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## Relationships Between Resource Utilization and Relapse in Rural Areas

Shane Sneddon  
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# Walden University

College of Social and Behavioral Health

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Shane Sneddon

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Walden University  
2026

Abstract

Relationships Between Resource Utilization and Relapse in Rural Areas

by

Shane Sneddon

MSW, University of Denver, 2021

BSW, West Liberty University, 2018

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Social Work

Walden University

May 2026

## Abstract

In the United States, over 100,000 deaths were attributed to drug overdose in 2021. Relapse rates are higher in rural communities than in urban communities due to sociocultural barriers such as employment, limited entrainment activities, and peer pressure during social events. Previous research did not indicate whether the increase or decrease of Daily Living Assessment (DLA-20) scores have a correlation between community resource utilization and relapse. Using systems theory as the research lens, this study examined the correlation between use of community engagement resources and relapse as manifested by scores on the DLA-20. Data were collected from 100 individuals enrolled in an outpatient substance abuse program. A moderate, significant correlation was found between the paired scores,  $r = .54$ ,  $p < .001$ . The most resources being used during their time in treatment who scored high on the pre- and post-evaluation assessment was the individuals who attended the intensive outpatient program along with seeing their therapist weekly while attending three NA/AA/SMART/Celebrate Recovery meetings. The findings could lead to positive social change through new opportunities for community resources in rural communities while creating an agenda to help those struggling with a substance use disorder to decrease their relapse potential and increase their success across daily living domains.

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## Dedication

This dissertation is dedicated to my family and children. I want to thank my parents for always being there for me and supporting me in everything I do! Without your support and encouragement to reach my potential, I would not have made it this far! Thank you for standing by me through the good and bad! A wise woman once told me, "Believe in yourself, and anything is possible." I live each day by this quote putting my heart and soul into everything I do as my parents have taught me throughout my life! This is also dedicated to my children to remind you; that when things get tough, lean on your faith, and everything will work out in the end! To my children, remember that you can achieve anything you set your mind to!

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Committee members: Dr. Adam Quinn

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## Chapter 1: Introduction to the Study

The topic of this dissertation is researching the correlation between relapse and community engagement resources as manifested by the score. More research is needed on the relationship between resource utilization and relapse after substance users complete a treatment program in rural communities. The research gap does not clarify whether increases or decreases in scores have correlate with community resource utilization and relapse. The Substance Abuse and Mental Health Services Administration (2022) has reported an increase in relapse rates in rural communities over the past 5 years. Relapse rates in rural communities are higher than in urban areas due to sociocultural barriers such as employment, limited entertainment activities, and peer pressure during social events (Rampure et al., 2019).

The literature does show that a support system is needed to continue their long-term sobriety. With this research gap, the data can be collected to determine the relationship of community resource utilization and relapse in results of the scores. If rural communities do not have the necessary community resources available to individuals, then research can help determine what individuals are doing to maintain their sobriety and increasing their scores. Ahmad et al. (2022) stated that in the United States over 100,000 deaths were attributed to drug overdose in 2021.

This study is significant in that it addresses the lack of knowledge regarding opportunities available to reduce relapse rates among substance use users in rural communities using community resources. The social problem is individuals in rural communities are relapsing once they complete a 28-day outpatient treatment program

(Nordfjærn, 2011). Understanding what opportunities are available regarding community resources will provide information for substance users in rural communities to enhance the support to these individuals in return reducing the relapse rates and also increasing their scores.

Additionally, the findings from this study could be fit other substance users in various areas, including non-rural communities. Furthermore, the findings may create new opportunities for developing community resources, enabling individuals to participate in forming an agenda to assist those struggling with substance use disorders (SUDs), ultimately helping to reduce their relapse potential and improve their daily living domains. This research could foster social change by promoting the development of aftercare programs in rural areas and enhancing the involvement of community resources. This would enable the individuals with SUDs to seek additional support without reverting to long-term treatment programs. Mercandagi et al. (2022) estimated that 90%–100% of individuals with an SUD experience at least one trauma during their lifetime.

In return, the development of new programs will allow for a decrease of relapses in the rural area resulting an increase of their scores. For social change to happen we as researchers need to determine the leading cause of relapse and if the individuals are using the community resources available to them to increase their scores. If the individual does not know about the community resources, then the social change needs to be started by allowing the treatment centers provide a list of community resources to the individuals once they complete 28 days in an outpatient treatment. This will allow the individuals to reach out for help before a potential relapse, in return decreasing the relapses in rural

communities and an increase of life domains. Another social change that can develop is creating a safe place the individuals can go to when they are in need of help. This will allow the individuals to talk to professionals to get through their craving for relapse and increase their functioning in their life domains. In return, this will allow them to turn to the safe place instead of going out and using drugs.

### **Background**

The literature gap is that research is needed to learn what community supports are being used to increase the scores of an individual. Reading the research, allows us to understand the key elements that influence a person to relapse. However, it does not indicate what is causing the scores of an individual to increase or decrease. The research does indicate the person needs to change their person, places, and things to maintain their sobriety. Mercandagi et al. (2022) investigated the relationship between traumatic life events and substance use behavior, sociodemographic factors, and psychiatric symptoms (e.g., anxiety, depression, and dissociative) in patients with an SUD. The hypothesis stated the traumatic life events and related factors in individuals with SUDs differ between relapse and remission groups. Morawetz et al. (2022) found lasting alterations in brain functioning associated with substance abuse as well as to co-occurring mental disorders that increase the risk of relapse. DiClemente et al. (2008) stated for the combination of substance use and psychiatric disorders may complicate shift in substance use behavior and worsen treatment prognosis. Mueser et al. (2006) stated the combination is also associated with more severe features, such as more severe psychiatric symptoms, substance use, and relapse. With the research I conducted, I hoped to find what

community resource would help an individual increase their scores which would allow me to indicate whether there is a correlation between resource utilization and relapse.

### **Problem Statement**

The research problem examines the relationship between community resources utilization and relapse in rural communities, as represented by the scores. Since there has been minimal research on community resources utilization and relapse in conjunction with scores, I collected data to determine whether an individual's daily living activities are affected by the community resources used to maintain long-term sobriety. The research findings could assist local treatment centers in providing better aftercare plans for individuals facing SUDs. The Substance Abuse and Mental Health Services Administration (2021) has indicated an increase in relapse rates in rural communities over the past 5 years but has not identified the specific causes of individual relapse. The research problem highlights the lack of studies on whether community resources are being utilized by individuals, which may be contributing to their relapse. Rampure et al. (2019) noted that rural communities have higher relapse rates than urban counterparts due to sociocultural barriers such as limited employment opportunities, fewer entertainment activities, and peer pressure during social events. During this process, dopamine is triggered, facilitating the learning of associated stimuli released during drug consumption, leading to the pleasurable sensation that the body craves (Volkow et al., 2017). Gibson et al. (2022) indicated that central to negative affect in SUDs is a network of brain structures known as the extended amygdala, which originates in the central nucleus of the amygdala and projects to the shell of the nucleus accumbens within the

bed nucleus of the stria terminalis. This network allows neurotransmitters to enhance the activity of the system, releasing norepinephrine downwards, thus further sensitizing the function of the extended amygdala, which creates the negative feedback that is perpetuated and intensified by progressive neuroadaptations (Koob & Le Moine, 2016). Nordfjaern (2011) identified the social issue of individuals in rural communities relapsing after completing treatment programs. There has been limited research in regarding the relationship between community resources utilization and relapse as indicated by their scores, once an individual completes their initial 28 days in an outpatient treatment program. Individuals need a support system in place to sustain their long-term sobriety. If individuals do not utilize the community resources available to them during treatment, how can they maintain their long-term sobriety after completing a 28-day program and improving their scores?

### **Purpose of the Study**

The purpose of this quantitative study is to determine the relationships between community resources utilization and relapse in rural communities using the scores. The community resource utilization will look at working with a sponsor, attending Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA) meetings, aftercare group, and individual counseling.

The logical connections between the framework presented and the nature of my study include the social interaction and the environment within the individual who completed an outpatient program for SUD in rural communities. With the theories, the research could determine if the individual's behavior could affect them reaching out to

the resources available to them to prevent a relapse. If there are no resources available, what is the individual doing to maintain their sobriety? With social learning theory framework, this could apply to the study by considering how the environment around the individual is supporting their sobriety and what they are doing to prevent a relapse. Binumon et al. (2024) stated young adults aged between 10 and 24 years are highly vulnerable to substance use. Ecologically based family therapy surpasses services as usual in reducing substance use. Moreover, ecologically based family therapy demonstrates superiority over services as usual, not only in reducing alcohol and drug use but also in fostering improvement in family and adolescent functioning over time. If the individual is relapsing, what is the community doing to prevent this? Are the resources available to them being used? This research helped determine whether rural communities have the resources necessary for individuals with SUD to maintain their sobriety, in turn decreasing the relapse within the community.

### **Research Questions**

The research question and hypothesis are as follows:

- Is there a significant difference in scores between substance users who participated in additional outside treatment compared to those who did not?
- $H_0$ : There is no statistical difference between relapse and community engagement resources as manifested by the score.
- $H_1$ : There is statistical difference between relapse and community engagement resources as manifested by the score.

To address the research questions in this quantitative study, the specific research design was a descriptive and behavioral design. With this design, the data could be used to determine any behavioral influences within a relapse. The data was also used to examine any characteristics that could influence any individuals to be resistance or use the resources available to the substance use users. This research design involved collecting data from the screening tool from individuals in treatment program in a rural community. The scores was also used to determine their level of functioning of the individual and their day-to-day activities. If the scores of the base line from the score increased, this would show the individual is using community resources to maintain their sobriety. If the scores from the base line decreased, then this would show the individual is not using community resources to maintain their sobriety. The scores of this tool also allowed me to determine whether there is any environmental factor that could influence the increase or decrease in that certain part of the life domain. Binumon et al. (2024) found that incorporating family interventions into treatment led to reductions and substances consumption and improvements in family functioning. Along with scores, I examined different community resources available in rural communities to help determine which programs are in place that are available to substance use users. If the participants are aware of the environmental factors that affect their scores, can the individual go back and reconsider using the community resources available to them to maintain their sobriety, resulting in the scores to increase.

To address the research question in this quantitative study, the specific research design was a descriptive and behavioral design. With this design, the data could be used

to determine any behavioral influences occur within a relapse. The data were also used to look at any characteristics that could influence any individuals to be resistance to use the community resources that are available to them once they have completed their first 28 days in an outpatient treatment. With this research design, I collected data from screening tools from individuals in the treatment program in a rural community. The score is an assessment to examine the individuals level using a rating score of 1–7, with 1 being *none of the time* and 7 being *all the time*, in certain domains of their daily living activity. The scores was used to determine their level of functioning of the individual and their day-to-day activities. Along with the screening tool, I examined whether AA/NA meetings, working with a sponsor, aftercare treatment group, or even further intensive outpatient programs have any effect on a relapse for an individual. Within the research, the individual self-reported if they are attending NA/AA meetings or working with a sponsor. Ramadas et al. (2021) studied three components: formal mindfulness practice, informal practice, and coping strategies. The formal mindfulness practice includes body scan, sitting, mountain, and loving-kindness meditation. The self-report will be kept confidential, and the individual will be assigned a random number, so the individual's personal information is not being used in the research study.

The research design involved collecting data from substance use users. The data that were collected using a screening tool, which is given to individuals at the start of their 28 days of treatment and then given again after completing their first 28 days of treatment. This tool allowed me to collect data to determine the level of functioning from the individuals and their day-to-day activities by using a 1–7 rating score. The data then

can be compared with the base line screening tool to determine if their daily living activities are increase or decrease and will help determine what community resources are being used to maintain their long-term sobriety. Nicolas et al. (2021) stated abusers reported clinically significant impairment, including health problems, disability, and failure to meet responsibilities at work, school or home when using illegal drugs. Environmental factors are known to play a central role in determining sensitivity to the rewarding effects of drugs and in influencing the vulnerability to develop addiction and relapse. The data being collected were inputted into a Microsoft Excel spreadsheet and then entered to SPSS Software to run a paired sample t-tests to determine whether there is any relationship between resources utilization and relapse.

Once the data were entered into SPSS, a paired sample *t* test was run. This allowed the research collected to be compared against two variables to determine if a significant correlation exists/doesn't exist between the variables; and if there is or is not a significant different between scores across the first 28-days in treatment as a result of receiving some treatment/services.

### **Theoretical Framework of the Study**

The theories and/or concepts that ground this study include systems theory. According to Friedman and Allen (2014), systems theory is a way of elaborating increasingly complex systems across a continuum that encompasses the person-in-environment. With this theory, the data collected can be used to look at if the individual's environment has any effect on the individual's sobriety. Within the system, the individuals' domains can be affected in certain ways. The research could determine if the

theory could explain the reason for increased relapse rates in rural communities based on the utilization of resources.

According to Castaldelli-Maia and Bhugra (2022), SUD is one of the most important health problems worldwide. Moradinazar et al. (2016) stated that drug availability and accessibility were the most important predictors of substance use relapse. The logical connections between the framework presented and the nature of my study include the social interaction and the environment within the individual who completed an outpatient program for SUD in rural communities. With the theories, the research could determine if the individual's behavior could affect them reaching out to the resources available to them to prevent a relapse. Suwanchatchai et al. (2023) study 956 individuals who had been admitted to the drug rehabilitation unit and had attended a substance abuse outpatient clinic. Suwanchatchai et al. (2023) concluded the prevalence of relapse after treatment of an SUD was approximately 24%. If there are no resources available, what is the individual doing to maintain their sobriety? With social learning theory framework, this could apply to the study by considering how the environment around the individual is supporting their sobriety and what they are doing to prevent a relapse. If the individual is relapsing, what is the community doing to prevent this? Are the resources available to them being used? This research help determine if rural communities have the resources necessary for SUDs to maintain their sobriety in return decreasing the relapse within the community. Addiction management is severely hampered due to the dearth of trained mental health professionals, inadequate

infrastructure, poorly equipped de-addiction facilities, low funding, poor national program coverage, and lack of law enforcement (Nadkarni et al., 2023).

### **Nature of the Study**

To address the research questions in this quantitative study, the specific research design will be a descriptive and behavioral design. With this design, the data determine any behavioral influences within a relapse. Devassy et al. (2024) discovered six themes that can play a role in factors that can influence a relapse. The following themes are as follows: that an individual plays a role in a relapse, Individual risk factors lack of strong will to stop, negative predispositions and unhappy life situations were significant risk factors for relapse. In addition, Devassy et al. (2024) found in younger individuals the social risks were related to parental discord and family issues such as the family history of drug use, parental marital discord, domestic violence, and parental disengagement which was consistent with studies conducted previously (see Alhammad et al., 2022). In contrast, the major reason for relapsed individuals who were older and married in the current study was marital discord including expressed emotions and disparaging communications, similar to previous studies (Zeng et al., 2021). The results examined any characteristics that could influence any individuals to be resistance or use the resources available to the substance use users. With this research design, I looked at a data collection from the scores from individuals in treatment program in a rural community. The scores were also used to determine their level of functioning of the individual and their day-to-day activities. If the scores of the base line from the scores increased, this showed the individual was using community resources to maintain their sobriety. If the scores from

the base line decreased, then this showed the individual was not using community resources to maintain their sobriety. The scores of this tool showed whether there is any environmental factor that could influence the increase or decrease in that certain part of the life domain.

Along with scores, I examined different community resources available in rural communities to help determine which programs are in place that are available to substance use users. Vincenzen et al., (2019) stated addiction should also be treated as an all-family condition. Lazarus et al. (2023) stated children on the street are often relegated to the peripheries of societal attention, grapple with the profound impact of substance abuse within their lived environments, which will seek not merely to dissect but to comprehend the nuanced interplay between sociocontextual determinants and the realities of substance abuse. If the participants are aware of the environmental factors that affect their scores, can the individual go back and reconsider using the community resources available to them to maintain their sobriety, resulting in the scores to increase. Luthar et al. (2000) discovered the idea of a resilience related mechanism that protects people from psychological risk has empirical support, with findings demonstrating such as mechanism to reduce the effects of said risk, decrease negative chain reactions, and establish and maintain self-esteem and self-efficiency. Lakshmi et al. (2024) stated illicit drug use and trafficking not only hinder the economic progress of nations but also contribute to crime, violence, and corruption.

The data points were from the collection of scores at the base line and 28 days after completion of the outpatient program. The post scores showed whether an

individual is using community resources to prevent a relapse, as indicated by the scores increasing or decreasing from the baseline. The individual received a base line score on their first day of the start of the outpatient program. The individual was rescreened after completing 28 days of treatment. If the scores increased from the baseline, this showed the individual was using the community resources to prevent a relapse. If the scores decreased from the baseline, this indicated no community resources were being used and the individual was at a higher risk of relapse.

### **Limitations**

Possible barriers/limitations of this proposed study include getting permission from the treatment facility to conduct surveys with individuals in their treatment programs. The individuals in the study were not identified by any of their information but rather be assigned a random number. This can cause a limitation especially if the individual relapses and the research is not able to correctly be placed in the correct chart to compare their baseline too. Another barrier if the individual is court order, and they relapse, causing them to get put back in jail. If the individual gets charged with a probation violation, and they get placed back into jail causing the individual to drop out from the study. A research barrier would be making sure the information is being entered into the SPSS Software correctly, that way the correct information is being used to run the research test. Another research barrier would be matching the baseline with the same number after the individual completes their first 28-days in treatment. The strength of this study is knowing the base line and comparing it after their first 28 days in treatment to

see how far the individual has change and what program they find is more beneficial to them to maintain their sobriety.

### **Significance**

This study is significant in that it addresses the lack of knowledge regarding opportunities available to reduce relapse rates among substance use users in rural communities using community resources. Understanding what opportunities are available regarding community resources will provide information for substance users in rural communities to enhance the support to these individuals in return reducing the relapse rates and also increasing their scores. Additionally, the findings from this study could be beneficial for other substance users in other areas, such as non-rural communities. Also, the findings could allow for new opportunities to develop for community resources, allowing other individuals to be involved creating an agenda to help individuals struggling with an SUD to help decrease their relapse potential and increase their daily living domains.

This research study will provide social change by allowing new development of aftercare programs in rural areas and increase the involvement of community resources. This will allow the individuals who have an SUD to reach out for additional help without going back into a long-term treatment program. In return, the development of new programs will allow for a decrease of relapses in the rural area resulting an increase of their scores. For social change to happen we as researchers need to determine the leading cause of relapse and if the individuals are using the community resources available to them to increase their scores. If the individual does not know about the community

resources, then the social change needs to be started by allowing the treatment centers provide a list of community resources to the individuals once they complete 28 days in an outpatient treatment. This will allow the individuals to reach out for help before a potential relapse, in return decreasing the relapses in rural communities and an increase of life domains. Another social change that can develop is creating a safe place the individuals can go to when they are in need of help. This will allow the individuals to talk to professionals to get through their craving for relapse and increase their functioning in their life domains. In return, this will allow them to turn to the safe place instead of going out and using drugs.

### **Summary**

There needs to be more research on the relationship of resource utilization and relapse after substance use users complete a treatment program in rural communities. The research gap does not indicate if the increase or decrease of scores have a correlation between community resource utilization and relapse. The literature does show that a support system is needed to continue their long-term sobriety. With this research gap, the data can be collected to determine the relationship of community resource utilization and relapse in results of the scores. If rural communities do not have the necessary community resources available to individuals, then research can help determine what individuals are doing to maintain their sobriety and increasing their scores.

The information needed for this research included data collection from the local treatment center in rural communities looking at the scores. The data were examined to determine if there is a relationship of community resource utilization and relapse which

manifest from the scores. The base line was completed during the individual's initial appointment and then could be compared to the post screen given after 28 days in treatment. If the scores increase from the base line number, then that will determine the individuals are using some sort of community resources to maintain their sobriety. If the scores decrease from the base line number, then this will show the individual are not using the community resources available to them to maintain their sobriety resulting in a potential relapse. If the scores increase the data will be able to determine what community resource the individual is using to maintain their long-term sobriety and increasing their scores.

The literature gap addressed in this study was the need to learn what community supports are being used to increase the scores of an individual. Reading the research allows an understanding of the key elements that influence a person to relapse. However, it does not indicate what is causing the scores of an individual to increase or decrease. The research does indicate the person needs to change their person, places, and things to maintain their sobriety. With the research I conducted I hoped to find what community resource will help an individual increase their scores which allows me to indicate if there is a correlation between resource utilization and relapse. In return, this will allow different treatment centers provide the individuals with important resources to maintain their long-term sobriety.

## Chapter 2: Literature Review

### **Introduction**

Substance Abuse and Mental Health Services Administration (2022) has shown an increase of relapse rates in rural communities in the past 5 years. In rural communities the relapse rates are higher than in urban communities due to sociocultural barriers such as employment, limited entrainment activities, and peer pressure during social events (Rampure et al., 2019). The social problem is individuals in rural communities are relapsing once they complete a 28-day outpatient treatment program (Nordfjærn, 2011). There has been minimal research on the relationship between resource utilization and relapse as manifested by the scores. Individuals need to have some support system in place to maintain their long-term sobriety. Suppose the individuals do not have access to different resources such as working with a sponsor, attending AA/NA meetings, aftercare groups, or continuous individual therapy within the community to maintain their sobriety. In that case then they will relapse, causing them to lose their time that they had in recovery. If an individual relapses, then most likely their scores of decreased from the baseline.

Ahmad et al. (2022) stated in the United States over 100,000 deaths were attributed to drug overdose in 2021. The research being conducted will determine if there is a correlation between relapse and community engagement resources as manifested by the score.

### **Literature Review Related to Key Topics**

Throughout this literature review, key elements indicate that there is a gap in research on whether the scores results are affected by the community resources an individual uses to maintain their sobriety. Many individuals with SUD face traumatic events or even an underlying mental illness they are unaware of, resulting in the individual using illegal drugs. If an individual does not work on past trauma or their mental illness, then their substance abuse will most likely increase causing their tolerance to the drug increase at the same time. This literature review reveals different ways an individual can maintain their sobriety by using coping skills and work on environmental factors to help them will help an individual maintain their sobriety. Another issue is learning how the brain works for an addict. One will find the dopamine levels needs to increase with healthy activities for the brain not to think about using drugs during difficult situations.

Each topic that was researched was based on coping skills an individual can use while they are working towards sobriety. Once the individual understands how the brain works with dopamine levels, then they can use the coping skills that works best for them to maintain their sobriety. Along with coping skills an individual must work on traumatic issues they have faced in the past, which in turn allows the individual not to self-medicate with illegal drugs, but instead use healthy coping skills to get through a trigger which could cause them to relapse on drugs.

## **Traumatic Experiences**

Over the years, relapse has been increasing for individuals dealing with an SUD. Individuals who experience an SUD may face issues dealing with a past traumatic event. Mercandagi et al. (2022) stated that an estimated 90%–100% of individuals with an SUD experience at least one trauma during their lifetime. SUD can cause an individual to have physical, economic, psychological, social and legal problems that affect the individuals within their society. Looking at the traumatic event, it can have an effect on both the SUD and the traumatic event. Mercandagi et al. (2022) stated the traumatic event can lead to increase the use of substance. Greenfield et al. (2002) investigated sociodemographic factors and additional psychiatric diagnosis in alcohol addicts, and it was found that relapse rates were higher in those with a history of sexual abuse.

Mercandagi et al. (2022) stated in a 3-month follow-up study in which the researcher investigated the effects of traumatic events on early relapse in cocaine addicts, the relationship between sociodemographic factors, accompanying psychiatric diagnosis, and trauma severity was a predictor of relapse in women, but not in men. Another 3-month follow-up study investigated the relationship between sociodemographic factors and types of traumatic experiences with early relapse in individuals with SUD emotional neglect predicted a relapse. Haver et al. investigated the relationship between family violence and alcohol relapse in women found the sociodemographic factors accompanying psychiatric diagnosis, personality disorders and physical abuse were investigated which found the experience of family violence in childhood and adulthood increase the relapse rates.

Mercandagi et al. (2022) study investigates the relationship between traumatic life events and substance use behavior, sociodemographic factors, and psychiatric symptoms (e.g., anxiety, depression, and dissociative) in patients with SUD. The hypothesis stated the traumatic life events and related factors in individuals with SUD differ between relapse and remission groups. During the study, researchers studied individuals who were hospitalized for treatment in the inpatient service of Sakarya University Training and Research Hospital Alcohol and Substance Research, Treatment and Training Center between December 2018 and July 2019. Fifty-one people aged 18–65 who were coherent, active psychotic or affective symptoms, no severe neurological/metabolic or endocrinological disease, no alcohol or substance use in the last week, and no electroconvulsive therapy in the last six months and diagnosed with SUD according to the DSM-5 were included in the study. Among the 51 individuals, 15 were excluded from the study because of their active psychotic symptoms, 13 were discharged before completing the time period, nine did not agree to participate, four had intellectual developmental disabilities that affect the reliability of the study, and one was over 65 years old.

Mercandagi et al. (2022) found from the results that traumatic experiences in SUD changes in alcohol and substance use behavior due to trauma and the second effects of trauma on the individual differ in later relapse and remission group. However, Mercandagi et al. (2022) found integration into treatment as “applying psychiatry” seems to be the most important factor in preventing early relapses. Mercandagi et al. found that the sociodemographic characteristics reported at 96.1% are due to males gender, SUD

being seen more frequently in males and females addicts being less likely to apply for treatment due to sociocultural reasons.

When individuals were grouped 60.8% was found to have an early relapse (Mercandagi et al. 2022). Mercandagi et al. (2022) defined relapse is defined as alcohol or substance use once, the relapse rate is 90% and when relapse is defined as the necessity of experiencing problems after substance use in addiction to heavy drinking the rate is 50%. In conclusion Mercandagi et al. stated that anxiety had a huge portion of why an individual relapse. The results showed traumatic experiences should be taken more serious in SUD treatments and referring individuals to psychiatric treatment as early as possible to prevent early relapses.

Looking at this study this is an important factor when researching the missing gap of the research question being researched. Once an individual faces a traumatic event, they will self-medicate causing them to increase their tolerance of illegal drugs. However, if one talks about what they went through in the past, they would be able to use coping skills to get through the situation. If one leaves the experience not discussed, they will most likely be triggered by another event, causing them to self-medicate instead of using coping skills to work through the situation. As the results shows, it is imperative for the individual to work on issues in early recovery so the individual can maintain long-term sobriety and not relapse within the first 3-6 months of sobriety.

### **Brain Development**

The brain uses a chemical called dopamine to allow us to remember things our body enjoys. Brain changes alter the incentive salience through a process called incentive

sensitization where we produce stimuli associated with a reward through experiences the individual experience, motivating our body remember the feeling we face (Bindra, 1978.) During this process the dopamine is triggered which allows the learning of connected stimuli released during drug consumption, giving us the pleasure feeling the body enjoys and craves (Volkow et al., 2017). Over time, the dopamine is released which declines the response to the drug itself. This allows an overload of false dopamine to be produced allowing the individual to consume more drugs due to the brain enjoying what the individual is injecting. This allows the individual to return to the drug and the environment they are in due to the brain thinking and remembering the feeling felt while in the situation.

Over time, research has been conducted pairing the neurological incentive salience more associated with the craving of the drug related to those with an SUD (Wilson & Sayette, 2015). During research Gibson et al. (2022) thought negative emotionality was thought to play a role in the maintenance of addiction. Overtime the results from the study showed the release of dopamine and endogenous opioids was followed by the consumption of drugs as well as a decrease in dopamine release to non-drug activities. To decrease the response time of a reward, the increase of activity must be remembered by the anti-reward stress and emotion systems during withdrawal (Koob & Mason, 2016.) An individual will seek drugs during a time where the negative reinforcement is through the temporary alleviation of negative affect via drug consumption.

Gibson et al. (2022) stated the central to negative affect in an SUD is a network of brain structures known as the extended amygdala, originating in the central nucleus of the amygdala and projecting to the nucleus accumbens shell in the bed of the nucleus of the stria terminalis. This allows neurotransmitters enhance the activity of the system, releasing norepinephrine downwards which further sensitize the function of the extended amygdala which in return creates the negative feedback that is maintained and strengthened by progressive neuroadaptations (Koob and Le Mason, 2016). Gibson et al. (2022) found the brain areas central to relapse prediction across the anterior cortex (ACC), ventral striatum (VS), insula, and posterior cingulate cortices (PCC) were affected during drug seeking activities. In conclusion, the four brain regions were identified as a potential target for NIBS to treat an SUD (Gibson et al., 2022). The results showed the incentive salience as associated with activity from medial prefrontal cortex (mPFC) and VS, negative emotionality with changes in the ACC and orbitofrontal cortex and executive functioning with changes in ACC, insula, and PFC. XU et al. (2019) defines the mPFC as a crucial cortical region that integrates information from numerous cortical and subcortical areas that will update different output structures. The mPFC plays an essential role in the cognitive process, regulating emotion, motivation, and sociability. When an addict has issues with one of these areas, the individual may return to drug seek behavior to balance out the chemical imbalance within the brain.

Ramadas et al. (2021) conducted a study to research and understand the current state of the effectiveness of mindfulness-based relapse prevention on individuals with SUD, taking into consideration not only the variable of cravings and frequency of use but

also other relevant clinical variables such as anxiety, depression, and quality of life. Marlatt and Donovan (2005) stated the most common intervention targeting relapse prevention is based on the identification of idiosyncratic high-risk situations that can increase the probability of relapse and the development of specific strategies that the individual can resort to when exposed to them. However, Crane et al. (2017) stated mindfulness is a mental state that involves awareness of the present moment and a non-judgmental posture towards internal and external dimensions. Practicing mindfulness has been shown in their research to help regulate attention, cultivate acceptance, and develop the ability to observe inner experiences such as thoughts, feelings, and physical sensations without judgement.

This article is very important when researching why an addict relapses. This article will help the individual understand how the brain works with the different chemical imbalances one faces when they are using alcohol or drugs. If one using alcohol or drugs, the dopamine levels will increase in their brain, causing the brain to remember how it felt when they use drugs. If the individual can exercise and do things they once enjoyed the brain will then create natural healthy dopamine to remember how they feel when completing the activity. If the brain can remember how it felt without the use of drugs, this will allow the individual to create new habits, which will allow them to maintain long-term sobriety.

## **Interventions**

### ***Family Intervention Models***

Binumon et al. (2024) stated that young adults aged between 10 and 24 years are highly vulnerable to substance use. Substance use in young adults is higher than in older adults for most of the substances. Substance use among young adults gives rise to worries because it has potential to negatively affect various aspects of their lives including social interactions, emotional well-being, cognitive abilities, physical health, and academic performance. Family factor such as impaired family functioning, limited warmth between mothers and children elevated hostility and other children's relationships, poor parental monitoring, and harsh maternal parenting practices are significant predictors of substance abuse in young adults.

Binumon et al. (2024) found assertive continuing care has effectively improved short-term substance use outcomes by enhancing linkage and retention and continuing care. Furthermore, it surpasses usual continuing care and leaking clients to continuing care showing significantly higher rates of marijuana absence. The adolescence community reinforcement approach emerges as successful intervention for adolescents with cannabis use disorders exhibiting a high recovery rate compared to motivational enhancement therapy or cognitive behavior therapy.

Brief strategic family therapy has shown superiority over school-based interventions in reducing marijuana use and behavior problems, according to Binumon et al. (2024). Ecologically based family therapy surpasses services as usual in reducing substance use. Moreover, ecologically based family therapy demonstrates superiority

over services as usual, not only in reducing alcohol and drug use but also in fostering improvement in family and adolescent functioning over time. Both family behavioral therapy and individual cognitive problem solving are effective in reducing substance use and conduct problems in young adults with dual diagnosis. Multidimensional family therapy surpasses adolescent group therapy and multifamily educational intervention and enhancing school and academic performance and family functioning. Applying in-session family-focused techniques during multidimensional family therapy correlates with reducing externalizing and internalizing symptoms diminished family conflict and enhanced family cohesion. Multidimensional family therapy proves superior to individual psychotherapy by enhancing treatment retention, reducing the number of cannabis consumption days, and minimizing externalizing symptoms in cannabis abusing adolescents.

Binumon et al. (2024) found multisystemic therapy has demonstrated efficiency in enhancing absence from marijuana and decreasing aggressive crimes. Engaging in family checkup services has been shown to predict reductions in alcohol, tobacco, and marijuana use by age 23. Additionally engaging in family checkup is as effective as preventative education in reducing alcohol and other drugs use outcomes among adolescents and their siblings. Furthermore, family checkup has been shown to reduce risky behaviors during young adulthood by linking changes in children's self-regulation in early middle school. Parent skills training has proven effective in enhancing parental coping skills, self-reported functioning, and family communication while reducing teen marijuana use.

Binumon et al. (2024) found that incorporating family interventions into treatment led to reductions in substances consumption and improvements in family functioning. The effectiveness of family interventions can be attributed to several factors. First, family interventions provide families with information and support they need to help their young adults recover from substance abuse. Secondly, family interventions can improve family functions through communication and conflict resolution strategies. Third, family interventions can help families develop healthy communication mechanisms for reducing behavior problems among young adults. Family intervention and other evidence-based treatments such as individual therapy in pharmacological therapy are the most effective when dealing with substance use.

In conclusion, consistent measurements of substance use outcomes, family dynamics, and behavioral changes would enhance their ability of reducing substances and young adults, according to Binumon et al. (2024). Binumon et al. (2024) argued that understanding potential drawbacks and barriers to implementation will inform more balanced decision making and clinical practice. Investigating the potentials of integrating technology into family based interventions considering the effectiveness of artificial intelligence assisted interventions in line with involving healthcare delivery and technologies increasing role in treatment for individuals dealing with a substance abuse issue. The results of this study suggest that family based intervention holds significant promise in the prevention of and recovery from substance abuse among young adults by promoting positive family dynamics and individual well-being.

### ***Mindfulness-Based Prevention***

Ramadas et al. (2021) studied three components: formal mindfulness practice, informal practice, and coping strategies. The formal practice includes body scan, sitting, mountain, and loving-kindness meditation. The informal practice includes urge suffering, mindfulness of daily activities, SOBER breathing space, and mindful movement. The original medication program had a total of 16 hours divided into 8 weekly sessions. The first three sessions focused on raising the individuals awareness of environmental triggers and reactions that may occur in response to them. The first session centers on the individuals habits which can occur regularly, the second centers on increasing the awareness of triggers and cravings, and third session centers on the promotion of mindfulness practice in daily life, sessions four, five, and six focus on mindfulness in the context of relapse prevention, the last two sessions focus on social and environmental factors and have the goal of guiding the application of what was learned to everyday life.

The results from Ramada et al. (2021) indicated the majority found significant improvements in at least one SUD or clinical variable following an mindfulness intervention. The results indicated that participants that received the intervention had significant decreases in frequency of use, both measured by days of heavy drinking, number of drinks per day, and number of using days, misuse for other substance. Also, there was a decrease in cravings and desire to use along with withdrawal symptoms and probability of relapse. The results from the study suggest that participants who received mindfulness intervention saw a significant decrease in anxiety, depression, along with symptoms reduced impulsivity levels.

Ramada et al. (2021) conclude the results of the present review indicated mindfulness has significant positive impact on various substance use and clinical variables. The results suggest that this intervention may be of particular value to treatment of individuals with SUD and comorbid mental health illness.

### **Environmental Influences**

Nicolas et al. (2021) stated abusers reported clinically significant impairment, including health problems, disability, and failure to meet responsibilities at work, school or home when using illegal drugs. Environmental factors are known to play a central role in determining sensitivity to the rewarding effects of drugs and in influencing the vulnerability to develop addiction and relapse. Early life stress and cumulative adversity seem to be key factors throughout the cycle of addiction. Exposure to positive enriched environments (EE) can have beneficial effects against addiction.

During the study that was conducted, Nicholas et al (2021) found during the twenty sessions of methamphetamine self-administration both future EE and standard environment (SE) rats similarly increased the number of injections and their daily intake of methamphetamine. The exposure to EE during a 3-week period of absence reduces methamphetamine-seeking behavior and this effect appears to be associated with modulation of glucocorticoid receptor (GR) expression in a region-specific manner. Exposure to EE decreased GR levels in amygdala and normalized the methamphetamine-induced increase in GR levels in the dorsal and ventral hippocampus. The exposure to EE during periods of abstinence has been shown to decrease risk of relapse to almost all drug

abuse. With methamphetamine anti-craving effects, the EE when previous EE was provided from early life to adulthood before exposure to the drug.

Nicholas et al. (2021) discovered from the results that the effectiveness of EE in reducing cravings for drugs belonging to different medication classes and support the idea that environmental stimulation should be included in treatment of addiction. The results also showed that methamphetamine self-administration produced long-lasting increase in GR protein levels in both the dorsal and ventral hippocampus in SE. In addiction Nicholas et al. (2021) found chronic stress was shown to produce long-term structural changes within the hippocampus such as a reduction of the hippocampal volume.

In conclusion, Nicholas et al.'s (2021) study demonstrates that exposure to EE during abstinence reduces methamphetamine seeking after an extended access of methamphetamine self-administration and that these effects are associated with the ability of EE to reverse methamphetamine-induced increases in GR expression in the hippocampus. In addition, the findings suggest that drugs that act on GR could mimic the effects of EE and may be helpful with the combination within environmental stimulations for the treatment of addiction.

### **Family Support**

Castaldelli-Maia and Bhugra (2022) stated that SUD is one of the most important health problems worldwide. Addiction treatment are widely used in different countries and the rate of entry into treatment along with successful continuation of treatment is low according to Nordeck et al. (2018). The high rate of substance use relapse is a major

problem after successful detoxification and rehabilitation in individuals with an SUD even after a long period without using illegal drugs stated Kabisa et al. (2021).

Nagy et al. (2022) found that personal factors such as young age, sex, personal willingness, and pleasure have found to affect the return to addiction. Social determinates such as education level, residency, employment, marital status, peer group influence, family history of addiction, along with conflict played a key role in individuals with a substance use relapse. Moradinazar et al. (2016) stated drug availability and accessibility were the most important predictors of substance use relapse. Individuals that have been hospitalized for 1-3 months were most likely to relapse after treatment.

Suwanchatchai et al. (2023) studied 956 individuals who had been admitted to the drug rehabilitation unit and had attended a substance abuse outpatient clinic. The study selected all individuals from hospitalization who attended rehab between 2019 and 2021. The study found that the rate of relapse among individuals was estimated 24% in the 2<sup>nd</sup> month to 47-month period following treatment for an SUD. In addition, the study found that the rate of relapse was between 40% and 75% in the week 3 to 6 month. The difference variables and lifestyle were the major contributors in the increase of relapse rates. The results revealed that individuals with an SUD aged over 40 years were more likely to have an increased risk of relapse than younger patients. The current study revealed that the tendency to relapse was more common among the single individuals rather than the married ones. It can be stated that family support decreases the risk of substance use relapse. The study also showed that being unemployed had a significant

association with relapse. Among the environmental factors drug availability was one of the high-risk factors of substance use relapse.

Suwanchatchai et al. (2023) discovered socializing with addicted friends and being in the presence of addicted close relatives increased the risk factors of a substance use relapse. Negative peer influences are addicted close relatives also play a critical role in increasing risk of the recurrence of drug use. Those engaged in family conflicts were more likely to relapse into substance use. Family conflicts may reinforce contradictions between individual parents, poor parenting behaviors, and inadequate monitoring of detoxification and rehabilitation. An excellent emotional relationship in the family can decrease the risk of substance use relapse. Increasing family conflicts, addicted friends, and addicted close relatives have a significant influence on relapse. Therefore, social support is a family and social factor that can prevent sociological problems and harms among individuals with an SUD, including the recurrence of drug abuse.

Suwanchatchai et al. (2023) concluded the prevalence of relapse after treatment of an SUD was approximately 24%. The risk factors identified which included age, marital status, employment status, and legal history were found to have significant associations with the recurrence of drug abuse. Interpersonal factors, environmental factors, and behavioral factors were found to have a significant influence on substance use relapse. Therefore the substance use management should not be limited to detoxification and rehabilitation only. Still, importance should be given to longer follow-up periods and family support to prevent substance use relapse.

Suwanchatchai et al. (2023) is important when researching interventions to help an individual maintain their long-term sobriety. If the individual can use coping skills to help them through situations, they will most likely not think about using alcohol or drugs to self-medicate, but in return using healthy coping skills to get through difficult times. As a person works through recovery it is found they need to change their people, places, and things. If an individual does not create new friend groups, interact in new places, and create new habits then they are most likely not be able to maintain their long-term sobriety, which results in their day-to-day activities decrease instead of increase. This article is very important to my study due to it allows the reader to understand which coping interventions work best for the individual to maintain their long-term sobriety.

### **Environmental Factors**

Addiction management is severely hampered due to the dearth of trained mental health professionals, inadequate infrastructure, poorly equipped de-addiction facilities, low funding, poor national program coverage, and lack of law enforcement (Nadkarni et al., 2023). A major threat to the efficient management of SUD is a significant proportion of patients who relapse within a year stated Anderson et al, 2019. The reason for relapse in previous studies include individual, psychological, family, and social factors. Individual's factors include cravings, lack of sleep, and other withdrawal psychological states like anxiety and stress. Social and family risk factors include peer pressure, other socioeconomic risk factor such as lack of social and family support, parental discord and unfavorable relationships with parents, poverty, underachievement, unemployment, and impoverishment were also common (Kabisa et al., 2021).

### ***Environmental Themes***

Devassy et al. (2024) discovered 6 themes that can play a role in factors that can influence a relapse. The following themes are as follow that an play a role in a relapse, Individual risk factors lack of strong will to stop, negative predispositions and unhappy life situations were significant risk factors for relapse. The individuals felt stressed and anxious and used substances to overcome the feeling. Comorbid mental health conditions were additional risk factors for relapse.

Environmental risk factors such as peer pressure and an adverse social environment are significant risk factors. Leading a life after addiction was challenging for individuals because of the stigma and discrimination that was placed on addicts. Abstinence from substances resulted in breaking connections and friendships due to which they felt lonely and isolated.

Family risk factors lack acceptance from family and a negative environment were significant risk factors for relapse among some of the individuals. Others in the study reported the stigma associated with addiction treatment. In addition, the negative family environment with a family history of drug use, divorced parents, parental discord, marital discord, domestic violence, disengaged family patterns, and other family dysfunctions led them to relapse.

Individual protective factors determine the post-treatment phase observed during the study which has individuals adopting healthier behavior, feelings more at ease, and dealing with less hostility. Emotionally, the individuals felt better in terms of sleep, aggressiveness, appetite, physical health, and productivity. In general, the individuals

exhibited greater hope and optimism in life, as well as better physical, psychological, social. And spiritual well-being.

Environmental protective factors during the study themes that emerged included the capacity for engaging in regular employment, savings, and consequent financial security. The motivation to abstain came from the satisfaction of an improved ability to support the family, and improvement in punctuality, dependability, and regularity at work, functional interpersonal communication and friendly relationships with coworkers, increase in social participation, and the sense of making a positive contribution to society. Multiple jobs offers and promotions were further inducements to abstain. To escape peer pressure to relapse, several individuals moved temporarily to a different location. A few respondents intentionally avoided harmful relationships, spent less time with their peers, or behaved prudently in social circumstances.

Family protective factors includes the individuals respond that their spouses and children started to accept and acknowledge them, and a positive and happy family environment was created. Enhanced family engagement, cooperation, and communication were protective. Many individuals who were also fathers stated that one of the main motivations for the abstinence was their children acceptance and attachment to them.

Devassy et al. (2024) attempted to study the risk factors for relapse among patients with SUDs in India. Out of the 166 post-treatment clients, 73 had a relapse of alcohol and substance use within one year. Interventions often lasted 21 to 30 days tertiary education, were employed in the public or private sector, and were from a

marginally higher socioeconomic group. In addition, the individuals had a higher frequency of abusing multiple substances and had a family history of SUD.

In addition, Devassy et al. (2024) found in younger individuals the social risks were related to parental discord and family issues such as the family history of drug use, parental marital discord, domestic violence, and parental disengagement which was consistent with studies conducted previously (Alhammad et al. (2022). In contrast, the major reason for relapsed individuals who were older and married in the current study was marital discord including expressed emotions and disparaging communications, similar to previous studies (Zeng et al. (2021). Among the positive experiences, family engagement in the treatment was most critical to making deliberate choices to stay away from toxic friendships, withstand negative peer pressure, and spend more time with their family. The study that Devassy et al. (2024) suggested that family inclusion, acceptance, acknowledgment, appreciation, and functional communication were positive factors for abstinence.

### ***Family Interactions***

Vincenzes et al., (2019) stated addiction should also be treated as an all-family condition. Factors that influence a relapse include ineffective parenting, the presence of parents or siblings with an SUD, violent and critical behaviors towards children, unfavorable experiences, family stress, psychological, sexual, and physical abuse, ignorance and instability in the present are the risk factors for children tendency to substance abuse. Family functioning is a key factor in the persistence and relapse of addiction, according to Chen et al. (2015).

Lazarus et al. (2023) stated children on the street are often relegated to the peripheries of societal attention, grapple with the profound impact of substance abuse within their lived environments, which will seek not merely to dissect but to comprehend the nuanced interplay between sociocontextual determinants and the realities of substance abuse. Unemployed street juveniles actively participate in aggressive street protests and instance of looting. Furthermore, the contemporary cohort of street youths has been linked to incidents involving robbery, the tragic fatalities of unassuming pedestrians in urban areas, and instances of pickpocketing. Lazarus et al. (2023) stated incidents involving these individuals have been associated with acts of theft, alongside contributing to various forms of societal instability. Substance abuse contributes to various health issues including mental health disorder, infectious diseases such as HIV and AIDS, and injuries and other medical complications.

Drugs and medicine use can be induced by cultural, religious, and traditional medicinal use in home remedied and economic pressure where the vulnerable and underprivileged services such drugs to cope with economic demands in their jobs and to evade harsh realities of life stated Lazarus et al. (2023). Some kids live on the streets because of homelessness due to their house being taking over by drug abuse. Lack of basic needs and parental guidance can catalyze drug and substance abuse among the kids living on the streets.

Lazarus et al. (2023) stated depression is a common challenge among youths leading to adverse coping skills with tobacco, alcohol, and marijuana, along with other types of substances. Streets kids sometimes suffer from rape, kidnapping, violence among

themselves and from the community, police arrest, exploitation from the community, robbery. low immunity and other various other forms of abuse. Despite adequate awareness about street life and associate dangers, the kids continue living this dangerous life because there are no visible options to live and will join cliques and gangs within which members protect each other against external forces and also take care of each other in many cases and share their resources such as drugs and substances. The presence of ecological variables facilitated the engagement in hazardous behaviors through resources availability, the presence of supporting norms endorsed the view that drug use increased ones capabilities, cultural endorsements, the absence of inhibitory factors, community-level poverty, interpersonal pressure, early initiation of drug use, and school dropout stated Lazarus et al. (2023). Other factors inducing drug abuse include accessibility to the resources.

Lazarus et al. (2023) stated various origins of early drug exposure ranging from parental influence on environmental factors such as children born to sex workers and left homeless. Lazarus et al. (2023) found 8 themes that influence family interventions. Theme 1 includes family emotional void. The absence of family structures surfaces prominently in the narratives, evoking sentiments of isolation and dearth of guidance. Substance use serves as a coping mechanism momentarily elevating the profound solitude within the family.

Theme two normalizes peer pressure within the youth. Societal normalization of substance use, and peer pressure significantly mold their initiation into drug use. Their perception of drug use as commonplace, as reflected in the sentimental things which are

normal things around here. The phenomenological lens discovered that kids learned this based on their everyday lives. The physical and social environment these kids are exposed to play a vital role in healthy behaviors.

Theme 3 includes challenges met on the street. The participants indicated knowledge about how these illicit substance usage impairs their health. They reveal that substance abuse leads to cognitive impairment, physical ailments, social interaction, distrust, and involvement in criminal activities. However these challenges are perceived as part of their reality leading to a sense of resignation and adaptation to this lifestyle. Limited access to health care due to social prejudice, financial constraints, and logistical difficulties exacerbates their health issues, prompting reliance on informal or intermittent healthcare support.

Theme 4 of economic hardships and coping mechanisms. Economic adversities, notably old, hunger, destitution, and the bleak outlook for the future, emerge as pivotal triggers propelling substance engagement, driving these children towards substance use as a means of escape. Which in return the results indicate that the drugs are viewed as a coping mechanism to alleviate physical and emotional distress caused by poverty.

Theme 5 includes environmental accessibility and peer influence. The environment stepped in accessibility to drugs becomes an intrinsic part of their everyday existence. Testimonies depict the drugs and the dearth of constructive alternatives, underscoring the environment roles and perpetrating substance reliance. Symbolic interactionism lens, one sees the kids using language in which they substitute their original name of the location where they find the drugs and it's symbolic name suggesting

how common and easily accessible marijuana is within their environment, echoing the common belief that smoking marijuana is legal. Contrary to the legal framework many of the kids identify themselves with Rastafarianism than any other religion. The act of possessing quantities above 56 grams of marijuana continues to be classified as a criminal offense, subjecting individuals potential crime charges and subsequent legal proceedings. The consumption and possession of cannabis is permitted for those who identify as Rastafarianism since it is recognized as religious practice.

Theme 6 is peer influence and belongingness. It's also seen as a means of camaraderie within peer groups and a method to navigate the harsh realities of street life. Everyone considers belongingness a basic need to social exclusion, homelessness, isolation from schools, and absence of parental figures create a vacuum that gets filled in the street. Belonging to a figure of influence among street kids was seen as a way to ensure security. Such authority is taken seriously among their cliques and advice from other kids without perceived autonomy and alternate relatedness. Thereby what elders command them from protection from robbery and bullying from others.

Theme 7 include vengeance and common crimes under the influence of substance abuse. The discourse among the adolescents demographic under scrutiny reveals a distressing patterns where individuals are implicated in several criminal activities often under the influence of intoxication or as a means to produce funds for the illicit of substances they are currently on. Notably young, these individuals confessed involvement in heinous crimes encompassing murder, armed robbery, and utilizing crude weapons like knives and bicycle spokes to coerce victims into relinquishing personal belongings things

such as purses, handbags, and mobile devices. Consistent with findings this study reaffirms that some children turn to robbery as a manifestation of anger stemming from being preyed upon by peers who were entrusted within a role of safeguarding them. Additionally reports surfaced indicating participation in acts of rape as a retribution for assaults inflicted upon their cohort by external perpetrators. For instance theft and physical altercations over trivial disputes were also disclosed when trying to protect the individual.

Theme 8 include interventions and support systems. The proposed interventions outlined by the children exhibit a proactive and constructive approach. These encompass community engagement parental reinforcement access to education ongoing dialogue and peer mentorship initiatives to mitigate substance abuse while offering alternative avenues. These suggestions underscored a dichotomy wherein, despite potential reluctance from some parents to reintegrate these street children, a yearning for a sense of belonging within a home environment persists among certain youths.

### ***Social Rejections***

Social Rejection: Strategies for Resilience and Recovery (2024) defines social rejections as triggers that profound emotional effects like loneliness, low self-esteem, jealousy, hurt, sadness, and can exacerbate conditions like depression and anxiety, reflecting both physical and social pain. The cognitive bias is known as rejection sensitivity, influenced by past traumas and childhood experiences, intensive it's social rejections, adversely affecting emotional well-being and exacerbating mental health disorders. Effective strategies for overcoming social rejection include practicing self-

compassion, mindfulness, seeking social support, personal growth activities, and professional therapy to mitigate its negative impact on emotional and physical health.

Hajiha and Ehsan (2021) discovered five main themes that emerged from the social rejection study which include condemning-restrictive family theme where the family interfere with extreme and irrational restrictions in various aspects of a person's life, such as phone calls, leisure time, and money spending. The family supports the person according to its circumstances and wishes, without regard to contrary to the person's needs and wishes. Providing services to family members and meeting their needs is subject to the unconditional acceptance of the principles governing the family and meeting the family expectations. Parents often use violence to compel their children to obey their principles and rules. Physical violence consists of beating a child and driving the child out of the home and psychological violence consists of being forced to drop out of school, be forced into marriage/employment, or be threatened with harm. Parents with extroverted perfectionism have certain rules and regulations in the family that children do not have the power to disobey. Severe academic and behavioral strictures are of this kind.

Passive-accepting family theme includes the family supports most of a person's behaviors and actions, without considering the negative consequences, and does not oppose his/her negative behavior. The core of support in the family is fear and lack of authority. The family has no expectations about the services and facilities provided for the person, or the expectations is low and disproportionate to the amount of services provided. In a passive-adoptive family, individuals do not have enough authority to deal

with negative behaviors and irrational requests. They either immediately satisfy the often-irrational demands of the person or demand a delay in resolving it by ransoming the individual. In a passive-adoptive family, children play the role of parents. Family planning and decision-making for themselves and other members are among these plans.

Rejecting family theme allows for expressing unwillingness to continue communication with the person, forcing the individual to live out of the family independently, and preventing the individual from being at home, are the most important aspects of overt rejection. Threats and blame the person with the aim of withdrawing from the family, family irresponsibility for the person's expectations, nonparticipating the person in family decisions, gender discrimination against daughters, and prioritizing the need of boys, are the most important aspects of covert rejection.

Indifferent family theme gives the family a careless intake about the individual's financial problems, such as housing, food, clothing, and does not take action to resolve them. The family is unresponsive about an individual's physical illnesses and mental disorders and does not take action to treat the individual. The family is indifferent to the improvement of the living issue and problems of the individual and doesn't take any action to solve them. The family is indifferent to the one's job, finances, and family future and does not have proper planning to improve her future situation.

Disoriented family theme determines successive abstinences and relapse of the person with SUD, the type of family interaction with the individual changes frequently over time, and the family in the same situations shows different reactions to the individual's behavior. The behavioral instability causes disorientation in the members and

disrupts their relationship with the person with SUD during consumption and abstinence. The instability of the family behavior leads to changing between dysfunctional patterns. The family patterns and the correct interactive pattern after successive withdrawals and relapse.

Hajiha and Ehsan (2021) discovered four time periods that determine the type of family interaction with women with SUD were extracted from the data which are as follows:

1. Before becoming aware of addiction: When the whole family, both parents and one of them is unaware of the individual's addiction, the family interactions with the individual from childhood to becoming aware of his addiction are included in this action.
2. After becoming aware of addiction: When the family both parents and one of them becomes aware of the individual's addiction until the person's experience is the first relapse after a period of withdrawal.
3. After being aware of the first relapse: When the whole family both parents and one of them becomes aware of the individual's relapse, until the person's withdrawal again and experiences the second relapse.
4. After being aware of the successful relapses: When the whole family, either parents, or one of them, becomes aware of the individual's second relapse and subsequent relapses.

The results that Hajiha and Ehsan (2021) discovered suggest that before the 1st relapse, most of these Iranian women's families with SUD did not take addiction

seriously and did not feel the need to alter their interactive pattern. But the family's prior misconception changes after the first relapse in a more realistic understanding of addiction, allowing the interactive pattern to change, although inefficiently. Therefore, it can be said that the authoritative parenting style has a protective role for children even after substance use. If these children use drugs, their authoritative parents will not accept drug use, and the children of these parents will use lower levels of drugs. Benchaya et al. (2019) for in addition, research has shown the parental presence and maternal authoritative styles are positive factors in the decision to reduce and stop substances use by adolescents and have some influence on their success in quitting drugs.

During this study the reader will see the environmental factors are key when trying to maintain long-term sobriety. If an individual can update who they are around, what they are doing, and how they see themselves, then they are able to maintain their long-term sobriety. An individual who enters recovery has low self-esteem causing them to feel lost and rejected in certain situations. This study shows the social rejections can increase the potential of a relapse. However, if the individual has support from their loved ones, then they are able to be held accountable, causing them to increase their likelihood of maintain their sobriety. It is very important for the individual to be integrated slowly back into society. If one rushes back into society, they are most likely going to fail due to not knowing how to handle certain situations. If the person has low self-esteem the scores would indicate a decrease in number causing them to relapse on their drug of choice.

### **Brain Interaction**

Morawetz et al. (2022) found the findings from their study attribute to lasting alterations in brain functioning associated with substance abuse as well as to co-occurring mental disorders that increase the risk of relapse. Next to the comorbidity, immediate determinants and current antecedents can contribute to relapse stated Morawetz et al. (2022). Alterations in the brain prefrontal subcortical circuits among persons with SUD contribute to substance specific behaviors according to Wilcox et al. (2016).

Volkow et al. (2020) stated SUD is often experienced as a chronic, lifelong disorder due to lasting alterations in the brain functioning induced by substance use as well as due to deleterious effects of comorbid mood disorders. One common bridge between the two risk factors may be increased emotional vulnerability which is observed in anxiety and mood disorders, thus may have transdiagnostic significance according to Lamers et al. (2018). Using EMA, mood variability was found to be associated with increased craving and individuals with SUD.

### **Co-occurring Disorders in Treatment**

DiClemente et al. (2008) for the combination of substance use and psychiatric disorders may complicate shift in substance use behavior and worsen treatment prognosis. Mueser et al. (2006) and the combination is also associated with more severe features, such as more severe psychiatric symptoms, substance use, and relapse. Kingston et al. (2017) found anxiety and depression are two most frequent Co-occurring psychiatric disorders among SUD patients. Bergman et al. (2014) suggest that patients with COD we're more likely diagnosed with alcohol use disorder and polysubstance use,

had been the only study to investigate types of drugs involved in COD within inpatient SUD treatment setting. Anderson et al. (2023) prior research among general SD in patient samples showed that having co-occurring psychiatric disorder was associated with increased relapse risk. Anderson et al. (2023) defined relapse as return to regular use thus who reported using alcohol or drugs two to four times a week were characterized as having a relapse found in the current study. Anderson et al. (2023) down among patients with COD, the post treatment relapse rates varied from 37% for those with alcohol use disorder to 53% for those with cannabis use disorder. Among patients with COD, those with cannabis use or stimulant use disorder were above 2 times more likely to relapse compared to patients without COD. Having these SUD diagnosis respectively among patients without COD, increased risk of relapse was predicted by having lower educational level.

Anderson et al. (2023) studies show that in patients with COD had relatively persistent high levels of mental distress and an increased risk of relapse, which was evidence among those with cannabis use disorder. Evaluate intervention efforts to strengthen motivation as a strategy to prevent relapse consist in important area of future research. Anderson et al. (2023) future research should include whether SUD treatment provided for patients with COD, including both specialized outpatient and community-based follow up health services are significantly geared towards these patients' psychosocial treatment needs.

Brian interactions are a key concept in understanding why an individual relapses on alcohol or drugs. The individual may face a mental illness causing them to self-

medicate on drugs. It is very important for the individual to work on their mental illness just as much working on their sobriety from drugs. In order for the individual to discover their mental illness it is key that one reframes from using any sort of substance. This article will show how an increase of awareness on mental illness will allow the individual to work towards maintaining their sobriety. It has been proven through this article if one can work on their mental illness then their likelihood from reframing from substance will increase allowing them to work towards long-term sobriety.

### **Predictors of Relapse Risk**

Yamashita et al. (2021) stated there has been raised cognitive behavioral therapy and stage transition models as an effective intervention for drug dependency and demonstrated the importance of self-awareness and association with drug cessation. DiClemente et al. (2008) stated coping skills, recreational activities, and social support have been reported to effectively encourage continued abstinence. Williams et al. (2015) discovered since denial is a characteristic symptom of drug dependency, it is imperative for patients to gain self-management skills by deeply understanding their disease and personal feeling the benefits of recovery. Bertrand et al. (2013) found in recovery group meeting held in self-help groups and treatment centers helps with SUD by improving self-disclosure. Yamashita et al. (2016) discovered that it has been shown that to prevent a relapse, people with alcohol use disorders, attending group meetings sponsored by self-help groups and treatment facilities can help with individuals attain deeper levels of self-disclosure, which has been associated with greater resilience.

Luthar et al. (2000) discovered the idea of a resilience related mechanism that protects people from psychological risk has empirical support, with findings demonstrating such as mechanism to reduce the effects of said risk, decrease negative chain reactions, and establish and maintain self-esteem and self-efficiency. Anderson et al. (2023) stated the results indicate that interventions attended to instill self-esteem and self-efficiency in patients during their recovery should primarily involve modifying their environment, such as changing or avoiding interactions with other formal associated with SUD and correcting cognitive distortions. Anderson et al. (2023) findings indicate that the relapse risk was significantly and negatively correlated with innate and acquired resilience, with high acquired resilience predicting reduced relapse risk, illustrate the need for SUD recovery to focus on enhancing resilience period.

Johnson et al. (1998) also found resilience related research has demonstrated the need for family-based interventions and social support, showing a community-based intervention program to enhance resilience in families with teenagers, a demographic at high risk for alcohol and drug dependency. Anderson et al. (2023) also stated that resilience building requires a safe and stable treatment environment where individuals can self-disclose with peace of mind. Yamashita et al. (2013) stated substance dependency must be treated using a dual approach targeting withdrawal symptoms due to physical dependence as well as drug-seeking behavior due to mental dependence. Bowden et al. (2015) have found individuals with comorbid mental illness for a significantly lower risk than those without. Anderson et al. (2023) identify ongoing employment is a factor related to relapse risk. However, self-stigma can be reduced by

attending a self-help group. In addition, it has been shown that outpatients with SUDS who attended self-help group and receive psychotherapy had increased employment opportunities and improved prognosis stated Sudraba et al. (2012). Anderson et al. (2023) findings provided some insight into the therapeutic benefits of recovery support of patients with SUD. Greater acquired resilience was correlated with low relapse risk furthermore, reduced relapse risk was significantly associated with current employment. The association of acquired resilience with employment status means that recovery programs need to incorporate employment support tailored to patients progress and recovery process. Recovery support to enhance resilience and individual SUD should include means to improve employment support services ensure that patients to continue treatment in the long-term.

In relations to predictors of a relapse risk, it will allow the individual to understand what risks are out there for an individual who is facing a substance use issue. If one can identify what causes them to relapse, then the individual can use community supports to help maintain their sobriety. The important factor when determine how the scores increase is understanding what risk an individual is faced, resulting on what community support they are willing to participate in.

### **Patterns Within a Rehabilitation Center**

Lakshmi et al. (2024) stated illicit drug use and trafficking not only hinder the economic progress of nations but also contribute to crime, violence, and corruption. Lakshmi et al. (2024) found substance use fluctuate overtime due to various factors like substance availability and cost, existing laws and their enforcement of attitudes towards

specific substances, peer pressure and other social cultural influences. Addressing drug abuse necessitates grassroots efforts involving primary care physicians, social workers, and community health workers. The significant social stigma attached to drug abuse underscores the importance of primary care workers being well informed about the nature of the issue, ensuring timely and effective care for those affected. This study aimed to analyze the social demographic profile and patterns of substance abuse among attendees of a drug de-addiction center. Enhance understanding of these factors can aid healthcare workers and policymakers in making informed decisions.

Lakshmi et al. (2024) concluded heroin is the most prevalent and frequent abuse substance. Lakshmi et al. (2024) Found that the age group most involved in drug abuse falls between the age of 21 to 30 range suggesting the importance of targeting preventative programs towards this demographic. The unemployed constitute a significant portion of society indicating a need for vocational training alongside job opportunities. Drug dependence poses risks not just to individuals and their families but also to the nation as a whole. To diminish the number of individuals dependent on drugs, effective policies need to be implemented. Prevention stands as the most crucial aspect of reducing drug demand and is pivotal in the battle against drugs. Since individuals in their most productive years are highly susceptible early identification of drug addicts and timely interventions is imperative currently.

### **Conclusion**

Throughout this literature review you will see that the literature gap is learning what community supports are being used to increase the scores of an individual. As we

read the research, it allows us to understand the key elements that influence a person to relapse. However, it does not indicate what is causing the scores of an individual to increase or decrease. The research does indicate the person needs to change their person, places, and things to maintain their sobriety. With the research I plan to conduct I hope to find what community resource will help an individual increase their scores which allows me to indicate if there is a correlation between resource utilization and relapse.

## Chapter 3: Research Method

### **Introduction**

The research being examine during this process is “Is there a significant difference in scores between substance users who participated in additional outside treatment compared to those who did not?” There needs to be more research on the relationship of resource utilization and relapse after substance use users complete a treatment program in rural communities. The research gap does not indicate if the increase or decrease of scores have a correlation between community resource utilization and relapse. Substance Abuse and Mental Health Services Administration (2022) has shown an increase of relapse rates in rural communities in the past 5 years. In rural communities the relapse rates are higher than in urban communities due to sociocultural barriers such as employment, limited entrainment activities, and peer pressure during social events (Rampure et al., 2019).

### **Research Design and Rationale**

For this study, I used rating scale to determine whether there is a connection between relapse and community engagement resources. The scores allowed the research to indicate the reason why the individual’s score is either increasing or decreasing when enrolled into an intensive outpatient substance use program.

### **Methodology**

In this study, I used participants who are enrolled in an intensive outpatient program and have a diagnosis of an SUD. I collected the sample from a treatment center in a rural community. I employed a purposive sampling method to select individuals for

the study. The eligibility requirements stipulate that individuals must have a diagnosis of an SUD and be enrolled in the intensive outpatient program. The number of individuals enrolled in the program ranges from 1 to 150. During the research study, I used a program that will help me determine the appropriate sample size for this research. The rationale for selecting this number of participants is that individuals were willing to complete the intensive outpatient program and continue their treatment after their time in the 28-day program.

The individuals selected for this study had to have some sort of treatment outside of the time they were enrolled in the intensive outpatient program. This secondary treatment could be working with a sponsor, attending AA/NA meetings, individual counseling, or enroll back into a 30-day intensive outpatient program for more support.

### **Data Analysis**

For this study, I used SPSS software to analyze the data because it allows me to enter the data into a program that facilitates different tests on the collected data. SPSS enables me to perform a paired sample *t*-test on the data collection. Once the data has been entered into SPSS, a paired sample *t* test was conducted. This allowed for comparison of the research findings against two variables to determine whether a significant correlation exists between the variables and if there is a significant difference in scores across the first 28 days of treatment due to the services received.

When looking at the data of the scores and what resources they used to help either increase or decrease their score with connection to resource utilization, I entered the questions and numbers into the SPSS software to run the paired sample *t* test. The

variables in this study were continuous because the scores are based on a scale using numbers 1–7 to determine the effect of their program the individuals are working. After the paired sample *t* test was completed, I was able to determine if there is or is not a connection between relapse and resource utilization as a result of increase or decrease of scores.

### **Ethical Procedures**

When completing this study, I followed the Code of Ethics, section 5.02

Evaluation and Research that states,

Social workers involved in research must secure voluntary and written informed consent from participants, when necessary, without any implied or concrete lack or consequences for refusal to participate, without undue inducement to participate, and with due regard for participants well-being, privacy, and dignity. (NASW, 2017)

In this study, I ensured that individuals names, record number, and personal information was not requested and that the individuals would stay anonymous based on confidentiality.

In addition, the principle of respect for the individuals recommends that researchers must, as required, to accept informal consent from individua's before engaging in the study. Due to the information in this study, no consent was needed due to all personal identifications were blacked out in order to maintain the individual's privacy. I worked with the Director of the intensive outpatient program to ensure the correct

documents were placed with each other in order to maintain the individual's privacy at the beginning of treatment and after they have completed the first 28 days in treatment.

### **Limitations**

Possible barriers/limitations of this study include getting permission from the treatment facility to conduct surveys with individuals in their treatment programs. The individuals in the study were not identified by any of their information but rather were assigned a random number. If for some reason the numbers of the individuals are mislabeled this can cause an issue within the study, giving the research information that is not true due to the mix up in the number placed for that certain individual data. Another barrier would be if the individual is court ordered, and they relapse, causing them to get put back in jail. If the individual gets charged with a probation violation, and they get placed back into jail, the individual would drop out from the study. A research barrier would be making sure the information is being entered into SPSS correctly; that way the correct information is being used to run the research test. Another research barrier would be matching the baseline with the same number after the individual completes their first 28-days in treatment. The strength of this study is knowing the baseline and comparing it after their first 28 days in treatment to see how far the individual has changed and what program they find is more beneficial to them to maintain their sobriety.

### **Summary**

After collecting and analyzing the data, I examined whether there is a correlation between relapse and resource utilization relation to the increase or decrease of scores.

The scores range from 1 to 7, with 1 indicating *none of the time* and 7 indicating *all the time*. The range chart corresponding to each total average number of the scores is in Appendix A.

Looking at this research will allow for further research to be conducted to determine if the environment affects the increase or decrease of the scores as regards resource utilization and relapse. Data collection and analysis of the six individuals helped determine if there is a correlation between relapse and resource utilization. In this quantitative study, the focus was on determining if resource utilization affects a relapse which affects the scores whether they are increasing or decreasing over a 30-day period.

In addition, the analysis process had to be applied in the data collection method of data collection to help determine if there is a correlation between resource utilization and relapse regarding the scores. In this study, I used SPSS to examine the data because it can run a paired sample *t* test which then allowed me to determine if there was a correlation between the variables.

## Chapter 4: Results

### Introduction

The purpose of this study is to explore the correlation of relapse and resource utilization using the score from the pre and post evaluation of treatment. The research question and hypotheses are as follows:

- Is there a significant difference in scores between substance users who participated in additional outside treatment compared to those who did not?
- $H_0$ : There is no statistical difference between relapse and community engagement resources as manifested by the score.
- $H_1$ : There is statistical difference between relapse and community engagement resources as manifested by the score.

To explore this issue, I collected data using the pre-evaluation and post-evaluation of the scores for individuals who are enrolled in an outpatient program for substance abuse. These individuals completed a assessment when they entered into treatment and then completed a post-evaluation 28 days after they completed their treatment. The identity of all individuals involved within this study was kept confidential and no personal information was used. When looking at the above questions for the research, I ultimately ended up determining “Is there a difference between scores amongst substance users who participated in an intensive outpatient program while using outside resources to maintain their sobriety?” The results determine the individuals who used outside resources sustained higher increase in scores rather than individuals who did not use the outside resources.

### Data Collection

The data collection time frame started on January 1, 2025, and ended on September 30, 2025. I collected data on 100 individuals who were enrolled in the outpatient program. After obtaining Institutional Review Board approval (09-08-25-1161400), I then entered all information for the average scores between the two assessments into SPSS and ran a paired sample  $t$  test on the data that were collected. During the data collection phase, I only looked at the average score for each assessment and the resources the individual used during their time enrolled into the outpatient program.

### Results

The results of the study are displayed in Tables–3:

**Table 1**

*Paired Samples Statistics*

	Evaluation	$M$	$N$	$SD$	$SEM$
Pair 1	Pre	47.29	100	7.776	.778
	Post	50.91	100	10.970	1.097

The pre evaluation of the mean shown in Table 1 is 47.29. The post-evaluation mean was 50.91, so the post-evaluation scores from the assessment are 3.62 points higher on average than the pre-evaluation assessment.

**Table 2***Paired Samples Correlations*

		<i>N</i>	Correlation	Significance	
				One-sided <i>p</i>	Two-sided <i>p</i>
Pair 1	Evaluation & Post	100	.536	<.001	<.001

The correlation for the pre evaluation and post evaluation assessment is 0.536 ( $p < .001$ ). Table 2 indicates a moderate, statistically significant positive correlation between the pre evaluation and post evaluation assessment scores. The individuals enrolled in the program scored a higher score at the pre evaluation but then also scored higher again at the post evaluation assessment.

**Table 3***Paired Samples Test*

		Paired differences					Significance			
		<i>M</i>	<i>SD</i>	<i>SEM</i>	95% Confidence interval of the difference		<i>t</i>	<i>df</i>	One-Sided <i>p</i>	Two-Sided <i>p</i>
					Lower	Upper				
Pair 1	Evaluation - Post	-3.624	9.455	.945	-5.500	-1.748	-3.833	99	<.001	<.001

Table 3 shows that the mean difference of the data that were collected is -3.624. Also, the  $p$  level again is  $p < .00$ . In summary, this chart shows a statistically significant increase from the pre-evaluation assessment to the post-evaluation assessment. Since there is a difference, this is a negative, which means the post-evaluation scores are significantly higher than the pre-evaluation scores, 95% CI [-5.500, -1.748]. Thus, the enter interval is below zero, which confirms that the post-evaluation scores are increasingly higher.

### Summary

A paired-samples  $t$  test was conducted to compare pre evaluation assessment and post evaluation assessment scores for the data collected on the scores. Looking at the results it showed that the post scores ( $M = 50.91, SD = 10.97$ ) were significantly higher than pre evaluation scores ( $M = 47.29, SD = 7.78$ ),  $t(99) = -3.83, p < .001$ . The results also showed a moderate, significant correlation was found between the paired scores,  $r = .54, p < .001$ , indicating that individuals who scored higher at pre evaluation assessment tended to also score higher at post evaluation assessment. The most resources being used during their time in treatment who scored high on the pre- and post-evaluation assessment was the individuals who attended the intensive outpatient program along with seeing their therapist weekly while attending three NA/AA/SMART/Celebrate Recovery meetings.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

The research being examine during this process is “Is there a significant difference in scores between substance users who participated in additional outside treatment compared to those who did not?” There needs to be more research on the relationship of resource utilization and relapse after substance use users complete a treatment program in rural communities. The research gap does not indicate whether the increase or decrease of scores have a correlation between community resource utilization and relapse. However, the results of the study did indicate if individuals who used outside resources to help maintain their sobriety, their scores showed an increase in improving in different domains of their life.

### **Findings**

This study’s findings consist of identifying what causes an individual’s scores to increase or decrease based off the treatment they are enrolled in. The findings show that the scores increase when the individual is enrolled in some sort of outside treatment along with the treatment they are receiving within their program. The outside treatment could include but is not limited to outside meetings, working with a sponsor, therapy, or even put on some sort of medication for their substance abuse addiction. These findings from the study shows that if in individual can receive extra support, they are most likely to increase their scores and also increase their quality of life.

### **Limitations**

The limitations of this research study include getting permission from the treatment facility to conduct surveys with individuals in their treatment programs. Since this study could not include any personal information, I instead received documentation from the facility that had no client information assigned to the assessments that were being used. During the study, the individuals in the study were not identified by any of their information but rather were assigned a random number. This can cause a limitation especially if the individual relapses and the research is not able to correctly be placed in the correct chart to compare their baseline too. Another barrier if the individual is court ordered, and they relapse, causing them to get put back in jail. If the individual gets charged with a probation violation, and they get placed back into jail, the individual would drop out from the study. However, during this study, only three individuals did not complete their treatment program at the facility due to various reasons that are unknown. A research barrier would be making sure the information is being entered into the SPSS software correctly, that way the correct information is being used to run the research test. Another research barrier would be matching the baseline with the same number after the individual completes their first 28-days in treatment. Strength of this study is knowing the base line and comparing it after their first 28 days in treatment to see how far the individual has change and what program they find is more beneficial to them to maintain their sobriety.

### **Recommendations**

The key action step to this study would be allowing the individual who enter into a treatment be advised of the different outside resources that can be used to help maintain their sobriety, increasing their scores, and allowing them to live a better quality of life. This would include but not limited to working with a sponsor, attending either AA or NA meetings, individual counseling, and attend different support groups. If individuals understand what resources are available to them in their area, they might be able to hold their sobriety longer, allowing for their scores to increase in their domains of life. Another recommendation would be following up with the individual after they have completed their program and has been discharged to see if they need extra support or need to be reenrolled into the program after the first 30 days of being discharge from the program. Lastly, the social workers should be up to date with resources in their area, allowing them to provide the best quality of care when working with the individuals. Social workers need to bring attention to the stakeholders what resources the individuals may need to succeed in case the stakeholders would like to invest into that resource in order for the client to succeed in their treatment.

### **Implications for Social Change**

This study is significant because it addresses the lack of knowledge about opportunities to reduce relapse rates among individuals with SUDs in rural communities through community resources. Understanding what opportunities are available through community resources will provide information for individuals in rural communities, enhance support for these individuals, reduce relapse rates, and increase their scores.

Additionally, the findings from this study could be beneficial for other individuals with SUDs in other areas, such as non-rural communities. The findings could also lead to new opportunities for community resources, allowing other individuals to be involved in creating an agenda to help individuals struggling with an SUD decrease their relapse potential and increase their daily living domains. This research study will provide social change by enabling the development of aftercare programs in rural areas and increasing the involvement of community resources. This will allow individuals with an SUD to reach out for additional help without returning to a long-term treatment program. In return, the development of new programs will decrease relapses in the rural area, resulting in an increase in their scores.

For social change to happen, researchers need to determine the leading cause of relapse and whether individuals are using the community resources available to them to increase their scores. If individuals do not know about the community resources, social change needs to start by having treatment centers provide a list of community resources to individuals once they complete 28 days in an outpatient treatment. This will allow individuals to reach out for help before a potential relapse, thereby decreasing relapses in rural communities and increasing life domains. Another social change that can develop is creating a safe place individuals can go to when they are in need of help. This will allow individuals to talk to professionals to get through cravings and increase their functioning in their life domains. In return, this will allow them to turn to the safe place instead of going out and using drugs.

## Conclusion

During this research study, the findings showed that the individuals who are enrolled in an outside program other than their regular program find themselves to live a better quality of life due to the scores increasing in their different life domains.

Individuals need support to maintain their sobriety even if it is after they have been discharged from their program. The research can conclude that extra support may need to be given to individuals who are struggling after they have been through their first 30 days of the program. This research can provide stakeholders with the tools needed in order to create new programs or even reorganize their current treatment program to better assist the client in their area.

Looking at the research question of “Is there a significant difference in scores between substance users who participated in additional outside treatment compared to those who did not?” The findings of this study shows the individuals who have a higher success rate in maintaining their sobriety find themselves having an increase in their scores. Individuals who do not use outside resources to help maintain their sobriety find themselves relapsing within a certain amount of time period which is usually 30 days after treatment. The literature review in this study shows their needs to be some aftercare program for individuals to help maintain their sobriety. The social problem is individuals in rural communities are relapsing once they complete a 28-day outpatient treatment program (Nordfjærn, 2011). When researching the data, I found that this statement above is accurate because the findings show that if someone does not continue their treatment once they complete their first 28-days of outpatient, they are most likely to relapse within

the second 28-days of their program. The research will indicate in order for someone to be successful during their time in treatment, they will need to be pushed to find outside resources as tools in order for their scores to increase so they are able to live life to the fullest. If the scores increase, the individuals who are fighting addiction have a higher rate of success based on the data that was collected.

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### Appendix A: Score Range

- 1-10: Persistent danger to hurting self or others
- 11-20: Same danger of hurting self or others
- 21-30: Inability to function in almost all areas
- 31-40: Major impairment in several areas of functioning (2+)
- 41-50: Serious symptoms or seriously impaired functioning
- 51-60: Moderate impairment in functioning or moderate symptoms
- 61-70: Some persistent mild symptoms of MI/SA/MR
- 71-80: Some transient mild symptoms impairments
- 81-90: Absent or minimal impairments
- 91-100: Optimal functioning in all areas, no symptoms

## List of Tables

Table. 1. Paired Samples Statistics

**Table 4***Paired Samples Statistics*

	Evaluation	<i>M</i>	<i>N</i>	<i>SD</i>	<i>SEM</i>
Pair 1	Pre	47.29	100	7.776	.778
	Post	50.91	100	10.970	1.097

Table. 2. Paired Sample Correlations

**Table 5***Paired Samples Correlations*

		<i>N</i>	Correlation	Significance	
				One-sided <i>p</i>	Two-sided <i>p</i>
Pair 1	Evaluation & Post	100	.536	<.001	<.001

Table. 3. Paired Sample T-Test

**Table 6***Paired Samples Test*

		Paired differences					Significance			
		<i>M</i>	<i>SD</i>	<i>SEM</i>	95% Confidence interval of the difference		<i>t</i>	<i>df</i>	One- Sided <i>p</i>	Two- Sided <i>p</i>
					Lower	Upper				
Pair 1	Evaluation - Post	-3.624	9.455	.945	-5.500	-1.748	-3.833	99	<.001	<.001