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Research suggests that African American Women experience substance use disorders as a result of various social determinants of health which are direct results of historical oppression and structural racism. As a consequence, they do not have successful outcomes compared to their White and/or male counterparts with substance misuse issues. It has been theorized that culturally competent treatment is lacking in this population, perpetuating negative treatment outcomes and chronic health conditions.

The purpose of this study was to explore the treatment experiences of African American Women who misuse substances and their perceptions of culturally competent treatment. The research questions that will guide this study are (a) How do structural factors and implicit biases affect the cultural relevance of substance use treatment programs designed for African American Women?; (b) What are the social/well-being needs of African American Women that should be included in substance use treatment Programs?; and (c) How do social determinants of health influence substance use treatment outcomes for African American Women with a substance use disorder?

The aim of this study was to explore the lived experiences of African American Women with substance misuse issues and how they viewed culturally competent treatment. The study participants were screened and met the study criteria. They were then interviewed using a structured interview guide, which encompassed the research questions, to explore this phenomenon. The study helps us to better understand what African American Women need in

order to have better treatment experiences and identified culturally competent treatment components that were invaluable to all the participants after the data was clustered.

# THE HOPE WELL: THE LIVED TREATMENT EXPERIENCES OF AFRICAN AMERICAN WOMEN WITH SUBSTANCE MISUSE ISSUES AND THEIR PERCEPTIONS OF CULTURALLY COMPETENT TREATMENT

by

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# CHAPTER I: INTRODUCTION

Substance use in the United States (U.S.) is complicated, as many people misuse substances to manage distinctive life stressors (Centers for Disease Control and Prevention [CDC], 2020). Data show that 60.1% (169.4 million) of U.S. citizens over age 12 used illicit drugs, and 58% (13.7 million) used alcohol in the past month; 20.4 million people 12 or older suffered from a substance use disorder. Problematic substance misuse negatively impacts millions of people in the U.S., affecting all races, cultures, and gender.

## African American Women and Substance Use

African Americans are disproportionately affected by drug misuse (Substance Abuse and Mental Health Services Administration [SAMHSA], 2018). While about 3% of the general population suffers from substance use, African Americans suffer at a higher rate of 3.4% (American Addiction Centers, 2020). According to the U.S. Census Bureau (2022), there are 332,403,650 in the U.S., and 11.5% (38,167,711) of those are African Americans Women. They require treatment for their use more frequently, seek treatment more frequently, but benefit less frequently from that treatment (SAMHSA, 2019). African Americans suffered from substance use disorders at a rate significantly higher than their White counterparts; 2.3 million African Americans aged 18 and older suffered from a substance use disorder, which is about 7.3% of the population. African Americans who suffer from mental health and substance use disorders increased significantly in 2020, with much of the illicit substance use increasing within the 26 and over age group (SAMHSA, 2019).

Gender differences exacerbate substance misuse: women are at a greater risk of substance use addiction than men (Davis & Ancis, 2012). There are numerous social determinants of health, such as poverty, low to no employment, education status, and history of childhood

maltreatment. These social determinants of health are unique to women compared to their male counterparts. It is important to note that African American Women have not historically been included in research regarding substance use compared to African American males and White women. Therefore, it has been hard to understand the etiology of their substance use (Stevens-Watkins et al., 2012).

In addition, African American Women have a higher rate of illicit substance use than their counterparts. Research shows that 6.2% of African American Women use substances, which is higher than the national average of illicit substance use of 5.7% (SAMHSA, 2010), and African American Women often use illicit substances that are highly addictive (Davis et al., 2014). A dearth of current research includes the cross-section between gender and racial disparities. The latest National Survey on Substance Use and Health (SAMHSA, 2020a) reported that 13.2% of women, 17.2 million, had a substance use disorder. The data also show that 15.4 % of African Americans suffered from a substance use disorder. Recent data is lacking in the NSDUH, which highlights the intersection of gender and race and its overall impact on substance use. Daily marijuana use for non-pregnant African American Women aged 26 and older has significantly increased from 834,000 to 1,000,000 from 2018 to 2019 (SAMHSA, 2019). Their substance use exacerbates overall health risks for this population. They have higher rates of deaths related to substance use and a greater risk of contracting HIV (Davis et al., 2014). In 2018 out of 37,968 new HIV cases, 15,946 (42%) were African Americans, and 1,754 (11%) were African American Women. The survey lacks information on African American Women with substance misuse issues, further exploiting the need for studies involving specifically African American Women with substance misuse issues.

Gender may complicate use issues because African American Women must manage intersecting identities, such as being an African American Woman that must take on similar responsibilities as a White male but is not afforded the same privileges and advantages as a White male. African American Women also manage the social disadvantage of being a woman, including sexism and microaggressions based on their gender. The intersection of the disadvantages that race and gender creates an invisible identity. The invisibility of African American Women creates social problems (Crenshaw, 1989). These women use substances to cope with daily stressors (Nydegger & Claborn, 2020). Substance use exacerbates the already fragile identity of African American Women by increasing the risk of HIV contraction (CDC, 2022a), which compromises the family system of African American Women with substance use disorders. African American Women are often the center of healthy familial connectivity, so substance use dismantles the very core of this minority group (Potier et al., 1997). Several narratives of African American Women are hypothesized to improve overall treatment outcomes (Wyatt, 2019). These narratives reflect that African American Women who use substances create a substantial risk of negatively impacting the family unit if their racial identities and narratives are not included in substance use treatment.

Furthermore, there is a dearth of current research exploring culturally competent substance use treatment or intervention within this group to prevent fuller explorations of why so many African American Women are unsuccessful with present programs (Davis & Ancis, 2012). However, culturally competent treatment techniques, such as centering the cultural nuances and lived experiences of this community, grounding interventions within empowerment-based multicultural frameworks, and promoting egalitarianism, could promote better treatment outcomes (Davis et al., 2014). Additionally, including misuse participants' perspectives on their

own treatments can be a source for treatment; applied research may be used with this population to empower their communities while addressing racial and gender inequities (Yegidis et al., 2018). To perpetuate social justice for the population, cultural competence should be considered to bridge the gap between treatment engagement and successes of those in the majority population compared to the treatment successes of those in this historically oppressed population to halt the destruction of the African American Woman and family system. Most importantly, treatment programs designed to meet the needs of historically oppressed communities, such as African American Women with substance use disorder, must center their lived experiences to effectively meet their needs collectively.

## Purpose of the Study

Studies have hypothesized that culturally competent treatment addresses the needs of African American Women with substance misuse issues, which leads to treatment engagement, retention, and completion (Davis & Ancis, 2012; Davis et al., 2014; Wyatt, 2019); The purpose of this study is to explore the treatment experiences of African American Women with substance misuse issues, for their perceptions of how culturally competent treatment impacts treatment successes of African American Women with substance use disorders. The proposed study utilizes a qualitative research study design; as such, the following questions will be used to explore the proposed study:

1. How do structural factors and implicit biases affect the cultural relevance of substance use treatment programs designed for African American Women?
2. What are the social/well-being needs of African American Women that should be included in substance use treatment Programs?

3. How do social determinants of health influence substance use treatment outcomes for African American Women with a substance use disorder?

## Definitions of Terms

*Black Feminist Theory*—includes narratives of historically oppressed populations, but specifically looks like the historical trauma, intersectionality of identities, and empowerment of African American Women with substance misuse issues (Crenshaw, 1989).

*Culturally Competent Treatment*—conceptualized using the National Association of Social Workers (NASW) Standards and Indicators for Cultural Competence. NASW (2015) describes cultural competence as the rendering provider being aware of their own cultural beliefs, willing to learn about the beliefs of others, and acquiring knowledge about specialized populations to improve their overall living. Cultural competency is further described as information being disseminated to or about the specialized population to address systematic oppression, and providers are not only aware of the policy and/or needed intervention but are also a change agent, promoting social justice for specialized groups, whether that be religion, race, or gender (NASW, 2015). Culturally competent counselors are aware of their own cultural beliefs and biases and how they can provide culturally responsive services to those with similar or diverse backgrounds (SAMHSA, 2014).

*Substance Misuse*—The illegal use of drugs such as cocaine and methamphetamine and inappropriate use of illegal substances such as alcohol and tobacco (American Public Health Association [APHA], 2020).

*Substance Use Disorders*—When the recurrent use of drugs and alcohol causes significant functional impairment like the ability to fulfill work, life, and home responsibilities. It could also cause health issues and/or medical disabilities (SAMHSA, 2020a).

*Substance Use Treatment*—Intended to help individuals with substance misuse issues to stop/reduce compulsive drug-seeking behaviors. Treatment can vary from individual to group behavioral treatment (help those with substance misuse issues/disorders cope better). Treatment can include medication intake for those who have a drug misuse issue (National Institute on Drug Abuse [NIDA], 2018).

# CHAPTER II: LITERATURE REVIEW

## Survival Factors for African American Women with Substance Use Disorder

Culturally competent treatment effectively addresses survival factors that African American Women face (Keen et al., 2014). African American Women face barriers to treatment due to internalized issues and systematic barriers to treatment, which are out of their control. African American Women have unique treatment needs due to the uniqueness of their identities. Understanding unique barriers to treatment is part of culturally competent treatment impacting treatment engagement and retention. Vigdal et al. (2022) conducted a meta-synthesis of qualitative studies which yielded 18 articles that determined people in recovery, in general, want to feel safe and non-stigmatized. If those in substance misuse treatment programs obtained this, their overall relationships improved. Responsibility and trust were key facets deemed essential in the meta-synthesis as well. African American Women often lack the bare minimum that this review highlights, which poses a major risk for African American Women with substance misuse issues. The survival factors identified in the literature review further highlight the need for culturally competent treatment, including the need for treatment providers to understand the population with which they work (NASW, 2015).

### Barriers to Health Care Access

African American Women face barriers to health care; access issues may be due to distrust of the system and health disparities once engaging in the system (Allen, 2010). African American Women have faced structural racism, reporting they were untreated fairly when they saw a medical provider, so they do not trust them and may avoid treatment. Historically, African Americas have been enslaved and made to engage in producing and distributing harmful products such as tobacco, which heightens the risk of cigarette smoke. When managing stress

associated with racism, African Americans may engage in substance use to cope. When African Americans are constantly exposed to stress due to racism, and other social problems, it heightens stress that leads to other medical issues such as hypertension and diabetes. African American Women have historically endured medical experimentation without their permission, which has resulted in the sterilization of African American Women in the past. Unhealthy products are often marketed in low-income African American neighborhoods and made to look appealing, which heightens unhealthy habits (CDC, 2022b). Many African American Women report being generally mistreated when they see a health provider leading to distrust of the overall system. African American Women are more likely to suffer from sexually transmitted diseases and are diagnosed with HIV at much higher rates than their White counterparts. African Americans accounted for 42% of the 37,968 (15,946) cases of HIV in the U.S., and 11% (1,754) of those cases were African American Women. Health disparities range from the system's egregious intent to harm African American Women, which leads to internalized stress, to intentionally harming them by exposing them to harmful substances that create health disparities. Lack of awareness surrounding safe sexual practices and resources also exacerbates the issue (CDC, 2022c). In addition to mistrust of the system due to systematic injustices, Redmond et al. (2020) conducted a systematic review that yielded 13 articles about African American Women and barriers to treatment. The main reason these women didn't engage in treatment was treatment readiness, including being culturally aligned with their treatment provider. Most preferred a provider that had the same race and ethnic identity.

The authors found that African American Women with substance misuse lacked financial resources, exacerbated by unemployment and/or lack of health insurance to engage in treatment. In addition, long wait times, staff attitudes, and the ability to treat co-occurring disorders

hindered treatment engagement and retention. Furthermore, Roberts and Nishimoto (2006) found that African American Women who didn't complete substance misuse treatment faced systematic issues. Systematic issues include staff not trained to care for them, being turned away for treatment, and poor access to treatment facilities, which lead to higher attrition rates and less success in decreasing overall substance use (Redmond et al., 2020). Nydegger and Claborn (2020) conducted a qualitative study, interviewing African American Women who were at risk of contracting HIV to promote the use of PrEP and to explore barriers to substance use recovery. The study revealed three themes that hindered the engagement and retention rate of African American Women with substance use disorders which were individual, social, and structural factors as barriers to successful treatment program completion. The structural level factors identified were housing, employment, and adverse life events mirroring Allen's (2010) findings from 2010. After 10 years, African American Women continue to miss the opportunity to engage in treatment due to insufficient housing, employment deficits, and untreated trauma history.

**African American Women, HIV Exposure, and Substance Use Disorder**

African Americans account for 15,305 new HIV cases in the U.S., and 1,754 of those cases are African American Women. Injection substance use and having sex with males infected by HIV accounted for most of those cases (CDC, 2022b). Logan and Luekefeld (2000) conducted a study that included African American Women who identified crack cocaine as their drug choice. The women in the study who exchanged sex for drugs were twice as likely to test positive for HIV compared to those who did not engage in this transaction (Logan & Leukefeld, 2000). Additionally, in the study, African American Women were 1.7 times more likely to exchange sex for money than other women. Subsequently, the authors found that women with a history of participation in substance misuse treatment were 2.2 times more likely to exchange sex

for money, and African American Women who had a history with the carceral system were also twice as likely to exchange sex.

Similarly, Nydegger and Claborn (2020) conducted a qualitative study with African American Women with substance misuse issues who had engaged in condomless sex within the past 12 months. The study participants acknowledged that their sex work was considered "survival sex" to money and reported inconsistent condom use, which increased the likelihood of their exposure to HIV. As it is known that these sexual behaviors elevate the risk for HIV, it is important to highlight that the probability for this exposure is greater among African American Women when substance use treatment programs were not designed to address their unique needs that include these sexual risk behaviors. (Logan & Leukefeld, 2000). They are more likely than their White counterparts to die due to explicit substance use at a higher rate than White women with substance use issues (Allen, 2010). African American Women are managing physical health risks and battling internalized negative self-stigma (Kuleza et al., 2013), making this population more vulnerable. Cultural considerations must be considered to improve the overall treatment engagement of African American Women with substance misuse issues (Davis et al., 2014).

**Social Determinants of Health and African American Women**

Many African American Women with substance misuse believe they can manage it without treatment or do not need it. They believe that with family-perceived family support, they can cope without engaging in treatment. The framework that they are strong enough to stop substance use directly relates to their identity. Due to the invisibility of their identity due to the intersection of race and gender, they have had to figure out how to cope without a mainstream understanding of what they need due to their varied identities (Crenshaw, 1989). Now many African American Women feel they must be strong-willed and manage their issues

independently. Stevens-Watkins et al. (2016) explored this phenomenon, John Henryism, which "suggests that poor African American Women with limited economic resources and chronic psychosocial and environmental stressors believe that hard work and self-determination are required to cope with and overcome adversities," suggesting that beliefs about substance use treatment highly influences treatment engagement and/or outcomes. This study revealed that African American Women who scored high on the John Henryism scale were less likely to utilize substance use treatment because they believed they were equipped to manage their substance use without formal treatment. African American Women have internalized the belief that they are strong and can cope outside formal treatment (SAMHSA, 2019). MacMaster (2005) explored African American Women and the barriers to substance abuse and HIV treatment. MacMaster (2005) also found that the most reported barrier was they lacked the desire for treatment and/or to stop use. The women felt they did not have a problem and/or could stop using independently without formal treatment (Stevens-Watkins et al., 2016). African American Women with substance use disorders appear to have a negative self-stigma due to internalized oppression; historically excluded individuals are often treated less favorably. The interaction between racism and sexism creates more stress; African American Women feel as if they are looked down upon if they are identified as having a substance use disorder. That, coupled with other social determinants, creates a negative self-stigma (Kuleza et al., 2013).

Similarly, Roberts and Nishimoto (2006) found that African American Women who did not finish treatment in their study reported that they did not feel like they needed treatment and/or did not want to engage in treatment. The literature reveals that these internal factors must be considered when treating African American Women with substance use disorders. Treatment providers must be able to assess the needs of individuals with different beliefs to treat this

population effectively (SAMHSA, 2014). Treatment must address feelings of inadequacy and invisibility and should empower African American Women to be vulnerable enough to seek help instead of only relying on themselves to halt substance use (Stevens-Watkins et al., 2016).

Kuleza et al. (2013) explained that African American Women with substance misuse issues appeared to have a negative self-stigma, they have internalized oppression, which is a survival factor. Unlike their White counterparts, African American Women with substance misuse issues face unique challenges as they believe they should be able to manage without substance misuse treatment, which may hinder treatment engagement and/or completion (SAMHSA, 2019). Szymanski and Lewis (2016) conducted a study on African American collegiate women, exploring the impact of gendered racism, meaning that they looked at how the intersectionality of their identities impacted how they disengaged or engaged in coping. The study looked at healthy coping as engagement and advocacy and unhealthy coping were self-blame, alcoholism, or detachment. They found that exposure to racism for African American Women was a direct mediator for psychological stress (Szymanski & Lewis, 2016). African American Women in general may experience the same racist antics as African American men and the same sexism as White women but the intersection of the gender and race of this population places them at risk of the unique intersection of the two being ignored (Crenshaw, 1989).

Understanding the motherhood narrative and inclusion of that in treatment has been deemed essential in treating African American Women with substance use issues. Ehrmin (2001) engaged in an ethnographic qualitative study that explored the maternal role in substance abuse treatment success for African American Women with substance use disorders, which revealed that internalized guilt and shame were a survival factor for the treatment success of African

American Women with substance use disorders. The study participants revealed the need for treatment providers to persistently engage them without judgment of their past life experiences. Allen (2010) found that African American Women with substance use issues didn't engage in treatment due to inability to sustain household duties related to motherhood.

Studies have revealed that African American Women grapple with self-perception that may exacerbate internalized guilt and shame about their substance use. The survival factors create a web of convoluted ideas about their substance use. African American Women face barriers to health care and conversely are in dire need of health care if they are engaging in high-risk behaviors due to their substance use. There are however protective factors that can improve the overall success of treatment engagement/completion for African American Women with substance use issues.

## Protective Factors

### Connection With Support Systems (Family or Maternal Connection)

African American Women with substance use disorders need family treatment providers to understand individual needs related to family connectedness and support to serve which are treatment motivators. Blount et al. (2021) completed a qualitative research study exploring how the participants were able to sustain recovery and found that family support and connectedness are significant aspects of the recovery process. Stevens-Watkins et al. (2012) researched the protective and survival factors of African American Women who misused substances and revealed that their alignment with their ethnic identity was a protective factor for substance misuse. The need to have family and social support during and after treatment. MacMaster (2005) found that the family unit is an essential component that should be considered when intervening with African American Women who experience problematic substance use. Potier

and colleagues explored the African American family and revealed that the family unit encompassed the extended family as well as those who reside in the home (Potier et al., 1997). They conceptualized a *Rite of Passage* treatment framework that would be inclusive of all the core values of the family system. The program consisted of personal development, respect for others, family reunification/building relationships with their children, and the Sande society which focused on reciprocity in those relationships. They further highlighted that substance misuse is at the core of family chaos, so the very nucleus of the family system was deconstructed and rebuilt based on African tradition to treat women with substance misuse issues (Potier et al., 1997).

The familial mother-child relationship was uncovered in research as part of the family unit. Motherhood was a treatment motivator for African American Women with substance misuse issues (Stevens-Watkins et al., 2016). Ehrmin (2001) engaged in an ethnographic qualitative study that explored the maternal role in substance abuse treatment success for African American Women with substance use disorders. The women expressed how their children had unconditional love for them despite their substance misuse. The maternal role coupled with how the African American Women saw themselves was most impactful (Ehrmin, 2001).

**African American Women with substance misuse issues and spirituality**

Spirituality has proven to be a protective factor for African American Women who misuse substances. They often describe needing to engage a higher power to help them abstain from substance misuse (Blount et al., 2021). Hodge et al. (2021) support this notion. They conducted a longitudinal study looking at substance misuse among African Americans that attended church. The study explored outcomes of nonattenders, those that attended as adolescents only, those that attended as adults only, and those that consistently attended from

adolescence through adulthood. The study revealed that African American females who consistently attended church were less likely to use substances. Ehrmin (2001) also explored the role of maternal substance abuse in treatment recovery and found that spirituality was an essential component of treatment. The African American Women with substance misuse issues identified the need for spiritual guidance from a higher power to have treatment success. Backing those findings, Ridley Brome et al. (2000) conducted a quantitative study comparing African American Women in substance abuse recovery in high and low spirituality groups and found that those in the high spirituality group reported more a positive self-concept, active coping style, better perceptions of parenting, and family support. Blakey (2016) conducted a case study examining spirituality in the healing of African American Women with trauma and substance misuse histories; uncovered three components of spirituality that helped facilitate healing. The components were reclamation of spirituality for these women, helping the women find meaning and purpose through spirituality, and the final component was helping the women rely on their faith instead of substances.

**Relationship with the Treatment Provider**

Treatment providers must be willing to assess and address personal bias when treating African American Women that have substance misuse issues (SAMHSA, 2014). African American Women with substance use disorders report relationships with the therapist being important to successful treatment. Research has shown that for those who have substance use disorders, the relationship with the therapist is an essential component of treatment. Relational cultural theory highlights the relationship between the therapist and client being the foundation for human development. Blakey and Grocher (2020) conducted a study highlighting supporting this theory. They found interviewed African American Women with substance misuse issues

who also had a severe trauma history and explored the types of relationships that these women had with their counselors. The women had reparative relationships with their treatment providers, which promoted healing of their traumatic experiences. The women felt empowered, and they felt as if they mattered (Blakey & Grocher, 2020). The theme continues to emerge that the relational component between treatment providers and African American Women with substance misuse issues engaging in treatment is a treatment necessity. Treatment providers are an provide a unique space for women with substance misuse issues to reveal the impact that their family system has, if any, on their substance misuse issues.

When African American Women with substance use disorders have a healthy attachment to their treatment providers, a therapeutic alliance is created (Davis & Ancis, 2012). Davis et al. (2014) later conducted a research study using a convenience sample of 102 African American Women who reported being engaged in substance use outpatient treatment due to suffering from a substance use disorder using the Working Alliance brief survey form; findings suggested a positive relationship between a culturally aware therapist and African American Women's engagement in treatment. The culturally competent therapist has population-sensitive characteristics; they can understand the diverse aspects of the culture with which they work. The therapist and client alliance consists of shared power, and the therapist can uplift the client by understanding the client's stressors clearly. In addition, the therapist empowers that client by developing a concrete plan to create healthy ways to cope with culture-specific life stressors (Davis et al., 2014).

In addition, Blakey and Grocher (2020) conducted a study using semi-structured interviews on African American Women with trauma histories and substance misuse issues. They found that many of the women who had healthy reparative relationships with their

counselors reported that the counselors were transparent about the pros and cons of the actions of the women with substance misuse issues. The treatment providers empowered the women by informing them about treatment so the African American Women in treatment could then make positive choices about treatment engagement. The women felt as if the treatment provider/counselor went above and beyond in treatment. The relationships were not superficial; they went beyond paperwork completion.

Adequate support is needed for African American Women with substance misuse issues which ranges from family support to support from their treatment provider. While support is essential to treatment, research has revealed that treatment provider must seek to understand the exceptional needs of African American Women with substance misuse issues to empower them in treatment. Treatment providers have an obligation to assess the needs of this population and being thoughtful to protective factors that might deconstruction self-stigma to empower these women to successfully engage and complete treatment. Culturally competent treatment could perpetuate an environment of success for these women.

**Importance of Culturally Competent Treatment Programs**

Culturally competent treatment is essential as it addresses the risk and builds on protective factors of African American Women with substance misuse issues, while also addressing intersectionality. The literature review highlights elements that treatment providers must consider to improve treatment engagement and outcomes of African American Women with substance use issues. If this component is rendered in treatment of this population, it strengthens the overall family unit of African Americans as women are at the core of that unit (Potier et al., 1997). The problem of substance misuse among women in the African American Community should be examined through a culturally competent treatment lens (Davis et al.,

2014) as African Americans in general are not satisfied with treatment so they are less likely to complete treatment (Keen et al., 2014). They feel as if they must cope by themselves instead of engaging in treatment as they have family support, are educated, and may feel as if they need to cope by using substances (Stevens-Watkins et al., 2016). Blount et al. (2021) conducted a phenomenological study on African American Women who were in long-term substance misuse treatment, and found that cultural capital (healthy social, religious, and spiritual connectedness) was the most essential element of long-term treatment engagement. In general, relationships are important to treatment success of African American Women with substance use disorders. The women who had good relationships with their treatment provider had success. Roberts and Nishimoto (2006) found that African American Women who completed substance use treatment reported both internal and external factors that hindered treatment completion. A substantial portion of them reported that they didn't complete treatment reported that a barrier to treatment completion were staff attitudes (Roberts & Nishimoto, 2006). For example, Davis et al. (2014) revealed that African American Women with substance misuse issues developed a stronger working alliance with therapists who demonstrated population sensitive traits such as multicultural competence.

Culturally competent treatment must dismantle structural barriers and promote access and inclusion of cultural facets to ensure the success of African American Women (Verissiom & Grella, 2017) and traditional evidence-based practice must be adjusted to meet the needs of this populations. Culturally competent treatment must be attuned to the structural barriers such as childcare, financial, transportation, and language (Verissimo & Grella, 2017). The treatment provider should be aware that we are serving those that are multi-racial and have diverse needs; the provider should be able to explore their own bias and the intersectionality of the needs of

minority groups to improve treatment outcomes (Jackson & Samuels, 2011). For example, a secondary data analysis was conducted on the Clinical Trails Network through the National Institute of Drug Abuse which revealed data on African American substance misusers who received counseling as usual (CAU) compared to those who received motivational enhancement therapy (MET) and the retention rate was higher for those that received MET. The clinician's goal with MET was to enhance the client's motivation and commitment to change. The African American Women that received MET remained in treatment longer, but they didn't reduce their substance use. The study suggests the need for other culturally competent tailored version of MET to reduce substance use (Montgomery et al., 2011).

Treatment providers must address their own bias and assess how that impacts treatment being rendered to be effective with African American Women with substance misuse issues (SAMHSA, 2014). The treatment provider should take into consideration the history of the group being treated and how they may view they system in which they are receiving treatment; examining both their own internal views and the external views of the population in which they are serving (Jackson & Samuels, 2011). For substance use intervention to be effective, the researcher must be aware of the problem of substance use but also be aware of the risk and protective factors to produce positive change (Fraser et al., 2009). For example, Gainsbury (2016) conducted a systematic review that not only focused on the individuals who received culturally aware treatment but also focused on the therapeutic relationship that the clinicians had with those groups that were culturally and linguistically diverse with substance use issues. The systematic review yielded studies that were not rigorous in nature yet uncovered the need for clinicians to be educated and show compassion when working with this population. The review

also uncovered the advantages of a system that connected those with substance misuse issues to community leaders to promote mentorship and sobriety (Gainsbury, 2017).

Howard-Hamilton (2003) conducted a secondary data analysis that revealed that treatment units that were considered culturally competent did in fact consist of African American staff, African American clients, and clients who were polydrug abusers. However, there remained questions about whether these culturally competent treatment units were effective for those receiving treatment (Howard-Hamilton, 2003).

Provider and client needs and early, inconclusive research have determined the need for well theorized culturally competent treatment. Though past programs have yet to alter African American Women's misuse conclusively, theoretically, culturally relevant therapies that address the specific risk and protective factors of African American Women should improve relationships between the treatment provider and client to improve success. Unfortunately, early programs were not sufficiently developed, run long enough, or studied from the appropriate theoretical and empirical viewpoints to capture and continue African American Women's recovery success.

## Theoretical Frameworks

Culturally competent treatment must be inclusive of the identities of African American Women with substance misuse issues. The intersectionality of this population makes their cultural needs inimitable. Race and gender narratives addressed through the social work lens by way of work that embodies social justice appears to be how we will develop intervention research to address this problem. Research has traditionally treated race and gender as separate independent variables, ignoring the intersectionality of the two; African American Women with substance use disorders are an example of this entanglement (Davis & Ancis, 2012). To fully

understand the problem, the intervention must be inclusive of the culture of the population being treated and risk and protective factors must be explored (Fraser et al., 2009).

Gender identity influences how African American Women are perceived, and the junction of gender and race are a vital part of understanding the cultural needs of African American Women. African American Women have dissimilar roles than their White counterparts. They work outside of the home and must manage microaggressions that their White counterparts do not (Crenshaw, 1989). Kuleza et al. (2013) explained that African American Women with substance misuse issues appeared to have a negative self-stigma, they have internalized oppression, which is a survival factor. Unlike their White counterparts, African American Women with substance misuse issues face unique challenges as they believe they should be able to manage without substance misuse treatment, which may hinder treatment engagement and/or completion (SAMHSA, 2019).

**Critical Race Theory**

Critical Race theory was considered initially and then after conducting further research, the Black feminist theory was also identified. Critical Race Theory was identified as the overarching, big T theory that informs this problem initially as it looks at the systematic structures that oppress historically oppressed populations, making it difficult for these populations to engage in treatment.

Critical race theory challenges the idea that those who are in power and have the wealth inform how to care for all cultures; but treatment and/or intervention is not colorblind (Haskins & Singh, 2015). Intervention works best when it includes the voices of the community members which it is researching and/or intervening (Fraser et al., 2009). A case study by Haskins and Singh (2015) looked at a predominantly White counselor program that was becoming more

gender and racially diverse. They changed the curriculum to include competencies that met the diversity needs of the program, however there was still an absence of the curriculum needs of historically excluded populations (Haskins & Singh, 2015).

Critical race theory if applied to this population should encompass culture of African American Women and recognize the intersection of race and gender. Connectedness to family systems and how it impacts their engagement in health systems should be gauged as it appears that the more positive family connectedness and positive support that African American Women with substance misuse issues have, the better their outcomes. The problem is that these ideas are not always taken into consideration in most research (Davis & Ancis, 2012). Critical race theory focuses on the four core areas, which include exploring how Whiteness frames practice and gives privilege to the majority population, intersectionality that impacts treatment, and includes diverse traditions and/or cultures (Haskins & Singh, 2015).

Critical race theory challenges structural racism that solely includes the narratives of those in the majority population. It challenges colorblindness and aims to include the narratives of oppressed populations. Due to the lack of inclusion, African Americans often distrust the system. This system was constructed to highlight the ideals of White people while excluding historical trauma and its long-term impact (Haskins & Singh, 2015). Critical Race Theory informs the problem and addresses barriers to successful treatment outcomes for African American Women with substance use disorders.

Intersectionality is essential in the development of an intervention using Critical Race Theory. African American Women are neither White women nor are they Black men; they have a unique identity that should be considered when researching this population to render effective treatment (Crenshaw, 1989). The myth that African American Women must be strong-willed to

manage their substance misuse issue without treatment continues to be perpetuated but does not render favorable outcomes. African American Women feel as if they must manage substance use issues without treatment as they have been taught to rely on hard work and self-determination to resolve their issues.

We also know that African American Women are represented in the criminal justice system for non-drug-related charges, but being on probation raises the risk of substance misuse. When substance misuse starts, African American Women rely more on governmental assistance for treatment, are single parents, and often treatment facilities are not accommodating. We know that substance use can exacerbate mental health issues and or increase the risk for mental health issues and physical health problems. Therefore, African American Women have to rely on themselves to cope (Stevens-Watkins et al., 2016). Critical Race Theory explores various cultural beliefs, including internalized self-stigma such as this (Haskins & Singh, 2015).

**Black Feminist Theory**

Black Feminist Theory, like Critical Race Theory, includes narratives of historically oppressed populations, but specifically looks like the historical trauma, intersectionality of identities, and empowerment of African American Women with substance misuse issues. Black feminist theory unambiguously challenges the idea of observing an intervention and/or response to an issue from a singular perspective. While critical race theory begins to deconstruct the impact of internalized self-stigma; Black feminist theory recognizes both race and gender as one identity and considers prejudice that may impact negative attitudes towards African American Women. It considers how external societal factors impact the way that African American Women view themselves, how that shapes self-perception and their behavior (Howard-Hamilton, 2003), it is inclusive of the narratives of solely African American Women and looks at the

impact of race and gender collectively (Simien & Clawson, 2004). Traditionally, Feminist Theory overlooked race when addressing sexist behaviors, excluding daily microaggressions that African American Women must manage (Crenshaw, 1989). Black feminist theory covers the constructs of gender roles in the African American community; for example, African American Women have traditionally worked outside of the home and may have similar gender roles to that of White men (Crenshaw, 1989). The non-traditional feminist and patriarchal ideals associated with the identities of African American Women must be included to thoroughly assess and treat the problem, and to address invisibility associated with African American Women (Ritchie, 2015).

Historically, the voices of White women were representative of all women and their experiences, but Black feminist theory highlights that the voices of African American Women are muffled due to the generalization of White feminist ideals to the entire population of women. Black feminist theory considers how the separation of race and gender can render Black women invisible in society. If the experiences related to being a double minority are not considered, then how can African American Women truly be treated fairly in any context (Crenshaw, 1989). There are anomalies created by the cross current of race and gender that must be considered to affectively treat this population. African American Women have multifaceted experiences due to the juncture of their identities that are often invisible.

Complex traumatic experiences such as rape and looked at through the ideals of White women. However, African American Women are not considered chaste in comparison to White women; the laws that besiege rape are rooted in the White man’s control over a White chaste female. African American Women are not seen as being sexually pure but instead are seen as promiscuous and there is stigma associated with this that does not come with the same moral

protections as one that is viewed as chaste. The promiscuity label further complicates the traumatic experiences of African American Women. To exacerbate the issue there was a period in which African American men were accused of raping White women, which upheld the idea chastity for White women, but African American Women did not have the same restoration of character. Black feminist theory takes into consideration historical trauma that women have experienced and how that impacts their culture; provoking the idea that the values and beliefs of the privileged population represents those of the historically oppressed population. Racism and sexism impact African American Women in a varied way, which controls their visibility and power (Roberts et al., 2000).

The use of an intersectional lens when examining the lived experiences, social determinants of health, and overall well-being, must be incorporated into the treatment of African American Women with substance misuse issues to understand how their unique social identities influence their treatment outcomes and subsequently, their long-term recovery. Providers must be willing to abandon traditional frameworks that are grounded in Eurocentric paradigms when serving the needs of African American Women with substance use disorder, if the goal is to improve their treatment outcomes. Cultural considerations in intervention development must include heightened awareness of the unique issues that arise in treatment because of the intersectionality of race and/or gender for African American Women (Fraser et al., 2009).

The ideals of those in power are often reinforced systematically so the cultural considerations of those that are not cisgendered, married, and White are not included. This means that anything that is considered socially deviant is punished and devalued. If we do not

consider both race and gender and how collectively that makes them vulnerable to multi-level victimization, that exacerbates the problem (Ritchie, 2015).

The empowerment of African American Women with substance use disorders has been found to be an integral part of the Black feminist theoretical approach. Integrating an Afrocentric worldview into the lives of African American Women with substance use disorders can be a protective factor perpetuated by Black feminist theory as it empowers this community of women. Black feminist theory confronts negative self-images that normalize racism, sexism, and poverty. It hinders the general ability to ostracize African American Women (Roberts et al., 2007). Incorporating the views of African American Women with substance use disorders empowers the women by propelling these women's self-esteem and self-pride (Roberts et al., 2007). Barringer et al. (2016) conducted a study that explored personal empowerment knowledge among 200 minority women, most of which were African American Women with substance misuse issues. They found that resource knowledge and belonging socially improved feelings of empowerment, which has been linked to better treatment outcomes (Barringer et al., 2016). Davis and Ancis (2012) also theorized that if the treatment provider could empower the women they were treating, it created a stronger therapeutic alliance between the African American Women with substance use disorders and their therapist. Davis et al. (2014) later researched this theory and confirmed that one of the main components of the therapeutic alliance was empowerment.

# CHAPTER III: METHODOLOGY

## Research Design

The study utilized an exploratory, phenomenological qualitative research study design. A qualitative research study design allows the lived experiences and participant voices to guide the research process and answer the research questions. With the use of Black Feminist Theory as a lens to guide the research process, the implementation of an exploratory qualitative research study design provided African American Women with substance use disorders an opportunity to tell their stories and experiences navigating substance use treatment and provide recommendations for what culturally competent treatment should be for this unique community (see Creswell & Poth, 2018). The study aimed to look at the treatment experiences of this group and how they make meaning of what has been a successful treatment. Qualitative research is the most appropriate method for this study because the aim is to make meaning of the experiences of African American Women with substance misuse issues and culturally competent treatment. African American Women with substance misuse issues and culturally competent treatment needs to be explored by those in this community being allowed to share their stories, and the researcher has the unique role of empowering these women by understanding the context and setting in which African American Women with substance misuse issues experience culturally competent treatment or the lack thereof (Creswell & Poth, 2018). The study will explore the treatment experiences of this group and how they define treatment success (Durdella, 2019). Thus, using a qualitative research methodology effectively captures lived experiences, participant voices, and other open-ended recommendations that may be offered and would serve as a missed opportunity, if attained through a survey/questionnaire-focused quantitative method.

**Black Feminist Theory Framework**

The proposed study is exploratory and used Black feminist theory as a framework to center and ground the intersectionality of the identities of African American Women with substance use disorders, their substance use treatment outcomes, and recommendations for culturally relevant programming, which could not be captured in a questionnaire or survey as it omits the reflexivity of the researcher. Furthermore, the use of a quantitative research study design does not allow for the development of a holistic account of what the participants experienced. Quantitative research would limit the data collection process and omit the interpretive and informative nature of the process as it would have predetermined questions that would frame the research as opposed to an informative research process (Creswell & Poth, 2018).

There are several types of qualitative methods to consider when examining the experiences of this group. Ethnographic, grounded theory, and phenomenology were all considered qualitative methodologies to use as they could be appropriate for this study. Ethnographic methods are used to focus on the culture of the group itself and how they interact with one another within the community. African American Women with substance misuse issues are not being looked at solely. The study aims to identify the essence of the treatment itself for African American Women with substance misuse issues as they engaged in culturally competent treatment to find out how their multifaceted narratives should be used as a framework to effectively treat African American Women with substance use issues, addressing health disparities, family connectedness, mistrust of the system, and cultivating healthy relationships with their treatment providers. This study not only focuses on culture within the community but also explores how that culture impacts their treatment experience. Ethnographic theory would

only focus on the participants' culture, not the intersection of culture and lived experiences. The research question aims to explore shared patterns and shared culture of African American Women that impact treatment (Creswell & Poth, 2018).

Grounded theory was strongly considered for the methodology of this study as it offers collectors a structured way of developing theory from the information gathered. Grounded theory methodology is flexible because several methods are used to develop a model between factors that shape outcomes (Durdella, 2019). Grounded theory focuses more on the process involving a collective group of individuals. It seeks to identify a process for culturally competent treatment of African American Women with substance use disorders and culturally competent treatment. Grounded theory could have been used, but it aims to uncover a theory or process, and this study focuses on themes in treatment that were/were not culturally competent (Creswell & Poth, 2018). For this study, we seek to understand how women make meaning of their experiences, if the aspects of culturally competent treatment or lack thereof impact their treatment experiences positively or negatively (Durdella, 2019), and how that was considered when treatment was rendered. This is inappropriate for this study because no standard process is identified (Creswell & Poth, 2018).

Phenomenology was chosen as it seeks to summarize participant experiences by grouping similar information given by the participants that leads to the development of themes. It considers collective culture and gives one a portrait of the culture based on interviews and captured quotes. The researcher is immersed in the information being given in phenomenology to truly make meaning of the mundane, each statement given by the participants is carefully analyzed. The researcher records the interviews being held, listens to them repeatedly to ensure the participants voice is captured. Then the interviews are transcribed, and the researcher studies

each interview and sits with the data to begin to uncover the data phenomena. Themes are identified, and varying themes are revealed during the research study (Peoples, 2021).

The focus of this study was on the lived experiences of African American Women with substance misuse issues and their perceptions of culturally competent treatment, in order to determine what themes were significant to the participants based on their treatment experience history and life history (Durdella, 2019). There are two types of phenomenological research, which are transcendental and hermeneutic. Transcendental focuses on bracketing experiences the researcher has in response to data collected. In the hermeneutic process, the researcher focuses on the data gathered and directly relates and compares those experiences of African American Women with substance use issues and identifies similar themes. Hermeneutic phenomenology was used to explore the lived experiences of African American Women and their perceptions of culturally competent treatment to highlight how this population experiences it, and the researcher stayed connected to the data at all times. The researcher journaled bias and how that impacted their thoughts about the interviewee and anticipated narratives, which allowed the researcher to gain knowledge and capture the participants authentic meaning. The researcher journaled personal bias necessary for thought revision and conducted follow-up interviews as needed with African American Women with substance misuse issues. The researcher journaled thoughts and feelings after each interview during the data collection process to suspend judgment and get to the true essence of what the participants viewed experienced/viewed culturally competent treatment (Peoples, 2021).

Phenomenology included initial interviews with the participants to build rapport and an introduction of the research questions and framework for culturally competent treatment. The interview questions were semi-structured to give the participants context and allow flexibility for

interpretation; the researcher's judgments were deferred (Peoples, 2021). For example, the participants were provided a definition of culturally competent treatment, and they began to share their experiences when they received substance misuse treatment. The participants began to tell their story when asked the first research question. The researcher asked follow up questions to be sure to gain meaning and stay focused on the question at hand, which set the tone for the remainder of the interview. The participants then spoke freely and openly answered all of the research questions, and shared their thoughts on what made the treatment experiences a success or challenging (Peoples, 2021). Follow up prompts were asked after the initial question to gather information rich data. The researcher would summarize the statements of the participants during the interviews to make sure the statements of the participant were captured. For example, the researcher would state, I heard you mention your family as part of your treatment process, how did perceived family support impact your treatment success? The researcher would ask the participants to expand upon each question using the initial definitions given in the consent. For example, the researcher would ask about culturally competent treatment and family support part of their experience, and then ask them to describe the deficits and gains if family was involved in their treatment experiences.

## Researcher Role

To ensure trustworthiness, the interviewer built a rapport with the participant by going through the consent that explained the study. The interviewer started the study warmly and asked how the participant was doing, and the researcher asked about their current functioning. After introductions and review of the consent, the interviewer reflected aloud on the statements made by the participant to reassure each participant that the interviewer understood what the participant stated. The researcher was able to connect and build rapport with the participant by

showing empathy and genuineness during the interviews. The researcher wanted to capture their words and was sincerely invested to ensure that what was captured accurately reflected what the participant reported. The interviewer limited interruptions to ensure the interviews were fluid (Berg, 2007). Positionality was considered as the researcher is an African American Ph.D. student and clinician. Bias was addressed by journaling before and after each interview and highlighting any power differentials that may impact the study that would later be recorded as study limitations.

The researcher prepared both digital and printed copies of the materials. Preparation included knowing the audience to be interviewed, where the interview will take place, and if in person, being conscientious of appears and affect. It also included familiarity with the script and the follow-up prompts (Berg, 2007). Explication of the data led to examination of the parts of the phenomenon without losing the context of the phenomenon as a whole (Peoples, 2021).

**Participants and Sample**

The physical data site was a public department of health and human services in a rural area. However, all the interviews were conducted virtually via zoom, which was also in accordance with the IRB approval stipulations. Participants were given information about the purpose of the study and definitions of key terms, including culturally competent treatment. The information was given to the participants, and the interviewer re-read the information to ensure the information provided is clear. The researcher asked if the information given was clear afterwards. Peoples (2021) states that the site was a crucial component in obtaining study participants as it is part of the data collection tools that promote study participation.

The sample was taken from participants that were currently or had been engaged with community agencies that provide substance misuse treatment, such as outpatient therapy

practices, and agencies that provide community support to African American Women who have misuse substances. The participants volunteered for the study after reading the flyer. Demographic information was collected during the beginning of the interview, such as age, drug of choice, language spoken, income, marital status, and parental status. Inclusionary criteria included African American Women whose primary language is English, are 18 years of age or older, and have had substance misuse intervention. Women in the study will self-identify as African American, self-report a history of substance misuse treatment, and/or are currently involved in substance misuse treatment. The women then were screened in to participate in the study if they met the study criteria. The sample was diversified as the site location chosen was to gain access to the participants, but the site didn't render participation. Interviews were all conducted on site via zoom virtual software but the participants were not referred for this study by the research site, which led to a diversified participation and a pinnacle of information. Each participant varied in educational background, treatment programs they participated in, and current career paths. However, interestingly their clinical needs and clinical presentations were similar. They all described the need to be empowered in their treatment process and the various facets of what it meant to be empowered were similar as well, which allowed the researcher to generate similar thematic experiences, the phenomenon.

**Data Collection**

Purposive and snowball sampling allowed the researcher to gather information from a target population, women with substance misuse issues (Peoples, 2021). It allows the researcher to engage women with substance use issues in research using specific criteria mentioned above, and it also allows this population to inform others of this study that may meet the criterion to participate. Flyers were posted at the community agency with the director's permission. The

director at the community agency also informed their social workers of the study. Utilization of the flyers and worker engagement were used to increase participation in the study.

Semi-structured qualitative interviews lasted 60-120 minutes using the interview protocol in the appendix. The researcher gathered information about the participants' treatment experiences using the interview protocol (Peoples, 2021). The qualitative interview guide was designed to understand the lived treatment experiences of African American Women with substance misuse issues and their perceptions of culturally competent treatment. Probes were used to elicit more information and ensure the participant's voice was accurately captured. Interviews were audio recorded and transcribed by a professional transcription company. The researcher verified the information given by each participant, de-identified the data to make sure the participants identify was protected, and thematic data was collected using an excel spreadsheet. The researcher listened to the transcription and took notes to determine if follow-up interviews needed to be held to ask clarifying questions. All data was stored digitally in the University of North Carolina at Greensboro's (UNCG) secure google drive account. The drive could only be accessed by the researcher via a username and password so files were kept confidential and the researcher didn't lose any work. Use of the google drive account reduced the risk of compromised data (Peoples, 2021).

The researcher journaled after each interview to address biases and interview experiences (Peoples, 2021). The researcher continued to collect data until data saturation was met. Then, the researcher analyzed data using a comparative analysis. Microsoft excel was used to help organize data, identify themes, and record researcher memos (Creswell & Poth, 2018). Researcher thoughts and biases were highlighted in memoing and recorded using the data collection/excel spreadsheet (Peoples, 2021).

## Data Analysis

A constant comparative analysis was used to group the data and identify themes. The researcher would conduct an interview and then would compare what each participant said with the other until the information provided no further insight. Themes were identified after rigorous review of the interviews, transcripts, and researcher notes. The data gathered was used to explain the phenomena in the study. The researcher journaled their experiences in this area to be sure to address biases after the interviews were held. A list of significant statements were gathered and separated into larger groups of information (Creswell & Poth, 2018). The data was grouped so the researcher could efficiently identify themes that informed research. The researcher was able to identify clusters and remove repetition (Creswell & Poth, 2018). Memoing was used throughout the process to address researcher bias as themes were identified (Peoples, 2021). Creswell and Poth (2018) suggested that the researcher obtain a structural description, the participants story, how they began to engage in substance use as the foundation and then gathered information about their experience in treatment settings. The researcher's script covered prompted the participants to give information about the structural setting in which the phenomenon occurred and descriptors on how the phenomenon occurred. Utilization of the comparative analysis allowed the researcher to saturate the various sub-themes identified that supported one broader theme as that was the empowerment theme mentioned extensively and continuously by each study participant (Creswell and Poth, 2018).

The researcher used theory to guide the data analysis process, specifically Black feminist theory as a guide to ensure that the narratives explored intersectionality while also using findings from the literature review to help to formulate themes and code the data that were collected. Notes were taken after each interview to outline how the interviewer felt about the interview and

to compare and contrast findings to existing literature to see if the findings were in line with theory. The information was also used to develop the conceptual model. The information gathered was similar and highlighted what was needed to aide to the survival of African American Women by way of culturally competent treatment. The researcher ensured that the gaps in the literature, theory, and personal reflection are identified in the notes to address bias and appropriately triangulated the data. Participant quotes were captured during the analysis to highlight the exact thoughts and language of the participants in the study so their voices could be heard (Peoples, 2021). The layered approach improved the validity of the findings.

## Reliability and Validity

The researcher triangulated the data by utilizing various sources to gain research participation to diversify study participation to truly gain meaning from the information gathered. The researcher peer reviewed research findings with the dissertation committee to assist with the emergence of themes and to be transparent in the data collection process, which also helped address researcher bias as well. The researcher read other phenomenological studies that included those of experts in the field. Peoples (2021) states that keeps researchers immersed in the data, concluded something that is unique from what may have been concluded in the past. The conclusions drawn may support research, but there should be something in the finding that diversifies the study. Researcher bias was further identified by journaled thoughts. The participants were given a participant number and pseudonym to protect their identities, and they were given the consent form via email, with no explanation in the email, afterwards they gave verbal consent to further protect their identity.

### *Trustworthiness*

To ensure trustworthiness, the interviewer gained rapport with the participant by going through the consent and gave an explanation of the study. The interviewer started the study warmly and asked about the participants current functioning, allowed them to introduce themselves, and then proceeded with consent and instructions. The interviewer echoed the statements made by the participant and reassured the participant that the interviewer wanted to capture their words and is genuinely interested in making sure what is captured is an accurate reflection of what the participant reports (Peoples, 2021).

The researcher was prepared. Preparation included knowing the audience to be interviewed, where the interview will take place, and the interviewer's appearance was welcoming with smiles and pose as the participants shared information. The researcher was familiar with the script and the follow-up prompts (Berg, 2007).

Phenomenology included initial interviews with the participants to build rapport and an introduction the research questions and framework for culturally competent treatment. The interview questions were semi-structured to give the participants some context and allow flexibility for interpretation; the researcher's judgments were deferred (Peoples, 2021). For example, the interviewee will be asked about their general perceptions of culturally competent treatment after giving them the definition. The questions would focus on their lived experience and not their feelings, as that does not answer the question or capture the phenomenon (Peoples, 2021). For example, if a participant states that they felt as if their treatment experience went well because their narratives were heard, a follow-up question would be, "What did treatment providers do to include your narrative? What did that look like?" or "Describe what happened when you felt as if your narrative was heard." Likewise, if a participant mentioned their family

support, a follow-up question would be, “How did perceived family supported impact treatment success” or “What did the treatment provider do to include your family/perceptions of your family?” The researcher allowed the participants to provide feedback that was recorded in notes for transparency, and to make sure that the research findings accurately captured their lived experiences of culturally competent treatment.

**Strengths and Limitations of Sample Selection/Research Design**

Purposive sampling and snowball sampling were used. The study was triangulated using credibility; the participants were engaged in a 60–120-minute interview at the community agency. Then, follow-up interviews were conducted by phone to build rapport with the participants. The researcher’s process throughout the study was to address bias through journaling. How the researcher’s thoughts impacted themes that emerged were captured, and themes were modified as the researcher’s bias was addressed. The researcher highlighted preliminary meaning units about culturally competent treatment and followed up with the participant to ensure the context was captured appropriately. For example, if a participant mentions the provider being friendly, instead of assuming we know what friendly meant, examine the context in which the person received treatment and what deemed the treatment provider as friendly. Follow-up interviews were conducted to obtain accurate themes throughout the study (Peoples, 2021).

The study was predicted to have limitations as the population may not represent the researched population, meaning findings will not be generalizable due to the type of sample and sample size. There were ethical considerations as there may be issues with recruitment due to the sample location due to the community setting or population of people in which are sampled. Confidentiality may be compromised if the interviews are in person and on-site (Berg, 2007). As

an African American researcher engaged in research with a population much like myself, unintentional power differential considerations may impact research. Memoing and participant engagement in the data analysis process addressed some of those limitations. The hermeneutic methodology allowed the researcher to write out judgments during the process and how those judgments were addressed by conducting follow-up interviews as needed to clarify judgments that may impact meaning (Peoples, 2021).

# CHAPTER IV: PRESENTATION AND ANALYSIS OF DATA

The purpose of this study was to explore the substance abuse treatment experiences of African American Women and to identify what they deemed as culturally competent treatment. Chapter 4 will provide a comprehensive analysis of the lived treatment experiences of these women and what they perceived as culturally competent treatment. Qualitative methodology was used in this study, and connected the findings with hermeneutic phenomenology. I will discuss the process of data collection and analysis in this section.

## Study Setting

The researcher gained approval from the Internal Review Board (IRB) at the University of North Carolina at Greensboro approval to conduct the study. The study site was a public department of social services agency in a rural county in North Carolina. The participants were able to participate in person or virtually. The social services agency site provided services to families and children in need of assistance. Services provided included Medicaid assistance, food stamps, adult protective services, and child protective services. The principal investigator was assigned to a designated room to conduct the interviews at the agency and coordinated her on-site schedule with the director of the agency.

Chapter 4 provides an analysis of interviews of 3 African American Women who were in substance misuse treatment in the past 18 months. All the women had been in outpatient substance use treatment in the past 18 months. Two of the interviewees had a history of intensive inpatient treatment prior to their outpatient treatment as well. Data were analyzed to identify phenomena around the treatment experiences of African American Women with substance use issues. Themes emerged from the data which highlighted survival factors and protective factors that should be considered in culturally competent treatment. Transcripts of the interviews were

reviewed to obtain a summary of the findings of those interviewed. Themes emerged as meaning was made of the data collected and clustering of information was used to support the overarching themes identified. Participants statements were used to describe the themes identified in the words of the participants. The essence of what participants experienced derived clustered information (Creswell and Poth, 2018). The researcher gathered observational data during the interviews by taking notes during the interview on the interviewees' statements and emotional responses during the interviews. After the interview the researcher recorded thoughts and feelings associated with the interview of the participant to bracket their responses and further identify the study phenomena (Peoples, 2021). The study reached data saturation after interviews were conducted and extensive data was gathered about everyone in the sample. Convenience sampling was used that ultimately led to a combination sampling. Individuals were identified based on access provided by the research site. However, all the interviewees' characteristics varied tremendously giving a more diversified sample pool. In phenomenology the sample can range from 1 participant to 300, but it is recommended in phenomenology that 3 to 10 participants are studied and one phenomenology (Creswell and Poth 158-159, 2018). Saturation was reached as no new information was given after 3 in depth interviews, the same themes emerged from the participants. The data collected and analyzed are directly connected to the research questions that guided this study. The research aforementioned questions are as follows:

**RQ1:** How do structural factors and implicit biases affect the cultural relevance of substance use treatment programs designed for African American Women?

**RQ2:** What are the social/well-being needs of African American Women that should be included in substance use treatment Programs?

**RQ3:** How do social determinants of health influence the substance use treatment outcomes for African American Women with a substance use disorder?

The researcher familiarized herself with the research setting by circulating the research flyer with the permission of the director. The researcher also introduced herself to staff in services intake as well as the staff in other areas such as child welfare to get an understanding of the population that they served as well to better prepare for the interviews with potential participants. The researcher reached out to other agencies that served the population at hand such as substance abuse treatment providers in NC as well as public health departments. The flyer was circulated to those other agencies and emails were sent as well to introduce the study and to explain the need for a diverse sample of study participants. The principal investigator also called and spoke with directors of programs in the area offering treatment to African American Women with substance misuse issues. The purpose of diversifying the sample was to establish a rapport with those who serviced this population and to be available to get a diverse pool of participants that met the study criteria, and to get an in-depth picture of the lived experiences of the study population (Peoples, 2020). The researcher wanted to carefully screen participants who would be potential interviewees who have experienced the phenomenon in question so the data could be bracketed accordingly, and the data collected would address the research questions. Furthermore, the researcher wanted to gain access to the individuals who experienced this similar phenomenon. "Qualitative research involves the study of research site(s) and gaining permission to study the site in a way that will enable the easy collection of data" (Creswell & Poth, 2018, p. 184). The researcher used purposeful sampling, selecting sites to purposefully inform the body of research that exists. The researcher focused on clarifying the information gathered from each participant instead of generalizability of the information gathered. The shared experience of the

participants created reliable themes that could help inform culturally competent treatment practices of African American Women (Creswell & Poth, 2018).

The researcher began data collection from January 2023 to February 2023 after receiving approval from the IRB in December 2022 (Appendix A). The researcher obtained site approval from the director of the social services agency, and the signed letter (Appendix B) was included in the materials submitted to the IRB for approval. The agency director assigned a case worker to the researcher to give the researcher access to the office being used for use and provided the researcher with a visitor badge to identify the researcher at all times. Participants were to give their pseudonym while being interviewed and were assigned participant numbers also to protect their identities. The researcher set up in the private office space with a laptop, video conference access, and an additional audio recording device to record the interviews. The researcher circulated flyers (Appendix C) so participants could contact the researcher to participate in the study. The research flyer also highlighted the study criteria. The researcher printed copies of the consent form (Appendix D) to be used/given to each participant. The researcher printed the semi-structured script (Appendix E) for use as well to guide the interview process.

## Study Demographics

All of the participants had varied backgrounds. The participants were not clients of the local department of social services in the rural county. The participants lived in different cities in North Carolina (NC), and all had unique treatment experiences. Two of the African American Women interviewed were between the ages of 25 to 35 and 1 of the participants interviewed was between 55-65 years old. The participants ages 25-35 had inpatient treatment experiences but one of them experienced treatment out of state, and had one inpatient experience, while the other participant had multiple treatment experiences in NC. The participant that was between the ages

of 55-65 had no inpatient treatment history, her treatment was outpatient in NC. One of the participants graduated obtained her GED, another had some college education and obtained a trade, and the last participant held a college degree. All of them held a trade in a specialty area. All of the participants were single and never married. Two of them were mothers and one of them didn't have children. All of them were introduced to their substance of choice between the ages of 15 and 20. The substance of choice for 2 of the participants was cocaine and the substance of choice for the 1 participant was alcohol. Two of them that had been in inpatient treatment and outpatient treatment, and 1 participant that used only alcohol had only been in outpatient treatment. All of them had been in treatment for substance misuse issues in the past 18 months.

The study participants met the study criteria, but the participants characteristics were varied, however they reported similar experiences, the same phenomenon. All identified having a co-occurring mental health and substance misuse issues during their treatment processes. All three (*n*=3) of the participants resorted back to use during their treatment processes. One (*n*=1) of them has maintained abstinence since the last time they were in treatment. The other 2 participants have cycles of use and abstinence and report improved abstinence when they engage in outpatient treatment. See Table 1 for a detailed summary of the study participants' demographics.

**Table 1. Study Demographics**

| Participant | Age | Education | Drug of Choice | Start of use | Treatment History | Mother | Marital Status |
|---|---|---|---|---|---|---|---|
| Nikki | 29 | GED | Cocaine | Before age 21 | Inpatient and Outpatient | Yes, five children | Single |
| Cecelia | 57 | College Graduate | Alcohol | Age 15 | Outpatient | No children | Single |
| Danielle | 32 | Some community college | Cocaine | Age 15 | Inpatient and Outpatient | Yes, one child | Single |

## Findings

The findings were gathered using the previously mentioned research questions. The study participants used a pseudonym to protect their identities. Below are summaries of the interviewees that participated in the study.

Nikki was a 29-year-old African American Women who reports that she began to use cocaine as a result of being introduced to the substance by her partner. She states that she was initially addicted to her partner, but eventually cocaine became more important than her relationship with her partner. Nikki has been in inpatient treatment a few times and had also been in outpatient treatment. She initially engaged in treatment as she felt she had no other option. She was motivated when she initially entered treatment, but at times when she engaged in treatment, she was unmotivated. She emphasized the importance of resources and connections to improve the overall sobriety process. She highlighted barriers as well directly related to race while in the various treatment programs. She felt as if she was treated differently than her white counterparts in one of the inpatient treatment facilities. She reported that African American Women are "idolized so much, we are mistreated, constantly living under a microscope. Why can't we be who we are?" She reports that staff members have power and control when providing treatment

and need to be careful when providing treatment as that can be abused. She states that when she felt heard, treated fairly, and the treatment providers were transparent, she felt motivated to complete treatment. She didn't have much family support during treatment due to strained family relationships. She lost trust within her family relationships because she often lied to them to get what she wanted as the drugs were her first love. She has been able to maintain sobriety since she last engaged in treatment with the support of healthy relationships and being able to assist others, having a larger impact on the community. Guilt and shame perpetuated her continued substance use and subsequent relapses after various stints in treatment. She is currently engaged in empowerment work and reported that was the reason that she participated in the current study. Her empowerment work and the reciprocity that comes with that work helps her maintain her sobriety.

Cecilia was the second participant that was interviewed. She was 57-year-old African American Women whose drug of choice was alcohol. She was introduced to alcohol by an adult when she was 15 years old in a social setting. She stated that she had more success in treatment when she experienced empowerment as well. She describes empowerment as feeling as if she was heard and seen without racial barriers, everyone was equal in the treatment setting when she felt most motivated. She stated that her treatment experience consisted of individual outpatient therapy, and she most recently participated in an outpatient group as well. It took her a while to engage in treatment like Nikki as she didn't realize she had an issue until it significantly impacted how she functioned; she engaged in treatment to survive. Her group outpatient therapy setting had the most positive impact as it was multicultural and inclusive. Her individual outpatient therapy setting was a good experience as she built trust with a white therapist, however that trust quickly dissipated when she was questioned by her provider as to whether or

not she told the truth. She ended outpatient treatment due to trust being destroyed. The lack of trust heighted guilt and shame for this participant and her guilt and shame worsened until she hit was, she described as rock bottom and participated in a group treatment setting. Her family and sense of community connectedness were protective factors in her recovery process. Cecilia kept problem behaviors associated with her drinking a secret until the issue became too problematic, she revealed to her family and a family friend her struggles and they were positively associated with her treatment success. Cecelia's alcohol use was exacerbated by unhealthy intimate partner relationships, similar to Nikki's experience. She has also shifted the relationships in which she has had much like Nikki. She has been able to maintain healthier relationships.

Danielle was the third interviewee who was a 32-year-old African American female whose drug of choice was cocaine. She reports being introduced to her drug of choice around age 15 (around the same age as Nikki and Cecelia) to cope with familial issues that she experienced at the time. Danielle stated that her family was not involved in the treatment process as they blamed themselves and/or each other for her substance use disorder. Danielle has been in inpatient treatment once and has had individual therapists to address her substance misuse issues since the initial stint in an inpatient substance misuse facility. Her first treatment experience was an inpatient experience and she stated that she often felt ostracized as most of the people there had been in treatment before (she had not) and their drug of choice differed from her drug of choice. The first inpatient experience was not pleasant because she felt a lack of connectedness and empowerment. She wasn't treated the same as her white counterparts in treatment, which exacerbated the experience as she already felt outcast due to being the only African American Women in the inpatient treatment setting. She described a difference in psychiatric medication management she received compared to her white counterparts, and a difference in medical care.

Her inpatient treatment process as a standardized process intended for her white counterparts, structured to meet their cultural needs. She felt as if she had to filter the information which was helpful to her while engaged in inpatient treatment for her substance use disorder. She described her outpatient substance misuse treatment experience process as better tailored to her needs. She stated that sex and drugs complement each other, and there should be more information given to African American Women with substance misuse issues. Like the other two participants she had a treatment experience, which deterred her from treatment and/or hindered her treatment success. Guilt and shame like the other study participants impacted overall treatment success. Danielle described the need for empowerment as well via the inclusion of spirituality in the treatment process, and the need for community connectedness, how to survive without drug use once in the community.

Data saturation was met after the interviews were conducted. Distinct themes emerged from the semi-structured interviews held with the participants. The participants began to repeat the same clusters of information (Peoples, 2021). The research questions were used to guide the information given and to identify phenomena in the study. Themes emerged as information was gathered and analyzed for each research question. Each interview was analyzed via using a constant comparative analysis. The researcher conducted the interviews with the participants via web-based technology, and the interviews were audio recorded as well. During each interview notes were taken to begin to cluster similar information. The researcher also memoed feelings as information was gathered to bracket the experiences of the interviewees and thoughts/feelings of the researcher to reduce bias (Peoples, 2021). The interviews were then transcribed using rev.com, and the interview transcripts were deidentified. Each interview was summarized; clusters of information were identified. The researcher constantly compared and contrasted the

information received in one interview to the next to accurately identify themes and bracket information (Peoples, 2021). The information was then stored in a google spreadsheet housed in a secure google cloud. Overarching themes were identified and sub themes emerged during this process also. Themes emerged in response to each research question and some of the themes connected to one another.

The first research question was How do structural factors and implicit biases affect the cultural relevance of substance use treatment programs designed for African American Women? The themes that emerged from this question was the idea that overall Empowerment was needed to improve overall treatment outcomes for African American Women with substance misuse issues. The idea of empowerment included community connectedness to assist in sobriety, connectivity with staff while in treatment, and feeling of inclusivity/belonging while engagement in substance abuse treatment services. The participants gave very descriptive accounts of their issues with substance use. They identified it factors, the phenomena that have been essential to successful treatment outcomes and engagement.

RQ1: How do structural factors and implicit biases affect the cultural relevance of substance use treatment programs designed for African American Women? When the environment is supportive of their differences and there is less perceived implicit bias, the participants were more invested in treatment and remained in treatment longer. They identified various ways in which implicit bias and structural factors could be addressed, and if addressed motivated them. They revealed the need for empowerment in community connectedness, and inclusivity.

**Empowerment: Community Connectedness**

The participants were asked about their treatment experiences and the barriers that hindered treatment success and their overall motivation to continue treatment. All of the

participants indicated that they had used drugs or alcohol on and off since they initially engaged in treatment. All of them reported periods of sobriety but did relapse as well. The participants had more success in treatment programs and/or maintained sobriety longer when they felt empowered.

When asked about their barriers and motivational factors for treatment, the interviewees talked about the treatment model itself and getting what they needed from treatment. The participants felt empowered when they knew how to structure their functioning when they were not in treatment, they desired more information about their transition plan when they were not in treatment, and wanted the providers to understand that their treatment needs were unique. Nikki, the participant that has had the longest sobriety stated that.

> It takes inner healing, working with women who have went through what she went through. Recovery becomes a way of life, community of those in recovery. Like other participants and didn't have to grapple with feeling different, they fared better in treatment. I feel like they try to treat everybody the same. Well, it worked for this person, so it has to work for you. No, it necessarily doesn't work for everybody the same.

When providers consider the community in which this population has to transition to, they have to be sure to include the narratives of those they treat. The doctrinal implications on overfocus on the needs the race and/or gender that is seen a dominant undermines the treatment needs of African American Women that have varied backgrounds (Crenshaw, 1989). Stevens-Watkins et al., 2012 discovered that the connectedness to race and the ethnic community for African American Women led to lower instances of illicit drug use. Lack of understanding of the structural needs of those that are engaged in treatment has led to a general lack of cultural understanding (NASW, 2015). Danielle highlighted the need for community connectedness and

structure outside of treatment. Her need to understand how to engage in community in order to have successful treatment outcomes was ignored when she was inpatient for treatment. She reported intentionally seeking a provider that looked like her begin with the sense of connectedness that would perpetuate improved treatment engagement. She didn't understand what she needed to do to maintain her sobriety once she was back in her community. When asked about her experiences in substance use treatment. She stated,

> In some ways it was a joke and in some ways, it was life changing. You kind of just got to take what it is that you need and leave everything else … the overuse of meetings. Instead of teaching us other coping mechanisms or what to do with our free time and our downtime, we really weren't allowed to have any down time. We just, after going to treatment all day, you go to meetings all night. So, when you kind of get out of rehab and you transitioning back to, I guess regular life, you don't know what to do with a lot of the free time that you have being all day in treatment, all night and meetings. So, some type of transition out of rehab would've been like nice instead of just kind of ending it and sending you home.

The sense of connectedness what essential to promote buy in for these ladies and to raise their general understanding of what was needed in order to successfully complete treatment and to sustain their sobriety. Cecelia, unlike the other two interviewees, had support and connectedness in her outpatient treatment setting so felt a sense of motivation to change how she engaged in community to maintain her sobriety that the other interviewees didn't get. Cecelia states that she was immediately able to tell her story, which empowered her and tapped into her motivation to want to improve her lifestyle.

The participants discussed their need to understand how to engage in community often times was a missing component, so their treatment needs were not met. The participants all revealed an underlying empowerment theme, the need to feel empowered by the treatment itself. They all mentioned the structural deficits of treatment as well as the racial deficits that they encountered as part of their treatment process and someone with unique racial and cultural identities. The participants needed to feel heard, safe, and included. Cecilia states

> After I was telling her everything and we had gone in, that that was in-person, I'm paying. And she was a white lady. And after I told her everything, or we got into the juice and I was telling her one thing, she looked at me and she said, was I telling her the truth? She looked at me and she said, was I telling her the truth? And really and truly in my mind, I thought, I said, "If this was a Black counselor" … At that time, this was years ago, maybe she wouldn't have looked at me and asked me was I telling the truth? Yeah. That type of stuff really does happen in life." She had to protect herself due to her racial identity while trying to be vulnerable.

> But I think that in the Black community, we have to get over the embarrassment of, oh, somebody's going to think we're crazy. Or maybe, I don't think we're ever going to get people not to talk or to treat others the way they want to be treated or if the shoe was on the other foot. Or maybe just education of, yeah, it does happen.

**Empowerment: Connection to the Treatment Provider**

The data analysis supports the research themes that African American Women feel as if they don't have an issue or can manage independently of formal treatment. Stevens-Watkins et al., 2016 found by using the John Henryism scale that African American Women are less likely to engage in treatment if the if they were actively coping; able to manage the substance misuse

issue with family support and by this notion of working harder. African American Women scored higher on John Henryism scale, which measures self-reliance, the ability to get things done through commitment and self-reliance. The traditions and experiences of African American Women must be included in traditional feminist frameworks that have been the mold for treatment for white their White counterparts. Consideration of the unique lives of African American Women, which include how they traditionally manage is essential (Crenshaw, 1989; Stevens-Watkins, 2016). Davis et al. (2014) proved that if therapists are responsive to the treatment needs of African American Women with substance misuse issues; creating an egalitarian environment that empowers those in treatment, it creates better outcomes for this population. The alliance between the client and the treatment provider must be a genuine bond that is led by an improved clinical treatment structure that includes the treatment providers unconditional positive regard, genuineness, and empathy. The participants describe being motivated to engage in treatment if treatment providers possessed these characteristics. Nikki stated.

> Insurance was a barrier, treated better than a person who received stigmatized insurance. Staff members were as strong as their weakest person. Staff members abuse their power. Be careful what type of people these (women with substance abuse issues) are paired with.

Nikki described one of her inpatient substance abuse treatment programs in NC as "Great" as she felt as if the staff cared; they gave her a sense of hope and focused more on "mental healing." She describes them being in recovery, children allowed to be present at this facility while she was in treatment. She describes the staff members as creative, they let her have her "own process" while in recovery. She describes that she was show "genuine love" from the

staff members, she states that they “went the extra mile” to treat her; helping her to understand that recovery is a way of life, and you have to build your community to stay sober.

Cecilia stated that when she had successful treatment outcomes, she was in the group setting and they were very understanding. She describes an egalitarian environment, and a sense of community. She said,

> I’m going to really be honest. They kind of made me feel like this wasn’t a female thing. This wasn’t a Black thing. This could happen to anybody. And that’s with the alcohol. No, they didn’t. It wasn’t like it was based on anything with my race or my female. I was around like-minded people, and the counselor was really good, the group would start early and go late into the night. There was no judgment.

Similarly, when Danielle was questioned about her treatment successes, she had multiple treatment experiences, and a major part of her success was the connectedness with the treatment providers. When she didn’t have that connectedness, she said,

> Treatment was horrible at first. Well one because you get clean, that’s just bad at itself. But I was in Florida. I was the only African American in the treatment. It was only one other African American therapist. And of course, she wasn’t my therapist in the facility. So I don’t know, I was just surrounded by not trying to be funny, white people, the entire treatment. And I was also surrounded by heroin addicts the entire treatment. And I really hadn’t experienced being around any type of heroin addicts before.
>
> You said how did it impact me that the Black lady was … I don’t know. I kind of assumed that I would have been placed with her, but I wasn’t. I guess it was nice having another, I guess a Black face to look at. But since she wasn’t my therapist, the only time we communicated with one another was during group. So, I don’t know. I really never

got the chance to get to know her or anything. And of course, you don't feel like treatment is catered towards you when no one really looks like you or no, it's not even that. But when everyone else looks the same other than you, so you don't really feel like it's necessarily catered for you. You kind of just got to take what it is that you need and leave everything else.

The participants in this study all alluded to their social/wellbeing needs begin met by the feeling of inclusion. They felt as if they had additional stress to manage as an African American Woman upon treatment engagement unlike their white counterparts. The empowerment: Feeling inclusivity theme emerged in response to research questions 1, however once the data was rigorously analyzed, a theme of internalized self-stigma was exposed that preceded the treatment experience itself. The participants all stated that if that wasn't addressed and they were not made to feel included, that persisted throughout their treatment experience.

**Empowerment: Feeling of Inclusivity**

All of the participants discussed how they felt included or excluded at times and race was often a moderator for how they felt. All three participants described the internal struggles they felt being a Black woman that obstructed their treatment experience. When Nikki described barriers to treatment, she mentioned racial barriers that made her feel excluded from her white counterparts that were engaged in treatment. Nikki states that African American Women are.

> Idolized so much, we are mistreated, constantly live under a microscope. Why can't we just be who we are? Looked upon as being dirty, don't have anything. Our mental health should be looked at first. White women are treated better than Black women.
>
> That's why I say resources, resources, resources. You have to stay creative when you're in addiction because everybody is coming down off withdrawal or whatever they're

> coming from differently. I feel like they try to treat everybody the same. Well, it worked for this person, so it has to work for you. No, it necessarily doesn't work for everybody the same.

RQ2: What are the social/well-being needs of African American Women that should be included in substance use treatment Programs? The participants began to speak about how they felt about themselves first, which was impacted by shame and guilt, societal pressures, and how the treatment program met their well-being needs. They revealed a significant phenomenon, the notion of self stigma, which appeared to be how worthy they felt to be in treatment and/or to complete treatment. It appeared to vary from self-esteem as it was founded on their belief in themselves, not what they were capable of. Treatment providers that understood this concept and were able to collect narratives and understand this internal struggle, got better engagement from the study participants and they reported higher treatment success rates. Family relationships, including motherhood, and spiritual connectedness often influenced self-stigma or a lack thereof.

**Self-Stigma**

In response to the second research question, all of the participants mentioned a preconceived idea of what it means to be and African American Women and how that impacted treatment; that self-stigma impacted their overall treatment outcomes. The internal self-stigma stemmed from a preconceived notion of self-determination, self-efficacy, and self-identity (Ancis & Davis, 2012; Stevens-Watkins, 2016). Davis et al. (2016) studied therapists' characteristics and found that the egalitarian environment created and the therapist-client working alliance was facilitated by the general therapists' characteristics. Their study indicated that when therapists are culturally competent, show unconditional positive regard, empathy, and genuineness, they

have a stronger working alliance with African American Women who have substance misuse issues.

The data analysis supports the need for therapists to include the experiences of this population in treatment in order to have successful treatment outcomes such as a therapist-client alliance. Black feminist theory supports that notion that African American Women may be afforded protections against racism and sexism that they face both internally and externally but what about when their race and sex collide, the protections won't exist unless they have the opportunity to tell their stories, and their narratives drive interactions and engagement (Crenshaw, 1989). The participants were asked what needs to be included in culturally competent treatment to meet their social well-being needs. Cecilia stated that being able to talk about her experiences helped her tremendously in her recovery. She stated that "all of us have a story, and they didn't make light of her story, they said I had a chance". She further stated that black women often feel as if they have to be strong but in her outpatient treatment group, they made her feel as if "this could happen to anybody." The common theme identified was that treatment providers should understand the self-stigma that African American Women face, which impacts how they view treatment and their overall success in treatment. Nikki stated,

> So there's like a black and white or gray area and this is just my opinion. In my opinion, I always felt like Caucasians were treated different than Black women, and I always say that because as Black women, we already face so many different battles and so many different things just with us, so addiction is just one more thing to be like … What I notice in recovery, because I'm friends with all different race of people, what I notice was Black women, I felt like we felt like we have more to prove than anybody else. I felt like we have more pressure on ourselves in recovery because we're Black, and I feel like

we're like, "You know what? In order to not be a statistic or in order to show that we can do this too, we really have to work a little bit harder to prove that we were just as better as the next. So yeah.

As previously mentioned, Cecilia was able to embrace her treatment experience when she was included, and she disengaged from treatment when she was questioned by a white provider whether or not she was being truthful after waiting months to disclose key information in her treatment process. She cried while describing the feeling of inclusivity she had when she shared for the first time in the substance misuse outpatient group. She tearfully said,

> I came on camera, and I wanted to tell them about what I was going through. And when I told them what had happened, they were so calm and accepting and they said, all of us have something like that. All of us have gone through something like that. And that helped me … Makes me cry. It helped me so much to know that what had happened to me, I wasn't by myself. And that … That I wasn't by myself and that I could've been dead, in jail. I could've killed someone else. I could've been in jail. I could've lost everything in the world. But I made it through. And they told me, they said that I was very … That some people aren't that lucky and that I needed to … But they're type that they're like the only cure, the only help is to not do it anymore. Don't do it anymore. And it scared me to death. But when I got into that group with those people... Because it was horrific until I was able to share with people and they understood. And really, I needed them. It was so funny that I was really talkative the first day when I told them like I just trusted them. But then when I went back, and I went back several times (to group).

Danielle supported the same notion that when she mentioned that she wasn't paired with the only African American therapist in the inpatient facility. However, when she engaged in

outpatient treatment, she looked for a provider who she felt could include the self-stigma, she had one less issue to worry about outside of her substance misuse issue. She stated that she specifically looked for someone who was the same race and gender. She learned from the outpatient treatment facility what treatment was not culturally inclusive. She states that she would ask questions based on her inpatient treatment experience to get the therapist that she desired.

> Basically, you just got to ask. Will you cater into, what's the demographic population there? I would ask all those questions if I ever had to go back.

**Family Relationship's Impact on Treatment**

Self-stigma and family relationships were deemed essential. Both Nikki and Danielle talked about the importance of motherhood and how that was a treatment motivator for them. Blount et al. (2019) explored the notion of human capital in a phenomenological study that they conducted, exploring what worked for African American Women who didn't engage in formal substance misuse treatment. They found that establishing healthy relationships improved overall treatment outcomes. Family relationships could be extended family relationships and also motherhood could be a protective factor. The women in their study considered their children as part of their treatment process, which was part of recovery capital, successful recovery that that resulted from self-motivation without the assistance of formal substance use treatment as all individuals may not need formal substance abuse treatment to remain in recovery. Similarly, Ehrmin (2004) found that unresolved perceived guild and shame around a failed maternal role could be a treatment barrier according to a qualitative study they conducted. All of the research participants supported this notion that family relationships were an essential aspect of their recovery process. In line with Stevens-Watkins et al.'s (2016) findings that African American

mothers with substance misuse issues were more likely to participate in treatment. They conversely found that when African American Women had more perceived family support, they were less likely to participate in treatment. Redmond et al. (2020) conducted a review of the literature as well and highlighted a negative correlation between family support and treatment completion. The participants in this study gave the same sentiments. Danielle and Nikki were mothers and reported a direct correlation between motivation to engage in treatment and being a parent, however they didn't have family support throughout their treatment process. Danielle mentioned that the inpatient treatment facility didn't discuss motherhood, which she thought was an essential part of her treatment process. However, she stated that they did try to include her family in treatment but that was not helpful for her due to her family dynamics. She felt as if they should offer alternative treatment depending on the needs of their clients. She stated,

> You have a whole life and soul, depending solely … I wouldn't say solely, but depending on you. It's just different when you have to provide for someone else. I really don't know how to explain it, but- Yeah. You basically create another life from your life and that person is really a part of you. Literally part of you, and you want to give them better than what you have been exposed to. So, it pushes you and motivates you. And I mean, if it doesn't, you just really got to be in a dark space because creating life is just, it's a different experience. And I don't know, I really don't know.
>
> We don't talk about motherhood and where these people … Kids was going while they was in treatment. You kind of got to figure all that stuff out on your own. And if you don't have family or support, you can't go to treatment. You can't, especially as a woman. And if you have kids, it's just not going, it doesn't work. It's not possible.

Danielle talked about her white counterparts having family members that participated in treatment and she didn't have the same support, and during family time she had to sit alone while others had family sessions. She stated that she tried to tell her counselor at the facility about her family relationships, but they didn't listen to her, and ultimately her family didn't participate in her inpatient treatment process. She stated,

> At least my family was unwilling to participate than everyone else families. And they didn't come to group meetings. They came to one and they fought, and they didn't come back to another one. So, I kind of went through treatment by myself, which didn't faze me.

Nikki reinforced that motherhood was a treatment motivator as she entered treatment after extensive drug use when she was 21 and pregnant. Motherhood was a treatment inspiration, and stated that she didn't have familial support, mirroring the findings of Stevens-Watkins et al. (2016), Blount et al. (2019), and Ehrmin (2001). Cecilia endorsed family support being a treatment motivator. All the participants identified the need for healthy relationships to have successful treatment.

**Spiritual Religious Connectedness**

The relationship with God was identified a need. Having a connection to a higher power was essential to African American Women with substance misuse issues. African American Women that had a history of substance misuse were less likely to engage in illicit drug use when they were affiliated with a religious community (Stevens-Watkins et al., 2012). Blakey (2016) also highlighted the rebirth of spirituality as a protective factor for African American Women. African American Women who attend church on a regular basis are less like to engage in substance use than those who did not. It is theorized that treatment providers who recognize the

unique needs of individuals who have a substance use disorder will build a better therapeutic alliance with the African American Women that they treat (Davis & Ancis, 2012). Blount et al. (2019) explored the experiences of African American Women in substance use recovery and found supported the notion that religion is an essential part of the substance abuse treatment process. They found that a self-motivator for these women included engagement in spiritual practices, religion, and attending the Black church for those that those that were not in formal recovery, which may explain the lack of treatment engagement for African American Women substance misusers that had higher recovery capital, which included a high propensity to be active spiritually, religiously, or with the Black church (Blount et al., 2019). Insight on characteristics of the population in substance use providers treat support an egalitarian atmosphere, which creates an environment of trust (Davis & Ancis, 2014). Nikki talked about God being a treatment motivator; she said,

> It takes a lot of inner healing to really get to a point to you can say, "No," and stand up to that drug … you have to have a lot of willpower to really fight this addiction. And I'm here to say it ain't nothing but God that kept me, because for me to have five kids and I'm still not where I want to be but I know I'm not where I was is enough to keep me going.

Danielle also felt urged to continue to fight her addition due to God's grace. She said that she made better choices and continued to engage in therapy due to God's grace. She said,

> I don't know. Just he's graceful. He's a graceful God. I mean, because I've messed stuff up so many times and I got myself in so many messed up situations and some way somehow, I make it through. So, I don't know, just grace and forgiveness. It's just my religion entirely. And my willingness to go back to therapy has helped because I probably

> … I don’t know where I would even be if I didn’t go back into talking to someone. And also letting go of certain things and letting go of certain people help filtering out who I needed and who I didn’t need or who was vital, essential to my life and who isn’t.

RQ3: How do social determinants of health influence the substance use treatment outcomes for African American Women with a substance use disorder? The participants identified a need to have their health needs met instead of it being assumed that they had prior knowledge. It was important to all the participants that they had this information to improve their treatment outcomes. They all understood health disparities for African American Women with substance misuse issues but that component of treatment lacked for them in most cases. When they received it, they felt a higher sense of inclusivity in the treatment process. They felt as if their stories were heard and a part of treatment planning.

**Health Education**

The participants’ level of self-awareness was high as they knew what they needed to have a successful treatment process and gave concrete examples of what components of treatment needed to be present to be culturally competent. They were knowledgeable about health disparities that African American Women faced with few prompts. The researcher asked what they knew about the health needs/disparities of African American Women that vary from their white counterparts. They all mentioned hypertension and obesity. They also talked about the lack of sex education in their treatment but the need for it since they felt as if sex and drugs/alcohol complement one another. Danielle didn’t feel as if sexually transmitted diseases or safe sex was discussed as often as it should be in the African American community. She said that,

> Yes, we are, I think we are more prone because we are the minority race, and I think we still suffer from, I guess you can call it poverty or just not being able to afford basic

> necessities and stuff. So, women who do decide to use, especially if they decide to use needles, may not necessarily have the money to buy a new needle every time they use. I'm not even sure how exactly how it works. This is just from what I learned at. You share needles with friends, almost like passing a joint. It's the same to them. And also, sex and drugs kind of go hand in hand. People don't want to say it, but it does. And just having access to condoms and stuff like that, because if you can't afford to put food on the table, I highly doubt you going to be worried about buying condoms at the store. Stuff like that.

Cecelia relatedly stated,

> African American Women are at risk because you have to have in mind that a man will wear protection because a guy will do you and not have a condom on.

In summary, she stated that men will pick up on the fact that you have been using and they will take advantage of that vulnerability. She said that African American Women have to love themselves more. According to the (CDC, 2022) African American people had a disproportionality higher diagnosis of sexually transmitted diseases, including HIV. African Americans have lower percentages of the viral suppression of HIV and also if they suffer with an STD, it places them at a higher risk of contracting HIV. The risk is exacerbated by racism, homophobia, and unknown knowledge of their HIV status. Often times African Americans with a low socio-economic status have barriers to preventative services. Heterosexual African American Women are in a conundrum as contraction of HIV is the main way that most of these women contract the virus. When asked about health disparities and their knowledge of those disparities, Nikki stated that sex perpetuated her substance use.

## Summary

The findings from the interview were supported in the literature review. African American Women with substance use issues need to experience a phenomenon of empowerment, which has many facets. The song lyrics from the Kanye West song “Can’t Tell Me Nothing” from 2007 came to mind as the participants were interviewed. The lyrics “Wait ‘til I get my money right” symbolize the need empowerment with those that are traditionally oppressed; they need to have resources to gain respect but that is lacking so they often seen a higher power and/or have a hybrid culture to adjust to societal expectations. The song states that “Jesus died for us” alluding to the importance of religion in the narratives of people. African American Women with substance use disorders definitely fit this mold according to the data analysis. Even though this song doesn’t specifically speak to this population, it does speak to a culture that is trying to survive but is misunderstood. An example of the song lyrics that describes this phenomenon are.

They say you talk with so much emphasis.
Ooh they so sensitive.
They say the devil wear Prada, Adam, Eve wear nada.
I’m in between but way more fresher
With way less effort
Cause when you try hard, it’s when you die hard.

The lyrics speak to a different culture and how if you don’t understand that culture, it could be misunderstood. These women already feel as if they have to assimilate due to their varied identities. They then have to carry that burden in addition to an attempt to stop using

something that their bodies become chemically dependent upon (CDC, 2022a). Identities and experiences that shape their perspectives may create their cultures.

# CHAPTER V: DISCUSSION

The purpose of this research was to explore the lived experiences of African American Women with substance use issues and their perceptions of culturally competent treatment. There continues to be a need for culturally competent treatment that addresses confronts barriers that African American Women face with substance misuse issues. Stevens-Watkins et al. (2012), Stevens-Watkins et al. (2016), and Davis and Ancis (2014) have studied treatment barriers for this population and provide ideas on a framework that could improve the overall treatment, engagement, and recovery successes of African women with substance misuse issues. They have paved the way for me to contribute my findings to the limited body of literature. The study addressed the following research questions:

**RQ1:** How do structural factors and implicit biases affect the cultural relevance of substance use treatment programs designed for African American Women?

**RQ2:** What are the social/well-being needs of African American Women that should be included in substance use treatment Programs?

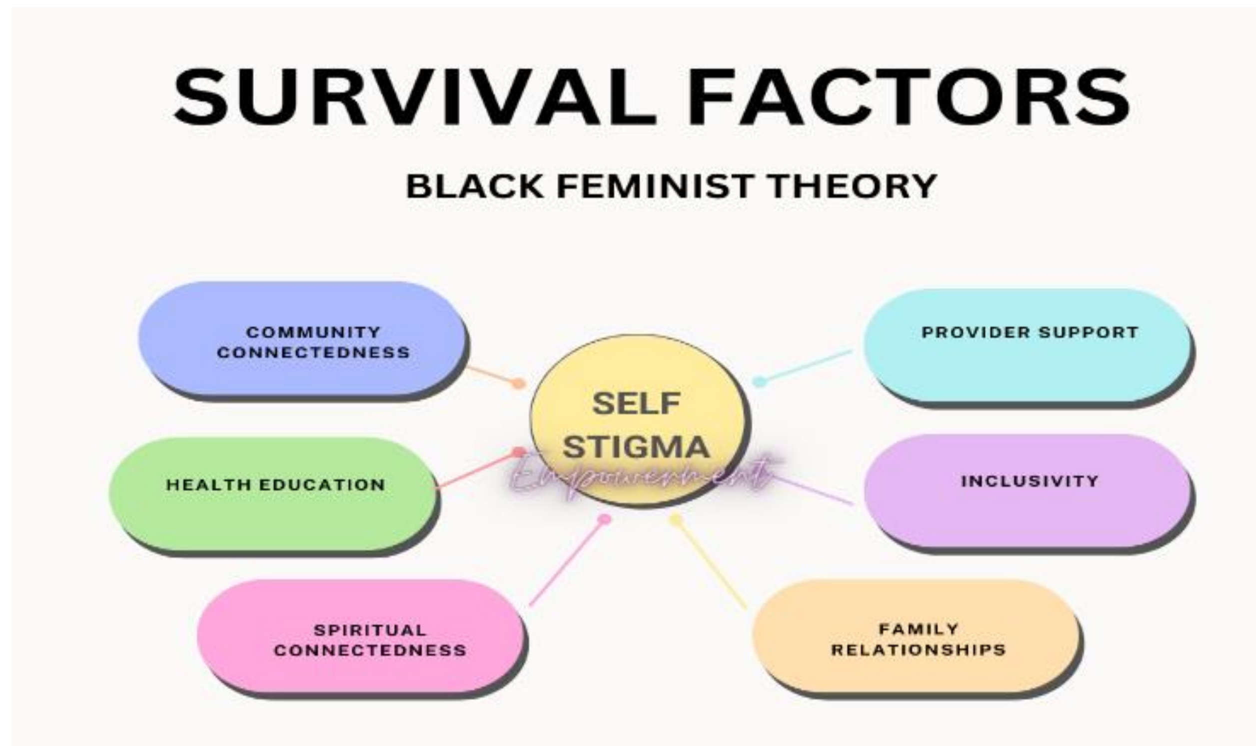
**RQ3:** How do social determinants of health influence the substance use treatment outcomes for African American Women with a substance use disorder?

The data analysis revealed the need for culturally competent treatment and allowed a space for African American Women with substance misuse issues to tell their stories, there is a formula for the success for them which includes the following. See Figure 1.

1. Empowerment: Community Connectedness- how well they feel connected to the community. The need to be able to create a sense of community outside of formal treatment.

2. Empowerment: Connection to the provider-the need to trust the provider and feel supported in order to have successful treatment outcomes.
    a. provider characteristics- the provider needs to possess culturally sensitive therapist's traits to create a supportive and safe environment for the participants.
3. Empowerment: Inclusivity – feeling as if race doesn't matter, they have an equal opportunity to succeed in treatment. The participants feel the need to be in an egalitarian environment.
4. Self-Stigma- Treatment addresses internal struggles having to due to a preconceived notion of internalized oppression, self-efficacy, and self-esteem.
5. Family Relationships- explore family dynamics to determine if those relationships will impact or support treatment.
    a. Motherhood- Address guilt and shame that comes with addiction that serves as both a survival factor and protective factor.
6. Spiritual Connectedness- Relationship with God and the church is an essential component of culturally competent treatment.
7. Health Education- Barriers that can exacerbate substance use that are unique to African American Women should be discussed in treatment to improve overall treatment outcomes, which include their physical health.

**Figure 1. Concept Map**




Black feminist theory was the framework and has been supported after an in-depth review of the data. The participants explained how that progressed worse when engaged in treatment that lacked cultural competence. Substance abuse treatment in accordance with race and sex was insufficient. The first wave of feminist theory was essentially based on discrimination experienced by white women who have different experiences than African American Women. Discrimination that African American Women experience convoluted as they are dually oppressed as they experience societal deficits due to gender and they also are oppressed because racial inequities (Crenshaw, 1989). African American Women with substance misuse issues not only face dual identity deficits but that is exacerbated by substance misuse and the stigma associated with use (Stevens-Watkins et al., 2012). The study participants felt disempowered if they did not receive culturally competent treatment. Black feminist theory

exploits that lack of inclusivity and how African American Women may be empowered due to their gender but disempowered in the same moment due to their gender (Crenshaw, 1989). For example, all of the study participants engaged in treatment during their treatment process with other women providers. In at least one instance in their treatment experience, each participant experienced distrust of the provider due to how they were treated, which they felt was directly related to race. If they were white and women, they would not have to manage internal stigma, and could just be treated as any other women in treatment. Black feminist theory calls for action, chastising society which is built on the ideas of the majority population. In order to truly empower African American Women in treatment which was a major theme identified, one has to build a foundation on this framework.

**Empowerment: Community Connectedness**

Substance abuse treatment helped these women in many ways but if treatment they received lacked examples of how to function outside of the community and/or absorb community resources, it wasn't beneficial. African American Women with substance misuse issues can improve when their perceptions of community and self are re-narrated. It is conceptualized that the focus should no longer be on their drug use but on how to function better in the community with different supports. Encouragement of graduation attendance of community members, feminizing the 12 steps to focus on community empowerment instead of a lack of power and/or control in the traditional 12 steps as African American Women with substance misuse issues already feel as if they lack worthiness so igniting their strength perpetuates confidence that they are able to succeed. This also reinforces a narrative of success and encouragement, stifling a false narrative highlighting their inability. African American Women with substance misuse issues need treatment that redefines community to promote sobriety (Roberts et al., 2000)

### Empowerment: Connection to the Provider—The Need to Trust the Provider and Feel Supported in Order to Have Successful Treatment Outcomes

The empowerment theme was an integral part of all the interviews. The participants highlighted the need for treatment providers to be sensitive to their needs. Similar to Davis et al., 2014 study that focused the importance of having a therapeutic alliance with African American Women with substance misuse issues. They identified general therapist's' traits as mediators for population sensitive therapist traits, which also possessed were multi-cultural competence, empowerment, and egalitarianism. In addition to caring for the population in which you serve, you have to try to gain an understanding of treatment barriers (Blount et al., 2019). The interviewees in this study described a better experience and more motivation when they encountered therapists who were empathetic, listened to them, "went above and beyond" and where transparent. They felt a sense of empowerment.

### Empowerment: Inclusivity

The participants of the study felt as if they belonged and were able to relax and absorb the information in their perspective treatment facilities. Cecilia stated that she disclosed once in her outpatient treatment group her story of alcoholism and she felt so comfortable after her disclosure that she continued to engage in treatment. She didn't feel as if she was a part of the community; not an outsider trying to accommodate whiteness. Stevens-Watkins et al., 2012 found that stronger identification and participation with African American culture protected women from the devastating impact that racism has on substance abuse. If one has is given positive affirmations related to race and gender and they have coping skills to manage stressors related to their identities, then they may fare better in a treatment setting with others that are not like them and/or when they encounter racist antics. Again, this is related to the general therapist

characteristics that Davis and Ancis (2014) identified as being an essential component of treatment. The empowerment theme is enriched with so many therapeutic ingredients addressing not only the clients' emotions but managing them in a healthy way through positive relationship building.

## Self-Stigma

How these women perceived themselves prior to treatment engagement is essential. They felt as if they could manage by themselves. All of the participants in the study revealed how they experienced their own version of "rock bottom" prior to substance use treatment. Nikki didn't have family support because she lost the trust of her family members. Cecelia felt as if she had too much to lose a well-known professional in her community, and Danielle could no longer function. She found herself in the same place, having used for about 3 days straight without food or water. All reported an inability to function. African American Women's substance misuse treatment barriers stem from lack of readiness, family support, the notion that they can work harder and get better (Stevens-Watkins et al., 2016). Internalized guilt, shame, and fear associated with substance misuse is contradictory to hard work improving their overall success. That gap between what they know to do and what they may desperately need to do causes an internal struggle (Ehrmin, 2001; Redmond et al., 2020). Perhaps if that gap were identified in treatment via culturally sensitive treatment planning and/or through a trauma focused lens, African American Women with substance misuse issues could gain more immediate relief and recover.

## Family Relationships

Family relationships can be an extension of that relief when self-stigma is addressed. However, sometimes stigma stems from familial cultural expectations. African American

Women that have families that often provide more support or discourage treatment may not enter treatment or take longer to engage in treatment (Stevens-Watkins, 2016). Crenshaw's (1989) theory discusses the need to explore how race, class, gender, and social experiences impact family dynamics of African American Women. Family can hinder treatment success or serve as a protective factor dependent upon how those components interact (Redmond et al., 2020). For example, Danielle mentioned when she engaged in treatment, she gave her treatment provider her family history and explained that they wouldn't engage in treatment because they blamed each other for her substance use disorder. The clinician didn't listen to her and invited her family anyway, only to cause more familial distress, when empowerment and relaxation should be the goal. They perpetuated the narrative in the family instead of re-narrating family dynamics as a motivator. Nikki supported this notion in her interview stating that the mental health needs of African American Women should be considered first. Seeking to learn and also learning how to engage is a population sensitive therapist characteristic which goes beyond a therapist being kind. Additional training updated treatment structure/practices may be needed to create population sensitive therapist that understand how to consider family relationships before familial treatment inclusion (Davis et al., 2014). Motherhood, which was a sub-theme was similarity a protective factor or risk factor depending upon how guilt and shame were internalized by the African American Women who received substance misuse treatment (Stevens-Watkins, 2016; Wyatt, 2018; Redmond, et al. 2020; & Blount et al., 2021). The two study participants who were mothers described their profound experience as mothers and it was a significant motivator. Women were sensitive to expected judgement due to their substance use issue so sometimes didn't enter treatment (Redmond et al., 2020).

## Spiritual Connectedness

Aforementioned spiritual connectedness is needed in the African American community, connectedness for need for a higher power should be assessed. Spiritual capital is part of the recovery capital that Blount et al., 2019 mentioned in their study. They mentioned that one of the components of successful recovery was use of the Black church. All of the participants interviewed mentioned the Black church, God's grace, or a spiritual connectedness that motivated the. The inclusion of spiritual church leaders could be beneficial in the treatment of African American Women with substance use disorders to give them a sense of hope and to address guilt and shame mentioned earlier (Roberts et al., 2000) as that internal stigma and spiritual connectedness work simultaneously. Treatment providers should also be aware that church attendance can also be a hinderance as well (Stevens-Watkins et al., 2014) as it may fuel the stigma associated with misusing alcohol or drugs. Again, understanding the how roles and socio-economic status, as well as family dynamics impact perspectives of this population is vital.

## Health Education Related to African American Women

Self-stigma is a part of this theme as well. Often times substance misusers are criminalized so they do not get the same benefits as someone who is seen as having a health issues. Addiction stigma may intersect with other forms of bias such as racism and sexism. Health care providers may also be linked to poorer quality of treatment of those historically oppressed, but we know that African American Women who misuse substances have a higher morbidity than African American men (Kuleza et al., 2016), which exacerbates the risks associated that African American Women face who have heterosexual sex. They are at a greater risk of contracting an STD or HIV (CDC, 2022b). Education is needed as many times African American Women are unaware of their status and poorer classes face access barriers (CDC,

2022b). African American Women are at risk of preventable diseases if education is included. The participants stated that often times they don't talk about sex in their households, or the risks associated with unprotected sex. African American Women made up 11% of 15, 305 new HIV cases, which is alarming (CDC, 2022b). African American Women are facing a familial crisis as they are often the primary caregiver (Potier et al., 1997). Health and sex education is a major treatment implication.

## Study Limitations

The study is explanatory in nature so therefore is not generalizable to entire population of African American Women with substance misuse issues. Convenience sampling was used, which meant that the researcher was able to identify who may meet the study criteria when choosing a research site. Although the purpose of this study was to identify a phenomenon to impact future research, not to generalize information to the entire population.

Also, the researcher was an African American clinician in the area, so the participants may be familiar with the researcher when they chose to participate in the study or that could have conversely impacted the sample size. That could skew information that participants gave to the clinician. The study sample was small which could also limit generalizability. However, the study sample was diverse, which allowed the researcher to truly uncover phenomena, which promote internal validity (Creswell and Poth, 2018). The identity of the clinician based on what was reported could have addressed self-stigma that was reported in the research and interviews.

The study was not incentivized, which could have impacted participation as on facility contacted asked about a study incentive for the participants. However, the lack of incentive could improve validity and rigor as the participants participated because they wanted to share their

narratives, which is what phenomenological research entails, and it supports the one of the pillars of Black feminist theory.

Also, the study site was approved at a local department of social services so prospective study participants could have experienced guilt and shame, which could have hindered study participation. Those that participated self-reported their experiences so there is no way to know if all the information given was accurate and truthful. However due to the differentiated backgrounds it promotes reliability due to the same themes recurring with limited suggestibility and the use of memoing.

## Implications

African American Women with substance misuse issues need to have a formula for success that fuels their self-worth, which improves the likelihood of survival. While research on this population is limited, the formula for success remains. This population needs to be empowered in the various aforementioned areas in order to achieve ultimate success. The providers must not only be kind and willing to learn but also be trained in how to engage with African American Women and to render culturally competent practice. According to Nikki, they are “Idolized so much, we are mistreated. Constantly live under a microscope, why can’t we be who we are.” These African American Women with substance misuse issues are working extremely hard to try to survive without intervention and that has been a hinderance to treatment engagement (Stevens-Watkins et al., 2019). These interviews have highlighted what is needed for these women to have success event though their very existence as well as the stigma associated with substance misuse exacerbate their abilities to heal. Nikki, Cecelia, and Danielle have a voice and they made it clear that it is difficult to be vulnerable when you don’t fit into a space that should be safe and the treatment providers are not making the necessary adjustments

to improve overall sobriety rates. Cecilia states that African American Women need to learn to love themselves. Research states that they need to receive unconditional positive regard as well to feel empowered (Davis & Ancis, 2014). There appears to be the need for providers to assist these women in recovery with the internalization that they are worthy of treatment success.

My study uncovered the need to fuel self-worth unlike other studies that focused on self-esteem and self-stigma. African American Women have to be vulnerable enough to set aside societal expectations and stigmas to get better. Treatment providers have to include the different facets of empowerment in order to give them hope! A reserve of hope, hope that doesn't end with treatment, a hope well full of possibilities!

## Future Social Work

It is recommended that this study be duplicated using varying populations of African American Women with Substance Misuse issues and the study be randomized with a survey component to provide more generalizability. It is recommended that more phenomenological studies such as this one be conducted to feel the research gap in this area to provide more data on how to engage this population. Once a formula for success can be identified, the study can be operationalized.

Howard (2003) found that most of the culturally sensitive treatment programs were within the African American community within poorer communities. Over 10 years later we are still looking at therapists' traits in the substance misuse treatment success of African American Women, and have identified it does make a significant difference is the provider is culturally sensitive (Davis et al., 2015), but there have been few studies to operationalize this. the Program evaluations of the use of culturally competent practices, which include the effectiveness of the program with this population and plans of corrections that include the themes that have emerged.

Future quantitative studies could include surveys to promote generalizability and a formula for success based on empirical data to inform theory and to promote better practice. Program evaluation should be required for existing and new programs. It would also be encouraged to use this same information to address historically oppressed populations with mental health disorders as those with substance use disorders often suffer with co-occurring disorders. The idea is to address the stigma associated with African American Women and substance use while embracing their glorious identities.

It is also recommended from the information gathered that the program needs assessments be conducted on new and existing substance abuse treatment programs. Training is given on basic therapist characteristics and then staff receive higher level training on population-sensitive therapist characteristics. The women who are receiving the services should be involved in how the treatment programs evolve, and there should be a community awareness component. The use of community wide focus groups to ascertain a need and serve as an ally in the expansion of Black feminist thought transcending to the community.

Lastly, recommendations and benefits of this study have been identified. It is imperative that more work be done, community presentations be given, and they consult with experts that can relate theory to practice to impact African American Women with substance use disorders and the systems in which they function.

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## APPENDIX A: SITE APPROVAL LETTER

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**MEMORANDUM OF AGREEMENT**
**BETWEEN**
**Michelle Chambers**
**And**
**Person County Department of Social Services**

October 18, 2022

TO: Carlton Paylor, MBA
Agency Director
Person County Department of Social Services

FROM: Michelle Chambers
Joint PhD of Social Work Student
North Carolina Agricultural and Technical State University
The University of North Carolina at Greensboro

RE: Research Data Collection Site Agreement. Research and data collection on "The Lived Experiences of African American Women with Substance Misuse Issues and Their Perceptions of Culturally Competent Treatment."

This Memorandum of Agreement is formal agreement between the Michelle Chambers and The Person County Department of Social Services. The agreement gives Ms. Chambers permission to collect data about the treatment experiences of African American women with a history of substance misuse issues and/or have been diagnosed with a substance use disorder. The African American women must be English speaking, 18 years of age or older, and have had substance use treatment within in the past 18 months. The researcher will provide the agency with the research materials such as the confidentiality agreement that the participants will sign.

Once the Internal Review Board (IRB) at UNCG has approved the study, data collection will begin. Afterwards, flyers will be posted throughout the agency and information provided to the workers to recruit participants for the study. Ms. Chambers will collect data on site and via video conferencing as needed. Ms. Chambers will adhere to the rules of the agency throughout the data collection process.

The MOA will allow Ms. Chambers to collect data as soon as the IRB is approved and there are willing participants.

If you have questions regarding this process, feel free to contact Ms. Chambers at 919-740-2909.

DocuSigned by:
Carlton Paylor 11/2/2022
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Carlton Paylor, MBA
Person County DSS Director

DocuSigned by:
Michelle Chambers 10/21/2022
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Michelle Chambers
JPhD of Social Work Student

# APPENDIX B: IRB APPROVAL

December 13, 2022

Michelle Chambers
Kelly Poole
Social Work

Re: Expedited Review -IRB-FY23-188 - The Hope Well: The Lived Treatment Experiences of African American Women with Substance Misuse Issues and Their Perceptions of Culturally Competent Treatment

Dear Michelle Chambers:

UNCG Institutional Review Board has rendered the decision below for The Hope Well: The Lived Treatment Experiences of African American Women with Substance Misuse Issues and Their Perceptions of Culturally Competent Treatment.

Decision: Approved

Selected Category: 6, 7
This submission has been approved by the IRB. It has been determined that the risk involved in this research is no more than minimal.

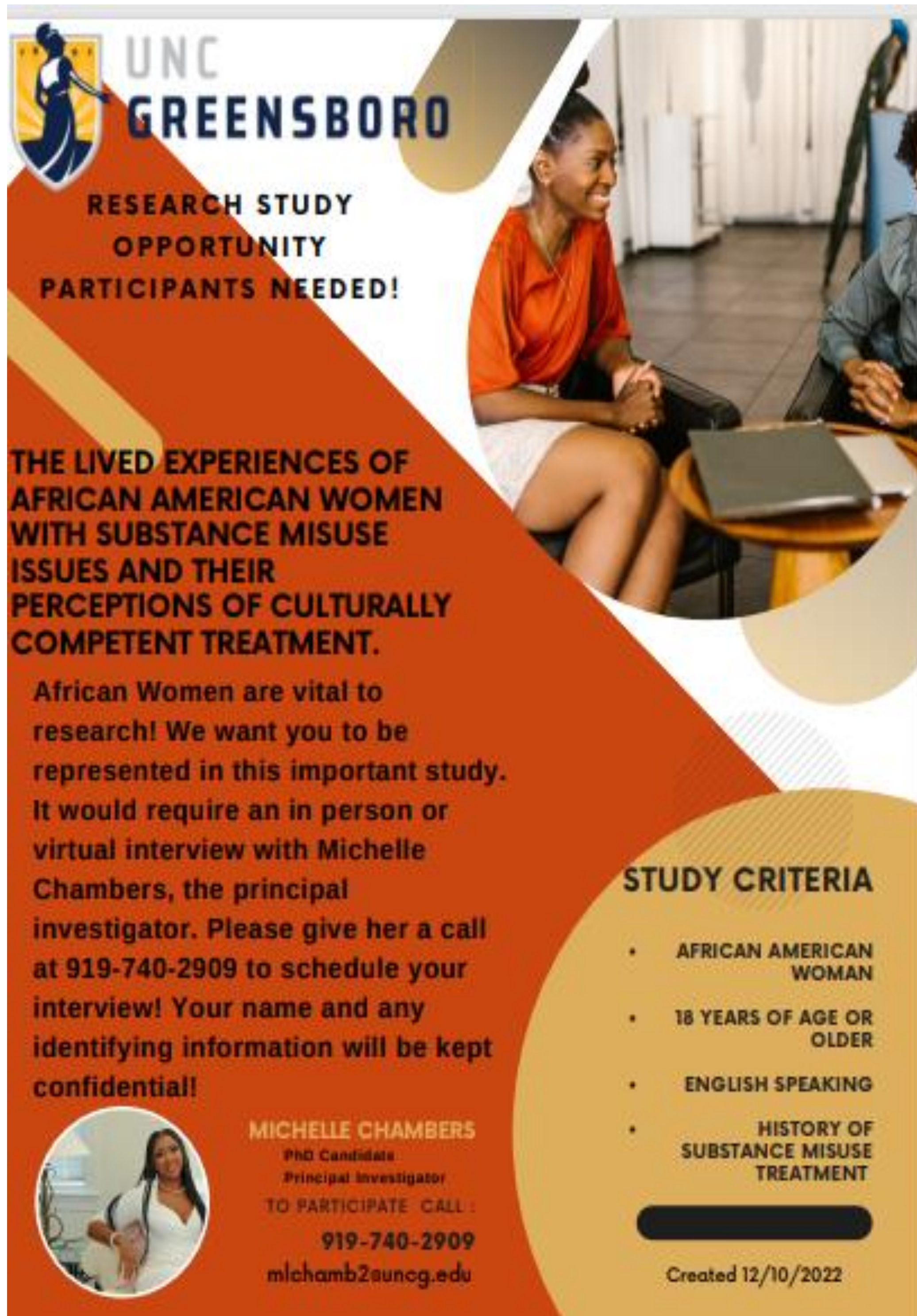
**Investigator's Responsibilities**

- ***IMPORTANT: If your study is funded**,* your funds will not be released by the Contract & Grant Accounting (CGA) office until documentation of IRB approval is confirmed. Please link your Cayuse Human Ethics record to your Cayuse SP record so that the CGA office can confirm approval. Instructions for linking an application can be found on the Cayuse Human Ethics resource page. If your Ramses record has not been migrated to Cayuse SP, you may also forward this approval letter to the Contract & Grant Accounting Director, Bill Walters (wdwalter@uncg.edu).
- Please be aware that valid human subjects training and signed statements of confidentiality for all members of research team need to be kept on file with the lead investigator. Please note that you will also need to remain in compliance with the university "Access To and Retention of Research Data" Policy which can be found at http://policy.uncg.edu/university-policies/research_data/.
- **Please utilize the the consent form/information sheet with the most recent version date when enrolling participants.**
- Please be aware that any changes to your protocol must be reviewed by the IRB prior to being implemented.
- **If your study is funded**, please note that it is the responsibility of the Principal Investigator to link your IRB application to your Cayuse SP record.

Sincerely,

UNCG Institutional Review Board

APPENDIX C: STUDY FLYER



## APPENDIX D: STUDY CONSENT FORM

**Consent to Act as a Human Participant**

Project Title: The lived treatment experiences of African American Women with substance misuse issues and their perceptions of culturally competent treatment.

Principal Investigator: Michelle Chambers

**What are some general things you should know about research studies?**

You are being asked to take part in a research study. Your participation in the study is voluntary. You may choose not to join. You may withdraw your consent for any reason without penalty.

Research studies are designed to obtain new knowledge. This research may help people in the future. There may be risks to being in research. It will not change your relationship with UNCG researchers if you choose not to be in the study or leave the study before it is done. Details about this study are discussed in this form. It is important to understand this information so you can make an informed choice about taking part.

You will be offered a copy of this consent form. If you have any questions about this study at any time, you should ask the researchers named below. Their contact information is below.

**What is this study about?**

This is a research project. Your participation is voluntary. The purpose of this study is to learn more about African American Women with substance misuse disorders and their perceptions of culturally competent treatment. This information could help promote substance misuse treatment engagement and/or outcomes for African American Women that misuse substances.

**Why are you asking me?**

You have been selected to participate in this study because you self-identify as an African American Woman who is 18 or older and has been in treatment for substance misuse. We want to know about what worked for you while in treatment for your substance misuse. We also want to know the deficits experienced while you were in treatment for substance misuse. We are examining what components of the treatment experience were culturally competent.

**What will you ask me to do if I agree to be in this study?**

You will take part in an interview via zoom and/or in person about your substance misuse treatment. The interview will be approximately an hour.

**Is there any type of audio/video recording?**

Yes, the interview will be audio recorded if in person and or via tele-conferencing. If given via zoom by the record option given by zoom. Because your voice will be potentially identifiable by anyone who hears the recording, your confidentiality for things you say on the recording cannot be guaranteed although the researcher will try to limit access to the recording as described below.

**What are the risks to me?**

The Institutional Review Board at the UNCG has determined that participation in this study poses minimal risk to participants. There are minimal psychological risks to you. You may feel uncomfortable providing demographic information such as your living situation or annual income. You may feel uncomfortable talking about your treatment experiences and what brought you into substance use treatment. You may feel uncomfortable sharing your successes and challenges in your treatment experience. If any of the questions make you feel uncomfortable, you do not have to answer.

Before the study starts, you will be informed of substance misuse resources as well as crisis services that can help.

If you have questions or suggestions please contact Michelle Chambers, who may be reached at 919-740-2909 or mlchamb2@uncg.com. You can also contact the faculty advisor for this study, which is Dr. Jay Poole at jaypoolephd@gmail.com.

If you have any concerns about your rights, how you are being treated, concerns, or complaints about this project or benefits or risks associated with participating, please call the Office of Research Integrity at UNCG toll-free at (855) 251-2351.

**Are there any benefits to society as a result of taking part in this research study?**

African American Women with substance misuse issues that engage in treatment will have their needs attuned to using a culturally competent lens as the African American Women with substance misuse issues have informed researchers as to what that will look like. African American Women are at a higher risk of health issues if they continue to misuse substances. Substance misuse issues are linked to lower self-concepts and mental health issues. Understanding culturally competent treatment can help treatment providers intervene better to improve overall treatment success. Informed research can assist with developing culturally competent programs to improve the treatment of African American Women with substance misuse issues.

**Are there any benefits to me as a result of taking part in this research study?**

You have the opportunity to tell your story so your narrative may be included in the development/assessment of culturally competent treatment programs. We will provide you with some resources to aid in your substance use treatment/sustainability.

**Will I get paid for being in the study? Will it cost me anything?**

Costs and Payments to the Participant should be addressed explicitly, including a statement that payments will not be given if that is the case. Describe how payments will be made if the participant elects to discontinue participation during the study. If there are no costs or payments involved you may state, "There are no costs to you, or payments made for participating in this study."

**How will you keep my information confidential?**

ID numbers will be assigned to data instead of names. No information about participants will be supplied to or discussed with anyone, including your family or social service agencies (e.g., DHHS) or your social services agent unless there is suspected abuse or neglect of the child. We will also inform child protective services and/or law enforcement of stated desire to harm oneself or others. No publications or displays of the data will include any information able to identify you. All information obtained in this study is strictly confidential unless disclosure is required by law.

Data will be kept in a locked file cabinet and stored on a secure server.

Most people outside the researcher will not see your name on your research information. This includes people who try to get your information using a court order. One exception is if you agree that we can give out research information with your name on it. Other exceptions are information received about child abuse or neglect and harm to yourself and others. We do not plan to share your information with anyone unless information is reported that places the safety of a child at risk. In that case we are mandated to report safety concerns to the child protective services as we are mandated reported. These are extenuating circumstances that are not likely to occur, but we are obligated to highlight this to be transparent and to protect you (the participant).

**Will my de-identified data be used in future studies?**

Your de-identified data will be kept indefinitely and may be used for future research without your additional consent. De-identified data may be posted to an on-line repository so other scientists can analyze the data and check our results.

**What if I want to leave this study?**

You have the right to refuse to take part and withdraw at any time, without penalty. If you do withdraw, it will not affect you in any way. Participation in this study will not impact your open case with social service agencies (e.g., DDHS). If you choose to withdraw, you may ask that your data be destroyed unless it is in a de-identifiable state. The investigators also have the right to end your participation at any time. This could be because you have had an unexpected reaction, or have failed to follow instructions, or because the entire study has been stopped.

**What about new information/changes in the study?**

If important new information relating to the study becomes available which may change your decision to take part, this information will be given to you.

**Voluntary Consent by Participant:**

By participating in this study, you agree that this form has been read. You are agreeing you fully understand the contents of this document and are willing to consent to take part in this study. All your questions about this study have been answered. By participating in this study, you are agreeing that you are 18 years or older and are agreeing to take part in this study described to you by Michelle Chambers, researcher.

______________________________ ______________________________

Participant Signature: Date:

## APPENDIX E: QUALITATIVE INTERVIEW SCRIPT

**The lived treatment experiences of African American Women with substance misuse issues and their perceptions of culturally competent treatment.**

**Introduction:**

Hello!

My name is Michelle Chambers, and I am a PhD student with NC A&T and UNCG. I am conducting a study to explore the lived treatment experiences of African American Women with substance misuse issues and their perceptions of culturally competent treatment. To participate in this study, you will first need to meet the study criteria.

**Screening questions:**

1. Are you 18 years of age or older?
2. Do you identify as African American?
3. Do you identify as a woman?
4. Is your primary language English?
5. Have you had substance misuse issues (issues with alcohol and/or other drugs)?
6. Have you ever been in treatment for substance misuse issues in the past 18 months? (it can be outpatient or inpatient).

**If the participants meet the criteria, answer yes to all the questions, proceed. If not, STOP here.**

Thank you, you meet the qualifications to participate in this study. As mentioned in the consent form, you consented to the recording of this interview. I'm starting the recording now. Please refer to the following definitions (give definitions to the participants for reference throughout the study and read the definitions to the participants).

I will be gathering data to answer the following research questions.

**Research Questions**

1) How do structural factors and implicit biases affect the cultural relevance of substance use treatment programs designed for African American Women?

2) What are the social/well-being needs of African American Women that should be included in substance use treatment Programs?

3) How do social determinants of health influence the substance use treatment outcomes for African American Women with a substance use disorder?

Here are some definitions for use that will also assist you throughout the interview. Let me know if you have any questions. I can reread these definitions as needed throughout the interview process.

**<u>Definitions for use:</u>**

**Definitions of Terms**

*Substance Misuse:* The illegal use of drugs such as cocaine and methamphetamine and inappropriate use of illegal substances such as alcohol and tobacco (APHA, 2020).

*Substance use disorders:* When the recurrent use of drugs and alcohol cause significant functional impairment like the ability fulfill work, life, and home responsibilities. It could also cause health issues and/or medical disabilities (SAMHSA, 2020).

*Substance use treatment*: Intended to help individuals with substance misuse issues to stop/reduce compulsive drug seeking behaviors. Treatment can vary from individual to group behavioral treatment (help those with a substance misuse issue cope better). Treatment can include medication intake of those that have a drug misuse issue. (*NIDA, 2018).*

*Culturally Competent Treatment*: The definition of culturally competent treatment is conceptualized using The National Association of Social Workers (NASW) Standards and Indicators for Cultural Competence. NASW (2015) describes cultural competence as the rendering provider being aware of their own cultural beliefs, willing to learn about the beliefs of others, and acquiring knowledge about specialized populations to improve their overall living. Cultural competency is further described as information being disseminated to or about the specialized population to address systematic oppression, and providers are not only aware of policy and/or needed intervention but are also a change agent, promoting social justice for specialized groups whether that be religion, race, or gender (NASW, 2015).

**RQ1) How do structural factors and implicit biases affect the cultural relevance of substance use treatment programs designed for African American Women?**

Research has shown that sometimes African American Women feel as if they can manage treatment by themselves and/or feel as if they will be judged due to their race and gender, so they don't enter treatment. This first section explores your treatment experiences and how both outside influences out of your control such as how you are treated by staff, and inside thoughts/feelings (i.e., how you feel about yourself influence treatment. We want to capture your raw, authentic, real-life experiences.

1. You stated that you have misused substances. Please describe your issues with substance misuse.
2. Were there any barriers to seeking treatment, if so, what were they?

3. What motivated you to seek treatment for substance misuse and/or your substance use disorder?

4. You stated that you have been in treatment for substance misuse issues, please tell me about your experience in substance misuse treatment.
5. Describe substance misuse treatment successes that you experienced while in treatment.
.
6. Describe any challenges you experienced while in substance misuse treatment.

**RQ2) What are the social/well-being needs of African American Women that should be included in substance use treatment Programs?** This next section addresses our second research question as we want to get a better idea of what should be included in the treatment experiences of African American Women who suffer with substance misuse issues/substance use disorders.

7. You have mentioned successes and challenges that you have had in treatment. Do you feel as if you received culturally competent treatment? (Principal researcher will read the definition of culturally competent treatment aloud to the participant.) If so, how?
8. What do you believe needs to be part of culturally competent practice?
9. What would motivate you to work well with staff rendering treatment?
10. What would motivate you to abstain from drugs and/or alcohol?
11. Was your family involved in your treatment? If so, how?
12. Any other components of treatment that helped you abstain from substance use? Please describe them.

**RQ3) How do social determinants of health influence the substance use treatment outcomes for African American Women with a substance use disorder?** We want to also explore how treatment providers were inclusive of your health needs and/or if you felt as if your needs were met.

13. How are African American Women treated in society?
14. How are African American Women with a substance use disorder treated in general?
15. What do you know about health needs/health disparities (health issues that African American Women experience at a higher rate than their white counterparts) of African American Women that are unique/vary from their white counterparts?
16. How did the treatment providers assess your health needs?

17. How did the treatment providers consider those needs as they were treating you?

**Conclusion**

18. How are you doing currently?
19. What has helped you abstain from substance misuse?
20. What continues to motivate you to abstain from substance use?
21. Is there anything else that you would like to share about your experience?

This concludes my interview questions! Thank you so much for your time as we want to include the voices of African American Women more often in research as often their voices are not heard as they are underrepresented in treatment in research! I may need to follow up with you once I compile the information given to make sure that I have accurately captured your information. I will stop the recording now.