**Assignment #1 : Article Review**

**Course:** SOWK 693 S01

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This paper will provide an overview of three research articles from 2009 that study substance abuse treatment programs for women. Although the studies look at slightly different components of substance abuse treatment, they all provide valuable information regarding the importance of gender- specific treatment options and the components that are essential for leaders to consider when designing evidence based programs for women requiring residential treatment programs.

**Strengths of the Articles**

Examination of *Women’s Experience in Holistic Chemical Dependency Treatment: An Exploratory Qualitative Study* by Linton, Flaim, Deuschle and Larrier (2009) identifies key variables of empowerment, holistic services, children in treatment, domestic violence services, and cohesion and staff characteristics as having a distinct effect on women’s experience while in residential treatment. The study is exploratory in design; it attempts to develop a hypothesis and preliminary theory for further investigation. The information is gathered using 3 focus groups and a semi- structured interview format with 23 participants from an aftercare program. The focus groups were led purposely by women in a comfortable and supportive environment. Although the findings are preliminary the study provides information that is applicable to the practice context by identifying essential aspects of program design and program components to meet client needs.

The quantitative study entitled: *Closing the Need- Service Gap: Gender differences in Matching Services to Client Needs in Comprehensive Substance Abuse Treatment* by Marsh, Cao and Shin (2009) identified the importance of providing services including health and social services alongside substance abuse counselling and treatment to clients, especially women. The study identified that when services are matched to client needs they are more effective. The study identified that women often present to services with greater health and social service needs and often have stronger dependencies on alcohol and drugs. The study’s great strength was the database and sample size that was examined. The large sample consisted of 3,027 clients (1,105 female, 1,922 male) from 59 different substance abuse services. The study used data from the National Treatment Initiative Effectiveness Study (NTIES) that was funded by the Centre for Substance Abuse Treatment (CSAT) in the United States. The conclusions of the study supported tailoring services to meet the needs of clients and how important this was especially for meeting the needs of women in treatment.

The final study reviewed was *Treatment Outcomes and Perceived Benefits: A Qualitative and Quantitative Assessment of a Women’s Substance Abuse Treatment Program* by Lafave, Desportes and McBride (2009). The study used qualitative data that includes structured interviews and narration to enhance the findings as well as quantitative data in the way of pre and post testing and follow up using the progress evaluation scale (PES). This scale is also used to measure progress with mental health clients in a residential setting. This study showed strengths simply by design using both quantitative and qualitative approaches as well as explicitly expressing the researcher’s worldview. The study was designed with a world view of social constructivism studying the phenonomen of women in treatment from a feminist lens. The study was able to provide recommendations for future research suggesting more longitudinal studies, comparative studies and understanding the impact of program philosophy and the impact this has on client outcomes.

All three studies were peer reviewed and well -designed providing valuable input into program development. Essential program components were identified to meet the needs of clients in order for the participants to have successful outcomes. All three studies were applicable to practice and useful in the development of programs for women requiring inpatient substance abuse treatment.

**Concerns and Challenges interpreting Articles**

The qualitative study by Linton et al. (2009) identified limitations of the study and outlined the main concern as being the sample and sample size: there were only 23 participants, all volunteers from the same aftercare program. This caused concern of bias because all participants were successful at completing the substance abuse program and did not represent clients that were not successful in completion. This study examined one specific women’s program and is not necessarily transferable to all populations and programs. The article was easy to read and interpret with no challenges in understanding the data as presented.

The quantitative study by Marsh et al. (2009) also identified limitations to their study. They too expressed concerns of the sample not being representative of all populations and clientele that may enter treatment. The database used focused on clients considered part of vulnerable populations (court ordered clients, clients with low income and low education levels). The language and methods in quantitative studies are more challenging to understand.

The mixed methods study by Lafave et al. (2009) highlights limitations of the study. There is concern that the participants may have answered the survey questions to be socially desirable instead of honestly. Both pre and post survey results were shared with the women to show progress and the women reported not remembering or vaguely remembering the pre survey because it was part of the orientation into the centre. All women saw positive change in the survey results. Because of the response to the results it is felt that the idea of social desirability did not skew responses and the concern was unfounded. The other limitation of the study was that of generalizing the results. This was because of the makeup and size of the sample. Again all participants were part of only one inpatient treatment program. The sample is not representative of the general population and again was made up of women with limited financial resources and education. The results of the study were understandable.

The worldviews of the studies were not the same. Two of the studies did not explicitly state the worldview of their studies. The quantitative study appeared to come from a post positivism frame. The quantitative research by Marsh et al. looked at outcomes that were grounded in a medical model or disease model and looked at complete abstinence as traditional substance abuse approaches do. The qualitative study appeared to support the worldview of constructivism with a feminist lens like the mixed methods study. The mixed methods study explicitly offered the researchers world view. This made comparison of the articles interesting because the worldviews seemed in conflict with one another at times. This was seen in the outcomes used to measure success of clients and programs. It definitely would impact program design and philosophy.

**Key Learnings**

The key learnings of all three research articles are important for leaders for identifying program philosophy and program design for women substance abuse treatment programs. The key learnings for the qualitative study by Linton et al. (2009) include factors that considered important to women in treatment. These factors are: relational aspects of substance use and dependency, interpersonal group communication, assessment of trauma and victimization, recognition of childcare, employment and transportation as barriers, parenting programming, assessment of co-occurring disorders and services to address women’s health needs. The study states that four main aspects should be considered in the programs designed for women’s substance abuse treatment: *Empowerment* should be at the core of the program, treatment should include *holistic services* such as spiritual care, art, music, massage, and cultural components, trauma or *domestic violence counselling* and services should be considered, and the complexities of having *children in the treatment facility* should also be looked at. Lastly the article identified Kasl's 16 steps which are comparable to the 12 step AA philosophy. Kasl’s steps are in line with a feminist strength -based perspective and encourage choice and empowerment.

The quantitative by Marsh et al. (2009) identified the need for specialized women’s programming. When the need- service gap is closed clients remain in treatment longer and in turn show a decrease in substance use post treatment. This is true for both men and women but there is a stronger correlation for women. Family services were identified as the most needed service after addiction treatment and counselling as identified by the participants in the surveys. Women present to services with a greater substance dependency and greater need for health and social services than men. Conclusions state that treatment needs to assist with the health, mental health, parenting, vocational, housing and legal issues alongside the substance abuse issues for women seeking treatment.

The mixed methods study by Lafave et al. (2009) identified how important an overarching philosophy for treatment is to the success of the participants. Participants agreed unanimously women only treatment programs are a benefit. The key learnings from this study are similar to the qualitative study: empowerment is key, clients need to have choice to make decisions about their treatment and client –therapist collaboration is essential. The study also concludes that childcare, single sex programs, prenatal care and integration of services are all important aspects of treatment. The study recommends that programs utilize solution-focused therapy, motivational enhancement theory and strength based therapy. Lafave et al. also recommends that clients should be involved in setting outcomes or goals for their own treatment. Many of these ideas challenge the traditional AA model and disease model of addiction. Lafave et al challenges the AA model as being disempowering to women causing helplessness to their disease and no self- control opposed to choice over their decision to use substances.

**How can these learnings be applied to leadership practice**

As part of my practicum with the leadership MSW program I am currently involved in the development of policy and program design for a new family residential treatment program for women. This is the first program in Canada that will include women and children in an inpatient treatment program for substance abuse. Because this centre is in its infancy it will be essential to use research to influence policy, program design and overall philosophy for the centre. The research overwhelmingly supports the idea of a women only treatment program and this was identified in all three research articles.

The research from the qualitative study by Linton et al will be used to ensure programming includes all specialized program components including an empowerment model of program delivery and is inclusive of holistic health services. Barriers as identified in the study will need to be considered to ensure access to women interested in service. This research will help frame the staffing model and characteristics that will be sought in the hiring process. Further investigation of the Kasl’s 16 step model will be needed.

The learnings from the research will be used to ensure programs are matched to client needs as highlighted in the quantitative study by Marsh et al. This study also highlighted that the needs of men and women are different and therefore program components and services offered in treatment programs should reflect this. This means that the new Family Treatment Centre will be designed using women specific programming and will attempt to match to the needs of the women that will present to the program and should include: women’s health services, mental health services, family and social services and justice support.

Lafave et al. mixed methods research will be applied to leadership practice of the new centre by developing an overarching philosophy for the centre and developing outcomes that are meaningful and reflective of the philosophy. For example if the centre comes from a strength based harm reduction model then we will not use an abstinence only measure post treatment as a successful outcomes of the program. The concepts of empowerment and client choice in goals of their own treatment will have a positive impact on the development of the centre.

There are many important key learnings that can be used in the design of a women’s program. It is understood that the research should not be used or generalized to all women requiring treatment however the target populations of all three studies are similar to the target population of the new facility and therefore learnings are valuable in this context.

**How will you share these learnings with others?**

The learnings from this review will be used to communicate concepts with the senior leadership team, my practicum supervisor and direct manager of the Family Treatment Center.

The Qualitative Study will be used to further investigate the Kasl’s 16 steps and compare them to the AA 12 steps of recovery model to determine possible use in the centre. The exploratory study by Linton et al. will support the concepts of trauma informed care in the centre and will be used to identify training components necessary to develop core competencies in staff and be used to support training for solution focused therapy, motivational enhancement therapy, strength based therapy, empowerment theory and the idea of client- clinician collaboration with management.

The quantitative study by Marsh et al. will be used to communicate to senior leaders and managers the importance of developing different programs components in addition to basic substance abuse counselling and treatment for the women in the centre.

All three articles present the importance of identifying a philosophy for the program. This is often not an explicit process although important for a new program and facility that is different than the typical standard services that are provided in our region. This philosophy is of course influenced by funders and senior leaders and managers. This research and other articles may be used to build an argument for a specific philosophy. This is important because it will not only shape program delivery but outcomes measures and evaluation that will be important to establish at the outset of the program. The outcome measures will be important to the funders of the centre as well as local leadership.

The data presented in these articles will be used and shared to support key concepts and ideas in the development of program, policy, staff models and philosophy of the new Family Treatment Centre in Prince Albert Saskatchewan.

**References**

Lafave, L., Desportes, L., McBride, C. (2009). Treatment Outcomes and Perceived Benefits: A Qualitative and Quantitative Assessment of a Women’s Substance Abuse Treatment Program. *Women and Therapy,* 32:51-68.

Linton, J.M., Flaim, M., Deuschle, C., Larrier, Y. (2009). Women’s Experience in Holistic Chemical Dependency Treatment: An Exploratory Qualitative Study. *Journal of Social work practice in the Addictions,* 9:282-298.

Marsh, J.C., Cao, D., Shin, H.S. (2009). Closing the Need- Service Gap: Gender Differences in Matching Services to Client Needs in Comprehensive Substance Abuse Treatment. *Social Work Research,* 33:3,183-193.

Lecture Notes on Jan 23/2012 to SOWK 693 S01. Professor Dr. Jennifer Ann Hewson.