

WOMEN'S DECISIONS TO SEEK SPECIALTY
SUBSTANCE ABUSE TREATMENT:
A FOCUSED ETHNOGRAPHY

by

Mary Bruno Maddocks, B.S., M.A.

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ABSTRACT
WOMEN'S DECISIONS TO SEEK SPECIALTY
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Mary Bruno Maddocks, B.S., M.A.

Marquette University, 2008

This study examined the experiences of seven women who were actively engaged in seeking publicly-funded specialty substance abuse treatment in Milwaukee County. The study used a focused ethnographic research methodology. A modified version of the Developmental Research Sequence (DRS) method (Spradley, 1979, 1980) was used to systemize the approach to data collection, data analysis, and interpretation of the study findings. Face-to-face open-ended interviews with informants provided the primary source of data for the study. Informants were asked to describe the factors that influenced both their current and past treatment-seeking experiences as well as barriers and facilitating factors which affected their treatment-seeking efforts. A computer assisted qualitative data analysis software program, NVIVO 7.0, was used to organize data into preliminary categories and subcategories for further analysis. The study identified a seven-step model of the decision-making process for seeking publicly-funded specialty treatment. This model is thought to be the first model to describe the treatment-seeking process from the perspective of women with substance use disorders. The results of this study provide important information regarding reasons for, and barriers to, treatment entry of use for treatment professionals, administrators and policy makers regarding how to close the treatment gap experienced by women with substance use disorders.

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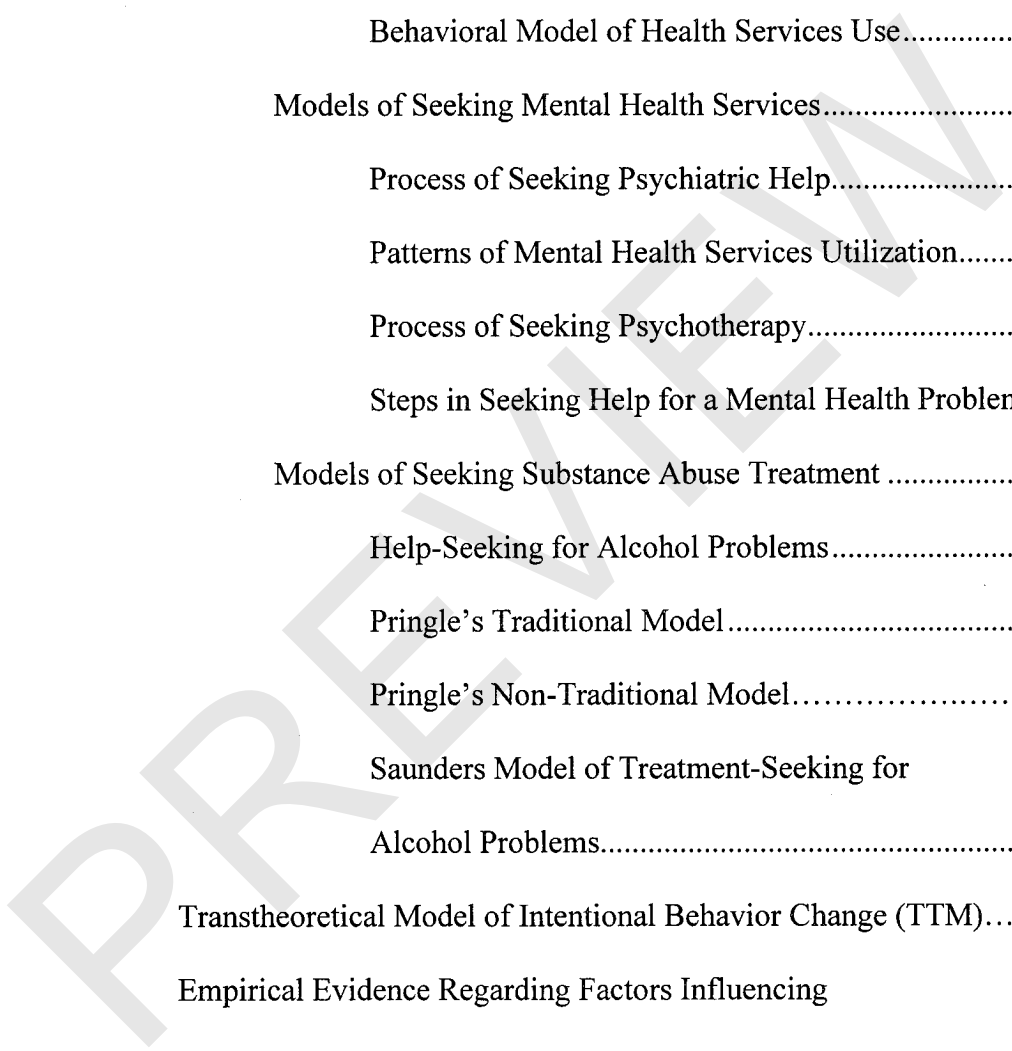
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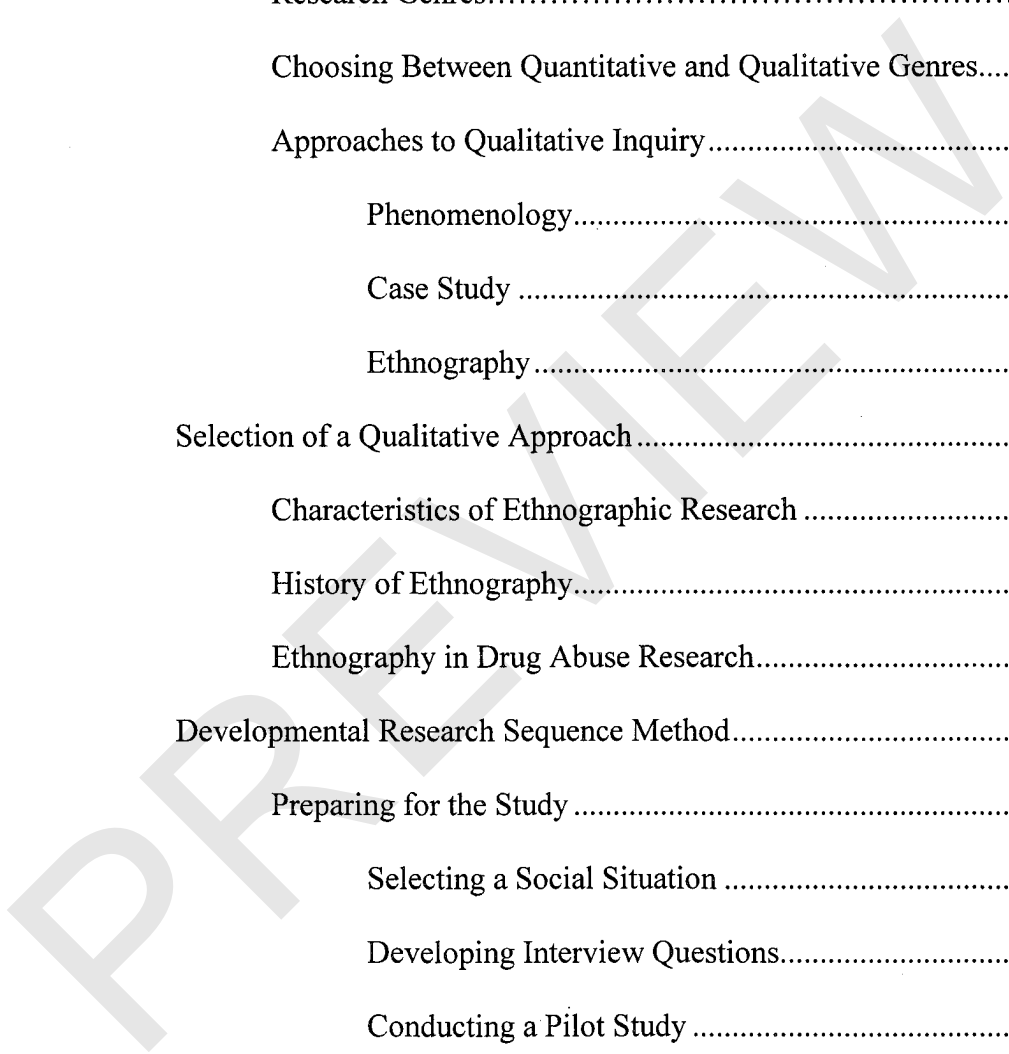
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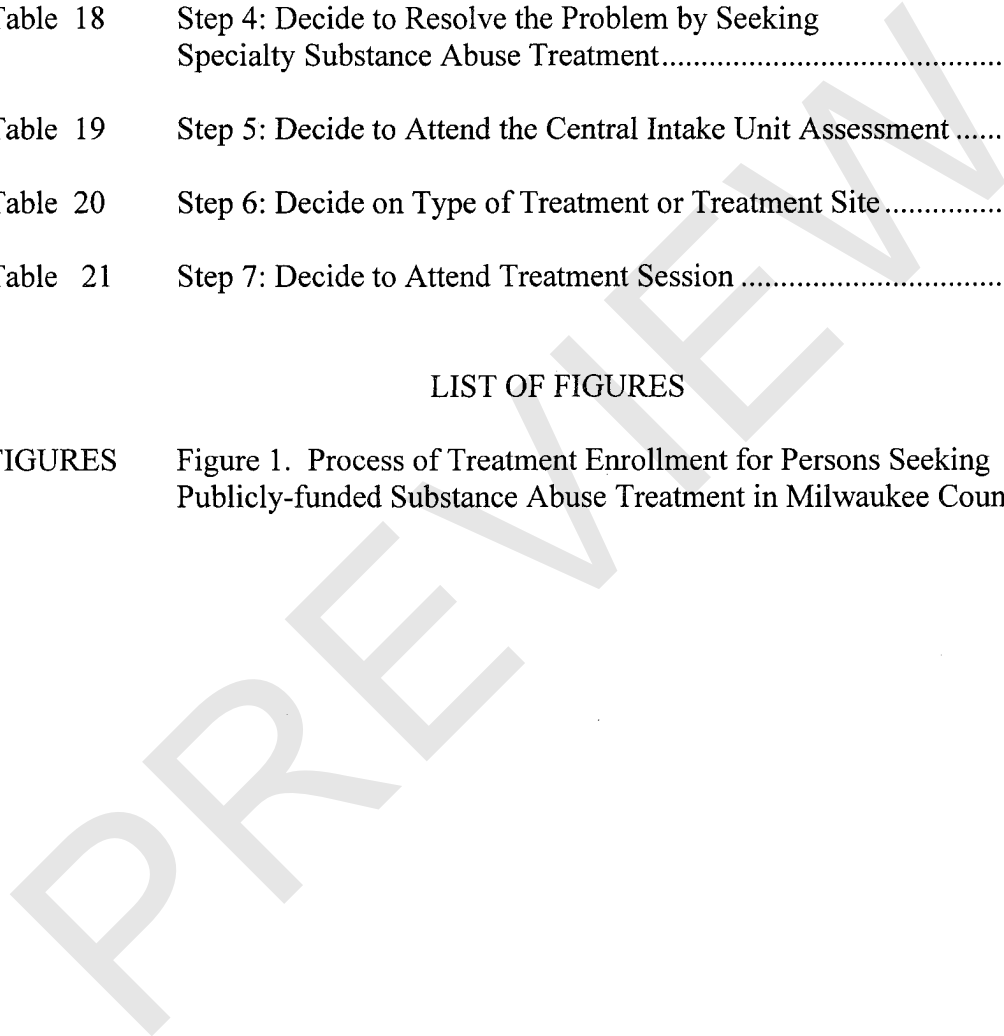
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Chapter I: Introduction

Substance abuse, the problematic use of alcohol or illicit drugs, represents a significant health problem in this country that has a serious impact, not only on the lives of users and their families, but on society as whole. Substance abuse impacts not only the health care system, but also the economy, public safety, and the criminal justice system. There are several kinds of help available to individuals who seek to resolve their substance abuse problems. Yet, many substance users do not seek help. Women with substance use disorders are less likely to enter treatment than men (NIDA News Scan, October 13, 2006, p. 1).

Help-Seeking, Treatment-Seeking and Specialty Substance Use Treatment.

There are numerous sources of outside help available to persons seeking to reduce or abstain from problematic drug or alcohol use. In describing the process of seeking help for health problems, mental health problems, or substance use disorders, researchers have variously used the terms *help-seeking* (Hingson, Scotch, Day and Culbert, 1980; Hingson, Mangione, Meyers and Scotch, 1982; Thom, 1986, 1987; Oppenheimer, Sheehan and Taylor, 1988; Allan, 1989; Jordan and Oei, 1989; Powers and Chalmers, 1992a, 1992b; Saunders, 1994; Kaskutas, Weisner and Caetano, 1997; Cramer, 1999; Mojtabai, Olfson and Mechanic, 2002; Tucker, Vuchinich and Rippens, 2004); *treatment-seeking* (Kessler et al., 2001; Cunningham and Breslin, 2004), *treatment utilization* (Grella, 2003), *treatment entry* (Graham, Brett, and Bois, 1995; Battjes, Onken and Delany, 1999; Tsogia, Copello and Orford, 2001) and *treatment enrollment* (Rahav, Nuttbrock, Rivera, Ng-Mak, et al., 1997).

A review of the existing literature indicated that the terms *help-seeking* or *treatment-seeking* are often used interchangeably and often are not clearly defined. Some definitions that are provided are fairly broad. For example, Hinson and Swanson (1993) refer to Gourash's (1978) description of help-seeking behaviors to include "any communication about a problem for the purposes of obtaining support, advice, or assistance" (p.365). In discussing the treatment-seeking process for alcohol problems, Jacobsson, Hensing and Spak (2004) define treatment-seeking as "seeking care, support or help for alcohol problems at a treatment facility" (p. 118). Kessler et al. (2001) operationally defined treatment-seeking in a survey given to persons with substance use disorders asking respondents whether "they had ever told a professional about their substance use problems or sought help at a self-help group" (p. 1067). Discussing the process of seeking psychotherapy, Saunders (1993) conceptualized help-seeking behavior as "progressing from needing to seeking services" (p. 554).

In the National Survey on Drug Use and Health (SAMSHA, 2007), the Substance Abuse and Mental Health Services Administration describes the locations where treatment is received as "any location, such as a hospital (inpatient), rehabilitation facility (outpatient or inpatient), mental health center, emergency room, private doctor's office, prison or jail, or a self-help group, such as Alcoholics Anonymous or Narcotics Anonymous" (p.74). SAMSHA (2007) further distinguishes a sub-set of these treatment locations as *specialty* substance use treatment facilities which include only "treatment received at: drug or alcohol rehabilitation facilities, hospitals (inpatient only), or mental health centers. The term *specialty* treatment does not include treatment that is provided at

an emergency room, private doctor's office, self-help group, prison or jail, or in a hospital as an outpatient" (p.76).

For the purposes of this study on women seeking publicly-funded specialty substance use treatment, I define treatment-seeking as "the process which begins when an individual identifies a problem related to her/his substance use and ends when the person enters treatment at a specialty substance use treatment facility." I refer to other sources of help, both self-help and outside help as "means other than specialty substance abuse treatment."

A number of studies have demonstrated the effectiveness of specialized treatment programs for substance abuse problems (Simpson, 1981; Hubbard et al., 1989). Public funding provides one source of access to specialty substance abuse treatment for persons in need of treatment of low socio-economic status (SES) status who often have no insurance benefits or limited insurance benefits and cannot afford treatment. The number of women who access publicly-funded treatment is significantly lower than men. For example, in 1998, male treatment admissions for publicly-funded substance abuse treatment outnumbered female admissions by about 2.3 to 1 (OAS, 2001). This difference reflects, in part, differences in alcohol and drug abuse rates between the genders since fewer women need treatment than men. However, there are several other differences between men and women regarding access to treatment. Women tend to enter the treatment system through different avenues than men with men being more frequently referred by the criminal justice system. "Women were more likely to be in treatment for 'hard drugs' (e.g., heroin and cocaine) and less likely to be in treatment for alcohol abuse or marijuana use" (OAS, 2001, p.1). Women also faced more barriers to getting into

treatment with concerns about child care being a major barrier for mothers (Beckman, 1984, Thom, 1989, Allen, 1992, OAS, 2001). Research also shows that women who initiate the process of enrolling in publicly-funded treatment also drop out of the treatment-seeking process at a much higher rate than men. A study by Arfken, Borisova, Klein, DiMenza and Schuster (2002) found a statistically significant difference between the numbers of women assessed at a Central Intake Unit (CIU) for the purpose of accessing publicly-funded substances abuse treatment who entered treatment (45%) as compared to men (53%). Other factors identified as affecting women's access to treatment-seeking are discussed in Chapter II (see Gender Differences in Treatment-Seeking).

Much of the research on treatment-seeking for substance abuse problems focuses on men. Little is known about which factors may play a role in women's decisions to enter treatment (NIDA, October 13, 2006, p. 2). Most of the existing research on treatment-seeking is quantitative in nature and much of this research is designed to test hypotheses regarding certain barriers or enabling factors, identified by researchers, which may affect access to treatment. This study used a qualitative approach to get a more systematic view of the complex process of treatment-seeking from the perspective of the user. Specifically, a focused ethnography was used to get an in-depth account of the experiences of seven women who were actively engaged in the process of seeking publicly-funded specialty substance abuse treatment in Milwaukee County.

The remainder of this chapter offers the accepted clinical definition of substance abuse and substance dependence provides statistics on the prevalence of substance use disorders, and the need for substance abuse treatment. I then state the problem which is

the reason for the study and describe the purpose of this study. I present the research questions which guide the conduct of the study and explain why the study is important. Finally, I provide a brief overview of the remainder of the study.

Definition and Prevalence of Substance Use Disorders

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR, 2000) describes two groups of substance use disorders, substance abuse and substance dependence. The criteria for both substance abuse and substance dependence include “a maladaptive pattern of substance use leading to clinically significant impairment or distress” (DSM-IV-TR, 2000, p.199 and 197).

With substance abuse, the maladaptive pattern of use is characterized by recurrent and significant adverse consequences in one or more areas including social or interpersonal problems, legal problems, or problems at home, school, or work. Substance dependence, a more serious disorder, includes “a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues use of the substance despite significant substance-related problems” (DSM-IV-TR, p.192). With substance dependence, the individual not only experiences harmful consequences from repeated substance use but displays a pattern of compulsive use which may include physical symptoms of tolerance and withdrawal.

The DSM provides a clinical definition of substance use disorders intended primarily for medical or psychological diagnosis and treatment purposes. However, in the research literature several different terms are used to describe persons who use alcohol or drugs. In this study, the term substance user or person with a substance use disorder will be used to describe persons who have experienced recurrent and significant

adverse consequences related to repeated use of alcohol or illicit drug use. This includes persons who meet the DSM clinical criteria for either substance abuse or substance dependence.

In examining estimates of prevalence of substance dependence, the term *lifetime rate*, measures the percentage of individuals in the general population whose pattern of substance use fulfills diagnostic criteria at some time in their lives, whereas, the *current rate* measures individuals who meet diagnostic criteria over the prior year (DSM-IV-TR, 2000, p. 220).

Estimates of prevalence rates of substance use from the early to mid-1990s reported in the DSM-IV-TR include: (a) alcohol dependence: lifetime rate, 15% and current rate, 5%, (b) amphetamine abuse or dependence: lifetime rate, 1.5% and current rate, .14%, (c) cannabis use or dependence: lifetime rate, 5% and current rate, 1.2%, (d) cocaine abuse or dependence: lifetime rate, 2 % and current rate, 0.2%, and, (e) heroin use: lifetime rate, 1.0 % and current rate, 0.2 % (DSM-IV-TR, 2000).

The Need for Substance Abuse Treatment

The National Survey on Drug Use and Health (NSDUH) is the primary source of statistical information on substance use in the United States' population. The 2006 NSDUH survey (SAMSHA, 2007) targeted a national sample of the civilian, non-institutionalized population of the United States aged 12 years or older. Respondents were asked to report on their use of alcohol or illicit drugs in the past 12 months. Respondents were classified as needing treatment for an alcohol or drug problem if they were dependent on or abused alcohol or any illicit drugs, or if they had received specialty treatment for an alcohol or illicit drug problem in the past 12 months (SAMSHA, 2007)

In 2006, an estimated 23.6 million persons aged 12 or older (9.6% of the persons aged 12 or older) needed treatment for an illicit drug or alcohol use problem.

(SAMHSA, 2007, p. 78). Of the 23.6 million persons needing treatment in 2006, 4.0 million persons (16.9%) received *some kind of treatment* (see *Definitions*) for a problem related to the use of alcohol or illicit drugs (SAMHSA, 2007, p.75). Of these 4.0 million persons who received treatment, 2.5 million (10.6% of persons needing treatment) received treatment at a *specialty* substance abuse facility (see *Definitions*, SAMHSA, 2007, p.78). Thus, 21.1 million persons who needed treatment did not receive treatment at a specialty treatment facility.

A more detailed breakout of the 4.0 million persons who received some type of treatment in 2006, by type of treatment and number of persons treated, was as follows:

(a) self-help group (2.2 million), (b) rehabilitation facility, outpatient (1.6 million), (c) mental health center, outpatient (1.1 million), (d) rehabilitation facility, inpatient, (.934 million), (e) hospital, inpatient (.816 million), (f) private doctor's office (.610 million), (g) prison or jail (.420 million), and (h) emergency room, (.397 million, SAMHSA, 2007, p.75). Additional information regarding women's need, perceived need, and receipt of substance abuse treatment will be provided in Chapter

In the state of Wisconsin, the NSDUH estimated that in 2002, 2.2% of persons aged 12 or older reported needing but not receiving treatment for an illicit drug problem, the lowest percentage in the nation (OAS, 2004, p.2). However, an estimated 7.61% to 8.56% of persons aged 12 or older in the state of Wisconsin reported needing but not receiving treatment for an alcohol problem.

Males and females differed in both the need for treatment and the percentage of those who receive treatment. Males were nearly twice as likely to be dependent on or to abuse alcohol or illicit drugs as females (12.3% vs. 6.3%, SAMSHA, 2007, p.73). Males were also slightly more likely than females to receive treatment in the past year (2.0% vs. 0.9%, SAMHSA, 2007, p. 63). Additional information on treatment need and treatment received for women is provided in Chapter II (see Gender Difference in Treatment-Seeking).

Statement of the Problem

Much of the literature on substance abuse treatment deals with the study of treatment dropout and retention once the client has specialty substance abuse treatment. However, the pathway to specialty treatment is a complex, multi-step process which begins long before the client actually enters a treatment program (Rahav et al., 1997). Furthermore, not all persons who decide to seek treatment actually make contact with treatment service providers (Saunders, 1993) or enter treatment.

There is a need to better understand why and how persons enter the treatment-seeking pathway and to understand the barriers and enabling factors that affect their decision to enter treatment. Much of the research to date on the treatment seeking process relies on retrospective data. Many of the few prospective studies that exist used survey instruments which were developed by researchers, often with the help of treatment specialists or administrators. Few studies have directly elicited the perspective of the treatment-seeker.

Existing studies tend to examine only a few of the many factors that may be in play in the complex help-seeking process, often through use of a single question to

examine a complex construct. Most research studies tested hypotheses about treatment-seeking using a quantitative methodology. Few studies used a more exploratory qualitative research methodology.

Much of the extant literature on help/treatment seeking is focused on males. Although there are many similarities between women and men who need treatment, women often face unique barriers to seeking treatment compared to men. We need to better understand why women choose to seek treatment for substance use disorders.

Purpose of the Study

The purpose of this study is to add to the extant literature on the factors affecting treatment-seeking for women who were seeking publicly-funded specialty substance abuse treatment. While many barriers have been consistently identified in studies of barriers to treatment for addicted women, Allen (1992) cautions that “even when similar socio-environmental circumstances are present, women are not a homogeneous group” (p. 63). She takes the view that “unique situational and contextual circumstances affect the motivation of an individual woman to cope with barriers that exist for women as individuals or as a group” (p. 63).

As a substance abuse counselor in training interviewing persons with long histories of problematic substance use, I have often asked myself the question *why now - why has the person made a decision to enter substance use treatment at this time?* I was particularly interested in investigating this question with female substance users since most of my training experience had involved working with male populations. I also understood that there were gender differences on treatment-seeking and I was disappointed that few studies focused on women seeking treatment.

My study involved interviewing seven Milwaukee County women who were currently seeking publicly-funded specialty substance abuse treatment. I used a qualitative research design, specifically a form of ethnography sometimes referred to as a *focused ethnography* (LeCompte and Schensul, 1999), to hear each woman's unique story, from her perspective. I hoped to learn the reasons why and how each of these women made decisions regarding entering substance abuse treatment as well as the factors that facilitated or hindered them in making these decisions. I also wanted to identify common themes regarding the factors that influenced their treatment-seeking at various steps of the process.

Research Questions

The study specifically addresses the following research questions:

- (1) What are the factors that influenced seven women to seek publicly-funded specialty substance abuse treatment in Milwaukee County?
- (2) What do these women perceive as barriers to seeking publicly-funded specialty substance abuse treatment?
- (3) What do these women perceive as facilitating factors in seeking publicly-funded specialty substance abuse treatment?

Importance of the Study

Treatment-seeking for substance abuse problems often entails a complex, multi-step process before the user is able to recognize a problem, perceive a need for help and seek help. Only a minority of persons who need specialized substance abuse treatment services make an effort to seek treatment. Even then, there is a high level of attrition among treatment candidates who have entered the treatment-seeking pathway. The net

result is that the vast majority of people who need substance abuse treatment services do not enter treatment.

This study adds to the limited available qualitative research on the reasons that women with substance abuse disorders seek specialty substance abuse treatment and the barriers and facilitating factors they face throughout the treatment-seeking process. It is hoped that this study provides a more complete understanding of the complex pathway that women face in seeking substance abuse treatment.

Overview of the Remainder of the Study

Chapter II begins with a review of the history of substance abuse treatment in the United States. Next, I review several existing models of help-seeking, treatment utilization or treatment-seeking for health problems, mental health problems, and substance use problems. Then I discuss the empirical factors identified in the literature which have been found to influencing treatment-seeking. This is followed by a review of the literature on factors which influence help/treatment-seeking of female substance users. Next, I discuss gender differences in help/treatment-seeking. To help conceptualize the treatment-seeking process in a system that uses a Central Intake Unit (CIU), I then discuss Rahav's (1997) model of treatment enrollment. Then, I present a diagram of the process by which a substance user enrolls in publicly-funded specialty substance abuse treatment in Milwaukee County. I present my rationale for selecting a focused ethnographic study as an appropriate research design for this study. I also briefly discuss the history of ethnography emphasizing the role of ethnography in drug abuse research. Chapter II ends with a discussion of a method for conducting an ethnographic study, known as the Developmental Research Sequence Method (DRS, Spradley, 1979, 1980).