessions met weekly for one (1) hour each session and was facilitated by counselors. The main interventive methods used in the group sessions fell into six categories: developing self-esteem, exploring feelings, aids and substance abuse, relapse and prevention, issues and enhancing self-esteem.

DEVELOPING SELF ESTEEM

During this session the counselor discussed how self image and self-esteem are formed. Also in this session clients learned how to build their self-esteem through personal strength and self knowledge through role playing. Counselor gave clients a written handout in order to list some constructive things to do that can help build and maintain their self-esteem. Upon completion the counselors discussed what the clients had written.

EXPLORING FEELINGS

In this session, clients formed small groups of fours and discussed and developed strategies for them to reduce stressors and to be able to communicate positively.
Counselors tried to make members aware of their emotions and feelings, to help overcome denial, reduce their learned self-destructive behavior and enhance their talent to act in their own self-interest.

AIDS AND SUBSTANCE ABUSE

In this session, the counselor provided basic education and information about aids and substance abuse. Clients asked questions about the disease and drugs as well as information on prevention. Clients took a pre and post-test on aids and viewed a video on "Aids In The Community". After the video a discussion session took place. Basic education was discussed during this session on some of the problems and their consequences that occur to individuals who abuse alcohol and other drugs. It was also discussed how drugs impact the family, community and society.

RELAPSE AND PREVENTION

In this session, the counselor discussed various ways to help clients learn to think positively and to stay focused on maintaining a drug free life. Clients were given paper and pencil to write down the way that they have learned how to cope with staying drug free and what they use to do when they had cravings for drugs.

ISSUES

During this session there was an open group discussion for clients to have a chance to express what was going on in their lives and any problems that they needed help with.
Clients were encouraged to help others with problems similar to situations that they have experienced.

**ENHANCING SELF ESTEEM**

Identification of self-esteem, depression, attitudes, behavior and emotions were discussed. Clients formed a group of four to discuss strategies on how to maintain positive ways in handling stressors, such as dealing with frustrations of not obtaining employment.

**Individual Counseling**

An additional component of the interventive method used in this study was individual counseling. The individual counseling sessions lasted no longer than one (1) hour. These sessions started during the fourth week and continued on a weekly basis. The individual counseling sessions was used to administer the two (2) questionnaires, to discuss urine results and any problems that the client was facing.

The first session focused on specific problem solving skills and coping mechanisms to use in times of stress. The second session consisted of a discussion on development of adaptive behaviors, skills and the restoration, enhancement or maintenance of strengths. In the third session the counselor and client discussed how one functions in roles and relationships. In the fourth the session discussion was on various ways on residing independently, as appropriate, with as little support as necessary. In the fifth session the counselor discussed management of resources; jobs,
managing money, paying bills and being responsible. The sixth session the counselor discussed the importance of promoting one's self of the support network within the community support on an ongoing basis. After the sixth session during the counselor's meeting, the client progress was discussed and how he had made improvements while being in treatment. It was suggested by the client's primary counselor that he be placed in aftercare, due to his progress. Aftercare consist of the clients participating in the program once a month.

During the seventh session the client was informed that he would be placed in the aftercare program. The client felt that this was an indication that he was ready to make some transitions in his life and believed that he was capable of handling this transition. In the eighth week the counselor discussed how the client was going to manage his money and his transition into an independent lifestyle. Also in this session the client stated he was doing well and was managing his money effectively. The client reported feeling confident about himself and discussed how he was able to socialize and help others with problems similar to his. In the ninth session the client admitted he had used cocaine. The client felt upset with himself and was frustrated that he had resulted to such behavior. The client drug results was positive for cocaine.
Research Design

An A-B single system design was used to assess the effectiveness of the individualize and group counseling. The A phase of the A-B design refers to the non-intervention or observation period, which describes the baseline phase. During the intake (baseline period), the client was given material to complete and this process took place over a period of three weeks. The B phase of the A-B design refers to an intervention period along with the continued collection of data as established in the prior A phase. The B phase was implemented during the fourth week. The client participated in individual counseling weekly and group counseling daily. Furthermore, the A-B design provides an objective determination as to whether or not a change has occurred in the client's targeted behavior.
CHAPTER IV

PRESENTATION OF RESULTS

This chapter is a summary of the data collected from the client in this study. The results of this study are presented in Figures 1, Figures 2 and Figure 3. The client participated in individual and group counseling for a period of nine weeks. Baseline and intervention measures were taking on self-esteem, depression and drug usage.

Figure 1 presents self-esteem levels during baseline, intervention and followup phases. As depicted self-esteem levels ranged from 72 to 73, with a mean of 72 (s.d.=.58) during the baseline phase and from 22 to 54, with a mean of 35 (s.d.=11.67) during the intervention phase. The results demonstrated that individual and group counseling was able to generate an absolute improvement in the client's level of self-esteem by a mean difference of 39, and a relative increase of 51.4 percent above the mean baseline. Follow-up data indicated that while client was in aftercare he continued to maintain his level of self-esteem.

Figure 2 presents depression levels during baseline, intervention and followup phases. As depicted depression levels ranged from 55 to 57 with a mean of 56 (s.d.=1) during the baseline phase and from 22 to 53, with a mean of 36 (s.d.=11.58) during the intervention phase. The results demonstrated that individual and group counseling was able to generate an absolute improvement in the client's level of
FIGURE 1: SELF ESTEEM LEVELS DURING THE BASELINE, INTERVENTION AND FOLLOW UP PHASE OF THE CLIENT.
FIGURE 2  DEPRESSION LEVELS DURING THE BASELINE, INTERVENTION AND FOLLOW UP PHASE OF THE CLIENT.
depression by a mean difference of 20, and a relative
decrease of 36 percent below the mean baseline.
Follow-up data indicated during participation in aftercare
his level of depression was maintained.

Figure 3 presents weekly urine screenings during
baseline, intervention and follow-up phase. These
screenings were done to monitor client's drug usage. As
indicated in Figure 3, during the baseline phase the client
tested positive for cocaine. As can be seen in the
intervention phase the client was drug free for six weeks
without using cocaine. In the aftercare program the client
remain drug free during weeks 14 and 20 and around week 25,
he tested positive for cocaine.
NON DRUG USE = NO (0)
DRUG USE = YES (1)

FIGURE 3 WEEKLY URINE SCREENING DURING BASELINE, INTERVENTION AND FOLLOW UP OF THE CLIENT.
CHAPTER V

SUMMARY AND CONCLUSION

In the present study, the individual and group counseling was found to apparently produce an absolute increase in the client’s level of self-esteem by a mean difference of 37 and the client's level of depression by a mean difference of 20. Although the quasi-experimental nature of the A-B design does not usually permit causal inferences, visual inspection of the data suggests that it was the individual and group counseling session which produced the significant improvement in the client's level of self-esteem and depression.

The foregoing data provided significant support about the effectiveness of the individual and group counseling intervention used in this study. Figure 1 and Figure 2 showed that the interventions individual and group counseling, did have an impact on the client’s behavior. Urine screens were collected in Figure 3, to monitor drug usage. It is clear that the intervention program in this study was instrumental in having some effects on the client's targeted problem. The client has increased his level of self-esteem through positive thinking in gaining and understand of the sources of his problem. The client also learned new ways of dealing with his problems which, has helped to decrease level of depression. The client obtained full time employment while in treatment, as a electrical engineer, however he later had too many
responsibilities and started being with the wrong crowd. After which the client relapsed and continued to maintain his job. After which the client relapsed and continued to maintain his job. Because of his drug screening it was suggested that the client should continue in the program to help with his cocaine abuse and be referred to a methadone clinic.

Limitation of the Study

Limitations in this study include the unlikely possibility that some unknown concurrent historical variable was responsible for the observed improvements in the client's level of self-esteem and depression.
CHAPTER VI

Implication for Social Work Practice

The findings from this study suggest that in the area of self-esteem and depression, the primary thrust of social work practice should focus on how to help an individual maintain their self-confidence. Also, the problem of substance abuses is a very important social issue affecting many families across a broad range of cultural and socioeconomic backgrounds. The rising rate of substance abuse has been accompanied by increasing public awareness of the problem, and by increasing sufficient funds to help correct the problem.

Prevention is a critical aspect of social work practice. A knowledge of the family's role in the development of an individual's substance abuse can be utilized by social workers to help prevent the problem from occurring. Social workers should advocate for more media campaigns to alert the general public of the dangers of substance abuse. Emphasis in improving family relationships, treating individuals for depression and self-esteem are ways and means to prevent substance abuse.

Social Workers may provide more structure to the intervention and find ways to objectively measure the targeted problems that are being addressed. In order for social workers to determine if a change has occurred between baseline and intervention period first, the target event
under study has to be clearly specified and measured in the same way during both baseline and intervention periods. Second, some method of reducing a number of problem events to a comparative form such as identifying the patterns in the occurrences of those events has to be developed. Third, a rule for comparing these forms (such as comparing the differences in the patterns between baseline and intervention periods) has to be implemented. Once these three steps are carried out, the comparison of data collected during the baseline and intervention phase would tell whether or not there are differences between the two periods of time.

Using standardized measurements during the baseline and intervention phase will provide several important benefits in dealing with the targeted problems. First, it would help others replicate interventions and offers more guidance as to what specific treatment that work with specific kinds of clients in specific circumstances. Second, it would make it easier to interpret the results of future outcome studies. Third, new clients attempting to deal with problems they are experiencing would find a more highly structured intervention more attractive and will be more likely to begin intervention sooner and stay with the program longer and consistently.
Relevance of the Study to the Agency

This study afforded the researcher to have the opportunity to get hand on experience with the substance abuse client in an outpatient setting.

This agency should consider incorporating objective measures to assess the client's presenting problems. Outcome measures used can provide a focus for discussion of change between counselor and the client. By openly discussing the scores and their interpretation the outcome measures can increase the rapport and trust between counselor and the client. Together the counselor and the client can explore the significance of change or lack of change in the targeted problems. scores. These outcome measures are useful in monitoring the clients change of behavior.
BIBLIOGRAPHY


APPENDIX A
INDEX OF SELF ESTEEM (ISE)                     Today's Date_____
NAME: ________________________________

This questionnaire is designed to measure how you see yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and accurately as you can by placing a number by each one as follows:

1. Rarely or none of the time
2. A little of the time
3. Some of the time
4. A good part of the time
5. Most or all of the time

Please begin.
1. I feel that people would not like me if they really knew me well_____
2. I feel that others get along much better than I do____
3. I feel that I am a beautiful person____
4. When I am with other people I feel they are glad I am with them_____
5. I feel that people really like to talk to me____
6. I feel that I am a very competent person____
7. I think I make a good impression on others____
8. I feel that I need more self-confidence____
9. When I am with strangers I am very nervous____
10. I think that I am a dull person____
11. I feel ugly____
12. I feel that others have more fun than I do____
13. I feel that I bore people____
14. I think my friends find me interesting____
15. I think I have a good sense of humor____
16. I feel very self-conscious when I am with strangers____
17. I feel that if I could be more like other people I would have it made____
18. I feel that people have a good time when they are with me____
19. I feel like a wallflower when I go out____
20. I feel I get pushed around more than others____
21. I think I am a rather nice person____
22. I feel that people really like me very much____
23. I feel that I am a likeable person____
24. I am afraid I will appear foolish to others____
25. My friends think very highly of me____

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3, 4, 5, 6, 7, 14, 15, 21, 22, 23, 25
APPENDIX B

GENERALIZED CONTENTMENT SCALE (GCS)  
NAME: ________________________  Today's Date________

This questionnaire is designed to measure the degree of contentment that you feel about your life and surroundings. It is not a test, so there are no right or wrong answers. Answer each item carefully and accurately as you can by placing a number beside each one as follows:

1. Rarely or none of the time
2. A little of the time
3. Some of the time
4. Good part of the time
5. Most or all of the time

Please begin.

1. I feel powerless to do anything about my life____
2. I feel blue____
3. I am restless and can't keep still____
4. I have crying spells____
5. It is easy for me to relax____
6. I have a hard time getting started on things that I need to do____
7. I do not sleep well at night____
8. When things get tough, I feel there is always someone I can turn to____
9. I feel that the future looks bright for me____
10. I feel downhearted____
11. I feel that I am needed____
12. I feel that I am appreciated by others____
13. I enjoy being active and busy____
14. I feel that others would be better off without me____
15. I enjoy being with other people____
16. I feel it is easy for me to make decisions____
17. I feel downtrodden____
18. I am irritable____
19. I get upset easily____
20. I feel that I don't deserve to have a good time____
21. I have a full life____
22. I feel that people really care about me____
23. I have a great deal of fun____
24. I feel great in the morning____
25. I feel that my situation is hopeless____

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5, 8, 9, 11, 12, 13, 15, 21, 22, 23, 24,