

2017

Action Research Toward Improved Treatment Services for Substance-Abusing Veterans in Central Texas

Sharla Nicole Peterson
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>

 Part of the [Social Work Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Sharla Peterson

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Sean Hogan, Committee Chairperson, Social Work and Human Services Faculty
Dr. Peter Meagher, Committee Member, Social Work and Human Services Faculty
Dr. Nancy Campbell, University Reviewer, Social Work and Human Services Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2017

Abstract

Action Research Toward Improved Treatment Services for

Substance-Abusing Veterans in Central Texas

by

Sharla N. Peterson

MS, Baylor University, 2002

BS, University of Mary-Hardin Baylor, 1997

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

May 2017

Abstract

Military-based social workers working with veterans with substance use disorders face many challenges to providing effective treatment services. Understanding environmental, organizational, and client-based factors that affect the provision of substance abuse treatment to veterans is critical for clinical social work practitioners working with this unique client population. As a clinical social work practice problem, this project explored the challenges of providing effective substance abuse treatment services for veterans, specifically those living in central Texas. The purpose of this project was to improve the clinical acumen and practice of social workers working with veterans with substance use disorders. The research question explored the unique substance abuse treatment considerations and challenges for military-based social workers living in central Texas. Systems theory was used to frame this project. Using an action research methodology, 5 clinical social work practitioners with experience working with veterans with substance use disorders participated in in-depth interviews. Themes that emerged from open and axial coding of the data included the importance of transportation for clients accessing services, the effect of client and organizational characteristics on the provision of treatment services, and a lack of training among military-based social work practitioners related specifically to co-occurring disorders. The findings from this project will provide military-based social workers with additional knowledge related to clinical best-practices for veterans with substance use disorders. The project further aligns with the social work profession through its community-based focus and intention to promote social justice and positive social change among this marginalized and vulnerable client population.

Action Research Toward Improved Treatment Services for
Substance-Abusing Veterans in Central Texas

by

Sharla N. Peterson

MS, Baylor University, 2002

BS, University of Mary-Hardin Baylor, 1997

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Social Work

Walden University

May 2017

Dedication

To God Be the Glory for all the many wonderful things that he has done and has continued to do in my life. I am so thankful for all the blessings which God has bestowed on me. I realize that it was nothing that I did so good or great, but that is was because of God's love and favor that I made it through this journey. It was not my timing, but God's timing. Everything that I have is because of God's love, mercy, and favor. God gave me the strength and endurance to accomplish this goal and complete this journey. I am blessed beyond measure, and I am thankful for this opportunity to dedicate this project to my wonderful father, Claude Evans Griggs (March 1, 1956 - June 11, 2015). My father was an inspiration to our family and my biggest hero. He is gone but never forgotten, and when I wanted to give up, I remembered that this was not an option with him as my father. My father never gave up on us as children or adults. Even in my adult life, my father's presence in my life provided me with his wisdom, teachings, and love for our family. Oh, how I wish that you could have witnessed my completion of this Doctorate in Social Work. However, I am glad that you were here when I started the program with Walden University. I love and miss you dearly daddy, but I know that you are resting in heaven.

Acknowledgments

I would like to take this time to acknowledge and give special thanks to Dr. Debora S. Rice, DSW coordinator. I would like to take this time to tell you personally how much I appreciated your listening ear. Thank you for allowing me to voice my concerns and for taking the proper steps to ensure a plan that was productive and conducive with me finishing the DSW program. To my chair, Dr. Sean Hogan, thank you so much from the beginning of this enduring process to the end. I was blessed to have you as my chair and I thank you for assisting me with your continuous feedback to make this project a success. I would like to also thank my second committee member, Dr. Meagher, and the university reviewer, Dr. Nancy Campbell, for their time and commitment to this capstone project. To my mother, Rita J. Griggs, thank you for being a great mother and pushing me to be my best. Thank you for your prayers and for always being there to listen when I needed you to. To my biggest supporter, my husband, Kondwani L. Peterson, thank you for your love and support throughout this strenuous process. To my beautiful daughter, Sharidyn K. Harold, thank you for sharing mama throughout this entire school process. I know that it was tough, but we made it through, and remember I love you dearly. To my aunt, Sherry A. Broussard, thank you for the weekly phone calls and all your advice throughout my time in the program. I would like to also say thank you to all my family members that were praying for me throughout this doctoral process. To my pastor, Jacqueline Taylor, thank you for your sincere prayers and words of encouragement during my time of need. Finally, a special thank you to all my friends and colleagues for all their support through phone calls, emails, and texts.

Table of Contents

List of Tables	iv
Section 1: Foundation of the Study and Literature Review	1
Introduction	1
Problem Statement	3
Research Question	5
Nature of the Project	7
Theoretical Framework	10
Significance of the Study	11
Values and Ethics	13
Review of the Professional and Academic Literature	14
Substance Use Among Veterans	15
Environmental Factors	15
Military Culture	17
Stigma	18
Treating Co-Occurring Disorders	20
Gaps in the Research	23
Section 2: The Project.....	26
Background and Context	26
Methodology	28
Sources of Data/Data Collection	30
Prospective Data	30

Instruments	30
Existing Data	31
Data Analysis	31
Ethical Procedures	32
Summary	32
Section 3: Analysis of the Findings	33
Validation and Legitimation Process	35
Findings	37
Demographics	37
Common Themes across Interviews	40
Theme 1: Environmental Issues	40
Theme 2: Preferred Evidence-Based Practices.....	41
Theme 3: Clinical Challenges Related to Client Characteristics	43
Theme 4: Clinical Challenges Related to Organizational Structure.....	47
Theme 5: Training for Treating Co-Occurring Disorders.....	48
Important Learning Points	51
Effect on Clinical Social Work Practice	51
Summary	53
Section 4: Recommended Solutions	55
Application for Professional Practice	56
Solutions for the Clinical Social Work Setting	60
Implications for Social Change	64

Summary	65
References.....	67

List of Tables

Table 1. Study Participant Demographics 38

Section 1: Foundation of the Study and Literature Review

Introduction

A real-world research issue in clinical social work practice is substance abuse among the veteran population, and the lack of effective services in place for those with substance use disorders (SUDs) (Ames, Cunradi, Moore, & Stern, 2007; Ames & Spera, 2011; Savitsky, Illingworth, & DuLaney, 2009). Organizations and service providers working with veterans, including clinical social work practitioners, have concerns about the effectiveness of substance abuse treatment services offered and used by this client population (Boden et al., 2014; U.S. Department of Veteran Affairs [VA], 2015b). Combat veterans returning home are, and have been, of special concern (Hosek et al., 2010). These concerns include the clinical effectiveness of services (VA, 2015b), as well as the reluctance of veterans to access services (Hosek et al., 2010; Savitsky et al., 2009). The veteran population is also using alcohol and drugs as coping mechanisms for psychological and emotional problems realized upon returning to civilian life (Boden et al., 2014). In working with veterans with mental illness and SUDs, it is imperative that providers understand that veterans are a unique client population and, with each veteran, there are distinctive characteristics related to their treatment planning.

This project contributes to the field of clinical social work by identifying unique environmental factors (e.g., social, political, and economic factors) that are influential to the specific substance abuse treatment needs of veterans. Ultimately, clearly identifying and increasing our understanding of such dynamics will lead to improved service provision by clinical social workers working with this client population.

The implication of improved clinical social work practice with veterans with substance use disorder may effect positive social change. Clinical social workers and substance abuse treatment providers working with veterans in central Texas, defined in this study as Waco, Texas, and the surrounding rural areas, have unique insight into the alcohol and drug problems that affect this client population, as well as the efficiency and effectiveness of current treatment protocols used in the community to assist veterans. In this project, exploring the clinical expertise and perspectives of these clinicians elucidated clinical challenges current to the substance abuse treatment services of veterans in central Texas. Ultimately, these findings can positively affect the veterans, their families, and their communities.

The research question for this project was: What are the unique substance abuse treatment considerations and challenges for military-based social workers living in central Texas? I used an action research methodology to explore service provision for veterans in central Texas. The methodology and the goals of this project align with the goals of the social work profession by identifying best-clinical practices for the substance abuse treatment of a unique client population. This project further aligns with the social work profession through its community-based focus and its intention to promote social justice among a marginalized and vulnerable population.

In the following section, I introduce the study, including the problem statement, research question, and statement of purpose. I follow these introductory sections with a brief presentation on the nature of the action research project and its theoretical framework. The first part of this section concludes with the significance of this project to the field of social work and its relationship to the values and ethics of the professional.

In the second part of this section, I present a comprehensive review of professional and academic literature. This review includes subsections on the relationship between a veteran's environment, including military culture, and substance use. I also present literature related to substance abuse treatment and barriers to services, such as stigma in the military community, as well as the treatment of co-occurring disorders among veterans. I conclude the literature review with a section on gaps in previous research.

Problem Statement

The clinical social work practice problem that I addressed was the lack of effective substance abuse treatment services for veterans, specifically those living in Waco, Texas, and the surrounding rural areas. The VA, the primary health care provider for veterans, has explicitly acknowledged the complex nature of SUDs among veterans and the need to recognize “new strategies to manage and treat patients with SUD, including new developments related to . . . treatment options” (VA, 2015b, p. 6). In 2015, in response to concerns regarding the effectiveness of treatment protocols used by clinicians to treat veterans with SUDs, the VA published clinical practice guidelines to support health care practitioners, including social workers, in caring for veterans with substance use disorders. Despite these clinical practice guidelines, the VA concluded that “challenges remain, including evidence gaps, [and] the need to develop effective strategies” for implementing substance abuse treatment services (VA, 2015b, p. 9).

The environmental aspects of effective substance abuse treatment services have also been recognized by researchers and treatment providers (Ames & Spera, 2011; McCrady et al., 2006). Texas provides a unique environmental context for social,

political, and economic factors that are influential to veterans' specific treatment needs. Clinical social workers who work from a person-in-environment perspective are uniquely prepared to understand the effect these environmental factors have on the substance abuse treatment of veterans and how best to incorporate information related to these effects into their treatment planning for this population (McCrary et al., 2006).

Social workers working with veterans have become increasingly concerned with the care of veterans, particularly those returning from combat with co-occurring mental health and SUDs (Hosek et al., 2010; Savitsky et al., 2009). More than 2 million service members were deployed to Afghanistan and Iraq during Operation Freedom (Vanneman et al., 2015). Many veterans returned to civilian life with serious injuries and common health issues that were not necessarily apparent, such as posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), and alcohol and drug dependence. Access to care and veterans' motivation to seek treatment services were top concerns for social work clinicians working with this population (Cahill, Adinoff, Hosig, Muller, & Pulliam, 2003; McFarling, D'Angelo, Drain, Gibbs, & Olmstead, 2011; Vanneman et al., 2015).

Using alcohol and drugs as maladaptive coping mechanisms for returning veterans has increased the urgency for better and more effective treatment services (Boden et al., 2014). Substance use problems among active military and veterans warrants immediate attention, especially for the younger active military and veteran populations (Saxon, 2011).

In working with veterans with mental illness and SUDs, it is imperative that providers understand that veterans are a unique client population and, with each veteran, distinctive characteristics are related to their treatment planning (Institute of Medicine,

2013; Strom et al., 2012). The idiosyncratic nature of these client characteristics requires clinicians to perform careful and complete assessments to provide effective treatment (Saxon, 2011).

Clinical social workers and substance abuse treatment providers working with veterans in central Texas have unique insight into the alcohol and drug problems that affect this client population, as well as the efficiency and effectiveness of current treatment protocols used by substance abuse treatment agencies, such as the Veterans Administration. Clinical social work with veterans suffering from SUDs has been a growing interest and concern in clinical social work practice because of the clinical significance of SUDs (Lash, Timko, Curran, McKay, & Burden, 2011), as well as the increasing clinical scope of military-based social work practitioners. Clinical social work practitioners and other providers benefit from developing greater knowledge related to the needs of veterans with SUDs. Ultimately, this research will also benefit veterans and their families, specifically those veterans living in Waco, Texas, and the surrounding rural areas.

Research Question

The research question for this project was: What are the unique substance abuse treatment considerations and challenges for military-based social workers living in central Texas?

This question is directly related to the clinical social work practice problem of improving substance abuse treatment services for veterans with substance use disorders in central Texas. The knowledge gained from this study will significantly contribute

toward improving military-based clinical social work practice, and the social work profession, in general.

The variables associated with this study included environmental antecedents (i.e., social, political, and economic factors) to alcohol and drug use, barriers to successful substance abuse treatment for veterans with substance use disorders, and clinical outcome measures (e.g., abstinence, treatment completion, and treatment compliance). The clinical perspective of service providers was another important aspect of this study. The goal was to develop new knowledge and improve clinical social work practice with veterans suffering from SUDs. The primary objectives in the study were to explore best practices in the substance abuse treatment of veterans and to explore possible social, political, and economic factors specific to central Texas; the military; and the various treatment agencies that contribute to successful substance abuse treatment for veterans living and accessing services in central Texas.

Purpose Statement

The purpose of this research was to improve the effectiveness of substance abuse treatment of veterans by exploring the various perspectives and expertise of substance abuse treatment providers, many of whom are professionally trained clinical social workers. This action research project interviewed social work practitioners working with the veteran population. Ultimately, findings will be distributed to study participants and stakeholders in an effort for military-based social workers in central Texas to gain knowledge related to clinical best-practices for veterans with SUDs in that specific region of the country.

The study furthered my professional development by providing empirical evidence toward the best clinical social work and substance abuse treatment provision for the client population. This study also furthered my professional development by giving new insight into the treatment needs of veterans with SUDs. This study influenced other people's learning; specifically, clinical social work practitioners who provide substance abuse treatment services to veterans. The findings from this project and my recommendations will be shared with other practitioners working with veterans with SUDs. This will allow other professional social work clinicians to benefit from the study's results.

Nature of the Project

Action research is intended to improve a concern in practice, or create knowledge about an area of practice, by questioning what needs to be explored by the research, why the research is important, and what else is needed to be identified to make the project viable and feasible (McNiff & Whitehead, 2010). Action research creates new knowledge or makes claims to new knowledge, tests the validity of why the research is important, and generates new theory (McNiff & Whitehead, 2010). This study was action-oriented and purposeful with the intent to study and improve substance abuse treatment services to veterans living in central Texas, as well as the clinical practice of social workers, who provide substance abuse treatment services to this specific client population.

The epistemological paradigm was the implementation of theory and knowledge of action research (McNiff & Whitehead, 2010). In participatory action research, the epistemological paradigm focuses on the collaborative nature of accessing and gaining

knowledge possessed by the study participants (Heron & Reason, 1997); it informed and supported the method of action research in this project.

The action research design was an exploratory cross-sectional qualitative study using semi-structured interviews with purposively selected military-based clinical social workers providing substance abuse treatment services to veterans in Waco, Texas, and the surrounding rural areas. The participants in this study included clinical social work practitioners working directly with veterans in the context of substance abuse treatment services in central Texas. The methodology consisted of interviews with five military-based social work clinicians in an effort to explore best practices for veterans with SUDs. The capacity of study participants to provide in-depth information, coupled with the availability and convenience of clinical social work practitioners in the Waco, Texas, area meeting inclusion criteria for this project, justified the sample size. Responses to questions were open-ended with subsequent probes and documented by the researcher using an audio-recording device. Only I collected data collected from the participants. With the guidance of my faculty research supervisor, I manually coded and analyzed qualitative data for common themes, patterns, and content (see McNiff & Whitehead, 2010; Strauss & Corbin, 1998).

Possible limitations to this study included selection bias and the limited ability to generalize results (Patton, 2015). In selecting five clinicians, I attempted to recruit a diverse study sample (e.g., ethnicity, age, gender, length of career). The number of study participants selected for this study was constrained by practical availability and time parameters of the project. Poor external validity mandated that results be interpreted and reported with caution. Although the results are not generalizable, through purposeful

sampling and the collection of rich in-depth descriptions of clinical social work experiences with veterans with substance use disorders, other clinicians may be able to transfer the results from this study to their own clinical practice. Transferability is a qualitative research methodological concept, akin to generalizability in quantitative research, which allows consumers of the research to decide if the information they are reading can be transferred to their own professional or practical context (Jensen, 2008; Stringer, 2014).

One issue that may have influenced the project outcomes was researcher reactivity in the form of experimental expectancies (Rubin & Babbie, 2016). Because I was working in the same field as the study participants, the study participants may have anticipated the type of information that I was hoping to find. Experimental expectancies could develop among study participants if I was not careful to present the study in a clear and objective manner.

I took the necessary steps to ensure the credibility and validity of the action research study. Referential adequacy ensured that the information received from study participants accurately reflected their experiences and perspectives and was grounded in their terminology and language (Stringer, 2014, p. 93). At the end of each interview, I provided study participants with the opportunity to debrief. I asked study participants about their feelings and responses to the questions asked during the interview process (Stringer, 2014). I maintained a reflexive journal (also known as a reflective journal) (Roller & Lavrakas, 2015). A reflective journal allowed me to critically self-reflect on the research design and maintain transparency during the research process (Ortlipp, 2008). The reflexive journal was typically informal and written in a “stream-of-consciousness-

like style to capture my personal thoughts” during the research process (Roller & Lavrakas, 2015, p. 41). A validation group consisting of myself, and my faculty research supervisor and clinical social work supervisor (Doris Miller Department of Veterans Affairs Medical Center), was used to provide critical feedback and judgments related to the research process, findings, and interpretations (McNiff & Whitehead, 2010); these individuals had access to the reflexive journal.

Theoretical Framework

The underlying theory used for the action research project was systems theory. Systems theory elaborates on complex systems throughout a continuum of themes concerning persons in the environment (Friedman & Allen, 2014). Systems theory allows social work researchers to comprehend the dynamics and different sections of client systems, and how to understand problems that can develop (Friedman & Allen, 2014). Within systems theory, intervention strategies assist in enhancing a goodness of fit with individuals in their environment (Friedman & Allen, 2014).

Systems theory does not use a particular theoretical orientation for understanding the dynamics of a particular problem; instead, it focuses on organizing a conceptual framework for analyzing what is acceptable and unacceptable in theory (Friedman & Allen, 2014). The social work profession has some concerns and struggles with capturing the nature of what social workers do. Systems theory has been identified with social workers, and the framework they use to draw from, as a basis of their clinical expertise (Friedman & Allen, 2014).

Ludwig von Bertalanffy used some forms of systems theory in social work and believed that change could occur because of the interactions between systems and

relationships with the environment as a cause-and-effect dynamic (Friedman & Allen, 2014). The environment plays an integral role with individuals with SUDs, and there is an emotional undertone that helps one understand that certain events create stressful situations for those with SUDs. Systems theory recognizes the importance of groups and how they are influenced compared with individual people. Substance use is a complex phenomenon that is contextualized by individual actions and other social systems, including families, organizations, neighborhoods, societies, and cultures (Friedman & Allen, 2014).

Systems theory suggests that all systems have balance and harmony (i.e., homeostasis). If the balance and harmony are subjected to dysfunction in any way, the natural balance of the system becomes dysfunctional. The social work profession recognizes the importance of accessing the individual in the context of their social and physical environments (Lander, Howsare, & Byrne, 2013). Social work education focuses on the significant factors that affect the individual in the environment and how environmental factors reciprocally affect the individual (Lander et al., 2013). The intention of this action research project was to identify cultural (e.g., military culture) and environmental antecedents to successful substance abuse treatment for veterans living and accessing services in central Texas. Alcohol and drug use have become normalized as accepted forms of behavior and coping in the military culture (Institute of Medicine, 2013).

Significance of the Study

Potential contributions of the action research project are to advance knowledge in the field of clinical social work practice including improving substance abuse treatment

services to veterans; improving the clinical acumen of professional social workers working with this population; and identifying professional challenges, barriers, and inconsistencies for clinical social workers in this region of the country. Social work practitioners, who diligently work with clients and their families who have SUDs, have identified a lack of services in working with this client population, which, in turn, increases or contributes to professional frustration and burnout (Morse, Salyers, Rollins, Monroe-Devita, & Pfahler, 2012). Professional burnout is common in the mental health profession and clinical social work practitioners face emotional exhaustion, depersonalization, and a sense of decreased personal accomplishment when working in inadequate service provision systems or agencies (Morse et al., 2012).

As helping professionals, social work practitioners seek ways to better serve their client population and ensure that they deliver exceptional and effective services. The social work profession's versatile nature allows it to adapt and implement emerging practice models supported by new research outcomes (Fisher, Holton, & Van Wormer, 2013). This study was relevant to study participants (clinical social work practitioners working with veterans with substance use disorders in the Waco, Texas) because it drew on their own practice knowledge to ultimately improve service delivery for working with clients with substance use disorders, particularly veterans living in central Texas. The project was relevant to stakeholders and co-learners in this project (substance abuse treatment administrators, veteran health advocates, and veterans with substance use disorders and their families) because it allowed them to administer and advocate for more effective treatment services for veterans, as well as experience better treatment outcomes for clients and their families. A review of the literature suggested a need for clinicians to

become abreast of new knowledge and improve how social work practitioners effectively work with veterans with SUDs.

Past research on veterans with SUDs identified a number of client- and clinically based characteristics related to successful and effective treatment. Most of the information was generic in nature. The current project fills a gap in the clinical knowledge-base for professional social workers working with veterans with substance use disorders in central Texas. The information and knowledge obtained from this study was region-specific; it was also specific to a clinical social work practice perspective.

Implications for social change resulting from this project include improved clinical social work practices and improved outcomes for veterans with substance use disorders. The clinical social work practitioners gained new knowledge about what practices have worked effectively, and those services that need to be improved in working with veterans with SUDs. Veterans have the potential for better health and welfare outcomes, thereby improving social functioning and healthy role participation. These changes may ultimately lead to an improved quality of life for both study participants and the clients they serve in this region of the country.

Values and Ethics

The values and principles of the National Association of Social Workers (NASW) code of ethics related to this study include service, respect, social justice, dignity and worth of the person, integrity, and competence (NASW, 2008). Social workers drew on their knowledge, values, and skills to help people in need and to address social problems. By conducting research to improve substance abuse treatment services to veterans, clinical social work practitioners enhanced the capacity and opportunity to change for this

client population, thereby enhancing their own effectiveness, integrity, and competence as service providers.

The values of the agencies that worked with veterans in the community were based on the core values of commitment, advocacy, respect, and excellence (VA, 2015a). These values were evident in this research project as I was trying to find the meaning of how to better serve veterans with SUDs by providing the best evidence-based practice for substance abuse treatment services. In addition, the project endeavored to contribute to the existing body of knowledge related to best-practices for clinical social workers, particularly those working with this vulnerable and marginalized client population.

Review of the Professional and Academic Literature

Clinical social work practitioners working with veterans with substance use disorders in central Texas face unique social, political, and economic factors that affect treatment services to this client population. The purpose of this research was to improve the substance abuse treatment of veterans by exploring the various perspectives and expertise of substance abuse treatment providers, many of whom were professionally-trained clinical social workers.

The military-based social workers in Waco, Texas, gained knowledge related to clinical best-practices for veterans with SUDs in that specific region of the country. Veterans returning from combat with co-occurring mental health and SUDs were concerned for military and community-based service providers (Hosek et al., 2010; Savitsky et al., 2009). In the following literature review, I focus on the environmental factors associated with substance use and treatment for veterans, including the military

culture and stigma toward accessing treatment services, as well as the treatment of co-occurring disorders for this client population. I also present gaps in the research.

Substance Use Among Veterans

Veterans returning from combat may carry the psychological and emotional scars of their military experience with them into subsequent civilian life (Hosek et al., 2010). In one study, one in four veterans returning from Iraq and Afghanistan reported symptoms of a mental or cognitive disorder; one in six reported symptoms of PTSD. These mental health problems were strongly associated with SUDs (National Institute on Drug Abuse [NIDA], 2013). Alcohol use was higher among men and women in the military than among nonmilitary personnel. In 2008, almost half of active duty service members (47%) reported abusive (i.e., binge) drinking; 20% of veterans reported binge drinking every week in the past month; the rate was considerably higher among those with high combat exposure (27%) (NIDA, 2013). Veterans tend to report less illicit drug use than the general population; however, they do report higher levels of prescription drug abuse. Approximately 11% of veterans report misusing prescription medication (NIDA, 2013).

Environmental Factors

Substance abuse was not only a serious problem for veterans, but also a complicated one that negatively affected families and created havoc throughout the entire lives of veterans (Institute of Medicine, 2013). In 2014, the rates of substance abuse were at their highest levels within the past 8 years (Substance Abuse and Mental Health Services Administration [SAMHSA], 2015). Those who had substance abuse problems were said to be at fault, but the research shows that environmental factors were proven to

play an integral part in explaining and predicting alcohol- and drug-use disorders (McCrary et al., 2006).

Among the general population, there were studies that found that people who were raised in homes where there was constant fighting and dysfunction appeared to be more susceptible to engage in substance use behaviors (Icick et al., 2013). Similarly, people who were victims of domestic abuse, violence, and emotional abuse were more likely to engage in substance use behaviors. In addition, individuals with SUDs were more prone to being a part of broken homes, and they often sought solace in using drugs and alcohol (McCrary et al., 2006).

The rates of substance abuse were higher among those with lower socioeconomic status, which were attributed to secondary factors. For example, having limited funds, no funds, and lack of access to support of services were associated with increased substance use. Other factors consist of lack of medical care, malnutrition, depression, and feeling inadequacy in education and job opportunities (McCrary et al., 2006). These conditions are rife among veterans in the Waco, Texas, area, particularly in rural areas with depressed economies. Drug and alcohol use has become a primary way for individuals to deal with their limited options and support, and the lack of control they have over their situations.

Stressors related to environmental factors (e.g., economic issues, social problems) have been associated with increased substance use. Stress has been recognized as a factor in substance abuse as it fosters maladaptive coping mechanisms to relieve stress and, subsequently, results in addiction for those who were most vulnerable to stress-related circumstances (McCauley, Killeen, Gros, Brady, & Back, 2012). Some examples of those

most vulnerable groups consist of the following: war veterans, those with psychiatric disorders, people who lived in rural areas, and people with health problems that were limited to or had no medical care (Hosek et al., 2010).

Isolation was another significant environmental factor that led individuals to engage in substance use, primarily because individuals often felt that they had no one to turn to in their time of need. Veterans returning from combat without strong social support networks were at increased risk for developing emotional and psychosocial problems; this led to increased substance use as a maladaptive coping mechanism (Boden et al., 2014). By understanding how environmental factors play an important role in the lives of veterans suffering from SUDs, researchers and clinicians can show how better and more effective treatment services can be developed.

Military Culture

It is important to understand the military culture when working with the treatment of veterans. Characteristics that are important to consider when working with veterans are military demographics, branch of service, rank, status, and various social and environmental stressors (Institute of Medicine, 2013). Strom et al. (2012) also discussed cultural competence as an important factor in the delivery of mental health services in working with military personnel and veterans. The clinician must have awareness about the military's culture and the clients' environment to successfully provide effective substance abuse treatment services.

Past literature has suggested that the focus of cultural competence has been exclusively on ethnic and racial minorities; however, working with the military community and veterans constitutes a more distinct subculture (Strom et al., 2012). The

subculture includes the veterans' military-based language, norms, and beliefs. Therefore, it is important for clinicians to obtain training, experience, consultation, and supervision to ensure the provision of effective services (Strom et al., 2012). Understanding this subculture was also important in understanding a veteran's substance abuse issues and designing the most effective treatment plan for that individual (Strom et al., 2012).

McFarling et al. (2011) discussed the attitudes toward treatment among active duty military men and women and how they were influenced by their military environment in which they lived and worked. McFarling et al. also reviewed the effect of their beliefs as keeping those in the military community from accessing services due to their negative thinking about treatment within itself. The military men and women were more concerned on how they would be viewed by others for receiving services, than if the treatment would be beneficial for them and their treatment (McFarling et al., 2011).

Stigma

Many factors played integral roles in the treatment of veterans with SUDs. One of the main factors playing an important part was stigma as a barrier to treatment for veterans with SUDs. McFarling et al. (2011) discussed how predictors and barriers to treatment greatly affected and influenced the military culture on attitudes toward treatment; they also examined unique challenges associated with reserve personnel, and addressed policy changes that improved access to care. McFarling et al. suggested that numerous studies had addressed the attitudes and beliefs contributing to stigmatization of mental health issues, which prevented individuals in the military from seeking the help that they so greatly needed. Held and Owens (2012) expressed that the literature was overwhelming on treatment seeking behaviors and how a significant number of veterans

were reluctant to receive treatment due to the military culture of being strong and in control.

The literature showed that more service members who had more severe symptoms were less likely to receive treatment than those who were screened positive for psychological disorders, and they were perceived to have greater stigma and barriers to services (Held & Owens, 2012). Witkiewitz and Estrada (2011) reported the rates of substance abuse and mental health problems among veterans and civilians were similar. The barriers to treatment among veterans and civilians were also similar (Witkiewitz & Estrada, 2011). They involved stigma, inadequate resources, and not seeing the problem as a problem, as the primary reasons in delaying treatment services. However, overall, attitudes played an important part as to why veterans were not actively seeking help for mental health and substance abuse problems (Witkiewitz & Estrada, 2011). Held and Owen (2012) noted that the reluctance to obtain treatment for services may be traced back for military service men and women with mental health problems as viewing themselves as weak or unreliable. This also shattered their professional relationships with their military peers (Held & Owen, 2012).

Held and Owen (2012) also speak of the discomfort that some veterans may encounter while attempting to receive treatment services, and the attempt to create an environment that promotes recovery. Leddy-Stacy, Stefanovics, and Rosenheck (2015) promoted recovery-oriented environments and creating an atmosphere of non-stigmatization. Leddy-Stacy et al. focused more on combating stigma against mental illness by implementing more consumer-focused recovery principles for veterans with SUDs, and providing social supports.

Another significant component of creating a recovery-oriented program involved evaluation (Leddy-Stacy et al., 2015). Evaluation was key in understanding how to demonstrate a positive recovery-oriented environment, which could be used in highlighting weaknesses to better serve the veteran population. The Recovery Self-Assessment (RSA) was a useful tool to measure clinical programs along with a Survey of Attitudes toward Mental Illness (Leddy-Stacey et al., 2015). Outpatient substance abuse clinics, which offer pharmacotherapy, individual and group counseling, and drug replacement and maintenance, were all evaluated and found that there was less stigma involved with these programs after clinicians provided education about recovery and stigma (Leddy-Stacy et al., 2015).

Treating Co-Occurring Disorders

SUDs and other various psychiatric illnesses frequently co-occur and comorbidity is associated with more severe psychopathology. A significant amount of past research focused on rates for comorbidity with veterans with PTSD and SUDs (Coker, Stefanovics, & Rosenheck, 2015). The focus was on proper discharge planning in addition to intensity and duration of treatment among those with such comorbidities. Hundt et al. (2014) stated that the Veterans Health Administration (VHA) made significant strides in attempting to have more veterans in mental health treatment. However, a need continues to increase engagement and adherence to psychotherapy among veterans who are younger. Higher use for services was less common and reflected the need for more evidence-based treatment particularly with those with PTSD and SUDs. Hundt et al. observed the need factors for PTSD, anxiety disorders, and SUDs as a predictor of psychotherapy use for the veteran population. There was low use of services

between those with PTSD and SUDs resulting in fewer inpatient days. McCauley et al. (2012) discussed the self-medication theory, which works well with veterans with PTSD and SUDs. They focused on integrating the best treatment practices for veterans with PTSD and co-occurring SUDs (McCauley et al., 2012).

Lydecker et al. (2010) reported SUDs and depressive disorders as prevalent and costly disorders in society. These two disorders were more prevalent than any other disorders, and there is more of a need to establish effective interventions. Specifically, Lydecker et al. (2010) discussed the prevalence of depressive disorders with alcoholism. Depression was frequently considered co-occurring on Axis I and dually diagnosed patients had poorer treatment outcomes, regardless of whether the intervention addressed substance use or depression (Lydecker et al., 2010).

There was an importance for clinical preference for integrated treatment for co-occurring disorders because there were so many that suffered from co-occurring mental health and medical problems. There have been significant barriers for integrating treatment because, in general, mental health and medical providers held doctoral or master's levels degrees (Sterling, Chi, & Hindman, 2011). However, in contrast, education and training for addiction treatment providers vary from medical, doctoral, to non-degreed peer counselors (Sterling et al., 2011).

A new study addressed treatment outcomes of veterans currently using alcohol, or with drug dependence and depression, with integrated cognitive-behavioral therapy (ICBT) or an evidence-based model of care (Lydecker et al., 2010). Outcomes of this model reported that although both interventions were associated with reductions in

depression and substance use, gains made by ICBT plus pharmacotherapy were more stable after treatment for 6 months (Lydecker et al., 2010).

Lydecker et al. (2010) mentioned that, with veterans with a dual diagnosis, it was difficult to decide which disorder to work with first, but treatment was provided separately. Again, the importance of integrating treatment proved to be valuable in working with those with co-occurring disorders because it was a collaborative approach that simply made sense (SAMSHA, 2016). Although it was challenging for practitioners to work with veterans with co-occurring disorders, the research highlighted that states were working diligently to improve treatment (SAMSHA, 2016). Owing to the fact that those veterans with a dual diagnosis exhibited more challenges, there should be research on the clinical practice experiences of social work practitioners working with this population.

Justification of Current Study

The review of literature related to substance use and the provision of substance abuse treatment services justified the inclusion and consideration of environmental factors among clinical social work practitioners working with veterans with substance use disorders in central Texas. Military culture, as well as social, political, and economic characteristics endemic to the central Texas region, provided a unique environmental context to understanding, assessing, and working with social work clients in this part of the country. The diversity of treatment models used to treat veterans with substance use and mental health issues indicated a need for clarity related to best practices when working with this particular client population.

Gaps in the Research

The gaps in the research, or what remains to be studied, included the lack of experience that social workers had in working with veterans with co-occurring disorders, and the treatment contingencies specific to veterans in the central Texas. The literature showed that there were difficulties providing treatment to veterans with co-occurring disorders. Clinical social work practitioners were faced with challenges in working with co-occurring mental health and substance use issues because of inadequate training (Smith, 2007). One difficulty for the practitioner was trying to figure out which disorder to treat first. Another problem that practitioners were faced with was the separation of mental health and substance abuse treatment (Schatzberg, Weiss, Brady, & Culpepper, 2008). Social work practitioners had difficulty reconciling competing treatment philosophies between the two treatment systems (Seiger, 2014). Although there was recognition that there needed to be integrated treatment for veterans with co-occurring disorders, such programs were not always widespread and differ from state to state (Schatzberg et al., 2008). In central Texas, it was not always clear what type of treatment service veterans would receive for their co-occurring substance use and mental health problems.

In reviewing and synthesizing studies related to the research question for this study (What are the unique substance abuse treatment considerations and challenges for military-based social workers living in central Texas?), it was clearly evident that veterans existed in a unique cultural milieu and dealing with problems for this specific client population would need to take into account environmental influences (Ames & Spera, 2011; Institute of Medicine, 2013). The military men and women that had

experienced multiple deployments and combat exposure were at greater risks for substance use problems (Ames et al., 2007). Returning veterans carried psychological and physical wounds with their experiences in the military and the idea of adjusting to their civilian life, caused them to self-medicate with substances (Boden et al., 2014). There were stigmas that the population was faced with, which posed difficulties for them receiving the proper treatment (McFarling et al., 2011). There was a shift in the cultural climate, in which those who had experienced stigma for engaging in substance use felt comfortable to share their feelings of what caused them to use without the fear of being judged for their engagement with drugs and alcohol. The question became how to address the problem with those with substance use problems and what are the recommendations for this specific population.

According to a report prepared the U.S. Department of Defense (2013), in 2012, it was recommended to address the problem of substance use among veterans by increasing the use of evidence-based prevention and treatment interventions to advance and expand access to care. It was recommended that service provision should be broadened to include effective outpatient services, and training health care professionals to recognize and screen for substance use problems (U.S. Department of Defense, 2013). Once health care professionals provide the proper screenings, veterans should be referred to appropriate evidence-based treatment as needed.

Research has been funded by government agencies to gain more knowledge about the causes of drug abuse and other mental health problems among the veteran population and their families on how to best serve this population with treatment (NIDA, 2012). Currently, in the state of Texas, there is an emphasis on working toward integrated

treatment for those with PTSD and SUDs, but there continues to be controversy over the best practices for implementing this treatment (VA, 2015b). Information gathered from the current study may help clinical social work practitioners improve their substance abuse treatment provision to veterans in central Texas.

Section 2: The Project

The purpose of this research was to improve the effectiveness of substance abuse treatment for veterans by exploring the various perspectives and expertise of substance abuse treatment providers, many of whom were professionally trained clinical social workers. The research question for this project was: What are the unique substance abuse treatment considerations and challenges of military-based social workers living in central Texas? In this section of the proposal, I present the background and context for the current study, as well as a comprehensive action research methodology for addressing the study's research question. I also present ethical considerations related to this study.

Background and Context

The purpose of the action research recommendation from this study is to improve clinical social work practice with veterans suffering with SUDs. Ultimately, this recommendation will lead to more effective substance abuse treatment services, particularly those provided by professional social workers in central Texas.

The clinical social work practice problem, as defined by the professional practitioners, was a lack of effective substance abuse treatment services for veterans, specifically those living in Waco, Texas, and the surrounding rural areas. During the research process, practitioners offered suggestions for areas of clinical needs or improvements, so that they met the needs of veterans suffering from SUDs. Clinicians also offered information to improve the quality of their vocational experience as professional social workers.

The institutional context and clinical social work practice situation was that of clinical practitioners providing perspectives on unique environmental and clinical

characteristics relevant to providing services to veterans living in central Texas. Clinical social workers worked in a variety of community-based agencies, primarily dominated by the VA; however, the mission of all the agencies was consistent: To help veterans resolve substance use problems and become healthy and productive members of society.

Specifically, the social work mission, vision, and values at the VA were to increase health and well-being through the use of psychosocial involvement with veterans, families, and caregivers (VA, 2012). The core values at this agency were respect and dignity of every individual, appreciating the veteran within their family and socio-cultural environment, empowering the veteran as a primary member in treatment, and advocating for system changes for veterans' every changing needs, specifically those that were at risk (VA, 2012). These values also transferred to civilian-based agencies working with veterans (Savitsky et al., 2009).

Social work practitioners promoted learning new ideas and new concepts that fostered knowledge in enhancing their clinical social work practice by utilizing the best evidence-based practices. The stakeholders and co-learners for this project were the following: social workers; substance abuse treatment providers and administrators; veteran health care advocates; and veterans and their family members. These were individuals and groups that had a vested interest in the health and welfare of veterans, as well as the effective provision of substance abuse treatment services. As stakeholders and co-learners in this project, these individuals and groups provided insight into the research process and interpreting results (Stringer, 2014). Stakeholders were abreast of improved treatment information, as well as improved mechanisms for recovery from SUDs among

veterans. Ultimately, stakeholders and co-learners associated with this project will benefit from the study's findings.

The knowledge gained from this research may empower individuals, especially if they could recognize the signs or symptoms of mental problems and substance abuse treatment among this specific client population. The stakeholders were empowered by assisting veterans and their families through the process of outreach services for veterans and their families in the community. The stakeholders assisted veterans with finding outside providers with the specialty in working with the military husband and wives who share a mental health diagnosis and substance abuse problems.

My role in the action research project was that of principal investigator. I am a student and a professional clinical social worker with experience providing substance abuse and mental health treatment services to veterans in the central Texas area. I am currently an employee of the VA (Doris Miller Department of Veterans Affairs Medical Center). I have professional relationships with colleagues working with veterans with substance use disorders from this part of the country; however, none of these relationships is in a supervisory capacity. These relationships serve as the foundation for recruiting and selecting study participants for the proposed study, as well as the impetus for the research question.

Methodology

The study participants were military-based social workers or substance abuse treatment providers who worked with veterans with substance use disorders in central Texas (primarily, the Waco, Texas, area). I purposively selected the study participants were based on their availability to participate in the study and their working knowledge

of substance abuse treatment services provided to veterans accessing services. In addition, I purposively selected study participants based on their knowledge of the needs and challenges veterans faced while living in central Texas trying to successfully recover from substances use disorders. All participation in the study was voluntary.

The study population for this proposed research was professional social workers from central Texas who provided substance abuse treatment services to veterans. While the exact number of social workers who provide substance abuse treatment services to veterans is unclear, according to the Bureau of Labor Statistics (2016), in 2015, the state of Texas had 2,840 professional social workers dedicated to providing mental health and substance abuse services. While this may seem like a substantial number, given the population of Texas, it is very limited. In fact, Texas has the second lowest location quotient (0.31; South Carolina was the lowest at 0.26) for mental health and substance abuse social workers in the country (Bureau of Labor Statistics, 2016). The location quotient is a relative measure of occupational density; it is compared to a national figure of 1.0 (Bureau of Labor Statistics, 2016). This means that central Texas has approximately 30% of the number of mental health and substance abuse social workers as the national average. This reality had implications for the recruitment, selection, and final sample size of the current project.

The specific procedures and strategies for identifying and recruiting participants was done by email to current and past clinical social work practitioners or substance abuse providers working with veterans with SUDs in central Texas. This sampling frame was created from a list of personal and professional contacts known to me. The participants were given 7 days to respond, if they were willing to participate in the

interviewing process. With the email process, the participants were made aware of the purpose of the interview, and were given information about the interview being recorded. A date for transcription was given at a later time. Once the participants responded to the email, a time was scheduled for their interview to begin. Prior to beginning the qualitative interview, study participants were required to sign an informed consent form.

Sources of Data/Data Collection

Prospective Data

The overall method for collecting the data was semi-structured interviews with 5 military-based social work clinicians to explore best practices for veterans with SUDs. I conducted the interviews; clinicians were asked 7 open-ended questions with subsequent probes. Responses to the questions were documented utilizing an audio-recording device. The interviews took approximately 30 to 60 minutes per interview. Audio recordings were transcribed by me. Data was analyzed utilizing content analysis (see below for complete description) (McNiff & Whitehead, 2010; Strauss & Corbin, 1998). Data collected for this project examined the relationships between clinical social work practice, substance abuse treatment, and environmental antecedents (i.e., social, political, and economic factors) to successful treatment among veterans in central Texas.

Instruments

The instrument used to collect the data was a semi-structured qualitative interview schedule comprised of 7 open-ended questions with subsequent probes (see Appendix A). The interview schedule was created by me with the assistance of her faculty chair. The questions were created with the intent of gathering information relevant to the study's research question. The instrument had good face validity. Semi-structured qualitative

interviewing was selected for this action research project because of the flexible and dynamic nature; its ability to allow the researcher to probe with follow-up questions, as necessary; and its ability to gather more in-depth and holistic information from study participants.

Existing Data

There were no existing data and there were no client-level data required or accessed for this project.

Data Analysis

Qualitative data were coded and analyzed for common themes, patterns, and content, to answer the research question (McNiff & Whitehead, 2010). I derived categories within which to classify and interpret qualitative information. According to Guba and Lincoln (1981), two different categorizing steps are required for effective qualitative analysis.

The first step is to identify or construct categories directly related to the concerns and issues of the study population. Through an open-coding process (Strauss & Corbin, 1998), information gathered from transcribed interviews was labeled to capture the experiences of the study participants.

The second step is to gather and organize information within each of these primary categories. Axial coding will identify connections between categories and sub-categories. Through inductive analysis, the student identified emergent themes and issues among study participants. Ultimately, qualitative information provided a richer and deeper understanding of the substance abuse treatment of veterans.

Ethical Procedures

All study participants were informed through an informed consent document as to the intentions, goals, procedures, risks, and benefits of the research study. All study participation was voluntary and study participants knew their rights to withdraw from the study at any time without penalty. All information was kept confidential and private. No harm came to study participants and there were no conflicts of interest between myself and the study participants. Study participants were expected to benefit from this research, as well as social work clients suffering from SUDs. Study participants received no incentive for participation. Approval for the protection of human subjects was acquired from the Institutional Review Board at Walden University with the approval code of 10-04-16-0483001.

Summary

The primary objective for the action research study was to identify clinical needs and improve the substance abuse treatment of veterans by exploring the various perspectives and expertise of substance abuse treatment providers. This study was exploratory cross-sectional qualitative study utilizing semi-structured interviews with purposively selected military-based clinical social workers providing substance abuse treatment services to veterans in central Texas. Qualitative data was gathered with the use of an audio-recorder, transcribed by myself, and analyzed for content. The following section described the analysis and findings from that data collection process.

Section 3: Analysis of the Findings

The purpose of the research project was to improve the effectiveness of clinical social work practice with veterans with substance use disorders. The research question for this project was: What are the unique substance abuse treatment considerations and challenges of military-based social workers living in central Texas? The research question afforded the opportunity to actively pursue information related to the unique substance abuse treatment needs of veterans living in central Texas.

I explored the needs of veterans with SUDs. I used an action research design employing in-depth interviews to gather information relevant to the study's research question. The action research design included exploratory semi-structured interviews with five purposively selected military-based clinical social workers providing substance abuse treatment services to veterans in central Texas. Responses to questions were open-ended with subsequent probes, and I documented them with a digital audio-recording device. The information collected from the participants, exclusively by me, revealed common themes across study participants, which I manually coded with support from the faculty research supervisor.

The following section describes the data analysis, and validation and legitimation processes used throughout this project. Following these sections, I present qualitative findings gathered from study participants, organized according to common themes. Last, I present important learning points, specific findings that will affect social work practice, and unexpected results from this study.

Data Analysis Techniques

The research project revealed a variety of unique outcomes related to clinical social work practitioners working with veterans who have SUDs. Qualitative interviews with social work practitioners disclosed themes related to the treatment of veterans with substance use disorders, as well as some unique details. Some of the themes identified across study participants included the following: environmental issues, evidence-based practices preferred in the substance abuse treatment of veterans, clinical challenges related to client characteristics, clinical challenges related to organizational structure, and training for treating co-occurring disorders.

There were five study participants interviewed in this project. All study participants were clinical social work practitioners with experience working with veterans with substance use disorders in central Texas. Each study participant worked for a social services or health care agency in Waco, Texas. Each study participant was identified and data organized by their participant identifiers, beginning with P1 and ending with P5.

The participant's qualitative interview data were collected through a digital audio-recorder. Following the interviews, I manually transcribed the audio-recordings. After transcribing each interview, I manually identified themes associated with each respondent's data. Following the identification of emergent themes in the data, common themes across interviews were identified, as well as important information expressed by individual study participants. I then organized and synthesized these results into cohesive categories on a spreadsheet for later description (Patton, 2015).

Validation and Legitimation Process

I used a reflexive journal to write down my personal thoughts and feelings during the qualitative interviewing process. Following each interview, I would make notes regarding my interviewing experience, as well as any questions I might have for my faculty mentor or clinical supervisor. The reflexive journal improved the way I collected data by better informing and focusing questions and probes in subsequent interviews with study participants. This iterative process also helped me become more competent in my qualitative interviewing skills. My clinical supervisor and I had access to the reflexive journal, and the supervisor reviewed my journal and provided feedback as needed.

The validation procedures for this study consisted of the use of a validation group and respondent validation (i.e., member checking) (Stringer, 2007). The validation group consisted of my Walden University faculty research supervisor, and the clinical social work supervisor at the Doris Miller Department of Veteran Affairs Medical Center. I met with the faculty research supervisor after each interview to address the quality and rigor of the interview process. The faculty research supervisor provided feedback and support after discussion on each interview experience and gave feedback regarding questioning techniques related to the process of qualitative interviewing (e.g., appropriate probing) with clinical social work practitioners. The faculty research supervisor assisted me with refining interview techniques, reporting key findings, identifying themes, and interpreting results. The clinical social work supervisor, based on his many years of experience working in the central Texas area, provided valuable confirmation on the veracity of the information received in the interviews with other clinical social work practitioners.

During the interview process, I was careful and vigilante to actively query study participants on their responses to ensure clarity, understanding, meaning, and accuracy of the data collected. Credibility was established through the member checking to ensure that the words that were being spoken by each participant were captured accurately. Each study participant was given the opportunity to review their transcribed interview in detail to ensure the accuracy of the data collected. This respondent validation process allowed study participants the opportunity to clarify and extend information related to their clinical social work practice experiences (Stringer, 2007).

Rigor in action research is “based on checks to ensure that the outcomes of the research are trustworthy” (Stringer, 2007, p. 91). Lincoln and Guba suggest that trustworthiness can be established through procedures that assess the following attributes of a study: Credibility, transferability, dependability, and confirmability (as cited in Stringer, 2007, p. 91). I allowed the participants to speak freely and in their own words throughout the interviewing process. There was no reason to believe that the participants were not being truthful in their responses. Also, I do not feel that my professional relationship with the study participants had any influence on their responses. Member checking assisted in establishing the credibility of this study. Ultimately, based on the rigor of this study, it is hoped that the results will be transferable to other clinical social work practitioners working with veterans with substance use disorders in similar settings in the state of Texas. Interview recordings and transcripts confirm the veracity of the study. Limitations to trustworthiness and rigor in this study include the representativeness of the small sample size and an inability to triangulate information provided by individual study participants.

Findings

The findings of the project provided insight into the research question about what were the unique substance abuse treatment considerations and challenges of military-based social workers living in central Texas. Common themes expressed by clinical social work practitioners included: Environmental issues, evidence-based practices, clinical challenges related to client characteristics, clinical challenges related to organizational structure, and training for treating co-occurring disorders. The qualitative interviews identified specific findings that affected the practice of clinical social workers working with veterans with SUDs.

Demographics

Five participants responded to an invitational email that was sent out by the researcher. The researcher invited clinical social workers and substance abuse treatment providers who work with veterans with substance use disorders in the Waco, Texas, area to participate in the study. Those that were interested in participating with the research process were asked to respond back within 7 days of the email that was sent out to them. All five of the participants responded to the email and were identified by participant codes P1 through P5. Ages for each participant ranged from 31 to 59, and there were a total of two females and three male study participants. In regard to race or ethnicity, the participants self-identified as White, or Black. There were three Black and two White study participants. The years of service in working with veterans with substance use problems ranged from 2 to 20 years of service, with an average of 8.8 years; all study participants were professional social workers (i.e., MSW-level or greater) (see Table 1).

P1 is a 39-year-old male that identifies his race or ethnicity as African American. P1 works for a government agency in the State of Texas servicing veterans with substance use problems. P1 is a social worker that has 11 years of experience in working with veterans with SUDs. P1 works with veterans individually, and in a group setting, advocating for their needs, and desiring to assist veterans to see their full potential. P1 does this by helping veterans to succeed in society by involving treatment planning that fits their goals and objectives and having their family members be a part of the healing process.

Table 1

Study Participant Demographics

Participant ID	Age (y)	Gender	Ethnicity	Years working with veterans with substance use problems
P1	39	M	Black	11
P2	36	F	White	6
P3	31	F	Black	2
P4	59	M	Black	20
P5	51	M	White	5

P2 is a 36-year-old female that identifies her race or ethnicity as White. P2 works for a social service agency assisting veterans with mental health disorders and substance use problems. P2 is a clinical social worker practitioner with 6 years of experience in working with veterans with substance use problems. P2 works with older veterans in a

nursing home environment and advocates for veterans daily ensuring that they are remaining abstinent from drugs and alcohol once they leave are discharged.

P3 is a 31-year-old female that identifies her race or ethnicity as Black. P3 works at a government agency in the State of Texas as a social worker. P3 has 2 years in working with veterans with mental health and substance use problems. P3 works to reintegrate veterans back into the community after they have been hospitalized. P3 believes that the social change she is making in working with veterans with SUDs is educating the veterans and their family members.

P4 is a 59-year-old male that identifies his race or ethnicity as Black. P4 works for a government agency in the State of Texas as a social worker with a specialty in addictions. P4 reports that he has 20 years of experience in working with veterans with a dual diagnosis. P4 provides veterans with group work, individual therapy, and family therapy. P4 is the only study participant with a doctorate; he believes that his education provides a great opportunity to initiate social change in working with veterans. P4 wants to learn more to assist this population, while maintaining his focus on his specialty.

P5 is a 51-year-old male that identifies his race or ethnicity as White. P5 works for a government agency in the State of Texas as a social worker. P5 works as a mental health behavioral manager where he services veterans with mental health diagnoses, as well as SUDs. P5 has worked 5 years with veterans with SUDs. P5 provides education, individual/group counseling, and referrals for other treatment services involving veterans. P5 believes that, as a social worker in a primary care setting, he is making social change by providing veterans with quick access to services and assisting them to make the decision to stop using drugs and alcohol.

Common Themes across Interviews

Individual semi-structured qualitative interviews were conducted with five participants in regard to their clinical experience in working with substance abusing veterans in central Texas (see Appendix A). The interview process revealed several emergent themes across study participants, including environmental issues, evidence-based practices preferred in the substance abuse treatment of veterans, clinical challenges related to client characteristics, clinical challenges related to organizational structure, and training for treating co-occurring disorders. Environmental issues was a key theme that stemmed from there not being transportation for veterans to use for treatment.

Theme 1: Environmental Issues

A common theme expressed by most of the social work practitioners in this study related to the availability of transportation for clients and how it affected access to treatment services. Some study participants combined transportation, finances, and housing issues into a single narrative. P1 discussed the lack of transportation and finances in the following:

Or like I said, transportation too because there are veterans that are out in the rural areas that don't have the finances to get here or you got some that you know, that are not aware of transportation and stuff like that or you know, so it's different stuff.

P3 weighed in on how transportation was an issue for veterans trying to access the bus system in the following:

And so, when they're utilizing the HOP, which is a bus transit system, it takes all day It's like almost being defeated, because you sit on the bus all day to get

maybe half of one group, leave, you have to leave immediately or you won't be able to make it back home.

P5 explained about transportation and affordable housing being a problem in the following statement:

Transportation. I mean, people who, who live out and, and have difficulty with, with gas or, or don't have access to a vehicle. Um, I'm genuinely thinking that, um, I'm sure that could extend to housing and where affordable housing is and where safe affordable housing is. Um, you know, or, or the environments that they're able to afford, um, clean of alcohol and drugs. You know, are they, they in neighborhoods that have a lot of, of, uh, crime or, or a lot of substance abuse?

The rural nature of Texas, accompanied with a lack of public transportation and poor economic conditions, are environmental factors that affect access to services by veterans with substance use disorders.

The second common theme expressed by study participants related to preferred evidence-based practices (EBP) used in the substance abuse treatment of veterans. The participants were asked what evidence-based practice they were currently using and what has worked well with this practice and what has not worked so well? There were several participants that identified motivational interviewing, specifically, as a current preferred practice when working with veterans with SUDs.

Theme 2: Preferred Evidence-Based Practices

When queried about which practices were working best with veterans with substance use disorders, four out of five study participants identified motivational interviewing and harm reduction as the preferred EBP and treatment philosophy used by

clinical social work practitioners working with this population. P1 discussed why he liked using motivational in the following:

I like using the motivational interviewing for the most part, and like a lot of times you know when . . . When working with my veterans, I have the opportunity to work with a lot of them in a group setting as well as . . . an individual setting, and . . . I have found that most of the time when you get passed the initial meetings and putting the veterans in group settings, you know they're more likely to open up and talk about issues when they see other people . . . When they um . . . With veterans, you know . . . that are dealing with some of the same issues, you know? So, we . . . you know I get to utilize other veterans, you know, and their experiences most of the time when I'm dealing with veterans.

P1 identified being able to use the stages of change and how this affects the veterans he works with. P3 also spoke about assessing the stage of change in the following:

Um, a lot of it is motivational interviewing or motivational enhancement. That's usually because you're trying to assess. See what their stage of change is, and what, what is it that's going to push them.

P1 discussed how harm reduction is used with the veterans he works with in the following:

Help veterans you know, sustain, you know as drinking, you know, knowing that they may still drink, but try to help them you know, minimize their drinking so they can you know, uh, cope and live on a day-to-day basis without even . . . Without uh you know, hindering or . . . without it causing any effect to them, or whatever.

P5 discussed the use of motivational interviewing and harm reduction in the current setting he works in the following:

Um, I do a lot of referral for ongoing assistance. But, um, in the primary care setting where I work with veterans that are abusing alcohol I use a lot of motivational interviewing and harm reduction.

P2 discussed using motivational interviewing in the following piece:

Um, I usually, uh, use the motivational interviewing and I think because it puts the ball in their hands. Like, I'm there to support them, to give them um, empathy and understanding, um, but we kind of want to meet on that page of- are you ready to make those changes? And I can help work with you and give you those skills but ultimately, it's up to you.

Theme 3: Clinical Challenges Related to Client Characteristics

The third common theme identified how clinical challenges related to client characteristics affect the social work practice of clinicians who actively work with veterans with SUDs. These responses emerged directly from the question asked in the interview process: “What problems do you see working with veterans with SUDs?” Clinical challenges related to client characteristics consisted of the following: stigma, trust, and lack of motivation. These challenges affect the work clinical social workers do with veterans.

Stigma. Stigma was identified by study participants as a factor influencing the treatment of veterans with substance abuse treatment needs. P4 recalled how stigma played a role when working with veterans with SUDs in the following statement:

They don't want to be labelled as an alcoholic. Hmm. Well, earlier on a lot of them didn't like being known that they were, uh, going to be substance abuse group or for substance abuse treatment. Uh, along the way I helped them think that and believe that they're actually better off coming to a substance abuse group or for substance abuse treatment because uh they're getting to do a dually-diagnosed treatment program. And they don't benefit by doing what they're doing, if coming here with us, then they would do ... just straight mental health but they don't focus on it.

The settings in which veterans came for services, and the stigma associated with those settings (e.g., mental health facility versus a substance abuse treatment program) appears to play a part in their treatment. According to P1, who provided substance abuse treatment services at a psychiatric unit, veterans became nervous about discussing their mental illness and in some cases veterans would rather identify with having a substance use disorder than a mental illness.

(P1) Because there's a stigma. I mean when you come in this building you know, you're already clamming up sometimes because you know what type of setting you're in for the most part.

Trust. Trust was another clinical challenge that social work clinicians faced when working with veterans with SUDs. Three out of five participants related the message of trust when working with this population and how much trust affects the working relationship with their veterans. Trust can strengthen rapport with a veteran or the lack of trust can break the relationship. The participants spoke on their relationships with veterans and how trust affects their rapport and experience when working with a veteran:

P1 and P3 discussed what their experiences had been with veterans trusting them and the process of their recovery plan relevant to their experience in the field.

(P1) So, I think with my experience in this position, it's . . . It helps a lot, as far as the trust.

P3 discussed how important trust can be when using motivational interviewing. P3 discussed the importance of rapport and how it can taper off as one begins to roll with resistance and then there will come a point where there is a stop in the treatment process, which is like hitting a wall.

(P3) Um, I think at times it [motivation] can kind of taper off. Like, we'll get the rolling with resistance portion, but then you sometimes hit a wall and you hit a rock, to where, um, I don't know if it's a lack of also having, um, because they don't know us that well. Like, I don't have a lot of rapport with everybody. Um, but regardless, with motivational interviewing you should be able to roll with the resistance regardless. It doesn't matter if I've known them for a year . . .

P4 discussed the idea of it being okay with those veterans identifying with both their mental illness and substance use disorder. This participant discussed that there is a benefit to addressing both types of illness and how he discussed with veterans that it was okay to deal with both disorders.

(P4) And so, if you're coming here, then your chances of dealing with those two areas, your mental health and your substance issues are going to be okay. And so, um, I'm using really uh, up front words like trust me. And um, um, believe yourselves. Uh, so getting them to change their belief factor, getting them to change and banish their thoughts. So, see you are looking right back into

cognitive behavioral therapy, uh, so getting them to understand uh, what works and don't work and where the strings are, then, then I see progress. Then I, then I see change. And so, uh, they always know that we're making change every day.

Lack of motivation. Lack of motivation was another clinical concern for clinicians working with veterans with SUDs. One participant stated:

(P1) You know what hasn't worked is like when we find people that come in here that you know, they are here because they have been court-ordered or on probation and their parole officer has sent them to be here, a lot of times you know, that don't work because like . . . You know you have veterans that are pressured into substance abuse treatment verses you know, wanting to change, you know, so that's where I see the difference in you know, um, you know the difference in you know treatment or whatever.

P2 stated:

Um, sometimes that's whenever we have to step back and say, "Okay, you're not ready for this and, you know, we'll start in few months over whenever you feel like that you are." Um, and then you know, you just continue to support them, um, and continue to, you know, be there for them because maybe your goal is abstinence and theirs is not. So again, that's kind of feeling out in the beginning stages of where, what they see and for them, what is going to work and what's not.

Stigma, trust, and a lack of motivation were client characteristics identified by study participants as influencing treatment provision and outcomes for veterans with substance use disorders in central Texas. There were also some clinical challenges identified by study participants related to the organization's they worked at.

Theme 4: Clinical Challenges Related to Organizational Structure

The agency had many organizational challenges when working with veterans with SUDs. Service provision was one area that caused many challenges when working with this population. At times, there were problems with effective treatment for veterans with SUDs because of the timeliness of services, the push for numbers and who are served, the lack of treatment services, the lack of treatment access, being understaffed, having delays in responding to referrals, and a lapse in time with follow-up for effective coordination of services.

The participants discussed barriers to treatment in working with veterans with SUDs and how imperative it is for them to seek the necessary treatment when they are looking at making significant changes in their lives. According to P3:

That's one of the biggest barriers, because when you read most all research about serving clients who have SUDs. When they are in that change state, mindset, that's when you get them to agree to go to intensive outpatient, or agree to, you know, to take a trial of AA or NA. Or agree to, um, go to residential. In that small window, if nothing happens, then everything kind of crumbles and you can start back in the circle. So, that's a barrier as in timely manner of getting the services.

Participants discussed how their agency was pushing for the numbers to support needed treatment services for veterans. This push for numbers does not validate the veterans as people and this could pose a potential problem for those clinical practitioners working with these veterans. P1 stated:

You know and sometimes numbers play a big part in you know, how many staff we have available for the veterans, you know, so to get quality treatment we got to have enough staff . . .

This statement was further supported by P2:

Um, I definitely think the numbers are at the forefront . . . I mean, the agency wants to push the numbers and I feel like that's a hindrance . . . We're talking numbers, I mean, these are real people. In a fairy tale world, yes, everyone would be off drugs. As a clinician, we may not understand why somebody chooses to do drugs even when you get, you know, to the bottom layers, but I just feel like that they push the numbers and making sure that, you know, I don't really want to say that the visits . . . but that the outcome measures, they're pushing that you want to have these outcome measures that a lot of times aren't realistic. I feel like that that's a struggle as a system.

Overall, the participants revealed that while there is a push for numbers and measuring outcomes, it is more important to understand that they are working with real people with real problems, that the veterans they are working with are treated with dignity and respect and validated as veterans first, while numbers are secondary to them.

Theme 5: Training for Treating Co-Occurring Disorders

Training, or the lack there of, for clinical social work practitioners was an area that was prevalent for social workers working in their various agencies. This aligns with the research question in identifying the unique treatment needs for veterans with SUDs. The training for treating co-occurring disorders identifies the service provision for

clinical social work practitioners working effectively to treat co-occurring disorders with proper training.

Also, there were concerns around how effective their clinical services were for working with veterans with co-occurring disorders due to their lack of training. There was a great concern over not knowing how to effectively work with veterans with co-occurring disorders and what to treat first in working with these veterans.

Three participants explicitly mentioned that training for treating co-occurring disorders was lacking and very necessary. P5 did view the training at his agency as good in the following statement:

It's good training I think that we have in terms of seeing people within the context of their environment. Um, and it's good training that we get as social workers to understand how systems work, um, and how connecting people to more healthy sys-, systems or learning how to recognize resources within their own natural helping networks. You know, their families or relatives or faith based organizations or, you know, what have you, um, gives us a chance as, as clinicians to see more than just that person. Um, I think that's really helpful. I think that's unique to social work.

P3 reported that there was a lack of training in working with veterans with co-occurring disorders in the following statements:

Um, so what do I do as a practitioner, as far as making sure they're staying compliant, making sure that they're staying clean, and all that. Does the chicken or the egg come first? I mean, you know, what are you addressing? And, if my goal mainly is the mental health symptoms I don't want you to be depressed. I'm

using because I'm depressed. Let's fight this depression, but you're still using even though you're on this depressive medication. How far does my talk kick therapy go and what exactly do I need to be using? So, I don't always know what technique or skill to be using when something like that is said to me.

Change is good in working with veterans with SUDs. Change could also be challenging in working with veterans who are dually-diagnosed. The idea is to have a treatment plan tailored to work with veterans with a dual-diagnosis and this can be also challenging for practitioners in the field. P4 stated:

Changes would look like to me, I would incorporate those into, um, or mental health, uh, environment, where all your therapists are well trained. Uh, in this case what I experienced, you have substance abuse on one part of the building or a different part of an agent, and mental health somewhere else. And this should be a simultaneously, um, working effort from the therapist. Um, my clinic for example, dually diagnoses, and so we're dealing with these diagnoses simultaneously. I have to deal with folks with schizophrenia, personality disorders, and I have to deal with various kinds of um, mental illness like depression, um, anxiety, and at the same time develop a treatment plan. A treatment plan that works, that fits in for both, uh, the patients with mental health issues and substance related issues.

A clinical practitioner working with veterans with SUDs and with mental health diagnoses must be skilled in working with both components. Selecting a treatment plan that is tailored to fit the veteran's situation can make the difference between a successful or unsuccessful outcome.

Important Learning Points

From this study, I learned the importance of how barriers to accessing substance abuse treatment services can affect veterans living in Waco, Texas, and the surrounding rural areas. Transportation played a valuable role for veterans trying to use services, and if veterans did not have adequate finances then it became problematic for them to be dedicated to a treatment program. When exploring best- and preferred-practices among study participants, I learned how important motivational interviewing is in the current treatment of veterans with substance use disorders. Lastly, I learned how stigma, trust, and lack of motivation could keep veterans from using services that were accessible to them and how these challenges played a vital role with veterans with substance abuse problems.

Effect on Clinical Social Work Practice

The specific findings related to environmental antecedents, working with veterans with co-occurring disorders, barriers to treatment, and training will affect the area of clinical practice for veterans with SUDs in Waco, Texas. Agency administrators need to recognize the effect transportation has on the ability for veterans in rural communities to access treatment services. They also need to know that their clinicians are expressing concern over the prevalence of co-occurring disorders among this client population and a lack of training to adequately provide effective treatment services to clients with co-occurring substance use and mental health disorders. The clinical social work practitioners will need to improve their services in working with this population to provide them with the opportunity to thrive and receive needed services for their addictions and mental health issues.

Unexpected Findings

The findings that were unexpected for me were the comments that were made by study participants that stated there was a push for numbers involving programming for veterans with SUDs. I found it interesting that the study participants revealed that the agencies were more eager to have numbers (i.e., statistics) to relate to outcomes for programming than seeing the veterans as people in need of services. This posture seems antithetical and in conflict with the traditional social work ethos of treating all clients with dignity and worth.

I found clinical effectiveness of services was also an unexpected finding; specifically, in trying to understand how social work practitioners decide how they are able to use treatment modalities that will reflect how to work effectively with veterans with substance-use disorders. One clinician (P1) expressed a wish to use more holistic treatment practices with his veteran clientele. The implication of this statement was that the current EBP and treatment philosophy being used for veterans with SUDs may be limited.

The most challenging aspects of the findings involved barriers for treatment; and the idea that there was a lapse in the coordination of services. This could have been one reason why veterans were not taking advantage of accessing services. While explicit connections were not expressed by study participants, the synergy of environmental barriers (e.g., lack of transportation), client-based characteristics (e.g., stigma, trust, and lack of motivation) and agency-based shortcomings (e.g., inefficient referral and treatment processes) could combine to negatively affect efforts by veterans with substance use disorders to access treatment services. Lastly, for veterans with co-

occurring disorders, it appeared that many agencies in central Texas did not provide an integrated treatment approach in their treatment of these clients.

Limitations of Study Findings

The external validity of this study is limited. Given the small and very regionalized study sample for this study, the findings should be interpreted with caution. The purposeful sampling technique may also have led to selection bias. Lastly, while the responses of study participants appeared honest and candid, some response bias may have been present. It is unclear how much of these results could be applied to other rural communities; however, it is my hope that some of this information can be transferred to other social work practitioners working with veterans with substance use disorders in the state of Texas.

Summary

The research question for this project resulted in identifying unique substance abuse treatment considerations and challenges for military-based social workers in Waco, Texas, which included: Environmental issues related to client transportation, financial, and housing concerns; preferred evidence-based practices used by clinicians in the treatment of SUDs; unique characteristics related to veterans with SUDs; key barriers to treatment predicated on organizational shortcomings; and a need for more training for social work practitioners working with veterans with co-occurring disorders living in central Texas. The research findings indicate implications for clinical social work practice, as well as what solutions should be in place to resolve some of the significant themes presented within this action research project. In the next section, I will discuss the

study participants and will offer some reasonable solutions to the findings revealed from this project and apply the findings to professional practice.

Section 4: Recommended Solutions

The purpose and nature of the action research project is to improve the effectiveness of substance abuse treatment for veterans with SUDs by clinical social work practitioners. The study addressed concerns regarding clinical effectiveness of services for veterans and possible barriers to accessing services. The themes identified through qualitative inquiry were: environmental issues, evidence-based practices, clinical challenges related to client characteristics, clinical challenges related to organizational structure, and the need for training related to treating co-occurring disorders.

The state of Texas is known for its widespread geographic regions and rural communities. Owing to this rural nature, the environment plays a unique role, with numerous environmental factors affecting social work practice with veterans with substance use disorders, specifically in central Texas. Another factor of the rural nature of central Texas, outside of the city of Waco, is poor economic conditions limiting financial resources for veterans. One area that this manifests itself as an environmental challenge is in accessing affordable housing, which can lead to homelessness for veterans with substance use disorders trying to access services.

Clinicians and treatment providers explained that veterans may not be motivated to participate in treatment owing to a variety of issues, including stigma; problems with transportation; and possible economic shortcomings that influence access to treatment, such as housing instability and homelessness. Clinical barriers related to an agency's organizational structure, such as the lapse of time clients must wait in obtaining services, not having clear communication between staff and providers regarding the treatment needs of clients, and the lack of different types of treatment modalities, such as day

treatment, were identified as additional challenges veterans face to receiving effective substance abuse treatment services. Veterans also had problems trusting clinical practitioners and trusting the treatment process of organizations and agencies providing substance abuse treatment services. Last, many clinical social work practitioners expressed the need for additional education and training related to treating veterans with co-occurring substance use and mental health disorders.

In this section, I will discuss the application for professional practice, including what was learned by this study and how the findings affect clinical social work practice. Following this, I present recommended solutions for clinical social work settings, as well as suggestions for implementing recommended solutions. Finally, I address the implications of this study for positive social change.

Application for Professional Practice

I, along with the agencies and stakeholders associated with this study, learned what factors may contribute to accessing substance abuse treatment services for veterans living in central Texas. For example, transportation challenges resulting from the rural nature of central Texas represented a significant barrier for veterans attempting to access substance abuse treatment services. This environmental factor was compounded by poor economic conditions within rural communities that correlated with some veterans experiencing housing instability and homelessness. These are environmental factors that clinical social work practitioners and substance abuse treatment agency administrators need to consider in their treatment planning and organizational structuring of treatment services for veterans.

Another important factor that was learned from this study related to how service provision could be improved among clinical social work practitioners and agency administrators working with veterans with substance use disorders living in central Texas. It appears that many agencies face challenges in meeting the diverse treatment needs of veterans suffering from SUDs. Clinical shortcomings related to inefficient referral processes, lack of a variety of treatment modalities (e.g., detoxification, intensive outpatient, outpatient, and inpatient) at centralized locations, and a lack of knowledge and training related to co-occurring disorders among this client population, were all identified as issues by current clinical social work practitioners. These clinical and organizational challenges need to be addressed to provide more effective substance use treatment services to veterans living in central Texas.

The findings from this study, for the most part, were consistent with previous research on social work practice and treatment of veterans with substance use disorders. The literature showed an explicit connection between understanding the environment and providing effective treatment services to veterans suffering from SUDs (Boden et al., 2014; McCauley et al., 2012; McCrady et al., 2006). In previous research, military culture (McFarling et al., 2011; Strom et al., 2012) and social environment (McCrady et al., 2012) were identified as important environmental factors; however, these themes did not emerge in the current study. The findings in this study related to the effect of economic challenges and access to treatment services was consistent with previous research (Hosek et al., 2010; Witkiewitz & Estrada, 2011). The importance of transportation for accessing services, specifically for the veteran population in rural areas of Texas, evidenced in this study contributes significantly to the existing body of

knowledge on this topic. Findings from previous research related to client characteristics (e.g., motivation and stigma) as challenges to effective clinical service provision were strongly confirmed in the current study. Witkiewitz and Estrada (2011) showed that there was a direct connection between stigma and barriers to treatment. McFarling et al. (2011) described how stigma was a predictor and a barrier for veterans obtaining and accessing services. They described how attitudes and beliefs, and the stigmatization of mental health issues, prevents individuals from seeking the help that it is needed. Held and Owen (2012) showed the reluctance to treatment connected with the stigma that military men and women felt about seeing themselves as weak or unreliable. And, Cahill et al. (2003) emphasized the importance of motivation in the successful completion of treatment episodes for veterans. The importance of client motivation was reinforced in this study by most study participants identifying motivational interviewing as their preferred evidence-based practice for working with veterans with substance use disorders.

An important finding in the current study that was not found in previous research was the explicit expression among clinical social work practitioners that they are inadequately trained and educated in the area of co-occurring disorders. There was a great concern among study participants over not understanding how to effectively work with veterans with co-occurring disorders, and which to treat first. The literature indicates the high prevalence of co-occurring substance use and mental health disorders (Boden et al., 2014; NIDA, 2013), as well as the importance of clinicians obtaining the proper training, having experience, understanding consultation, and obtaining supervision, to ensure effective practice (Strom et al., 2012). The reality that clinical social workers were

willing to admit to professional shortcomings in this area is an important implication for professional social workers moving forward.

The two specific areas of clinical social work practice where these findings can be applied are direct services to veterans with substance use disorders and continued clinical social work education and training. The identified challenges faced by clinical social work practitioners in working with veterans with SUDs were poor access to treatment services; limited financial resources complicating access to treatment; issues related to stigma, trust, and motivation; delays in responding to substance abuse referrals in a timely manner; limited treatment options; and an inability to provide integrated treatment when working with veterans with co-occurring disorders. Clinical social work practitioners working with this client population, particularly in this part of the country, need to take into consideration all of these factors when engaging, referring, assessing, and treatment planning for veterans with substance use disorders.

The second area of clinical social work practice that the findings from this study can be applied is in the education and training of clinical social workers, particularly those working with veterans. Most participants in this study expressed clinical shortcomings in working with veterans with co-occurring substance use and mental health disorders. Study participants were not sure how to best treat veterans with co-occurring disorders. Research clearly indicates that an integrated treatment model is the best method for treating clients with co-occurring substance use and mental health disorders (Lydecker et al., 2010); however, most of the clinical social work practitioners in this study had only received education and training in one of these areas. The participants in this study reported that they would like to have more training in treating

veterans with co-occurring disorders, so that they could work with this population more effectively.

The findings from this study affect clinical social work practice relevant to providing more effective substance abuse treatment services for veterans, specifically those living in central Texas. Gaining insight into the factors related to better treatment services for veterans with substance use disorders in this region will help clinical social work practitioners more effectively develop the treatment plans and services for this client population. Understanding and acknowledging shortcomings in the education and training required to best serve this client population is the first step in developing solutions to better serve veterans with co-occurring disorders. It is possible that the results from this study can be transferred to other clinical social work practitioners working with veterans in other areas of the United States.

Solutions for the Clinical Social Work Setting

Recommended solutions for the challenge of accessing treatment and limited treatment modalities would be to provide an array of outpatient services/day programming that coordinates times that are more feasible for the veterans to attend. There needs to be improvement in accessing treatment by ensuring that transportation is in place so veterans can work on their treatment without fear of missing their transportation. It might be possible for agencies working with veterans, particularly those living in rural areas, to provide some type of coordinated transportation service, such as a shuttle or ride-share service. Agencies need to be more proactive in supporting clients and working through their transportation and access-to-treatment challenges.

There should be more cohesion with the treatment process, as well as a variety of treatment services that should be offered to veterans. A solution to address the lack of cohesion in the treatment process might be to place greater emphasis on case management and coordination of services by clinical social work practitioners. Clinical social work practitioners could be more cognizant of their need to effectively communicate with other departments and providers, so there will not be a lapse or delay in responding to substance abuse referrals. Clinical social worker practitioners must also be proactive in providing and creating an atmosphere of good rapport building. Building good rapport with veterans will allow for veterans to have trust in their practitioner, as well as trust in the treatment process.

Another recommended solution, and one that was offered by the study participants, is the provision of more education and training related to treating co-occurring disorders. Clinical social work practitioners must have adequate training when working with veterans with co-occurring substance use and mental health disorders. Practitioners must set the tone for being knowledgeable and knowing what the best evidence-based practices are in moving forward with this population. Training and education should be offered annually to clinical social work practitioners so that they could improve their knowledge in working with this population and learn new ways to administer better evidence-based practices with confidence. Training would be the gateway to practitioners learning important concepts and practices that could better serve veterans with co-occurring disorders. The social work practitioner should be culturally competent in working with this population, in understanding the language, norms, and beliefs of this veteran population suffering with co-occurring disorders. Understanding

the military subculture plays an integral role in understanding veteran's substance abuse issues and designing the most effective treatment planning catered for their needs. This solution also indicates a need for social work programs, particularly those with a military concentration, to include practice curricula specific to the treatment of co-occurring disorders.

These findings will influence clinical social work practice with veterans with substance use disorders. The veterans may not be motivated to access services because of the delays and lack of services offered, which will lead to the problem of trusting their practitioner and the treatment process. Another factor to consider for social work practitioners is the fact that many of them may not have the appropriate training in working with veterans with SUDs, and their ability to know which evidence-based practices are most appropriate. This is important knowledge for practitioners to have in treating veterans with both substance use and mental health disorders (i.e., co-occurring disorders).

The next steps that the agency should take would be to consider creating a more integrated treatment approach in working with veterans with co-occurring disorders. The agency should work on a plan for more treatment programs that integrate substance use and mental health treatment by looking at the educational and training credentials of providers and offering in-house training and subsidized educational stipends for continuing education units in the treatment of co-occurring disorders. Education and training will vary from one social work practitioner to the next and will show the amount of knowledge and clinical effectiveness each has specifically in working with veterans with co-occurring disorders.

The practitioners should be allowed to learn new ways to work with veterans with SUDs and veterans will develop the trust they need in working with their practitioners. In this study, treatment cohesion, a lack of comprehensive substance abuse treatment services, and a limit of adequate education and training among clinical social work practitioners were all found to have an effect on the current treatment of veterans living in central Texas. These recommended solutions directly address these findings and offer agencies suggestions to possible remedy treatment challenges and improve clinical social work services to veterans with substance use disorders.

This study will empower clinical social work practitioners working with veterans with substance use disorders by increasing their awareness and knowledge of existing treatment challenges. It will also provide evidence for clinical social work practitioners to be better informed in their advocacy for clients and the necessary changes required to improve social work services to this specific client population. Lastly, the findings and recommended solutions from this study will empower clinical social work practitioners to advocate for increased education and training in clinical areas necessary to provide the most efficacious treatment services to veterans with substance use disorders.

The recommended solutions will similarly improve my own practice as a clinical social worker. The increased knowledge and awareness of the challenges faced by veterans in treatment I have gained from this study will allow me to make more informed decisions in my case management of clients, follow-up on referral processes, communication with colleagues, and the need to increase my own understanding of the treatment of co-occurring disorders among the veteran population.

One way the agencies and stakeholders could evaluate recommended solutions would be by having monthly or quarterly town hall meetings with the intent of inviting veterans, family members, social work practitioners, and advocates to discuss the progress of veterans accessing substance abuse treatment and training ideas for clinical social work practitioners. This would allow veterans and other stakeholders to express their concerns and satisfaction with current treatment services and to assess whether any changes implemented by the agencies have had a positive effect on their treatment experiences.

Implications for Social Change

The potential implication for positive social change at the micro or individual level would include meeting the veteran with SUDs where they are, and providing motivation to pursue substance abuse treatment opportunities, thereby resulting in possible self-improvement and personal growth. Additionally, micro-level social change would occur with working directly with individuals and families, and educating the families about their loved one's substance use disorder and allowing them to express their feelings about how the substance use has affected them and the family dynamic. Ultimately, this could result in healthier families, less family disruption, and stronger communities.

From a mezzo level perspective, this study has implications for change for social work practitioners and agencies who work with veterans with SUDs. Organizations and clinical social work practitioners can use information from this study to inform and modify treatment strategies to best serve this client population. Organizational policy may also be affected by these results. The need for greater attention toward integrated

treatment services and the limited knowledge related to treating co-occurring disorders could lead organizations to change or modify service learning experience for employees, as well as future hiring practices. Schools of social work should also recognize the need to educate future military-based social workers in the treatment of co-occurring disorders.

While the findings from this study cannot necessarily be generalized to all substance-use disordered veterans, they can contribute to a wider body of knowledge by informing other professionals (e.g., psychologists, psychiatrists, rehabilitation counselors) as to some of the clinical challenges faced in the effective treatment of veterans living in the central Texas region and in rural communities. Challenges related to treatment cohesion, lack of comprehensive services, client trust and motivation, and the significance of co-occurring disorders among this population are not unique only to the treatment experiences of clinical social workers, but to all military-based service providers. The findings from this study can increase awareness for all treatment providers working with veteran populations.

On a macro level, society could benefit by veterans with substance use disorders receiving more effective treatment services. The health of veterans returning from combat has been cited in a number of societal tragedies (e.g., public shootings, domestic violence, and suicide). If the results from this study can lead to more effective treatment services for this client population, society, at large, can change for the better.

Summary

Substance abuse treatment for veterans in central Texas requires action for all clinical social work practitioners to improve their clinical effectiveness by understanding how to treat substance-use and co-occurring disorders. Clinical social work practitioners

must understand that they need to improve the effectiveness of substance abuse treatment when working veterans with substance-use and co-occurring disorders due to their unique treatment needs and challenges. Social work practitioners can accomplish this task by staying abreast of the best evidence-based practices and quarterly trainings that relate to substance abuse treatment for veterans. Clinical social work practitioners must communicate effectively within the departments to ensure the timeliness of services, no lapses in treatment planning, and that there are comprehensive treatment programs so they will have the opportunity to refer clients to a variety services. If groups or individual treatment sessions are scheduled around appropriate times, then veterans can focus on their treatment and not have to worry about transportation or being left behind by the transit system. This information is imperative for the agency to be aware of so that changes can be made effectively.

The information from this study can be disseminated to stakeholders through professional presentation at their agency, as well as written communication in the form of an executive summary or report. The dissemination process will allow the agency to observe emergent themes and discuss how clinical social workers can work effectively with veterans with substance-use and co-occurring disorders.

References

- Ames, G. M., Cunradi, C. B., Moore, R. S., & Stern, R. (2007). Military culture and drinking behavior among US Navy careerists. *Journal of Studies on Alcohol and Drugs, 68*, 336-344. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/17446972>
- Ames, G. M., & Spera, C. (2011). Prevention in the military: Early results of an environmental strategy. *Alcohol Research & Health, 34*(2), 180-182. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/22330217>
- Boden, M. T., Kimerling, R., Kulkarni, M., Bonn-Miller, M. O., Weaver, C., & Trafton, J. (2014). Coping among military veterans with PTSD in substance use disorder treatment. *Journal of Substance Abuse Treatment, 47*, 160-167. doi:10.1016/j.jsat.2014.03.006
- Bureau of Labor Statistics. (2016). *May 2015 state occupational employment and wage estimates: Texas*. Retrieved from http://www.bls.gov/oes/current/oes_tx.htm
- Cahill, M. A., Adinoff, B., Hosig, H., Muller, K., & Pulliam, C. (2003). Motivation for treatment preceding and following a substance abuse treatment program. *Addictive Behaviors, 28*, 67-79. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/12507528>
- Coker, K. L., Stefanovics, E., & Rosenheck, R. (2015). Correlates of improvement in substance abuse among dually diagnosed veterans with post-traumatic stress disorder in specialized intensive VA treatment. *Psychological Trauma: Theory, Research, Practice, & Policy, 8*(1), 41-48. doi:10.1037/tra0000061

- Fisher, M. S., Holton, J., & Van Wormer, K. (2013). *NASW standards for social work practice with clients with substance use disorders*. Retrieved from <http://socialworkers.org/practice/standards/NASWATODStandards>
- Friedman, B. D., & Allen, K. N. (2014). Systems theory. In J. R. Brandell (Ed.), *Essentials of clinical social work* (pp. 3-20). Thousand Oaks, CA: Sage Publications.
- Guba, E. G., & Lincoln, Y. S. (1981). *Effective evaluation: Improving the usefulness of evaluation results through responsive and naturalistic approaches*. San Francisco, CA: Jossey-Bass.
- Held, P., & Owens, G. P. (2012). Stigmas and attitudes toward seeking mental health treatment in a sample of veterans and active duty service members. *Traumatology, 19*(2), 136-143. doi:10.1177/1534765612455227
- Heron, J., & Reason, P. (1997). A participatory inquiry paradigm. *Qualitative Inquiry, 3*(3), 274-294. doi:10.1177/107780049700300302
- Hosek, J., Kavanaugh, J., & Miller, L. (2010). *How deployments affect service members*. Santa Monica, CA: RAND Corporation. Retrieved from http://www.rand.org/content/dam/rand/pubs/monographs/2005/RAND_MG432.pdf
- Hundt, N. E., Barrera, T. L., Mott, J. M., Mignogna, J., Yu, H. J., Sansgiry, S., . . . Cully, J. A. (2014). Predisposing, enabling, and need factors as predictors of low and high psychotherapy utilization in veterans. *Psychological Services, 11*(3), 281-289. doi:10.1037/a0036907

- Icick, R., Lauer, S., Romo, L., Dupuy, G., Lepine, J. P., & Vorspan, F. (2013). Dysfunctional parental styles perceived during childhood in outpatients with substance use disorders. *Psychiatry Research, 210*, 522-528. doi:10.1016/j.psychres.2013.06.041
- Institute of Medicine. (2013). *Substance use disorders in the US armed forces*. Washington, DC: The National Academies Press.
- Jensen, D. (2008). Transferability. In L. M. Given (Ed.), *The SAGE Encyclopedia of Qualitative Research Methods* (p. 886). Thousand Oaks, CA: Sage Publications.
- Lander, L., Howsare, J., & Byrne, M. (2013). The impact of substance use disorders on families and children: From theory to practice. *Social Work Public Health, 28*(3-4), 194-205. doi:10.1080/19371918.2013.759005
- Lash, S. J., Timko, C., Curran, G. M., McKay, J. R., & Burden, J. L. (2011). Implementation of evidence-based substance use disorder continuing care interventions. *Psychology of Addictive Behaviors, 25*(2), 238-251. doi:10.1037/a0022608
- Leddy-Stacy, M., Stefanovics, E., & Rosenheck, R. (2015). Veteran and clinician perceptions of recovery and stigma at a Veterans Affairs Medical Center. *Psychiatric Rehabilitation Journal, 8*(1), 1-8. doi:10.1037/prj0000174
- Lydecker, K. P., Tate, S. R., Cummins, K. M., & McQuaid, J. (2010). Clinical outcomes of an integrated treatment for depression and substance use disorders. *Psychology of Addictive Behaviors, 24*(3), 453-465. doi:10.1037/a0019943

- McCauley, J. L., Killeen, T., Gros, D. F., Brady, K. T., & Back, S. E. (2012).
Posttraumatic stress disorder and co-occurring substance use disorders: Advances
in assessment and treatment. *Clinical and Psychology: Science and Practice*,
19(3), 283-304. doi:10.1111/cpsp.12006
- McCrary, B. S., Zucker, R. A., Molina, B. S. G., Ammon, L., Ames, G. M., &
Longabaugh, R. (2006). Social environmental influences on the development and
resolution of alcohol problems. *Alcoholism: Clinical and Experimental Research*,
30(4), 688-699. doi:10.1111/j.1530-0277.2006.00080.x
- McFarling, L., D'Angelo, M., Drain, M., Gibbs, D., & Olmstead, K. L. (2011). Stigma as
a barrier to substance abuse and mental health treatment. *Military Psychology*, 23,
1-5. doi:10.1080/08995605.2011
- McNiff, J., & Whitehead, J. (2010). *You and your action research project* (3rd ed.).
London, England: Routledge.
- Morse, G., Salyers, M. P., Rollins, A. L., Monroe-Devita, M., & Pfahler, C. (2012).
Burnout in mental health services: A review of the problem and its remediation.
Administration and Policy in Mental Health, 39(5), 341-352.
doi:10.1007/s10488-011-0352-1
- National Association of Social Workers. (2008). *Code of ethics*. Retrieved from
<http://www.naswdc.org/pubs/code/default.asp>
- National Institute on Drug Abuse. (2012). *Principles of drug addiction treatment: A
research-based guide* (3rd ed.). Washington, DC: US Government Printing.

- National Institute on Drug Abuse. (2013). *DrugFacts: Substance abuse in the military*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/substance-abuse-in-military>
- Ortlipp, M. (2008). Keeping and using reflective journals in the qualitative research process. *The Qualitative Report*, 13(4), 695-705. Retrieved from <http://nsuworks.nova.edu/tqr/vol13/iss4/8>
- Patton, M. Q. (2015). *Qualitative research & evaluation methods: Integrating theory and practice* (4th ed.). Thousand Oaks, CA: Sage Publications.
- Roller, M. R., & Lavrakas, P. J., (2015). *Applied qualitative research design: A total quality framework approach*. New York, NY: The Guilford Press.
- Rubin, A., & Babbie, E. (2016). *Essential research methods for social work* (4th ed.). Belmont, CA: Thomson.
- Savitsky, L. Illingworth, M., & DuLaney, M. (2009). Civilian social work: Serving the military and veteran populations. *Social Work*, 54(4), 327-339. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/19780463>
- Saxon, A. J., (2011). Returning veterans with addictions. *Psychiatric Times*, 28(7), 49-52. Retrieved from <http://www.psychiatrictimes.com/military-mental-health/returning-veterans-addictions>
- Schatzberg, A. F., Weiss, R. D., Brady, K. T., & Culpepper, L. (2008). Bridging the clinical gap: Managing patients with co-occurring mood, anxiety and alcohol use disorders. *Primary Psychiatry*, 15, 1-15. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/18408653>

- Seiger, B. H. (2014). The clinical practice of harm reduction psychotherapy. In S. L. A. Straussner (Ed.), *Clinical work with substance-abusing clients* (3rd ed., pp. 165-178). New York, NY: Guilford Press.
- Smith, J. K. (2007). Double trouble - Helping clients with co-occurring disorders. *Social Work Today*, 7(3), 18-21. Retrieved from <http://www.socialworktoday.com/archive/mayjune2007p18.shtml>
- Sterling, S., Chi, F., & Hindman, A. (2011). Integrating care for people with co-occurring alcohol and other drug, medical, and mental health conditions. *Alcohol Research & Health*, 33, 338-349. Retrieved from <https://pubs.niaaa.nih.gov/publications/arh334/338-349.pdf>
- Stringer, E. (2014). *Action research* (4th ed.). Thousand Oaks, CA: Sage Publications.
- Strauss, A., & Corbin, J (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Strom, T. Q., Gavian, M. E., Possis, E., Loughlin, J., Bui, T., Linardatos, E., . . . Siegel, W. (2012). Cultural and ethical considerations when working with military personnel and veterans: A primer for VA training programs. *Training and Education in Professional Psychology*, 6(2), 67-75. doi:10.1037/a0028275
- Substance Abuse and Mental Health Services Administration. (2015). *Population data/NSDUH*. Retrieved from <http://www.samhsa.gov/data/population-data-nsduh/reports>
- Substance Abuse and Mental Health Services Administration. (2016). *Co-occurring disorders*. Retrieved from <http://www.samhsa.gov/disorders/co-occurring>

- United States Department of Defense. (2013). *Interagency task force on military and veterans' mental health: 2013 interim report*. Retrieved from https://www.whitehouse.gov/sites/default/files/uploads/2013_interim_report_of_the_interagency_task_force_on_military_and_veterans_mental_health.pdf
- United States Department of Veterans Affairs. (2012). *History VA social work*. Retrieved from <http://www.socialwork.va.gov/about.asp>
- United States Department of Veteran Affairs. (2015a). *Doris Miller Department of Veteran Affairs Medical Center*. Retrieved from <http://www.centraltexas.va.gov/locations/Waco.asp>
- United States Department of Veteran Affairs. (2015b). *VA/DoD Clinical practice guideline for the management of substance use disorders*. Washington, DC: US Department of Defense.
- Vanneman, M. E., Harris, A. H., Cheng, C., Mohr, B. A., Adams, R. S., Williams, V. T., & Larson, M. J. (2015). Army active duty members' linkage to veterans' health administration services after deployments to Iraq or Afghanistan and following separation. *Military Medicine*, *180*(10), 1052-1058.
doi:10.7205/MILMED-D-14-00682
- Witkiewitz, K., & Estrada, A. X. (2011). Substance abuse and mental health treatment in the military: Lessons learned and a way forward. *Military Psychology*, *23*, 112-123. doi:10.1080/08995605.2011.548651

Appendix A: Qualitative Interview Instrument

Substance Abuse Treatment for Veterans in Central Texas:
Action Research for Improving Service Provision
among Clinical Social Work Practitioners

Qualitative Interview

Substance Abuse Treatment for Veterans in Central Texas:
Action Research for Improving Service Provision
among Clinical Social Work Practitioners

Time of Interview: Begin: _____ End: _____

Date of Interview: _____

Name of Study Participant: _____

Study Participant Code: _____

Substance Abuse Treatment for Veterans in Central Texas:
Action Research for Improving Service Provision
among Clinical Social Work Practitioners

Time of Interview: Begin: _____
End: _____

Date of Interview:

Name of Study Participant:

Study Participant Code:

(TEAR OFF SHEET)

Study Participant Code: _____

Date of Interview: ____/____/____

Demographics

The purpose of this interview is to explore the perspectives of clinicians working with substance-use-disordered veterans in the state of Texas. The interview/questionnaire will take 30 minutes and your answers will be audio recorded and be used for research purposes.

The following questions are general information about you.

1. What is your date of birth?

____/____/____
MM DD Y Y Y Y

2. What is your gender?

- a. Male (1)
- b. Female (2)
- c. Transgender (3)

3. Which race or ethnicity do you identify with? _____

4. How long have you been working with veterans with substance use problems?

_____ years _____ months

5. What is your primary occupation or job title? _____

Qualitative Questions

The following questions are related to your clinical experiences working with substance-abusing veterans in Texas. If you are uncomfortable with any of the questions, let me know and we will move on to the next question. Please speak clearly. Your responses to these questions will be recorded for transcription later. Just to remind you, all information will be kept strictly confidential.

Do you give your consent to be audio-taped for the sole purpose of research? Yes or No.

TURN ON DIGITAL RECORDER.

IDENTIFY STUDY PARTICIPANT BY ID NUMBER AND BEGIN ASKING QUESTIONS.

1. What problems do you see in working with veterans with substance use disorders (SUDs)?
2. What evidence-based practices (EBPs) are you currently using in working with veterans with SUDs?
3. In your opinion, what has worked well with using these EBP's? Please explain your response.
4. In your opinion, what has not worked well with using these EBP's? Please explain your response.
5. If you could make any changes to the current treatment provided to substance-abusing veterans, what might those changes look like?
6. Are there any unique environmental stressors you could identify that you or the veterans you work with see as barriers to a successful treatment episode?

PROBE: Are there any social issues that might influence their treatment outcomes?

PROBE: Are there any political issues that might influence their treatment outcomes?

PROBE: Are there any economic issues that might influence their treatment outcomes?

7. What contributions do you feel you are making in the field of social work as a clinical social work practitioner?

PROBE: What social change are you making in working with veterans with SUD's?

That's it. We're finished. Thank you so much for your participation