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The effect of discharge referrals and religious attitudes on African American client satisfaction with substance abuse treatment

Lisa Denise Schaeffer

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ABSTRACT

SOCIAL WORK

SCHAEFFER, LISA

B.A. UNC-CHAPEL HILL, 1990

THE EFFECT OF DISCHARGE REFERRALS AND RELIGIOUS ATTITUDES ON AFRICAN AMERICAN CLIENT SATISFACTION WITH SUBSTANCE ABUSE TREATMENT

Advisor: Dr. Joanne V. Rhone

Thesis dated March, 1996

This study focused on two areas. First, the relationship between religious attitudes and client satisfaction with substance abuse treatment and second, on the relationship between discharge referrals and client satisfaction with substance abuse treatment. A descriptive study analysis approach was used to analyze data collected from twenty-two subjects being treated at facilities in the greater Atlanta area that utilized a behavioral/educational approach to treatment that emphasized the twelve step model. A demographic survey, drug history survey, religious belief questionnaire and two customer satisfaction instruments were used to test the two hypothesis examined in the study. The conclusions drawn from the findings suggest a relationship exists between religious beliefs and client satisfaction and second, that discharge referrals and clients satisfaction ratings increase when clients are referred to programs that incorporate structure with twelve step fellowship.
The Effect of Discharge Referrals and Religious Attitudes on African American Client Satisfaction with Substance Abuse Treatment

A Thesis
Submitted To The Faculty of Clark Atlanta University In Partial Fulfillment of The Requirement For The Degree of Master of Social Work

By
Lisa Denise Schaeffer

School of Social Work

Atlanta, Georgia
March 1996
ACKNOWLEDGMENTS

I would like to thank the employees at Fulton County Alcohol and Drug Treatment Center for their assistance with this study. I would also like to thank the staff at Parkway Medical Center for their cooperation and assistance with this study.
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Chapter One

Statement of Problem

The development of economically priced crack cocaine in the early 1980's and the introduction of this highly addictive substance to economically disadvantaged urban areas has been a contributing factor in the demise of individual lives, families, neighborhoods and African American Communities throughout the United States. This coupled with the increased social, economic and legal costs paid, by the society at large, for the increased costs brought about by behaviors associated with substance abuse, leads one to conclude that cocaine addiction is a social problem. The resolution of this problem, though multifarious, ultimately rests in the ability of the addict to control his/her addictive behavior. To assist the addict in this regard research must be conducted to determine clients satisfaction with a variety of treatment strategies and clients preferred aftercare plans.

To date there has been no clear consensus, among substance abuse experts, concerning what treatment strategy is most effective with cocaine abusers. A number of strategies have been implemented to assist the addict in overcoming his/her addiction. Inpatients and outpatient treatment centers have been developed using a variety of treatment techniques. For instance, behavioral therapy, psychotherapy, group therapy, pharmacotherapy and twelve step programs are among the most commonly used treatment strategies utilized. In this study the researcher will attempt to contribute to the existing literature on cocaine treatment by addressing the following questions: first, does there appear to be a relationship between client satisfaction with treatment utilizing the twelve
step approach and religious beliefs and second, do social work aftercare referrals influence clients overall rating of substance abuse programs?

Purpose and Rationale of the Study

The purpose of this study is three fold. First, to investigate if a relationship exists between client satisfaction with programs utilizing the twelve step method and clients' religious beliefs. Second, to investigate if particular social work discharge referrals appear to increase or decrease overall client satisfaction with service and third, to investigate if the need for religious sensitivity in traditional treatment and aftercare referrals are indicated by the findings of the study.

It is this researchers hope that this study will add to the knowledge base of social workers who work directly with substance abusers. First, by indicating the importance of aftercare referral to overall client satisfaction and second, by indicating the need for professionals to be spiritually sensitive when engaging a client in treatment and formulating aftercare plans.

I have observed the absence of spiritual sensitivity in the discussion and formulation of treatment plans and aftercare plans by social workers in the field. This absence has been attributed to a number of factors including economic issues and a lack of alternate community resources. It is also related to the widely held belief that twelve step programs like AA are not religious organizations.

AA is not a religious organization, so those from all background, Christian, Jewish, Moslem, agnostic, Atheist, can find a comfortable niche there.¹
Despite this fact, 12 step literature is filled with religious undertones. For instance, there are a number of references made to a "higher power" and one of the cornerstones of AA is religious practice, the Serenity Prayer.² Because of these religious undertones and practices the need for spiritual/religious sensitivity on the part of worker in the field is necessary. It is this researcher hope that this study will speak to this issue and raise social worker awareness in this area.

The rational for this study is based on the following factors. First, increasing the workers knowledge base is important because with the development of managed care and Medicaid's policy on payment for cocaine treatment, it is necessary for professionals to be as exacting as possible when they have the opportunity to work with clients who have been diagnosed with substance abuse problems. Second, it is important because clients without a payment source are often treated homogeneously and referred to spiritually based twelve step programs for treatment and after care without being questioned about their spiritual beliefs. Social Work, one of the helping professions working with substance abusers, have identified the need for education on a variety of cultures and cultural sensitivity. Dean H. Hepworth and JoAnn Larsen state the following:

Knowledge of the norms related to a client’s culture of origin is indispensable when the clients cultural background is different from your own. Without such knowledge you may make serious errors in assessing the client.... such errors in assessment may lead to selecting


interventions that aggravate rather than diminish clients’ problems.\textsuperscript{3}

It can be inferred from this statement that knowledge of a client's religious orientation and his/her feelings about twelve step programs should be taken into consideration when referrals are being formulated. It is the researcher’s hope that spiritual sensitivity will lead to better referrals for cocaine abusers, lead to more diversity in referrals to community resources and lead to development of new treatment approaches with inpatient substance abusers.

Chapter Two

Literature Review

Cocaine Abuse and Withdrawal Symptoms

There appears to be a consistent agreement in the literature that cocaine dependency is a psychological/physical addiction characterized by no serious physical withdrawal symptoms. Cocaine addicts unlike alcoholics or heroine addicts, do not appear to need medical supervision to safely complete withdrawal; alcohol and heroine addicts can suffer painful and life threatening withdrawal without medical supervision. During withdrawal the cocaine addict will feel irritable, he will want to sleep all the time, he will be depressed, but rarely is he in physical danger.\(^4\)

Most of the findings in this area result from expertise and observations of workers in the field. Articles written by Rawson, Washton et. al, and a study done by Weddington et. al, support the assumption that inpatient treatment is not necessary for safe cocaine withdrawal. According to Weddington's findings on intravenous cocaine users the following was stated:

Given the absence of classic withdrawal pattern, "short term abstinence", may be a more appropriate classification of the psychological and physical phenomena experienced by cocaine addicts who initiate abstinence in a controlled environment.\(^5\)

An older, inpatient study on the symptomatology of cocaine withdrawal, Gawin et al., found that during the end stage of withdrawal, which ranges from 1 to 10 weeks, the cocaine addict experiences anhedonia, anergia, anxiety, high cocaine craving for cocaine, and conditioned cues that trigger cravings. In this study no symptoms were found which demanded medical supervision during withdrawal.

Based on these studies and observations by treatment experts, it is fair to assume that cocaine/crack addicts do not require inpatient treatment to withdraw from cocaine thus disputing any assumption that inpatient treatment is necessary for safe cocaine withdrawal.

Outpatient/Inpatient Studies of Cocaine Addicts

Because of the cocaine epidemic of the 1980's, and the number of people seeking treatment for cocaine/crack addiction, studies have been initiated which examine the effectiveness of outpatient treatment verses inpatient treatment. It has been determined that outpatient treatment is more cost effective than inpatient treatment and can benefit the addict by teaching relapse strategies that will help him maintain sobriety while living in the "real world." However, no consensus has been met among experts regarding which treatment setting best supports continued abstinence. A study done by Arthur Alterman

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and Associates, supports the above stated assumptions. The study was a randomized assignment comparison study of day hospital verses inpatient rehabilitation treatment for cocaine-abusing and cocaine-dependent men. The research subjects were 94 men seeking treatment for cocaine abuse and dependence at the Philadelphia Veterans Medical Center. Forty-eight subjects were randomized into day hospital treatment and 46 into inpatient rehabilitation. Inpatients were more likely to have had previous drug treatment (54%) than subjects assigned to the day hospital (31%).

A 3-hour baseline battery of tests were administered by a research technician to all subject during the first week of the study. This battery consisted of the Addiction Severity Index, the DIS, measures of social stability/support/resources, measures of alcohol anonymous involvement and counselor rating of patients' motivation for susceptibility to treatment. Also, supervised urine sample were obtained, records of attendance were obtained and costs were evaluated.

The day hospital program was in operation 27 hours weekly whereas inpatient treatment was available approximately 48 hours weekly. Both programs were 28 days long. The major therapeutic thrust of both programs focused on group meetings and behavior change.

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9 Ibid., 152.

The study found that there was no significant statistical difference in treatment outcomes. A slight difference was reported in the number of people completing treatment with the nod going to those involved in the residential treatment program. Significant reduction in substance-related problem levels were found for both groups at both 4 and 7 month ASI follow up evaluations. Significant reduction were found in legal, family/social and psychological problem levels for both groups. At the seven month evaluation there was a superior level of employment related functioning among those subjects who received outpatient treatment. This study appears to support the position that outpatient treatment, in the form of day treatment, can be as effective as inpatient treatment in assisting cocaine addicts in overcoming their addiction.

A Study conducted by Arnold Washton and associates, also supports the assumption that outpatient treatment is as effective as inpatient treatment. At the Washton Institute an uncontrolled study at the facility compared treatment outcomes following either inpatient or intensive outpatient treatment in 60 drug addicts. Forty actively addicted patients went directly into an intensive outpatient program. The remaining twenty patients entered the outpatient aftercare program after completing twenty-eight days of inpatient treatment at various inpatient facilities in and around the New York metropolitan area. Eighty-five percent were cocaine addicts. They were evenly divided, in terms of route of ingestion, between cocaine snorters and crack smokers. The clinical profiles of the two comparison groups were strikingly similar with

regard to drug use, addiction severity, employment status, previous treatment history and other relevant patient characteristics.\textsuperscript{12}

Aftercare completion rates were nearly identical for inpatients (77\%) and outpatients (74\%). Abstinence rates were also comparable with levels reported at 68\% of outpatients and 64\% of inpatients at 6 and 24 month follow ups which were measured by urine tests and clinical interviews. Cocaine smokers showed significantly lower follow up rates (58\%) compared with cocaine snorters (78\%). Follow up for both types of users were similar in inpatient compared with outpatient treatment settings.\textsuperscript{13} This study seems to indicates that the root of cocaine ingestion and perhaps demographic outcomes, (most crack smokers have lower socio-economic status than snorters) may have more to do with abstinence levels than the type of treatment model-inpatient or outpatient.

One study done that focused on demographic characteristics, conducted by Lynn Means and associates, found that the route of cocaine administration was not significantly correlated with treatment success.\textsuperscript{14} However the study provided no real information on crack because the study done was a post-hoc study of data collected between November 1985 and May 1986. During this time there were not many people seeking treatment for crack addiction thus the study does not speak to this population.


\textsuperscript{13}Ibid., 25.

Cocaine Treatment and The Behavioral Approach

There are a variety of treatment options available to clients seeking either outpatient or inpatient treatment. These approaches include self-help groups, group therapy, individual psychotherapy, behavioral therapy, etc. Behavioral therapy is centered around replacing negative behaviors with socially acceptable behaviors through positive reinforcement, education and the use of incentives. Behavior change is the underlying principle of therapy with addicts. All the techniques used by practitioners seek to replace the pathological behavior of addicts with socially acceptable behavior. The common link between intervention strategies is the desire to bring about behavior change initially indicated by abstinence and in recovery through lifestyle change.

A study done by Stephen Higgins and associates, examined the effects of behavioral treatment on cocaine abstinence. Thirteen consecutively admitted outpatients were offered behavioral therapy consisting of contingency management procedures and the community reinforcement approach. Fifteen consecutively admitted outpatients were offered treatment with 12 step counseling. Eleven of the thirteen patients treated with behavioral technique completed 12 weeks of treatment where as only five of the twelve 12 steppers completed the program. Also ten of the twelve patients given behavioral counseling achieved four consecutive weeks of cocaine abstinence as compared to only three of those given twelve step counseling. At the eight week period the numbers revealed that six behaviorally treated clients remained abstinent while none of the clients who received 12 step counseling achieved abstinence at the eight week mark.15 This study

indicates that behavioral therapy may be more effective than 12 step counseling when dealing with initial cocaine abstinence. This assumption is supported in the literature by Richard Rawson who states the following:

One of the problems with 12 step groups is that participation involves talking at length about the drug which can often increase cocaine cravings and lead to relapse.\(^{16}\)

He suggests that 12 step programs can be a vital part of treatment once the client has gotten off the drug and has stabilized. He says, "it is not a good starting point for many patients."\(^{17}\)

In 1993, Stephen Higgins et al, undertook a second study utilizing the behavioral approach to cocaine treatment. In this study, 38 patients were enrolled in outpatient treatment and were randomly assigned to two treatments. Behavioral counseling was one type of treatment offered and counseling based on the disease model of dependency and recovery was the other model chosen. Patients in the behavioral, not the drug counseling treatment, received incentives for submitting cocaine free urine specimens.\(^{18}\)

Fifty-eight percent of the patients who received behavioral therapy completed 24 weeks of treatment compared to 11 percent of those patients who received drug counseling. Further in the behavioral treatment group 68 percent and 42 percent of the patients achieved 8 weeks to 16 weeks of abstinence versus 11 percent and 5 percent of

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\(^{17}\) Ibid., 22.

those in the drug abuse counseling group. Higgins states that the multicomponent behavioral technique used is an effective intervention technique for retaining outpatients in treatment and establishing cocaine abstinence.  

Because the behavioral approach advocates positive reinforcement, gives rewards for positive behavior change and facilitates hope, it may be more effective than the negative implications of the disease model and the necessity to tear oneself down which is advocated in 12 step programs like AA and CA.

Another study done by Mike Schmitz and associates, supports the assumptions/findings of both Higgins and Rawson. In a study done on 40 hospitalized cocaine dependent patients the relationship between the patients pre-treatment scores, on the Addiction Severity Index and post-discharge treatment needs were examined. The ASI was completed at admission and a discharge survey was completed one week prior to discharge.

The study found that stronger preferences were expressed for 12 step programs and behavioral programs than psychotherapy or medical treatment among cocaine addicts. The study also indicates the fact that there is as strong a preference for behavioral treatment in aftercare for patients treated in a residential setting as for those who receive outpatient services only. Lastly, the study also supports the notion put forth

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21Ibid., 279.
by Richard Rawson that 12 step programs are well suited for aftercare recovery programs.\textsuperscript{22}

\textbf{Cocaine Treatment and Pharmacotherapy}

Methadone Maintenance, for opiod addiction, is the most common long standing form of pharmacotherapy used in the United States. It is done primarily on an outpatient bases and the literature states that it gives heroine addicts the opportunity to regain control of their lives and function as "normal" citizens. In New York City, the capital of heroine addiction, 93 percent of the 38,000 opiod users in treatment are enrolled in methadone maintenance. Nationally it is estimated that there are between 300,000 and 500,000 opiod addicts currently residing in the United States, of whom 15 to 25 percent are in treatment at any given time.\textsuperscript{23}

Methadone maintenance treatment has been hailed as a success by some substance abuse experts while others state the fact that addicts are simply trading one addiction for another. Despite the growing number of methadone maintained patients seeking treatment for cocaine abuse, the trend in cocaine treatment is going in the direction of pharmacotherapy for hard-core addict. Experts believe that a combination of pharmacotherapy and counseling may be the only hope hard-core addicts have of regaining control of their lives.


A variety of drugs are being researched and a number of studies, testing the effectiveness of the drugs, have been done. To date there is no universally accepted drug for treating cocaine dependency. The drugs, under study by the NIDA, are as follows: desipramine, bromocriptine, amantadine, dopa, apomorphine, nimodipine and lithium.24

A study conducted by William Weddington, is one study that shows the positive effect drug therapy may have on cocaine dependence. The study was a single blind, random assignment, 12 week placebo controlled comparison of desipramine hydrochloride and amantadine hydrochloride as adjunctive treatments to counseling for 54 outpatient cocaine dependent subjects. The patients were treated with fixed doses of 200mg/day desipramine, 400mg/day amantadine-placebo and placebo. The lifetime cocaine use, lifetime history of psychopathology, admission scores on psychometric assessments did not differ among subjects in the study.25

The study found that all the treatment groups showed a decrease in cocaine use, craving for cocaine and psychiatric symptoms. Those patients given desipramine maintained longer periods of abstinence than the other two treatment groups. This finding is supported by the findings of Tennant and Rawson, who conducted the first clinical study on desipramine and found that the drug helps addicts to sustain short term abstinence.26


Kathleen Carroll et. al, found in her study that a combination of treatment interventions were needed to help cocaine addicts achieve abstinence. In the study, 139 subjects were randomly assigned to one of four conditions offered over a twelve week abstinence initiation trial. One, relapse prevention and desipramine; two, clinical management and desipramine; three, relapse prevention plus placebo; and four, clinical management and placebo. The results indicated that all of the groups showed significant improvement. However a significant effect for medication, psychotherapy or the combination of both were not found for treatment retention, reduction in cocaine use or other outcomes at the twelve week period. Also, baseline severity of cocaine use interacted differently with psychotherapy and pharmacotherapy, high severity patients fairoed better with relapse prevention (behavioral therapy) than with clinical management, while desipramine improved abstinence initiation among lower severity subjects. Further, desipramine was more effective than placebo at 6 but not 12 weeks. Last, depressed subjects had greater reduction in cocaine use than non-depressed subjects. This suggests that desipramine has an effect on short term abstinence but may not help addicts to sustain abstinence for any considerable length of time. The study also appears to support previous studies in the literature review which indicated that behavioral therapy may be more effective than counseling in treating cocaine addicts.


28 Ibid., 186.
Cocaine Treatment and 12 Step Programs

Cocaine Anonymous is the primary 12 step program used by people recovering from cocaine abuse and dependency. C.A. is based on the principles of Alcoholics Anonymous. It is a fellowship or mutual support group for women and men who are battling an addiction to cocaine. Addicts come together to share their mutual experiences, strength and hope with each other with the belief that through sharing they will be able to solve their common problem and help others to recover from cocaine addiction. Like The Alcoholics Anonymous program, Cocaine Anonymous is run on contributions from its supporters and there is no fee or membership required only the desire to recover from cocaine abuse.

A literature review of twelve step programs reveals the following. First, practitioners involved in the referral process should have a thorough understanding of 12 step programs and attend an open meeting before sending a client to A.A., N.A, or C.A. This is essential in the facilitation of the twelve step referral. Second, involvement in A.A, C.A, N.A is seen as necessary part of treatment for any recovering addict. It is an opportunity for the addict to become apart of a healthy fellowship or culture which is needed to replace the distorted drug culture the addict has been operating in. Third, commitment to A.A, C.A, N.A, twelve step program is a lifelong process and the different stages of recovery will be revisited throughout the life of the recovering addict. Fourth, and most important, involvement in a twelve step program is viewed as an essential ingredient to any competent addiction aftercare plan.29

Cocaine Treatment and Spirituality

Spirituality is seen as an important ingredient to the addiction recovery process. No specific information on cocaine abuse and spirituality were found in the literature but addiction and spirituality has been addressed in several books and articles. Spirituality is differentiated in the literature from organized religion. Spirituality is defined as an ongoing quest for self-knowledge that includes recognition of a higher power's presence. The common denominator of a sense of spirituality include a sense of purpose in one's life, a belief in the connection to others, an acceptance of the events which occur and belief that there is a power greater than oneself which can restore one to sanity. Many experts believe that unless a spiritual change is made to replace the drug culture the addict has become apart of, there will be no long term recovery. The significance of the spiritual aspect of recovery is highlighted in twelve step programs like AA, CA and NA. and experts point to the success of people who engage and work the program as proof of the importance of spirituality in maintaining sobriety and handling relapses or slips. The literature also reveals that one of the biggest factors that keep addicts from engaging in 12 step program is the "misconceptions" or issues regarding religion.


31 Ibid., 170.

Cocaine Treatment and Client Satisfaction

Client satisfaction with treatment is an important source of concern for professionals involved in substance abuse treatment. One primary reason for studying client satisfaction is to measure the effectiveness of service delivery. The results of client satisfaction surveys give program coordinators and staff feedback concerning their level of effectiveness with the clients they serve. Also, information indicating the areas of a program which are successful or areas of a program which need improvement or change are also uncovered by using client satisfaction surveys.

Another reason for measuring client satisfaction is to reduce client drop out rates. Experts have hypothesized that measuring client satisfaction and improving programs via clients input may lead to a reduction in drop out rates among clients who enter treatment. Statistics on drop out rates conducted at the Veterans Affairs Hospital indicate that between 50 and 70 percent of clients, drop out of outpatient treatment, prior to completion of a treatment program. Inpatient drop out rates were not reported, however, client drop out is a major source of concern for substance abuse workers regardless of the setting they work in. This is due to the fact that substance abuse professional’s realize that completing treatment represents the addicts best chance of maintaining a life in recovery.
A number of research articles have been done examining client satisfaction with treatment programs. Early research identified four key variables that determined patient satisfaction with treatment. First, satisfaction with outcome; the client believes his time in treatment was successful in alleviating/reducing the problems he/she was experiencing at time of hospitalization. Second, continuity of care; the client is given clear aftercare plans and follow up sources to assist him/her in the outpatient setting. Third, patient expectations; the program assisted the client in the way he/she expected it to. Fourth, a positive doctor/patient relationship; the doctor responded with warmth and empathy and the patient felt comfortable discussing his/her issues with the doctor.36

A review of recent article on client satisfaction reveals that client satisfaction is based on a number of variables. The psychological disposition and personality traits of clients has been correlated with treatment satisfaction. For instance, in one study conducted on 59 subjects it was found that low levels of satisfaction with treatment were significantly correlated with scores on the psychopathic Deviate and Responsibility Scale the MMPI-2. More rebellious and less socially responsible subjects reported less satisfaction with treatment programs than other subjects in the study.37 This study shows that dissatisfaction with treatment may not always indicate staff or program deficiencies but may result from the negative psychological disposition of the clients in treatment.


The sex of therapist and counselors has been correlated with client satisfaction.\(^3^8\)

As indicated earlier researchers have found that a positive relationship with a doctor or therapist is important to client satisfaction. In one study conducted it was found that clients with same sex therapist were more satisfied with treatment than client with therapist of the opposite sex.\(^3^9\) Traditional time honored twelve step programs like Alcoholics Anonymous use a similar approach in assigning sponsors to C.A. members. For instance, it is recommended by C.A. that one of the criteria for selecting a sponsor be that the person is of the same sex as the person requesting sponsorship. This practice and findings from the cited study suggest that gender compatibility among primary caregivers supports client satisfaction with treatment.

Studies of client satisfaction and cultural sensitivity in treatment programs appears to be an area of study which has been neglected by researchers. I was unable to find any studies that focused on African American clients satisfaction with substance abuse treatment programs. The development of Afrocentric Therapy speaks to the issue of cultural sensitivity in treatment but I did not find any studies that compared African American client satisfaction with traditional substance abuse treatment and African American client satisfaction with Afrocentric treatment approaches.

One study was found which discussed culturally sensitive treatment approaches and client satisfaction among Native Americans. In this study a community development approach was used to address substance abuse, prevention and related behaviors, among


\(^{3^9}\) Ibid., 126.
youth on the Flathead reservation (composed of three native American tribes), in Montana. The study focused on the results of two external evaluations, a survey of client satisfaction and a survey of treatment approach. The researcher stated that a strong consensus was shown for the treatment strategy used at the center and client satisfaction with the program was rated high. In this instance a healing approach to treatment rather than a disease approach to treatment was determined to work effectively with native American substance abusers on reservations.

A general review of the literature shows that client satisfaction with substance abuse treatment is based on a number of variables which are as different as the people in the population being studied. Despite this fact, a few central themes have been determined to be essential to client satisfaction with addiction treatment. First, clients, except for Native Americans, rate programs positively when education about addiction as a disease is provided. Second, client satisfaction is rated higher when relapse prevention techniques are taught. Third, client satisfaction increases when there is linkage to AA or other twelve step programs, and forth, client satisfaction increases when there is a mix of employees who are recovering with other professional personnel. Last, client satisfaction increases when aftercare plans are tailored to the substance abusers individual needs.

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Discussion

Treatment approaches incorporating outpatient and inpatient settings, behavioral techniques, group therapy, individual therapy and 12 step fellowship have been compared and investigated to determine the effectiveness of these treatment with the cocaine dependent population. There are findings in the literature that suggest, behavioral therapy is more effective than psychotherapy; that suggest behavioral therapy is preferred over 12 step fellowship and that suggest 12 step fellowship is essential to recovery, but may be ill suited to initial cocaine abstinence. This researcher’s support of finding in the literature that suggest 12 step programs are ill suited to initial cocaine abstinence has lead her to hypothesize that clients referred to twelve step only fellowship for aftercare are less satisfied with overall service than clients referred to halfway houses, day treatment, or other programs that incorporate 12 step fellowship with more structured living or activities.

The literature also suggests that clients misconceptions about twelve step programs are related to the belief that 12 step programs are too religious. It has been suggested that this misconception causes substance abusers to shy away from participation in 12 step programs in the outpatient setting. The religiosity of twelve step programs has been disputed in the literature and findings in the literature review suggest the dislike of 12 step fellowship is an issue of timing rather than religiosity. This finding coupled with research that linked client attitudes to satisfaction results has lead this researcher to conclude that there is a relationship between high Judeo Christian beliefs and satisfaction with treatment programs that emphasize the 12 step approach.
Hypothesis

1. A relationship exist between religious beliefs and satisfaction with treatment emphasizing the twelve step approach.

2. Clients referred to 12 step only treatment for aftercare are less satisfied with overall service than clients referred to halfway houses and day treatment programs.
Chapter Three

Methodology

The study conducted is based on the descriptive method of research design. This investigator chose to conduct the study using this method because of her lack of expertise in advanced statistics, the small sample of respondents who participated in the study and its suitable fit to the desired format of the study. After reviewing the literature it was determined that the study addressed questions concerning an issue that has not been directly addressed in prior studies found, African-American client satisfaction with substance abuse treatment. In this study the researcher interest centers around a study of African-American client satisfaction with substance abuse treatment, its relationship to social work discharge referrals and client religiosity. The researcher is interested in investigating if particular discharge referrals to halfway houses, 12 step programs, day treatment and clients religious beliefs have an effect on general client satisfaction scores among inpatient cocaine addicts of African American descent.

Sample

The population under examination in this study are Male and Female, adult, African-American cocaine addicts receiving inpatient treatment in the Greater Atlanta Area. This researcher contacted agencies and hospitals throughout the Atlanta area to solicit participants for the study. The agencies contacted were Charter Hospital, Ridgview Institute, Grady Memorial Hospital, Cobb County Alcohol and Drug Treatment Services, Fox Recovery Center, Fulton County Alcohol and Drug Addiction Treatment Center,
Georgia Regional Hospital, West Paces Medical Center and Parkway Medical Center.

Out of all the agencies solicited for participation in this study, only two allowed clients to participate in the study; Fulton County Alcohol and Drug Treatment Center and Parkway Medical Center; thus, the sampling frame for the study was derived from a list of clients receiving inpatient treatment at these two facilities.

Participation in the study was based on several factors. First, all the participants in the study had to be adults, which was defined by the researcher as persons over the age of eighteen. Second, all participants had to be of African American descent. Third, all participants had to meet DSM-4 criteria for a diagnosis of cocaine abuse or dependence and identify their drug of choice as cocaine or crack cocaine at time of admission. Fourth, clients had to be involved in an inpatient substance abuse program at specified data collection periods. Fifth, participants had to complete two thirds of their inpatient treatment program prior to participation in the study.

At Parkway Medical Center, the average length of hospitalization is seven days for substance abuse treatment thus clients had to receive a minimum of four days of inpatient services to participate in the study. At Fulton County Alcohol and Drug treatment Center, the inpatient substance abuse program lasts 28 days thus, clients needed to complete a minimum of eighteen days of inpatient services to participate in the study.

Dual Diagnosed patients or patients admitted for psychiatric and substance abuse problems were allowed to participate in the study. However, only subjects admitted for major depression induced by cocaine dependence were included in the study. A total of seven dual diagnosed subjects participated in the study.
Purposive sampling was used to gather participants for the study. In purposive sampling the researcher uses his or her own judgment about which respondents to choose, and picks only those who meet the purpose of the study. Purposive sampling was chosen for two reasons. First, the researcher wanted to be sure that participants in the study met the researchers criteria for inclusion. Second, the researcher, through observation and discussions with workers in the field, determined that it was necessary to consider the possibility that because of stipulations put on hospital admissions by third party payers like Medicaid, clients suffering from cocaine dependence or abuse may receive alternate relevant diagnosis because their insurance does not pay for cocaine “Detoxification”. Because of this unwritten policy the researcher found it necessary to use her judgment in determining whether or not some of the dual diagnosed clients, could be included in the study. After using the established criteria, the final sample for the study consisted of a total of twenty-two African American subjects.

Design

Data for this study was collected using two scientifically honored methods; client self report and practitioner logs. Data was recorded by the client through surveys and standardized questionnaires. The practitioners log consisted of a tracking sheet which allowed the practitioner to record admission dates, proposed discharge dates and aftercare referral for clients involved in the study. Data was collected between March 10, 1996 and March 18, 1996. All the data was collected between 10 am and 12 pm at both Fulton

County Alcohol and Drug Treatment Center and Parkway Medical Center. At Parkway Medical Center, where the researcher is completing her practicum study, the investigator announced the study at the Alcohol & Drug community group meeting. At Fulton County Treatment Center, the researcher was not allowed to participate in the community group so the study was announced by the director of counseling. The researcher attempted to maintain consistency throughout the data collection process, however, because of a number of factors this was not always possible. Some procedural shortcomings were as follow; first, subjects at Fulton County Alcohol and Drug Treatment Center completed the self report instruments in a group setting where as at Parkway the questionnaires were completed independently by clients in their rooms. Also, at Parkway the researcher was available to answer clients questions about the instrument, however, clients at F.C.A.D.T.C. had to address questions to the director of counseling.

**Instruments**

The instruments used in this study consisted of a group of self report measures and a practitioner reported log. The self report instruments consisted of surveys and standardized questionnaires which were put into packet form and distributed to participants. The packet consisted of an introduction and consent form, a demographic survey, a drug history survey, a religious beliefs questionnaire and two client satisfaction questionnaires.

The Demographic Survey consisted of eight questions which were adapted from the demographic portion of the Drug Abuse Questionnaire form CR-2. The demographic
The survey was used to gain insight into the general characteristics of the subjects studied. Questions regarding gender, educational level and age were asked in this section of the self report packet.

The next survey included in the packet was the drug history survey. This survey was developed by the researcher and consisted of a total of twelve close end questions, ten, true and false questions and two questions which directed the respondent to check the appropriate response. The purpose of this survey was to gain general information on issues regarding cocaine use and the effects of cocaine use on participants in the study. The next questionnaire in the packet measured religious attitudes.

The Religious Belief Questionnaire consisted of 27 questions which were taken from a 64 item standardized questionnaire developed by the Chaplains Office of the Veterans Administration. The questions were formatted into three categories, true, false and undecided. The instrument was scored by summing up individual items which ranged in worth from a value of 1 to 3. The total score possible ranged from a high of 81 to a low of 27 with higher scores indicating greater religiosity.

The questions on the Religious Belief Questionnaire were operationalized in the following way. Questions 1-9 examined beliefs about God; questions 10-12 examined attitudes about prayer; questions 13-15 measured good evil and their consequences; questions 16-20 measured attitudes about organized religion; question 20 and 21 measured attitudes concerning religious practice and 22-27 measured duties of daily living. The original instrument was determined to have high reliability with alphas that ranged from .95 to .96., and it was found to have good concurrent validity with the Waldrop
version study of values. However, no measures of validity or reliability were done on the shortened version of this instrument.

The next two items used were client satisfaction instruments. One item was adapted from the Sharp Client Satisfaction Survey. The Sharp Client Satisfaction Survey was used to measure client satisfaction with their therapist and mental health services. The original survey was 30 questions long and the researcher reduced it to ten questions which consisted of yes and no responses. The values for the appropriate response ranged from 1 to 2. The highest score available was a twenty and the lowest score available was a ten. No information is available on the validity or reliability of this instrument.

The last self report instrument used was the CSQ-8, Attkinson Client Satisfaction Instrument. This questionnaire consisted of eight questions which were designed to measure client satisfaction with services. Satisfaction values ranged from 1 to 4 and the instrument was easily scored by summing up individual item scores to produce a range from 8 to 32, with higher scores indicating greater satisfaction. It is the only instrument that was used in its entirety and thus reliability and validity measures are available for this instrument.

It has been reported that the CSQ-8 has excellent internal consistency with alphas that range from .86 to .94 in a number of studies. However, test/re-test correlation’s for this instrument were not reported. The CSQ-8 has also been determined to have very good concurrent validity. Scores on the instrument have been correlated with client ratings on the clients’ rating of global improvement and the therapists’ ratings of clients progress and likability. Scores are also correlated with drop out rates showing less
satisfied clients with higher drop out rates. Also a modest correlation has been reported to exist between satisfaction and treatment gain measured using this instrument.\textsuperscript{43}

Throughout the self report packet clear instructions and headings were given to guide the respondents. The entire questionnaire packet consisted of sixty seven questions that took approximately fifteen minutes to complete.

**Data Analysis**

According to the author of research methods, data analysis utilizing the descriptive method is simple. The author states that the simplest way to present results is to indicate the percentage of respondents who selected each alternative for each item.\textsuperscript{44} Utilizing this simplistic method, the researcher entered the data completed by subjects and coded it, both numerically and using “string” formation, and entered it into the computer using the SPSS\textsuperscript{x} for windows software program. Simple descriptive statistics were run on each variable entered and the frequency, percent, valid percent and cumulative percent were run on each question asked by the researcher. Also measures of central tendency, mean, median, mode were cumulated using SPSSX for windows to determine median scores on the questionnaires used in the study. The researcher synthesized this information by reporting demographic and drug history findings using percentages and by using graphs to compare scores on client satisfaction with discharge referrals to halfway houses, twelve

\textsuperscript{43} Kevin Corcoran, Joel Fischer, *Measures for Clinical Practice: A Source Book*. (University Press, 1989) 121.

\textsuperscript{44} Martin Bloom, Joel Fischer, John Orme, *Evaluating Practice: Guidelines for the Accountable Profession*. (Allyn Bacon 1995) 249.
step programs and day treatment programs to illustrate support or rejection of the stated hypothesis.
Chapter Four
Presentation of Results

Demographic Findings

The demographic finding reveal the characteristics of the twenty-two subjects who participated in the study. The findings reported are as follows, 100 percent of the subjects in the study identified themselves as African-American, 54.5 percent female, and 45.5 percent male. The subjects ranged in age from twenty-two years of age to fifty-nine years of age with a median age of thirty-five. In terms of religious affiliation the following was reported. Ninety-five percent of the respondents reported being a member of a religious faith or church with the majority identifying themselves as Baptist. Information on education levels were also reported; 45.5 percent of the subjects completed nine to eleven years of education, 31.8 percent completed twelve to fifteen years of education and 9.1 percent completed less than nine years of formal education. In terms of economic status over 50 percent of the respondents reported making less than ten thousand dollars last year. Questions regarding payer source for treatment revealed the following, 68.2 percent of the subjects reported that they receive Medicaid, 27.3 listed themselves as indigent having no payer source and 4.5 percent indicated private pay. Furthermore, 90.9 percent of the respondents indicated that they are unemployed and the majority of respondents are single.

Drug History Findings

The drug history survey was included in the study to uncover background information concerning subjects experiences with drugs. When questioned about the age in which initial cocaine use began the subjects respond as follows; 36.4 percent indicated use began between the ages of twenty and twenty-nine; 27.3 percent were between ten and
nineteen years of age; 22.7 percent reported being between thirty and thirty nine years of age and 13.6 percent were over forty when cocaine use began. Adverse effects of substance abuse were reported as follows; 77.3 percent of respondents report stealing from others to buy drugs and 50 percent report being jailed as a result of drug use. When asked about prior treatment 86.4 percent of subjects indicated that they had been in treatment more than once and 54.5 percent indicated that they were able to maintain four months of sobriety after receiving treatment. Next, 86.4 percent indicated they liked the twelve step approach to substance abuse treatment while 59.1 percent indicated outpatient involvement with Cocaine Anonymous or Narcotics Anonymous. Finally, 80 percent of the subjects stated that 12 step programs were not too religious. The respondents who stated that 12 step programs were too religious were women.

Figure 1: 12 Steps Responses
Religious Questionnaire Findings

The religious questionnaire was used in the study to gauge attitudes and the beliefs of respondents. The median score for all the subjects on the religious belief questionnaire was seventy-seven. Ninety percent to 100 percent of the respondents indicated an affirmative response when questioned about the existence of God and 100 percent of respondents indicated that God hears prayers and prayer replenishes the spirit. The questions that measured good and evil delivered the results; 100 percent of the subject studied believe their is an evil spirit working in the world and 54.5 percent believe our good actions are rewarded only by the good feelings they give us. Questions regarding organized religion were reported as follows, 63.6 percent of the subjects indicated that the church was a positive force in spreading brotherhood, and 36.4 indicated that they were undecided about this matter. Also, 90 percent indicated that they believe the church does useful work. The last part of the survey examined views on religious practice and duties of daily living. One hundred percent of the subjects indicated support for the religious practice of keeping the Sabbath and attending church services once a week. In regards to duties of daily living it was found that 50 percent of subjects indicated that people should risk their own safety to save another person; 81.8 percent reported a positive response for the belief that people should avoid hurting each other and 100 percent answered true to the statement, all people should have friendly feelings for each other.
Client Satisfaction Findings

Median score reported for all subject on the Sharp Client Satisfaction Scale was eighteen, in other words eighty percent of subjects were satisfied with the mental health services received and rated interaction with therapist high. On the Attkinson Client Satisfaction Instrument, CSQ-8, the median score was a twenty seven thus 79.17 percent of clients surveyed indicated they were satisfied with the service received. The mean scores reported by other groups who used the CSQ-8 instrument, (26.35-27.23), compare favorably with the mean outcome from this study.

The following is a distribution of the outcomes. When questioned about the quality of service 36.4 percent stated that the service received was excellent, 45 percent good and 18 percent rated the service as fair. The subjects were also asked to state whether or not they got the kind of service they desired, 68.2 percent responded yes generally and 22.7 percent responded yes definitely. Next, the respondents were asked if the program met their needs and 63.6 stated that most of there needs were met while 22.7 percent stated that only a few of their needs were met. The findings also showed that 95.5 percent of respondents would recommend the program to a friend also 90.9 percent stated that the services received in treatment helped them to cope with their substance abuse problem. Lastly, 86 percent of respondents indicated overall satisfaction with services.

Findings Related To Hypothesis

1. A relationship exists between religious beliefs and customer satisfaction with inpatient substance abuse treatment that emphasizes the twelve step approach.

2. Clients who receive discharge referrals to programs that combine 12 step participation with other treatment strategies are more satisfied with service than clients who are referred to 12 step only treatment for follow up care.
Findings support the statement put forth in the first hypothesis. Religious beliefs appear to compare favorably with customer satisfaction. Of the subject included in the study 92.59 expressed high religious beliefs and 79.17 expressed satisfaction with inpatient substance abuse treatment.

![Customer Satisfaction Compared to Religious Beliefs](image)

**Figure 2. Customer Satisfaction Compared to Religious Beliefs**

In regards to hypothesis two the findings support the stated assumptions. A comparison between discharge referrals and client satisfaction scores using the Attkinson Client Satisfaction Instrument revealed that clients who were referred to day treatment and
halfway house at discharge, rated services received higher than clients who were referred to twelve step groups.

Figure 3: Attkinson Client Satisfaction Compared to Discharge Placement
Chapter Five  
Discussion and Implications of Potential Findings  

Interpretation of Demographic and Drug History Findings  

The demographic and drug history findings can be interpreted to indicate several points. First, the findings support the statement made in the introduction that substance abuse is a social problem. The findings that support this statement are a combination of the following; 50 percent of the subjects in the study have been incarcerated as a result of drug activity; over 80 percent have been involved in theft; over 80 percent are unemployed and over eighty percent either receive Medicaid or identify themselves as indigent with no treatment payer source. The expense, for behaviors related to substance abuse, are a major cost to society. Taxpayers foot the bill for incarceration, for treatment and for the increased cost to the judicial system due to addiction related crimes. Thus, the findings indicate that substance abuse is a social problem.  

Second, 100 percent of the subjects in the study reported using as much cocaine as they possibly could prior to hospitalization. They also admitted to engaging in risky behavior to obtain cocaine and 86.4 percent of the subjects indicated they had been in treatment more than once with a majority indicating failure to maintain four months of sobriety after their last treatment. These facts support the findings in the literature which identify substance abuse as a chronic relapsing disorder/disease.  

Last, the findings in the demographic and drug history survey indicate a profile of the African American substance abuser which compares favorably to what is known about the substance abuse population as a whole. In the literature it was found that substance
abusers often have problems maintaining personal relationships, maintaining employment and often come into contact with the legal system as a result of drug use. This correlates with findings reported by male and female substance abusers on the drug history survey. Therefore, the information collected by this researcher is consistent with statements made in the literature - substance abuse is a social problem and chronic relapsing disease/disorder that may require inpatient treatment to assist the addict with initial abstinence.

Interpretation of 12 Step Responses

A majority of respondents reported that they like twelve step programs and did not believe these programs were too religious. The twelve step findings in this study can be attributed to a number of things. First, in the literature on client satisfaction experts suggested that substance abusers like programs that utilize the 12 step approach. The facility these subjects were chosen from emphasize the twelve step approach thus the high marks given to 12 step programs may be due to positive experiences in treatment.

Second, findings can be attributed to education and familiarity with the 12 step program. Drug abuse counselors at both Parkway and Fulton County Alcohol and Drug Treatment Center emphasized the twelve step approach in treatment. Literature suggest that proper facilitation of the 12 step program helps clear up clients misconceptions about twelve step programs. Therefore high ratings for the 12 step approach could be due to good NA and CA facilitation. Third, the small percentage of subjects who thought twelve step programs were too religious were female. This is consistent with findings in
the literature that say, "many feminist balk at the twelve steps because of the male
pronouns used and suggestions of powerlessness."

Finally, the numbers show, that despite overwhelming affirmation of the 12 step
model, transformation to participation in the outpatient setting does not compare to the
high marks given 12 step programs in the inpatient setting. Only fifty nine percent of
respondents have participated in twelve steps as outpatients. In the literature it was
suggested that twelve step programs were ill suited to initial cocaine abstinence but should
be apart of a good substance abuse aftercare plan. I support this interpretation and
suggest that a drop off in twelve step participation in aftercare treatment may be due to
timing. The addict is not ready to begin fellowship without other structured treatment, or
early relapse - the addict has returned to using drugs.

Interpretation of Religious Findings

The religious belief findings are an indication of the attitudes/beliefs of the African
American substance abusers who participated in the study. The high scores on the
questionnaire suggests, addicts are not morally corrupt people, but diseased people who
have lost control of their lives due to cocaine dependence or abuse. The scores recorded
indicate that substance abusers believe in god, prayer, good, evil, and a responsibility
towards others in the community just like other people who hold Judeo Christian beliefs.
Therefore these scores suggest that a religious base is present in the substance abuser and
should be utilized in treatment to assist the addict in exploring spirituality. Spirituality,
according to the literature is necessary for maintaining abstinence: the goal of substance abuse treatment.

**Interpretation of Client Satisfaction Scores**

Client satisfaction was rated relatively high on both the Sharp Client Satisfaction instrument and the CSQ-8 instrument. To understand these ratings background information about the facilities these subjects were recruited from is necessary. First, a review of literature reveals that for the general population client satisfaction is high when clients are satisfied with outcome. In the study completed over eighty percent of respondents stated that their therapy was successful and they were mostly satisfied with the service received. Second, the literature reveals, that client satisfaction increases when clients believe their time in treatment was successful in reducing or alleviating the problem experienced at time of hospitalization; 90.9 percent of clients in this study reported that they had increased their ability to cope with their problems since entering treatment.

Third, the literature reveals, continuity of care correlates with client satisfaction. In this study all respondents met with a social worker to discuss discharge plans. At the completion of data collection it was found that fifty percent of respondents were referred to halfway house, 32 percent were referred to twelve step programs and 18 percent went into day treatment. In the literature, it was also suggested that a positive Dr./patient relationship correlates with satisfaction. Over fifty percent of the subjects reported a positive experience with their therapist. Last, the facilities from whence the subjects were
recruited used the disease model of addiction and utilized the twelve step approach which also correlated with positive ratings expressed in articles reviewed in the literature.

**Interpretation of Hypothesis Findings**

In hypothesis one it was assumed that a relationship exist between religious beliefs and client satisfaction. In the findings, the graph in figure two suggests to the researcher that a positive relationship does exist. This finding is linked to finding in the literature that suggest clients attitudes effect satisfaction ratings. Clients with negative orientations rate programs lower than clients with positive orientations. It was also found, in the literature that clients rated programs high when they were treated by same sex therapist. I brought up these findings to show that compatibility in attitudes and compatibility in gender play a role in client satisfaction. Therefore, it is not surprising to this researcher that compatibility in subject character and program strategies would correlate. All the subjects in the study came from a Christian background and were therefor familiar with concepts used by 12 step programs. These concepts include prayer, fellowship and belief in a higher power. Thus the relationship between client satisfaction and religious beliefs can be explained in terms of compatibility and familiarity with concepts utilized in treatment.

In hypothesis two the assumption was made that clients preferred structured aftercare that included twelve step fellowship over twelve step only programs. The findings in the study though discharge support this assumption. Clients preferred day treatment and halfway house referrals to 12 step referrals. Day treatment and half way
houses provide more structure to addicts in recovery than 12 step programs and the referrals to day treatment and halfway houses are more concrete than referrals to 12 step programs which are the responsibility of the addict. This finding is supported by finding in the literature which suggest clients like multi-dimensional treatment and continuity of care in aftercare plans.

**Shortcomings**

The limitations of this study are numerous. First, the sample size is inadequate to make generalizations about the findings to the general population. The sample consisted of 22 subjects. Second, a descriptive design was used to analyze data. A correlation study with a larger sample may be more suited to answering the questions proposed in this study. Also more advanced statistics should be used to determine if a statistical relationship exists between variables discussed. Last, the researcher had to modify instruments to meet the needs of the study because of this validity and reliability measures for one of the major instruments used was not available.

**Suggested Research Directions**

A large scale study on African American client satisfaction should be carried out to determine if the findings suggested by this beginning research project bares out with larger population and to determine if gender and race affect African-American client satisfaction. Also, a follow up study should be done to see if clients followed through on the referrals made by social workers in this study. This would give social workers more insight into
the needs of the substance abusing population and facilitate referrals that are instep with client needs.

**Implications for Social Work Practice**

The findings of this study suggest that social workers involved in discharge planning play a vital role in client satisfaction with treatment. This is important for two reasons. First, it shows the importance of social services to health care. Under the managed care system professional accountability or justification for social work services and other services will be reviewed by insurance companies and services that are not shown to be vital will eventually be cut. Thus, findings appear to further legitimize the role of social workers in the substance abuse treatment setting. Second, findings suggested by outcomes in this study indicate the need for religious sensitivity among social workers in the field. It has been suggested that a relationship between client satisfaction and religious attitudes exists. With this being the case social workers should begin to actively request information about clients religious beliefs in order to facilitate better referrals based on clients attitudes and needs. Last, social workers should increase their knowledge of community resources to offset the problems potentially caused by premature discharges in order to provide clients with quality outpatient services.
APPENDIX

Lisa Schaeffer
Consent Form
Thesis 1996

I, ______________________, Agree to participate in a research study being conducted by Lisa Schaeffer of Clark Atlanta University School of Social Work. I understand that my participation in the study is voluntary and I understand that I have the right to withdraw my participation in the study at any time. I further understand that my participation in the study will be kept confidential and that no legal repercussions will result from participation in the study. I relieve ______________________Facility of any legal obligation or responsibility concerning this research study.

Signature ______________________________ Date ________
Demographic Information

The demographic survey tool is adapted from the demographic portion of the Drug Abuse Questionnaire, form CR-2. Michaux c1970. In this section of the research packet you are asked to give descriptive information about yourself. Please do not write your name on any part of the form and answer all questions as honestly as possible.

1. Today’s Date ____________________________

2. The name of the person who asked you to complete this form _____________________________

3. How old are you? ____________________________

4. What Race are you?
   - African American ________
   - Caucasian ________
   - Hispanic ________
   - Asian ________
   - Native American ________
   - Other ________

5. Education level Completed
   - 16-18 yr. ________
   - 12-15yrs ________
   - 9-11yrs ________
   - Below 9 yr. ________

6. Your current marital status would be described as
   - Married ________
   - Married but separated ________
   - Divorced ________
   - Single ________

7. Are you employed?
   - Yes ________
   - No ________

8. During the past calendar year which figure is closest to your total family income?
   - 30,000+ ________
   - 20,000-20,999 ________
19,999-10,000
Below 9,999

9. Source of payment
   Medicaid
   Medicare
   Private
   Indigent

**Drug History**

In this section of this survey instrument, I would like information on your experience with cocaine and your future expectations in regards to drug use.

1. How old were you when you began using cocaine?
   40 yr. old or more
   39-30 yr. old
   29-20 yr. old
   19-10 yr. old

2. Who first turned you on to cocaine?
   Family
   Friends
   Significant other

*Please answer this section by circling T for True or F for false.*

1. I use cocaine as often as I can  T  F
2. I have had to rob and steal to get drugs.  T  F
3. I have been to jail as a result of drug use  T  F
4. I have been in substance abuse treatment more than once.  T  F
5. This is my first time in treatment for substance abuse.  T  F
6. I have attended CA or NA as an outpatient  T  F
7. I like 12 step programs  T  F
8. 12 step programs like NA and CA are to religious T  F

9. I am currently in Recovery T  F

10. In the past I have been able to maintain four or more months of sobriety after receiving treatment. T  F

Please use the following section to discuss what treatment or treatment facility has been the most helpful in your battle to beat cocaine addiction.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Religious Beliefs Questionnaire

This is a series of statements about religious beliefs. Please read them carefully and answer them honestly. These questions are taken from a 64 item questionnaire developed by Max Apfeldorf and Walter Smith in 1969.

Are you a member of a religious faith or church?  Y  N

If a member of a faith or church please circle the appropriate response
   Assembly of God
   Baptist
   Holiness
   Lutheran
   Methodist
   Roman Catholic
   Lutheran
   Presbyterian
   Pentecostal
   Church of Christ
   Other __________

Please respond to the following questions by circling T for True F for false or U for undecided.

1. God is very real to me.  T  F  U
2. The idea of God is mere superstition.  
3. God is what makes life real.  
4. I am quite convinced of the reality of God.  
5. It is childish to believe in a personal God.  
6. God is only a product of one's imagination.  
7. My daily experience does not convince me of the existence of God.  
8. There is an all-wise and all-powerful creator of the universe.  
9. God is our eternal father who has a personal interest in our welfare.  
10. I feel spiritually better after prayer.  
11. I can talk to God in prayer and He hears me.  
12. Prayer is for those who are too weak to solve their own problems.  
13. Our good actions are rewarded only by the praise and thanks of people we are good to.  
14. There is an evil spirit working in the world, which some people call "the devil".  
15. Our good actions are rewarded only by the good feelings they give us.  
16. The church (synagogue) spreads the teaching of the brotherhood of man.  
17. Churches (synagogues) do more harm than good.  
18. The church (synagogue) is the important force in the moral and social life of the community.  
19. The church (synagogue) deals in empty words and is afraid to face facts.  
20. The country would be better off if the churches and synagogues were closed and the ministers, priests, and rabbis were set to
some useful work.

21. Keeping the Sabbath is based on childish beliefs. T F U

22. People should attend religious services once a week, if possible. T F U

23. Everyone should be willing to save another person from harm, even with the risk of his own safety. T F U

24. We should be willing to do good deeds for others without people knowing about them. T F U

25. Everyone should try to avoid hurting anybody. T F U

26. We should love our friends, but only tolerate our enemies. T F U

27. Everyone should have friendly feeling toward all kinds of people. T F U

**Client Satisfaction**

*We want your opinion about what happened here. Mark each question Y for yes if you agree more than disagree. Mark N for no if you disagree more than agree. Mark only one answer for each question. Please do not skip any questions.*

1. Are you able to handle your problems much better because of your therapy here? Y N

2. Did we make things worse for you in any way? Y N

3. Did your therapist seem to dislike you some? Y N

4. Did you and your therapist regularly discuss what the goals of your treatment should be? Y N

5. Was your therapy very successful? Y N
6. Was your therapist always very warm and friendly?
   Y    N

7. Is it partly our fault that things are bad now?
   Y    N

8. Have you ever had second thoughts about coming here?
   Y    N

9. Did your therapist sometimes seem to disapprove of you, just a little?
   Y    N

10. Have there been other events in your life more important than coming here?
    Y    N

Instruments for Adults

AVAILABILITY: Dr. C. Clifford Attkisson, Professor of Medical Psychology, Department of Psychiatry, Box 33-C, University of California, San Francisco, CA 94143

CSQ-8

Please help us improve this program by answering some questions you have received. We are interested in your honest opinion, whether they are positive or negative. Please answer all of the questions. I also welcome your comments and suggestions. Thank you very much, I really appreciate your help.

Circle your answer:

1. How would you rate the quality of service you have received?
   Excellent    Good    Fair    Poor

2. Did you get the kind of service you wanted?
   No, definitely    No, not really    Yes, generally    Yes, definitely

3. To what extent has this program met your needs?
   Almost all of my needs have been met    Most of my needs have been met    Only a few of my needs have been met    None of my needs have been met

4. If a friend were in need of similar help, would you recommend this program to him or
her?
No, definitely not  No, I don’t think so  Yes, I think so  Yes, definitely

5. How satisfied are you with the amount of help you have received?
   Quite satisfied  Indifferent or mildly dissatisfied  Mostly satisfied  Very satisfied

6. Have the services you received helped you to deal more effectively with your problems?
   Yes, they helped a great deal  Yes, they helped somewhat  No, they really didn’t help  No, they seemed to make things worse

7. In an overall, general sense, how satisfied are you with the service you have received?
   Quite satisfied  Indifferent or mildly dissatisfied  Mostly satisfied  Very satisfied

8. If you were to seek help again, would you come back to our program?
   No, definitely not  No, I don’t think so  Yes, I think so  Yes, definitely
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