Leisure Satisfaction of Alcoholics and Cocaine Addicts

Tamera F. Stanback

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LEISURE SATISFACTION OF ALCOHOLICS AND COCAINE ADDICTS

by

Tamera F. Stanback

A Thesis Submitted to the Faculty of The Graduate College in partial fulfillment of the requirements for the Degree of Master of Science Department of Occupational Therapy

Western Michigan University
Kalamazoo, Michigan
December 1989
A role for occupational therapists is to help substance abuse clients achieve a healthy balance across occupational performance areas, including leisure. The literature suggests that alcoholics have deficits in leisure, but cocaine addicts have not yet been studied systematically in terms of leisure. This study compared twenty alcoholics from two Midwestern in-patient treatments centers to fourteen unmatched cocaine addicts at the same centers in terms of their leisure satisfaction. Then, nine male subjects from each group were matched in terms of age and family status, and \( t \)-test comparisons were made once again. The Leisure Satisfaction Scale was used as a measure of the extent to which six different types of personal needs are met or satisfied through leisure activities: psychological, educational, social, relaxational, physiological, and aesthetic. This study found no significant differences between the two groups in terms of leisure satisfaction.
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Leisure satisfaction of alcoholics and cocaine addicts

Stanback, Tamera F., M.S.
Western Michigan University, 1989
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2. Comparison of Alcoholics to Cocaine Addicts on Effects of Leisure After Matching on Age and Marital Status . . . . . . . . . . . . . . . . . . . . . . . . . 15
INTRODUCTION

It is a premise of occupational therapy that the occupational areas of self maintenance, work, and leisure are interrelated and balanced in healthy individuals (Reed, 1984, p. 261). Reed (1984, p. 262) claimed that satisfying leisure behavior contributes to good psychological and personal adjustment. On the other hand, Reed (1984, p. 262) suggested that many health problems are associated with leisure deficits.

A growing health problem in United States society is chemical dependence. General characteristics of persons who are chemically dependent have been observed by professionals working in drug addiction programs. From clinical practice, Tiffany (1983, p. 324) concluded that these characteristics include a regression to immature levels of emotional need gratification, limited coping strategies, a need for intensity of experience, and a need to avoid responsibility and to flee reality. An occupational therapist in a chemical dependence program should help the individual assess his or her own abilities and problems realistically through the use of activities, especially crafts, sports, and games, and to incorporate the advances made into his or her lifestyle.

Participation in leisure activities (DiLorenzo, Prue, &
Scott, 1987) may contribute to overall psychological adjustment, and play an important role in rehabilitation.

Alcoholism is a common form of chemical dependence. The Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1983) defined alcohol dependence as "either a pattern of pathological alcohol use or impairment in social or occupational functioning due to alcoholism, and either tolerance or withdrawal."

Lindsay (1983) described the alcoholism treatment unit at Mercy Hospital and Medical Center in Chicago. There, the occupational therapy treatment program for adult male and female alcoholics consists of therapeutic craft activities, education, recreation, and milieu activities. Treatment is usually conducted in groups and aims to increase self-esteem, problem-solving, socialization, and communication skills. Before admission to this facility, most patients spent their leisure time engaged in drinking or drinking-related activities (Lindsay, 1983). For this reason, occupational therapy emphasized the development of an understanding of how to plan and use leisure time in establishing permanent sobriety.

A study of adult male alcoholics at a North Carolina rehabilitation center was conducted to determine if there are differences between the normal population and alcoholics in terms of leisure patterns (Sessmons & Oakley, 1969). It was concluded that the alcoholic
appears to have a compulsion to work, has sparse musical interests, is a spectator rather than a participant, and engages in few outdoor recreation activities. The alcoholic tends to participate in activities which require little skill, equipment, and commitment.

In another study, using a control group, the alcoholics were found to identify more with work than with leisure (Berg & Neulinger, 1976). A major difference between the control group and the alcoholic group was that the alcoholics strongly preferred free-time activity emphasizing order, and ranked this variable first or second, while the control group ranked it last. Alcoholics perceived leisure as less interesting, pleasant, desirable, and meaningful than the control group. The authors of this study emphasized the importance of helping those with alcoholism to live meaningfully during their nonworking hours. Berg and Neulinger (1976) believed that by understanding the leisure patterns of the alcoholic and the factors which condition these patterns, a more therapeutic approach to programming may be developed.

In contrast to the study of alcoholism, little research has been done concerning the relationship between cocaine dependency and leisure behavior. Based on clinical experience, Spitz and Rosecan (1987) reported that cocaine addicts often mask underlying insecurities
and self-esteem defects by using cocaine for performance of various activities. They claimed that these persons have come to identify drugs as a "best friend" in times of stress. It has been noted through observation that the cocaine addict is addicted to an active lifestyle as well as to the drug (Faulkner, 1986, Unit 1, p. 22). The cocaine "high" is falsely believed to be the ideal euphoria for enhancement of leisure pursuits.

Through experience as a certified therapeutic recreation specialist working with alcoholics, cocaine addicts, and other chemically-dependent persons, Roseann Faulkner (1986, Unit 6, pp. 13, 17-18) concluded that the client desiring abstinence from alcohol and drugs needs to understand his or her leisure and needs assistance in making changes in leisure patterns. Faulkner incorporated leisure activities into a chemical dependence treatment program aimed at helping the client learn to participate in a variety of satisfying non-alcohol and non-drug related leisure activities. Faulkner acknowledged the importance of strengthening the family unit through satisfying leisure activity.

The Marin Open House Wilderness Project was reported to be successful in treating drug-dependent clients (Pinkson, 1976, p. 233). This Outward Bound program was an experiential approach that used a physical challenge to develop a heightened awareness of one's potential. It
provided concrete activities of short duration and featured a high degree of "real" danger and excitement that yielded long term effects. Pinkson contacted most of the participants in the Marin Open House Project as a follow-up study. Of the 51 adult respondents, it was found that 43% demonstrated significant life-style and behavioral changes one-and-a-half years after the experience. This study did not involve a control group, personality assessments, or close monitoring of post-session behavior. Also, different kinds of addiction were involved (29% were heroin dependent). Pinkson admitted that a more rigorous methodology would have strengthened his findings.

Leisure has been measured in various ways. Snider and Osgood's semantic differential (Smolensky & Lorimor, 1980) has been used to measure the alcoholic's attitude toward leisure. This instrument determined that alcoholics' view leisure as less valuable and less active than non-alcoholics. Riddick and Daniel (1984) used the Leisure Activities Index to measure the role of leisure in the mental health of older women, and found leisure activity participation to be a strong contributing factor to life satisfaction. The Personality Research Form-E based on Murray's needs theory of personality (Allen, 1982) was included in a factor analytic study of the relationship between Murray's personality needs and
leisure interests in college students. Allen concluded that certain populations do have a general pattern of leisure interests. In a study of depressive patients, Eisemann (1984) constructed the Leisure Activity Inventory and found that leisure involvement correlated significantly with personality characteristics and that depressed patients engaged in few leisure activities. Beard and Ragheb (1980) developed an instrument to measure leisure satisfaction. By examining several categories of effects of leisure, Beard and Ragheb (1980) decided that the most important effects of leisure were psychological, educational, social, relaxational, physiological, and aesthetic. These authors included these components in the Leisure Satisfaction Scale.

As more occupational therapists are being employed in alcohol and drug rehabilitation centers, it seems important to investigate the leisure behavior of the chemically dependent adult. Comparisons of the leisure attitudes of alcoholics and cocaine addicts can provide a basis for effective treatment. Evidence suggests that the mental health of adults is dramatically influenced by the amount of satisfaction derived from leisure activities (Riddick, 1986). Research (Berg & Neulinger, 1976; Lindsay, 1983; Sessmons & Oakley, 1969) has shown that the leisure of the adult alcoholic is different from that of the normal population. The research and observations

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of others working with substance abuse clients suggests that there are deficits in the leisure of the cocaine addict; therefore, a comparative analysis may increase the body of knowledge in this field and improve occupational therapy treatment.

This study aimed to compare the alcoholic to the cocaine addict in terms of leisure satisfaction. Using the Leisure Satisfaction Scale (Beard & Ragheb, 1980), this study investigated differences between alcoholics and cocaine addicts in terms of leisure satisfaction in each of six areas:

1. Psychological. Leisure activities provide psychological benefits such as: a sense of freedom, enjoyment, involvement, and intellectual challenge.

2. Educational. Leisure activities provide intellectual stimulation and help in learning about oneself and one's surroundings.

3. Social. Leisure activities provide rewarding relationships with other people.

4. Relaxational. Leisure activities provide relief from the stress and strain of life.

5. Physiological. Leisure activities provide a means to develop physical fitness, stay healthy, control weight, and otherwise promote well being.

6. Aesthetic. Leisure activities are engaged in areas that are viewed as pleasing, interesting, beautiful, and generally well designed. (p. 26)

Several directional hypotheses were stated for the study based on the previous discussion of alcoholics and cocaine addicts:
1. The leisure of alcoholics will be less satisfying socially than that of the cocaine addict.

2. Alcoholics will rate their leisure low physiologically, while cocaine addicts will score high on this variable.

3. Alcoholics will rate their leisure as providing fewer aesthetic rewards than cocaine addicts.

Comparison to the normal population was not done in this study. Due to the lack of this kind of comparison group, two adjunctive hypotheses could not be tested statistically. These adjunctive hypotheses were: (a) Alcoholics and cocaine addicts will give low ratings to the psychological and educational effects of leisure, and (b) alcoholics and cocaine addicts will score low on the relaxational variable.
METHOD

Subjects

Subjects were adult voluntary in-patient chemically dependent clients of two Southwestern Michigan recovery centers. To ensure confidentiality, the centers are not identified, and are instead referred to as Center #1 and Center #2. At Center #1, according to the Center's staff, the population was approximately 20% female and 80% female. The age range was from 18-60 years, with a mean age between 28-30 years. According to the Center's staff, the clients at Center #2 ranged in age from 19-64 years, with a mean age of 35. Approximately 31% of the clients at Center #2 were female and 69% were male.

Only those clients indicating cocaine or alcohol as a drug of choice were included in the data analysis and results. Of the 52 clients from the two alcohol/drug recovery centers who completed the questionnaires, 18 were excluded: One did not complete Part II of the questionnaire; five did not indicate a primary drug; eight indicated a primary drug other than alcohol or cocaine; and four indicated both alcohol and cocaine as primary drugs.

The mean age of the 20 alcoholics was 35.2 years, (SD=11.32), and the mean age of the 14 cocaine addicts
was 29.2 years (SD=5.4). Because of missing data, the Hollingshead method (1975) for measuring socioeconomic status could only be calculated for 18 subjects. The mean socioeconomic status for the 12 alcoholics was 36.0, and the mean for the 6 cocaine addicts was 38.0. This means that, on the average, both groups held the social status of skilled craftsmen or clerical and sales workers.

In addition to comparing the 20 alcoholics to the 14 cocaine addicts, further reduction was done in order to compare alcoholics to cocaine addicts after matching groups on age, marital status, and gender. Fifty percent of the subjects did not report on their occupation or educational level; therefore, it was impossible to match groups in terms of socioeconomic status. Because there were only 2 female alcoholics and 5 female cocaine addicts, females were not included in the matching. Nine subjects from each group were then matched on the variables of age and marital status. This matching was done without any knowledge of the subjects' scores on the leisure variables. The matched groups consisted of 9 male alcoholics, 3 married and 6 single; and 9 male cocaine addicts, 2 married, 6 single, and 1 unknown. The mean age of the alcoholic group was 29.8 (SD=4.12). The mean age of the matched group of cocaine addicts was 30.0 (SD=6.12).
Instrument

The Leisure Satisfaction Scale (Beard & Ragheb, 1980) was used to gather data on overall leisure satisfaction of the alcoholics and cocaine addicts. This scale, using a 5-point Likert scale, measures six subscales: psychological, educational, social, relaxation, physiological, and aesthetic. The Leisure Satisfaction Scale was designed to measure the extent to which individuals perceive that personal needs are met or satisfied through leisure activities. The instrument's reliability was measured following a sampling of 603 adults, subsequent refining, and then the administering of it to another sample of 347 adults. The total scale was found to have an alpha reliability coefficient of .96. The alpha reliability coefficients of the six subscales ranged from .85 to .92, indicating that the instrument was internally consistent. Over 160 experts and judges in the field of leisure behavior and recreation judged the Leisure Satisfaction Scale to have content validity.

Procedure

The questionnaires, letters explaining the purpose of the questionnaire and how to complete it, and an administration protocol were mailed to the contact person.
at Center #1 who administered the questionnaire to clients. All subjects were assured of anonymity in their responses. Questionnaires were administered by the principal investigator to clients at Center #2. At both centers, each client in attendance at a group meeting was given a questionnaire. As requested by staff at the centers, clients at Center #1 were also given letters explaining the purpose of the questionnaire, while clients at Center #2 were given consent letters to complete. After reviewing the questionnaire, clients decided if they wanted to participate in the study. If they did not, they were allowed to leave. Fifty-two clients remained. Before completing the questionnaire, clients were instructed to base the answers to the questions on their typical way of responding throughout life, not just on their current stay at the facility.

The questionnaire requested the client's age, sex, occupation, highest level of education, and marital status. The Leisure Satisfaction Scale was attached. Clients were instructed to return the forms to a large brown envelope held by staff at Center #1 and held by the principal investigator at Center #2.
DATA ANALYSIS

As recommended by Beard and Ragheb (1980), items 4, 8, 10, and 11 were reversed, so that 1 always indicated a low score and 5 always indicated a high score. Next, each subject's responses were summed on each of the six subscales. Each variable was investigated in terms of normality of distribution. The assumptions for parametric statistics were not violated, and a t-test was done to analyze each of the dependent variables.
RESULTS

A $t$-test was done for all 34 subjects on each of the six dependent variables of leisure: psychological, educational, social, relaxational, physiological, and aesthetic. This study found no significant differences between the two groups on the social, physiological, and aesthetic variables as hypothesized. The $t$-value for the social variable was $t_{(32)} = -1.20$, $p = .238$; physiological, $t_{(32)} = -0.62$, $p = .540$; and aesthetic, $t_{(32)} = .41$, $p = .683$. Using a $p < .05$ significance level, the hypotheses of this study were not supported (see Table 1).

The matched groups of nine were also examined on the social, physiological, and aesthetic variables of leisure. The following $t$ and $p$ values were calculated: social, $t_{(16)} = -0.68$, $p = .504$; physiological, $t_{(16)} = -0.94$, $p = .362$; and aesthetic, $t_{(16)} = 1.43$, $p = .173$. Again, at a $p < .05$ level of significance, these variables are not significant and it is apparent that there is no difference between the leisure satisfaction of alcoholics and cocaine addicts (see Table 2).

The adjunctive hypotheses that both alcoholics and cocaine addicts would rate the psychological and educational effects of leisure low were to be studied.
### Table 1
Comparison of Alcoholics to Cocaine Addicts on Effects of Leisure Without Matching to Control for Other Variables

<table>
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<th>Alcoholics</th>
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<tr>
<td>Age</td>
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<tr>
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<tr>
<td>Educational</td>
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<tr>
<td>Physiological</td>
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</tr>
<tr>
<td>Aesthetic</td>
<td>18.30</td>
<td>17.71</td>
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### Table 2
Comparison of Alcoholics to Cocaine Addicts on Effects of Leisure After Matching on Age and Marital Status

<table>
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<tr>
<td></td>
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<tr>
<td>Age</td>
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<tr>
<td>Psychological</td>
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<td>48.11</td>
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<tr>
<td>Educational</td>
<td>43.56</td>
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</tr>
<tr>
<td>Social</td>
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<td>38.44</td>
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<td>Relaxational</td>
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<td>16.11</td>
</tr>
<tr>
<td>Physiological</td>
<td>19.33</td>
<td>21.67</td>
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<tr>
<td>Aesthetic</td>
<td>20.22</td>
<td>17.89</td>
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descriptively, not statistically. Surprisingly, both the unmatched and matched groups of alcoholics and cocaine addicts appeared to rate their leisure higher than the subjects (largely students) described by Beard & Ragheb (1980).
DISCUSSION

The hypothesized difference that the leisure of alcoholics is less satisfying and provides fewer aesthetic rewards than the leisure of the cocaine addicts was not supported by this study. Nor was the hypothesis supported that alcoholics would score lower than cocaine addicts on the physiological variable.

There are several possible reasons why no significant differences between alcoholics and cocaine addicts were found. There is always the problem of self-report with questionnaires. Invalidity could be due to a "halo" effect. Perhaps, clients were circling the responses they perceived as desirable by the researcher. Also, research involving questionnaires is usually not competency oriented, and tends to measure beliefs, opinions, or personal facts. The questionnaire is somewhat lengthy and may have appeared too long. The subjects may not have given appropriate thought to each question, and instead provided non-caring, hurried responses.

The subjects in this study were asked to report on their general feeling about their leisure throughout life. Since subjects were dependent on alcohol or cocaine before their admission to the Centers, it is possible that they viewed alcohol or cocaine use as a
leisure activity and included this activity in their overall rating of leisure.

The Likert Scale, itself, is problematic, in that it forces subjects to select a response even though it may not be the most suitable response. Perhaps, the subjects in this study selected responses that were not the best descriptors of their leisure.

The difference in scores between subjects in this study and those individuals in Beard and Ragheb's sample could not be attributed to improper scoring. Jacob Beard was contacted and he confirmed the correctness of the data analysis. The high scores of the alcoholics and cocaine addicts remain unaccounted for and contradict the literature on the leisure of these two groups.

Research, specifically that of Sessmons and Oakley (1969) and Berg and Neulinger (1976) substantiate that alcoholics differ from the normal population in their perceptions of leisure. The clinical experience of Spitz and Rosecan (1987) and Faulkner (1986) support the idea that cocaine addicts also have leisure deficits. Others have successfully used therapeutic activities to help the chemical dependent develop healthy leisure pursuits (Faulkner, 1986; Lindsay, 1983; Tiffany, 1983).

Future studies might include a larger sample size of matched subjects. A sample size of 18 is very small, and only hints at possible differences. It would also be
beneficial to study the relationship between leisure satisfaction and the frequency of participation in activities. Correlating leisure satisfaction with actual participation may produce valuable information in this area.

Furthermore, it would be helpful to compare the leisure satisfaction of alcoholics and cocaine addicts with that of the normal population. A follow-up study of the subjects in this study would be wise to determine if the level of leisure satisfaction remains constant after discharge from the alcohol/drug recovery centers. Because of confidentiality, this would be difficult for any researcher not associated with the Centers.

Occupational therapists are treating alcoholics and cocaine addicts, and it is worthwhile to continue investigation in this area so that occupational therapy for this population may be better based on research, as well as clinical practice. This will benefit the clients and the profession.
CONCLUSION

The literature indicates that alcoholics and cocaine addicts do experience deficits in leisure, but no comparative studies of the two groups could be found. In this study, alcoholics and cocaine addicts were not found to be different as far as their leisure satisfaction is concerned as measured by the Leisure Satisfaction Scale. Further investigation in this area is recommended.
Appendix A

Human Subjects Institutional Review Board Letter of Approval
TO: Tamera Stanback
FROM: Ellen Page-Robin, Chair
RE: Research Protocol
DATE: February 15, 1989

This letter will serve as confirmation that your research protocol, "Leisure Satisfaction of Alcoholics and Cocaine Addicts" is now complete and has been signed off by the HSIRB.

If you have further questions, please contact me at 387-2647.
Appendix B

Letter of Explanation for Center #1
Dear Sir/Madam:

I am a graduate student in the occupational therapy department at Western Michigan University. I am interested in the leisure attitudes of persons currently in treatment at your facility.

Your participation in this study is voluntary and is greatly appreciated. A questionnaire has just been passed out. Part I asks for general information about you. Part II asks how you feel about your leisure, overall. I realize that your leisure activities may have changed since you came to this facility. So, base your responses on the way that you generally feel about your leisure activities.

To complete the questionnaire, I do not need to know your name, and there is no way that I can find out who you are. No one will be able to identify you. There will be no penalty for non-participation, and you may stop filling out the questionnaire at any point with no penalty.

When you are finished answering all the questions place the questionnaire in the brown envelope held by staff. By completing the questionnaire you will be helping the occupational therapist understand why some activities might be enjoyed, and what may be done to help the individual lead a satisfying alcohol free or drug free life.

Cordially,

Tamera Stanback
Appendix C

Consent Letter for Center #2
Dear Sir/Madam:

I am a graduate student in the occupational therapy department at Western Michigan University. I am interested in the leisure attitudes of persons currently in treatment at your facility.

Your participation in this study is voluntary and is greatly appreciated. A questionnaire has just been passed out. Part I asks for general information about you. Part II asks how you feel about your leisure, overall. I realize that your leisure activities may have changed since you came to this facility. So, base your responses on the way that you generally feel about your leisure activities.

To complete the questionnaire, I do not need to know your name, and there is no way that I can find out who you are. No one will be able to identify you. After you sign this consent letter, it will be kept by the facility you are at, and I will not see it. There will be no penalty for non-participation, and you may stop filling out the questionnaire at any point with no penalty.

When you are finished answering all the questions place the questionnaire in the brown envelope. By completing the questionnaire you will be helping the occupational therapist understand why some activities might be enjoyed, and what may be done to help the individual lead a satisfying alcohol free or drug free life.

Cordially,

Tamera Stanback

I have read and understood all the above information. All my questions have been answered, and I give my consent to participate.

_________________________________________  __________________________
Signature                                      Date

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Appendix D

Part 1 and Part 2 of Questionnaire
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