The Perceptions of Family Environment Between Black Adolescent Users and Nonusers of Alcohol or Drugs

Jesse Aaron Brinson Jr.
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The perceptions of family environment between black adolescent users and nonusers of alcohol or drugs

by

Jesse Aaron Brinson, Jr.

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THE PERCEPTIONS OF FAMILY ENVIRONMENT BETWEEN BLACK ADOLESCENT USERS AND NONUSERS OF ALCOHOL OR DRUGS

Jesse Aaron Brinson, Jr., Ed.D.
Western Michigan University, 1989

The purpose of this study was to examine Black American adolescents' substance use (alcohol, tobacco, marijuana, cocaine) and their perceptions of their family environments. Sixty-two male and female subjects between the age of 13-21, from a large northeast medical facility, who reported exposure to alcohol or drug use, were asked to complete Moos' (1986) Family Environment Scale (FES). The subjects were divided into users and nonusers. Users were described as those having used alcohol or drugs at least three or more times per week within the previous month. Nonusers were described as those not having used alcohol or drugs less than three times during the previous month.

A t-test revealed that, on some dimensions of family environment, the nonusers perceived their family environment more favorably than users. The one dimension that appeared most frequently for nonusers was the Intellectual-Cultural Orientation subscale of the FES. This subscale suggests that nonusers perceived their family environments as promoting more social, political and cultural awareness.
In general, the investigator found support that alcohol and drug use affects the perception of family environment among Black adolescent users and nonusers. Based on the analysis, the kind of drug used also had an impact on certain aspects of perceived family environment.

It was concluded that nonusers of alcohol and drugs have different perceptions of some aspects of the family environment than regular users of alcohol or drugs. Also, it was concluded that males and females differed in their perception of the family environment.
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Jesse Aaron Brinson, Jr.
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CHAPTER I

BACKGROUND AND STATEMENT OF THE PROBLEM

Background of the Problem

Of all polydrug abuse patterns, those involving alcohol are the most frequently encountered and the most dangerous (Primm & Wesley, 1985). Alcoholism is one of the most common psychiatric disorders in American society. A 6-month prevalence study of psychiatric disorders sponsored by the National Institute of Mental Health, found that 4.5% to 5.7% of the surveyed population had diagnosable alcohol dependence or alcohol abuse within the previous 6-month period (Myers et al., 1984). The same study found a lifetime prevalence of these disorders in 11.5% to 15.7% of the U.S. adult population. Unfortunately, most people suffering from alcoholism remain untreated by the health care system. The U.S. Department of Health and Human Services data in 1981 indicate that only about 15% receive treatment (Williams, 1984).

The prolonged abuse of alcohol is correlated with serious consequences to the social, physical, and economic welfare of the individual and society (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 1982). It is estimated that 18 million adults 18 years old and older...
currently experience health problems as a result of alcohol abuse such as loss of memory, inability to stop drinking until intoxication, and withdrawal symptoms (Caeteno, 1984; Hartmann, 1985; Herd, 1985; Lonesome, 1985; Williams, 1984). Lonesome (1985) maintains that central nervous system damage in alcoholics may include temporary and varying degrees of mental confusion, poor concentration, shortened attention span and limited uneven comprehension. Hartmann (1985) postulates that sleep disturbances are also common in many alcoholic clients, both while drinking and in the period of withdrawal, and can suppress rapid eye movement (REM), which is an essential part of healthful and restful sleep.

The United States Department of Justice ([USDOJ], 1985) reports that during 1983, an estimated 8 million persons were admitted to local jails throughout the United States. Additional surveys found that nearly half the convicted inmates of the nation's prisons committed the criminal offense for which they were convicted while under the influence of alcohol (USDOJ, 1985). Alcohol related traffic fatalities continue to be a source of concern. During 1984, for example, more than 44,000 traffic fatalities occurred on U.S. highways. Forty-two percent of all drivers involved in these crashes were legally intoxicated (NIAAA, 1987).
Because of alcoholism and the related consequences of alcohol abuse, a broader view of alcoholism as an illness with serious social and familial consequences has emerged. Researchers have examined the role of genetics and family dynamics as possible causal agents for alcohol abuse (Cloninger, Bohman, & Sigvardsson, 1984; Russell, 1986). Evidence from studies of identical and fraternal twins, of half siblings, and of adoptees separated from their biological parents early in life point to the existence of one or more genetic predisposing factors in alcoholism. In one adoption study, researchers compared the prevalence of alcoholism in male adoptees of alcoholic parents to that of nonalcoholic parents. The results suggest that sons of alcoholics were almost four times as likely to develop alcoholism than sons of nonalcoholic (Goodwin, Schulsinger, & Moller 1974). Other adoption studies have found that the offspring of alcoholics (males) are more likely to develop alcohol problems than are the offspring of nonalcoholic families (Bohman, M., Sigvardsson, S., & Cloninger, C. R. 1981; Cadoret & Gath, 1978; Cloninger et al. 1984; Schuckit, 1983).

It is estimated that there are 28 million children in the United States who are affected by parental alcoholism. Of those children, 7 million are under the age of 18 (NIAAA, 1982). MacDonald and Blume (1986) report that one of every eight American children is the child of a parent who has a past or present drinking problem. Studies on
alcoholism and the family suggest that children of alcoholics grow up in an environment that can be characterized as unstable, inconsistent and unsupportive (Ackerman, 1983; Black, 1981). The instability of these homes may produce children with undersocialized behaviors, thereby making them more susceptible to alcohol and drug use (Black, 1981; Brisbane, 1987; Fox, Rotatori, Macklin, Green, & Fox 1983).

Until recently, children of alcoholics did not receive attention unless the alcoholic parent sought help (Morehouse, 1986). The overall quantity of literature reveals little reliable data concerning the effects of alcohol on children. However, current research has demonstrated the need for greater preventive and therapeutic efforts for these high risk youth (NIAAA, 1982). Organizations such as the National Association for Children of Alcoholics (NACoAs) and state programs sponsored by the Office of Substance Abuse Prevention (OSAP) have championed the cause for awareness and commitment to treatment for family members as well as the alcoholic. Most researchers maintain that without intervention, the coping strategies and other disorders developed in response to parental alcoholism will persist into adulthood with additional negative consequences (Black 1981; Brisbane, 1987; Morehouse, 1986; Wegsheider, 1980).
In order to develop such programs more research is needed to help us understand the impact of alcoholism on family life.

Alcohol, Drugs And Blacks

There is a paucity of research examining substance abuse and Blacks. The preponderance of studies related to Blacks and substance abuse focus on the Black male in treatment settings. These studies primarily address the Black males' drinking patterns and behaviors (Harper, 1976).

Despite the large size of the Black population and the disproportionately high rate of alcohol related problems within this population, relatively little research has focused on Black families (Dawkins, 1980; Herd, 1985; Lex, 1985). Blacks represent the largest ethnic group in the United States, numbering more than 27 million in 1983. This represents about 12% of the total U. S. population (United States Department of Health and Human Services, [USDHHS], 1984). Data from the United States Census (1980) indicate that Blacks constitute 22.5% of the population of the inner cities (e.g., Washington, New York City, Boston, Los Angeles, Chicago, Philadelphia, Detroit, Baltimore). The high concentration of Blacks in the inner cities suggests that the exposure to drug and alcohol use and abuse is considerable for Black children. In fact, in
many areas of inner city Black communities, liquor stores and open air drug markets are prevalent, which sends a message to Black adolescents that alcohol and drugs are not a problem, but a way of life.

According to (National Institute of Drug Abuse [NIDA], 1985) national surveys of public and private treatment units, suggest that Blacks are three times more likely to be in treatment for a drug abuse related problem than are whites. The results of a study of drug use among tenants of a single room apartment complex in New York City, suggest that Blacks have higher rates of drug use than Whites for marijuana, cocaine, heroin, and illicit methadone (Frank, 1983).

Treatment issues with Black alcoholics has received some inquiry (Brisbane & Womble, 1985). However, the area of alcohol education and prevention among Blacks is grossly underrepresented in the literature. There were no empirical studies found that examined Black adolescents who reported regular use of alcohol or drugs. There were only two studies found that examined Black adolescents perception of family environment (Dancy & Handal 1980, 1984). However, Dancy and Handal's (1980, 1984) studies focused on parental marital status and perceived family climate among Black adolescents. The authors did not indicate if any of the adolescents were experimenters or regular users of alcohol or drugs, or from families with a substance abusing member.
Nonetheless, most research on the impact of substance abuse on family life has concentrated on white families. This research indicates that the children of relapsed alcoholics evidenced more symptoms of emotional disturbance than do children of nonalcoholics (Moos & Billings, 1982); that children of recovering alcoholics report fewer physical and emotional symptoms than children of active alcoholics (Cronkite & Moss, 1980; Moos, 1984); and that nonalcoholic families report greater personal growth and more positive family relationships than do alcoholic families (Filstead, McElfresh & Anderson, 1981).

It appears then that there are differences in the family relationships of white alcoholic and nonalcoholic families. Unfortunately, there are no comparable studies assessing the environments of Black alcoholic families. However, social scientists maintain that alcohol abuse is a frequent problem in Black communities among some Black families (Brisbane & Womble, 1985; Brisbane, 1987; Comer, 1972; Harper, 1976; Primm & Wesley, 1985; Williams, 1984). Williams (1984) states that in the National Urban League's report on The State of Black America, there has been an increase in the alcohol and drug epidemic within the Black community over the last decade.

According to the National Black Alcoholism Council, Manifesto (1982), alcoholism is one of the most serious
health issues facing the national Black community. Harper (1976) postulated that compared to whites, alcoholism and alcohol abuse for Blacks appear to be more injurious to their health and results in more homocides, police arrests, accidents and assaults. Brisbane (1987) emphasized that alcoholism is a leading cause of physical illness, stress, family problems, social unrest, and misery in the Black community. Brisbane and Womble (1985) further adds that a significant number of Black children are reared by alcohol abusing parents. Blacks, especially Black men, appear to be at higher risk for developing alcohol related illness (Herd, 1985). According to Herd (1985), National Cancer Institute data indicate the incidence rate of esophageal cancer for Black males, aged 35-44 years, was 10 times that of Whites of comparable age.

The apparent vulnerability of Blacks to alcohol problems suggests that more research on the families of Black alcoholics is warranted. These alcohol related problems further weaken the family and produce negative consequences for future generations. In addition, Black children may be more vulnerable to alcohol and drug use because these children may come to see this behavior as normal, and this belief may persist when they leave the alcoholic and drug addicted families for their own families (Brisbane, 1987). Therefore, much more work is
needed from social scientists, social action groups, self-help groups and everyone concerned with the alcohol/drug abuse dilemma, to develop interventions that can moderate the impact of alcohol abuse on this population.

As stated earlier, the preponderance of literature examining the impact of alcoholism on family life has focused primarily on white families. It would be difficult to take these findings and generalize them to Black families, because there are systematic differences in Black and white families. For example, Morris (1987) states that Black family interactional patterns include mutual support and kinship-like relatedness to many members of a community, as well as egalitarian and flexible sex roles. He further adds the most reliable source of financial support in Black homes may be the woman. On the other hand, White families tend to have more rigid and restrictive rules in regard to the roles, functions, and behaviors of individuals with the family unit (Morris, 1987). Unlike White families, Black families are much more likely to depend on such intergenerational ties for economic and psychological support on a wide range of important family matters (Morris, 1987). This extended family pattern may serve as a protective factor that allows Black children of alcoholics to overcome and survive the stresses associated with living in an alcoholic family. On the other hand, with the decline of two-parent...
families in the inner cities, and the fact that 40% of these households are headed by single women (Morris, 1987), the Black male child is more likely to experience the loss of the same sex parent than the Black female. This lack of a positive role model for the Black male can have a negative impact on his self esteem, on his socialization as a male, and he may become act out through sexual promiscuity or substance abuse (Comer, 1972; Harper, 1976; Morris, 1987).

Statement of the Problem

The purpose of this study is to compare the perceptions of family environment between Black adolescent users and nonusers of alcohol or drugs. If one group has higher scores on the FES as compared with the other, what factors may be contributing to the higher scores? Higher scores on the FES suggest a more favorable perception of family functioning.

Research Questions

1. Do Black adolescents using substances perceive family environment less favorably than nonusing adolescents?

2. Do Black adolescent males (substance users) perceive family environment less favorably than Black adolescent males (non-using)?
3. Do Black female adolescents (substance users) perceive family environment less favorably than Black females (non-using)?

Importance of the Study

Since the prevalence of alcohol and drug abuse in the inner cities is significant, and a substantial percentage of the population in the inner cities is Black, it is important to assess those factors that play a role in the development of substance abuse in the Black community. A study of the nature of the family environment and its possible relationship to the development of substance abuse in the Black adolescent should provide clinicians with a framework for designing prevention and intervention strategies for high risk youth.

Key Terms


Users of Alcohol and Drugs: The use of alcohol or drugs at least three or more times per week during the past month.

Nonusers of Alcohol and Drugs: The use of alcohol or drugs less than three times per week during the past month.
Substance Abuse: Refers to the use of alcohol and drugs (tobacco, marijuana and cocaine) to the extent that the individual's work, personal and/or social life is affected.
CHAPTER II

LITERATURE REVIEW

Introduction

This review focuses on the following areas: (a) a general description of the Family Environment Scale (FES), (b) FES scores of Black versus white substance abusers, (c) FES with alcoholic families, and (d) FES and single parent families.

The Family Environment Scale

Moos' Family Environment Scale (FES) (Moos & Moos, 1986) assesses the self-reported social climates of families. It focuses on the interpersonal relationships among family members, on the personal growth which is emphasized in the family, and on the basic organizational structure of the family. The FES Form R provides 10 subscales. The Cohesion, Expressiveness and Conflict subscales are conceptualized as the Relationship Dimension. These subscales assess the extent to which family members feel that they belong to and are proud of their family. The second group of subscales is conceptualized as Personal Growth Dimensions and include Achievement Orientation, also,
Intellectual Orientation, Active Recreational Orientation, and Moral Religious and measure the emphasis within the family on certain developmental processes which may foster the development of the individual's identity. The subscales of Organization and Control are conceptualized as assessing information about the structure or organization within the family and about the degree of control which is usually exerted by family members in relation to each other (Moos & Moss, 1986). The FES subscales have been shown to have good internal consistency and test-retest reliability. Many studies have utilized the FES, including case studies (Moos & Fuhr, 1982), treatment planning (Fuhr, Moos, & Dishofsky, 1981), and research relating the family characteristics to treatment outcome (Moos, Bromet, Tsu, & Moos, 1979). The FES is discussed in more detail in the methods section of this paper.

**FES Scores of Black Versus White Substance Abusers**

Researchers have attempted to examine differences in perceived family environments between Black substance abusers and White substance abusers (Kosten, Novak & Kleber, 1984; Patterson, Charles, Woodward, Roberts, & Penk, 1981; Penk, Robinowitz, Kidd, & Nisle, 1979). Penk et al. (1979), in a study of perceived family environments among White heroin users (N = 39) and Black heroin users (N = 63), examined perceptions of both past and present...
family environments. FES scores of both groups were contrasted with FES normative scores (Moos & Moos, 1986) for past and present family environments. The combined sample showed a mean age of 26 years, mean education level of 11.9 years, and low average socioeconomic level. In ratio z-test comparisons with FES normative scores, Black heroin users rated their past (i.e., family of origin) family environments as significantly higher \((p < 0.001)\) in Achievement Orientation, Moral Religious Emphasis, and Organization, and significantly lower in Expressiveness, Intellectual Cultural and Recreational Orientations as compared to white heroin users. The past family environment of white users was characterized by lower family cohesiveness as compared to the normative scores \((p < .001)\).

Black heroin users, compared with white heroin users, perceived greater cohesiveness and more orientation towards intellectual, cultural, and recreational pursuits. They also reported greater emphasis on moral and religious development, and greater organization in their families of origin as compared to white heroin users. Black heroin users scored significantly lower on the Conflict subscale, which Penk and his colleagues (Penk et al., 1979) interpreted as showing less encouragement for the expression of anger and aggression as compared to white heroin users. Black heroin users rated their present family environments
significantly higher than the normative sample in Achievement Orientation, Moral Religious Emphasis, and Organization, and significantly lower in Conflict, Intellectual Cultural Orientation, and Active Recreational Orientation. Similarly, white heroin users differed from the normative sample significantly by higher scores on the Expressiveness subscale and lower scores on the Conflict subscale. White heroin users also showed lower scores on the Independence, Intellectual Cultural Orientation, and Active Recreational Orientation subscales as compared to the normative sample.

The authors concluded that heroin addicts typically come from families that place an emphasis on personal and social development while inhibiting expression of feelings, and that the addict may turn to heroin as a result of the failure to achieve the high goals expected of him.

Kosten et al. (1984) measured the perception of family environment of 73 Black and white opiate addicts consecutively admitted to an outpatient naltrexone program. The sample of addicts was 19% Black and 16% female, with a mean age of 28. Twenty-seven of these addicts were currently living with either their spouse or parents, who were asked to complete the FES. The spouses of 18 addicts and the mothers of 9 addicts completed the FES. Ratio Z tests on the 10 FES subscales for the total addict sample (N = 73) indicated the addict sample scored above the normative mean on Achievement Orientation and Organization.
and below the norm on the Conflict, Intellectual-Cultural Orientation and Recreational Orientation subscales ($p < .01$). Similar to the addict scores, the mothers and wives scored below the normative mean on the Conflict and Recreational Orientation subscales ($p < .005$). In contrast to the addicts, the scores for the mothers and wives on the Organization, Achievement, and Intellectual-Cultural Orientation subscales were not significantly different from the normative mean. When the scores of the 14 Black and the 12 female addicts were analyzed separately, they were not significantly different from those of the white male addicts.

Patterson et al. (1981) administered the FES to Black and white alcoholics admitted to an alcohol treatment program. Mean age for whites was 46.64 years, for Blacks, 41.34. The mean education for Whites was 11.67 years, for Blacks 12.71 years. Seventy-three per cent of whites and 49% of Blacks were married. In univariate analyses, Blacks scored significantly higher in their retrospective views of their childhood families on the Cohesiveness subscale $p < .02$. They scored higher on the Intellectual Cultural Orientation subscale $p < .002$, as well as the Moral Religious Emphasis subscale $p < .0001$. They also showed higher scores on the Organization subscale $p < .02$; and the Control subscale $p < .008$ as compared to white families on present FES scales.
Under analysis of covariance, controlling for age, education, and socioeconomic status, Blacks scored significantly higher on the Intellectual-Cultural Orientation subscale \( p < .001 \), the Moral Religious Emphasis subscale, \( p < .00001 \), the Organization subscale \( p < .06 \), and the Control subscale, \( p < .02 \) as compared to the white alcoholic patients.

It appears that Black and White substance abusers display similarities and differences in their perceptions of the family environment. Both Blacks and Whites rated their past and present family environments as high in expectations for achievement and low in expressiveness of feelings. They also scored similarly on the Intellectual-Cultural Orientation and Active Recreational Orientation subscales. Black substance abusers reported higher Cohesiveness and lower Conflict scores than White substance users. Thus, it appears that both Black and White substance abusers perceive their families as having high achievement expectations; however, neither perceived their families as fostering individuation and personal growth such that each could reach his or her full potential.

FES With Alcoholic Families

To date, there appears to be a paucity of research literature on the perception of family environment of Black substance abusing families. However, the FES has
been used with White families having substance abusing members. Moos and Moos (1986) compared families of recovered (N = 54) and relapsed (N = 51) alcoholic patients with families of non-alcoholic community controls (N = 105) on perceived family environment. Families were studied 2 years after patients completed residential treatment for alcoholism. The researchers found that families of relapsed patients showed less cohesion, expressiveness, and recreational orientation, and less agreement about their family environment than matched families of recovered patients and of nonalcoholic community controls. Spouses of relapsed alcoholics showed significantly more disagreement about their family environment than did husbands and wives in the other two groups. Moos and Billings (1982) assessed the husband's and wife's perceptions of the 10 dimensions of the FES. The subjects were selected from a larger sample of persons who were treated for alcoholism at one of five residential facilities. The alcoholic families were divided into recovered (N = 28) and relapsed (N = 23) groups on the basis of the post treatment functioning of the alcoholic member. The perceived family environments of relapsed alcoholics differed from those of control families, while those of recovered alcoholics did not. The parents in families of relapsed alcoholics differed from those of control families, while those of recovered alcoholics did
not. The parents in families of relapsed alcoholics reported less cohesion and expressiveness, and less emphasis on independence, achievement orientation, moral and religious development. They also reported less emphasis on intellectual and cultural orientation, and active recreational orientation than did control families. Husbands and wives in the relapsed families also showed more disagreement about their family environment.

Filstead et al., (1981) compared the family environments of alcoholic and nonalcoholic families. Data on the alcoholic families were collected when patients were admitted to an alcoholism treatment center. "Family unit" was defined as the patient, nonalcoholic spouse, and at least one child nine years of age or older, who still lived at home. Each family member completed the FES according to how they perceived their present family life. A comparison between the 42 alcoholic families' FES scores and those of the 285 nonalcoholic families revealed significant differences on 7 of the 10 subscales. The alcoholic families perceived their family environments to be less cohesive (p < 05). When the alcoholic families (N = 42) were compared with Moos' non clinic families (N = 42), similar results were found (Filstead et al., 1981).

All three studies concurred that, generally, families with an alcoholic member in their families of origin differ from nonalcoholic families on perception of family
environment. Alcohol families tended to perceive family environment as less cohesive and expressive, with less emphasis on personal growth activities, when compared with non alcoholic families (Filstead et al., 1981; Moos & Billings, 1982; Moos & Moos, 1986). Moos & Moos (1986), found that relapsed alcoholics perceived their family environments less favorably as compared to recovered and nonusing alcoholics. It would appear then that those alcoholics who are actively drinking see their families more negatively, and as such the children of these families deserve more attention to investigate the health, psychological and emotional risks associated with alcoholic family members.

**Single Parent Families and the FES**

Since many Black families are single parent homes the effects of alcohol may be confounded with the effects of single parent homes. The following is an investigation of the literature of the FES used with single parent families.

The Family Environment Scale has been used to evaluate single parent families and children's adjustment to parental marital status. However, no studies were found that specifically addressed Black children's perception of family environment in single parent families with alcohol or drug problems.
Dancy and Handal (1980, 1984) examined the real and ideal family climate as perceived by Black lower middle class adolescents from divorced and intact homes using the FES (Moss & Moss, 1986). Subjects were drawn from the public school system of a Midwestern community and consisted of 60 urban Black adolescents, 30 from divorced homes (19 females, 11 males) and 30 from intact homes (16 females, 14 males). Results revealed that perceived family climate was unrelated to parental marital status, but significantly related to perceived conflict within the home. High conflict was related to less cohesion, less intellectual cultural orientation, and less organization as compared to low conflict. Adolescents as a group perceived their real family climate as less cohesive, more conflicted, less intellectually oriented and less organized than their ideal family climate, regardless of their parental marital status or perceived level of conflict.

Kagel et al. (1978) examined perceptions of family environment by disturbed and nondisturbed adolescents in intact and father absent families. The subjects were 48 white male adolescents, 12 to 15 years of age, their natural mothers, and their fathers, if present. The subjects did not exhibit pronounced physical impairment or psychosis. Twenty four of the 48 patients comprised the disturbed group. Twenty-two of the 24 disturbed adolescents were current patients in a mental health center.

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The remaining 2 were patients in a university psychological clinic. Twenty-four other adolescents were drawn from junior high schools in Ohio. A 2 x 2 ANOVA revealed that nondisturbed adolescents perceived their families as more cohesive than did disturbed adolescents. No differences were found on adolescent perception of family cohesion between the father absent and father present group. Mothers from families of disturbed adolescents viewed their families as having more conflict than did mothers of nondisturbed adolescents. Nondisturbed adolescents viewed their families as more encouraging of independence than did disturbed adolescents. These findings held for intact and father absent families.

Farber, Felner & Primavera (1985) examined parental separation and adolescent post-divorce adjustment, including family cohesion, conflict and organization, and the use of family members for support. Subjects were 34 male and 31 female late adolescent college students, age 17-23, who experienced parental separation or divorce prior to their 12th birthday. The results suggest that family cohesion and conflict proved to be the most salient predictors of adaptive outcome. Subjects who rated their families as less cohesive and more conflicted on the FES reported higher levels of anxiety. Stress associated with family reorganization or conflict proved to be the most important predictors of poorer postdivorce adjustment.
Essentially, subjects who reported a significantly greater degree of stress due to divorce, related organizational conflict and change in the family were more anxious, depressed, and hostile.

The findings pertaining to parental marital status and perceived family environment suggest that family conflict and low cohesion, rather than marital status, may be a critical factor in the perception of family climate by adolescents (Dancy & Handal, 1980; Kagel et al., 1978; Farber et al., 1985). Perception of family environment by adolescent in this study, then, is not likely to be affected by parental marital status alone.

The Family Environment Scale

Family Environment Scale has three forms: (1) the Real Form (Form R), which assesses individuals' perceptions of their current family environments; (2) the Ideal Form (Form I), which tests conception of ideal family environments; and, (3) the Expectations Form (Form E), which measures people's expectations about family settings (such as a couple's expectations about what their family will be like after the birth of a child) (Moos & Moos, 1986).

Form (R)

Family Environment Scale Form (R) Family Environment in this study will be assessed using Form (R). This will
allow the investigator to analyze the adolescent's perception of their families of origin. The FES Form R provides 10 subscales grouped in the Relationship, Personal Growth and Organization dimensions. The Cohesion, Expressiveness, and Conflict subscales are conceptualized as Relationship Dimensions. These subscales assess the extent to which family members feel that they belong to and are proud of their family, and the extent to which there is open expression within the family. The second group of subscales are conceptualized as Personal Growth Dimensions. They measure the emphasis within the family for promoting individuation and certain developmental processes which aid or foster independent living. These measures are the Independence, Achievement Orientation, Intellectual-Cultural Orientation, Active Recreational Orientation, and Moral Religious emphasis subscales. The last two subscales of organization and control are conceptualized as assessing System Maintenance Dimensions. They obtain information about the structure or organization within the family and about the degree of control which is usually exerted by family members in relation to each other. (For more detailed information regarding the FES see Table 1 and Appendix A).
# Table 1

**FES Subscales and Dimension Description**

## Relationship Dimensions

1. **Cohesion**
   - the degree of commitment, help, and support family members provide for one another

2. **Expressiveness**
   - the extent to which family members are encouraged to act openly and to express their feelings directly

3. **Conflict**
   - the amount of openly expressed anger, aggression, and conflict, among family members

## Personal Growth Dimensions

4. **Independence**
   - the extent to which family members are assertive, are self-sufficient, and make their own decisions

5. **Achievement Orientation**
   - the extent to which activities (such as school and work) are cast into an achievement-oriented or competitive framework

6. **Intellectual-Cultural Orientation**
   - the degree of interest in political, social, intellectual, and cultural activities

7. **Active-Recreational Orientation**
   - the extent of participation in social and recreational activities

8. **Moral-Religious Emphasis**
   - the degree of emphasis on ethical and religious issues and values
Table 1—Continued

System Maintenance Dimensions

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.</td>
<td>Organization the degree of importance of clear organization and structure in planning family activities and responsibilities</td>
</tr>
<tr>
<td>10.</td>
<td>Control the extent to which set rules and procedures are used to run family life</td>
</tr>
</tbody>
</table>

Several methods were used to obtain an initial pool of questionnaire items. Items were constructed from information gathered in structured interviews with members of different types of families and from other social climate scales previously developed by Moos and Moos (1986). Pretest information was gathered which reduced the pool to 200 items (Form A). Information gathered from 1,000 people in 285 families on the initial 200 item Form (A) was used to develop the 90 item Form R (Real). Families were recruited from three church groups, from a newspaper advertisement, and from contact with students at a local high school. An ethnic minority subsample was recruited in part from these sources and in part by Black and Mexican-American research assistants.

Five psychometric criteria were used to select the 90 true/false items and 10 subscales for the final form of the FES (R). These criteria controlled for internal...
consistency (e.g., items correlate highly with their own subscales (range of correlations) each subscales has an approximately equal number of items scored true and false to control for acquiescence response set, subscales had low to moderate intercorrelations (range of correlations), and each item (and each subscale) discriminates among families. Each of these criteria was met in subsamples of Caucasian, ethnic minority, and distressed families (Moos & Moos, 1986).

Normative data on the FES (Form R) have been collected from 1,125 normal and 500 distressed families. The sample of normal families was composed of families from various geographical locations of the United States, as well as single-parent and multigenerational families of all age groups (newly married families, families with preschool children). The normal family sample included a group of 294 families drawn randomly from specified census tracts in several counties in California (Moos & Moos, 1986). The distressed families included families of alcoholic patients (N = 220), families of psychiatric patients (N = 77) and families in which children were in a crisis situation (e.g., run away from home).

The internal consistencies for each of the 10 FES subscales are in an acceptable range, ranging from moderate for Independence and Achievement Orientation to substantial for Cohesion, Organization, Intellectual-Cultural
Orientation, and Moral Religious Emphasis. The 10 sub-scale scores were intercorrelated separately on samples of 1,468 husbands and wives and 621 sons and daughters drawn from 534 normal and 266 distressed families. Intercorrelations suggest that the subscales measure related aspects of family social environments. Cohesion and organization are positively correlated, as are Intellectual-Cultural Orientation and Active Recreational Orientation. There are negative correlations between Cohesion and Conflict and between Independence and Control. The intercorrelations are similar for parents and children and account for an average of less than 10% of the subscale variance (Moos & Moos, 1986).

Content and face validity were built into the FES by formulating definitions of specific constructs such as cohesion and organization; preparing items to fit the construct definitions; and selecting items that were conceptually related to a dimension as agreed upon by independent raters. Several studies have supported the construct validity of the FES. For example, the measure of religious participation is highly related to Moral-Religious emphasis (average \( r = .62 \) for an alcoholic and non-alcoholic sample); joint family activities are associated with recreational orientation (average \( r = .39 \)); family arguments are linked to conflict (average \( r = .49 \)) (Dancy & Handal, 1980).
Test-retest reliabilities of individuals' scores for the 10 subscales were calculated for 47 members in 9 families who took Form R twice within an 8-week interval. The scores varied from a low of .68 for Independence to .86 for Cohesion. Test-retest reliabilities were also calculated for a 4-month interval on a sample of 42 families. Correlation coefficients in these studies were moderate to high for both intervals (Moos & Moos, 1986).

The psychometric criteria used in the formulation of this measure has made it the most widely used measure for assessing family environments. The methods and procedures used in the formulation of this instrument makes it a highly reliable and valid measure for assessing families of various ethnic origins. For example, items were constructed from information gathered in structured interviews with members of different types of families and the choice and wording of items as guided by the general formulation of three domains of social environmental dimensions. Also, construct definitions are well defined for the 10 subscales on the FES. Moreover, the measure has sound psychometric properties and the 90 items were selected according to five psychometric criteria: even split in item response frequency, higher correlation with its own subscale than with another subscale, equal number of true and false keyed items on each scale, low to moderate scale intercorrelations, and maximum discrimination.
among families (Moos & Moos, 1986). Therefore, the measure (FES) can be used to describe or contrast the social environments of different families, to compare individual family members' perceptions with each other, and help develop a clinical typology of family environments.
CHAPTER III

METHOD

Subjects

Subjects included 62 Black outpatient adolescents between the ages of 12-21 presenting for clinical services at a large northeast medical facility which provides outpatient substance abuse services. All adolescents who reported concerns for a 1st or 2nd degree relative's substance use (mother, father, sibling, grand-parent) or his/her own use were recruited for the study. To be included in the study, adolescents and alcohol/drug using family members resided in the same household. The adolescent's report of concerns were based on the Alcohol and Drug Information Screening Instrument (McCaul, Stockman & Gross, 1988). Table 2 was the reported demographic data for subjects.
Table 2
Demographic Data for 62 Subjects

<table>
<thead>
<tr>
<th>Grade</th>
<th>Frequency</th>
<th>Percentage of population</th>
</tr>
</thead>
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<tr>
<td>6</td>
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<td>10.6</td>
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<td>13.6</td>
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<td>9</td>
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<td>24.2</td>
</tr>
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<td>10</td>
<td>9</td>
<td>15.2</td>
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<tr>
<td>11</td>
<td>4</td>
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<td>12</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>13</td>
<td>3</td>
<td>3.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Status</th>
<th>Frequency</th>
<th>Percentage of population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intact</td>
<td>16</td>
<td>24.2</td>
</tr>
<tr>
<td>Single/Div/Sep</td>
<td>33</td>
<td>51.5</td>
</tr>
<tr>
<td>Lives with Relative</td>
<td>11</td>
<td>19.9</td>
</tr>
<tr>
<td>Foster</td>
<td>2</td>
<td>4.5</td>
</tr>
</tbody>
</table>

Table 2—Continued

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<table>
<thead>
<tr>
<th>Sex</th>
<th>Frequency</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>15</td>
<td>25.8</td>
</tr>
<tr>
<td>Female</td>
<td>47</td>
<td>74.2</td>
</tr>
</tbody>
</table>

**Measures**

**Family Environment Scale**

To assess the nature of the adolescent's family of origin, a self-report measure was employed (Appendix A). Moos' Family Environment Scale (Form R) (Moos & Moos, 1986) consists of 10 subscales which assess three domains. For an in depth discussion of the FES, please see Chapter II of this document. The FES subscales have been shown to have good internal consistency (ranging from .61 to .78), relatively high average item-subscale correlations (ranging from .27 to .44), and good 2-month test retest reliabilities (ranging from .68 to .86). The subscale scores are quite stable over 4-month (ranging from .54 to .91) and 12-month (ranging from .52 to .89) intervals, but they are also sensitive to changes such as those that may occur during family therapy, as reported in the manual. The intercorrelations of the 10 subscales average around .20, indicating that they measure distinct, though somewhat related, aspects of the social environments of families.
Many studies have utilized the FES, including case studies (Moos & Fuhr, 1982), treatment planning (Fuhr et al., 1981), and research relating the family characteristics to treatment outcome (Moos & Moos, 1986).

The Alcohol and Drug Information Screening

These were screening questions used to establish study eligibility (Appendix B). The tool was designed to be administered by a health care provider. The questionnaire assesses the patient's concerns about a first degree relative's use of substances as well as concerns about his or her own use.

The Drug Exposure Response Sheet

This 11 item questionnaire developed by McCaul, Stockman and Gross (1988) assesses the patient's exposure to 10 categories of substances, specifically, alcohol, tobacco, marijuana, amphetamines, cocaine, tranquilizers, barbiturates, opiates, inhalants, and hallucinogens (Appendix C). The patient's frequency of substance use as well as amount of substance used or presently being used are tapped by this questionnaire. The Drug Exposure Response Sheet can be used as a self report instrument or as a structured interview.
Demographic Characteristics

Demographic variables were assessed using the Intake and Referral Form used at the Johns Hopkins Substance Abuse Prevention Program (Appendix D). Age, race, sex, family composition, and educational level of the subject will be assessed.

Screening for Research Study

This provides an overview of the screening for inclusion in the research study (Appendix E).

Western's Human Subjects Institute Review Board and Johns Hopkins Review Board

These boards give approval for collecting and analyzing data on participants (Appendix F).

Procedures

Every patient entering the Adolescent Medical Clinic was assessed by a clinical staff member (e.g., pediatrician or nurse practitioner). A comprehensive intake procedure for each patient consisted of the following: (a) an interview with the clinical staff nurse during which she reviewed the patient's chart, confirms the presenting problem, and obtained the patient's height, weight, and sexual history; (b) a Nurse Practitioner reviewed the chart and completed the Alcohol and Drug Information
Screening which identified patients who have concerns about the drug/alcohol use of a 1st or 2nd degree relative or his/her own alcohol or drug use; (c) if the patient reported concerns about family members or his/her own alcohol or drug use, the staff members referred the adolescent to the investigator for a further assessment; and (d) the patient was assessed by the investigator using the Intake and Referral Form to collect demographic information as well as to identify a potential substance abusing parent. The patient was then assessed extensively for his/her drug and alcohol exposure using the Drug Exposure Response Sheet in a structured interview (McCaul et al., 1988).

The Alcohol and Drug Information Screening was collected on each patient who enters the clinic. Patients seeking services on Thursday and Friday were referred immediately to the investigator who completed the protocol. On other days, clinical staff collected the completed Alcohol and Drug Information Questionnaires and a follow-up appointment was scheduled by the investigator for completion of the protocol. After all measures were completed, the patient was informed of the substance abuse prevention group sponsored by the Johns Hopkins Adolescent Medicine Clinic and encouraged to participate. The total amount of time required of an individual to participate in
the research assessment was estimated to be one and one-half hours. Please see appendix E for more information on screening & subject selection.

Data Analysis

The confidence level for the study was set at \( p < .05 \) and the following questions were addressed:

Research Question #1. Do Black American adolescents using substances perceive family environment less favorably than non-using adolescents?

Participants were divided into two groups: users and nonusers. Participants were classified as users of alcohol or drugs if they have used alcohol or drugs on a regular basis (three or more times per week) in the past month as assessed by the Alcohol and Drug Exposure Questionnaire. They were described as nonusers if they report use of substances less than three times in the past month. T tests comparing the means of each subscale of the Family Environment Scale for both groups were calculated.

Research Question #2. Do Black American adolescent (substance users) males perceive family environment less favorably than Black American adolescent males (non-using)?

To answer this question, the subjects were described using two independent variables: use of alcohol/drugs and sex of subject. A t-test was conducted to compare the two
Research Question #3. Do Black American female adolescents (substance users) perceive family environment more favorably than females (non-using).

To answer this question, the subjects were defined using two independent variables: use of alcohol/drugs and sex of subject. A t-test was conducted to compare the two groups: female users and female nonusers, on each of the 10 FES subscales.
CHAPTER IV

REPORTING OF FINDINGS

The purpose of this study was to analyze the perception of family environment based on scores obtained from the Family Environment Scale (FES). Black male and female adolescents who reported regular use of alcohol or drugs were included in the study. Adolescents using alcohol or drugs were hypothesized to perceive family environment less favorably than those who did not. It was also hypothesized that males and females might differ in perception of family environment due to their socialization roles.

A series of _t_ tests were used to compare means of groups on each subscale of the FES. Independent variables used were drug use and sex of subjects. Dependent variables were the scores on the FES subscales.

Analyses of the data indicated that users and nonusers differ significantly (p < .05) on 12 of 120 subscales of the FES. However, the only subscale that was significant across drug categories was the Intellectual-Culturation Orientation subscale.

The following tables provide a presentation of these data for the study (see Tables 3-10).
Table 3

Mean FES Scores for Female Users and Nonusers of Alcohol

<table>
<thead>
<tr>
<th>Subscales</th>
<th>Blk Female users (N = 25)</th>
<th>Blk Female nonuser (N = 21)</th>
<th>p &lt; .05</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Cohesion</td>
<td>5.32</td>
<td>2.49</td>
<td>5.95</td>
</tr>
<tr>
<td>Expressiveness</td>
<td>3.96</td>
<td>1.54</td>
<td>4.28</td>
</tr>
<tr>
<td>Conflict</td>
<td>4.52</td>
<td>2.12</td>
<td>3.38</td>
</tr>
<tr>
<td>Independence</td>
<td>5.68</td>
<td>1.52</td>
<td>5.76</td>
</tr>
<tr>
<td>Achievement Orientation</td>
<td>5.92</td>
<td>1.32</td>
<td>6.00</td>
</tr>
<tr>
<td>Intellectual Cultural Orientation</td>
<td>4.88</td>
<td>2.02</td>
<td>5.61</td>
</tr>
<tr>
<td>Active Recreational Orientation</td>
<td>4.68</td>
<td>1.95</td>
<td>4.71</td>
</tr>
<tr>
<td>Moral Religious Emphasis</td>
<td>6.32</td>
<td>1.62</td>
<td>6.04</td>
</tr>
<tr>
<td>Organization</td>
<td>4.96</td>
<td>1.69</td>
<td>6.38</td>
</tr>
<tr>
<td>Control</td>
<td>5.60</td>
<td>1.63</td>
<td>5.09</td>
</tr>
</tbody>
</table>

*Table 3 revealed Black female users of tobacco scored higher on the Control subscale (p < .02) as compared to non-users.

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Table 4

Mean FES Scores for Users and Nonusers of Tobacco

<table>
<thead>
<tr>
<th>Subscales</th>
<th>Blk Female Users (N = 20)</th>
<th>Blk Female Nonusers (N = 24)</th>
<th>p &lt; .05</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean  SD</td>
<td>Mean  SD</td>
<td>t-Value</td>
</tr>
<tr>
<td>Cohesion</td>
<td>5.45  2.25</td>
<td>5.54  2.81</td>
<td>-.12</td>
</tr>
<tr>
<td>Expressiveness</td>
<td>3.80  1.67</td>
<td>4.20  1.06</td>
<td>-.98</td>
</tr>
<tr>
<td>Conflict</td>
<td>4.85  1.46</td>
<td>3.50  2.20</td>
<td>2.34</td>
</tr>
<tr>
<td>Independence</td>
<td>5.65  1.72</td>
<td>5.70  1.65</td>
<td>-.11</td>
</tr>
<tr>
<td>Achievement Orientation</td>
<td>6.15  1.34</td>
<td>5.91  1.66</td>
<td>.50</td>
</tr>
<tr>
<td>Intellectual Cultural Orientation</td>
<td>4.80  1.96</td>
<td>5.41  1.93</td>
<td>-1.05</td>
</tr>
<tr>
<td>Active Recreational Orientation</td>
<td>5.10  1.68</td>
<td>4.29  2.15</td>
<td>1.36</td>
</tr>
<tr>
<td>Moral Religious</td>
<td>6.00  1.62</td>
<td>6.25  1.77</td>
<td>-.48</td>
</tr>
<tr>
<td>Organization</td>
<td>4.90  1.55</td>
<td>6.04  2.29</td>
<td>-1.89</td>
</tr>
<tr>
<td>Control</td>
<td>5.90  1.16</td>
<td>5.00  1.64</td>
<td>2.06</td>
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</tbody>
</table>

*Table 4 analyses revealed two significant findings. Black female tobacco users rated higher scores on Conflict (p < .02) and Control (p < .04).

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<table>
<thead>
<tr>
<th>Subscales</th>
<th>Blk Female Users (N = 12)</th>
<th>Blk Female Nonusers (N = 34)</th>
<th>p &lt; .05</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean  SD</td>
<td>Mean  SD</td>
<td>t-Value</td>
</tr>
<tr>
<td>Cohesion</td>
<td>5.00  2.08</td>
<td>5.82  2.68</td>
<td>- .96</td>
</tr>
<tr>
<td>Expressiveness</td>
<td>3.66  1.15</td>
<td>4.26  1.46</td>
<td>-1.28</td>
</tr>
<tr>
<td>Conflict</td>
<td>4.41  1.50</td>
<td>3.85  2.21</td>
<td>.81</td>
</tr>
<tr>
<td>Independence</td>
<td>6.08  1.37</td>
<td>5.58  1.72</td>
<td>.90</td>
</tr>
<tr>
<td>Achievement Orientation</td>
<td>5.83  1.33</td>
<td>6.00  1.59</td>
<td>- .32</td>
</tr>
<tr>
<td>Intellectual Cultural Orientation</td>
<td>3.83  2.16</td>
<td>5.70  1.62</td>
<td>-3.14</td>
</tr>
<tr>
<td>Active Recreation Orientation</td>
<td>4.66  1.23</td>
<td>4.70  2.15</td>
<td>- .06</td>
</tr>
<tr>
<td>Moral Religious Emphasis</td>
<td>5.33  1.67</td>
<td>6.50  1.60</td>
<td>-2.15</td>
</tr>
<tr>
<td>Organization</td>
<td>4.66  1.15</td>
<td>5.94  2.20</td>
<td>-1.91</td>
</tr>
<tr>
<td>Control</td>
<td>5.75  1.60</td>
<td>5.23  1.43</td>
<td>1.04</td>
</tr>
</tbody>
</table>

*Table 5 revealed that Black female nonusers rated higher scores on Intellectual-Cultural Orientation (p < .001) and Moral Religious Emphasis (p < .03).*
### Table 6

Mean FES Scores for Female Users and Nonusers of Cocaine

<table>
<thead>
<tr>
<th>Subscales</th>
<th>Blk Female Users (N = 3)</th>
<th>Blk Female Nonusers (N = 43)</th>
<th>p &lt; .05</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Cohesion</td>
<td>3.33</td>
<td>3.05</td>
<td>5.76</td>
</tr>
<tr>
<td>Expressiveness</td>
<td>2.66</td>
<td>1.52</td>
<td>4.20</td>
</tr>
<tr>
<td>Conflict</td>
<td>4.66</td>
<td>1.52</td>
<td>3.95</td>
</tr>
<tr>
<td>Independence</td>
<td>6.66</td>
<td>1.15</td>
<td>5.65</td>
</tr>
<tr>
<td>Achievement Orientation</td>
<td>6.33</td>
<td>2.08</td>
<td>5.93</td>
</tr>
<tr>
<td>Intellectual Cultural Orientation</td>
<td>2.33</td>
<td>2.08</td>
<td>5.41</td>
</tr>
<tr>
<td>Active Recreational Orientation</td>
<td>4.00</td>
<td>1.00</td>
<td>4.74</td>
</tr>
<tr>
<td>Moral Religious Emphasis</td>
<td>5.33</td>
<td>2.88</td>
<td>6.25</td>
</tr>
<tr>
<td>Organization</td>
<td>4.00</td>
<td>1.00</td>
<td>5.72</td>
</tr>
<tr>
<td>Control</td>
<td>6.66</td>
<td>.57</td>
<td>5.27</td>
</tr>
</tbody>
</table>

*Table 6 revealed that Black females rated Intellectual Cultural Orientation more favorably as compared to users of cocaine (p < .001).*
Table 7

Mean FES Scores for Male Users and Nonusers of Marijuana

<table>
<thead>
<tr>
<th>Subscales</th>
<th>Blk Male Users (N = 3)</th>
<th>Blk Male Nonusers (N = 13)</th>
<th>p &lt; .05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohesion</td>
<td>Mean 6.33 SD 2.08</td>
<td>Mean 6.07 SD 1.93</td>
<td>.20</td>
</tr>
<tr>
<td>Expressiveness</td>
<td>Mean 4.33 SD 1.15</td>
<td>Mean 4.38 SD 1.44</td>
<td>-0.60</td>
</tr>
<tr>
<td>Conflict</td>
<td>Mean 3.66 SD 1.15</td>
<td>Mean 3.46 SD 2.22</td>
<td>.15</td>
</tr>
<tr>
<td>Independence</td>
<td>Mean 6.33 SD 1.52</td>
<td>Mean 5.53 SD 5.53</td>
<td>.69</td>
</tr>
<tr>
<td>Achievement Orientation</td>
<td>Mean 6.00 SD 1.00</td>
<td>Mean 6.53 SD 96</td>
<td>-.86</td>
</tr>
<tr>
<td>Intellectual Cultural Orientation</td>
<td>Mean 4.33 SD 2.30</td>
<td>Mean 5.15 SD 2.47</td>
<td>-.52</td>
</tr>
<tr>
<td>Active Recreational Orientation</td>
<td>Mean 5.66 SD 2.30</td>
<td>Mean 5.38 SD 2.06</td>
<td>.21</td>
</tr>
<tr>
<td>Moral Religious Emphasis</td>
<td>Mean 6.33 SD 57</td>
<td>Mean 5.76 SD 1.69</td>
<td>.56</td>
</tr>
<tr>
<td>Organization</td>
<td>Mean 8.00 SD 1.00</td>
<td>Mean 5.76 SD 1.78</td>
<td>2.05</td>
</tr>
<tr>
<td>Control</td>
<td>Mean 4.00 SD 2.64</td>
<td>Mean 4.92 SD 1.32</td>
<td>-.91</td>
</tr>
</tbody>
</table>

*pTable 7 revealed that Black male marijuana users and
nonusers differed significantly on the Organization subscale ($p < .05$). No significant differences were found between Black male users and nonusers of alcohol and tobacco. Analyses of cocaine users versus nonusers was not possible due to the small $N$ in the cocaine group.

Table 8

Mean FES Scores for Male and Female Users and Nonusers of Tobacco

<table>
<thead>
<tr>
<th>Subscales</th>
<th>Users (M/F) (N = 27)</th>
<th>Nonusers (M/F) (N = 32)</th>
<th>$p &lt; .05$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Cohesion</td>
<td>5.59</td>
<td>2.25</td>
<td>5.71</td>
</tr>
<tr>
<td>Expressiveness</td>
<td>3.96</td>
<td>1.60</td>
<td>4.28</td>
</tr>
<tr>
<td>Conflict</td>
<td>4.66</td>
<td>1.46</td>
<td>3.43</td>
</tr>
<tr>
<td>Independence</td>
<td>5.70</td>
<td>1.75</td>
<td>5.65</td>
</tr>
<tr>
<td>Achievement Orientation</td>
<td>6.18</td>
<td>1.27</td>
<td>6.12</td>
</tr>
<tr>
<td>Intellectual Cultural Orientation</td>
<td>4.55</td>
<td>1.96</td>
<td>5.50</td>
</tr>
<tr>
<td>Active Recreational Orientation</td>
<td>5.03</td>
<td>1.91</td>
<td>4.62</td>
</tr>
<tr>
<td>Moral Religious</td>
<td>5.92</td>
<td>1.63</td>
<td>6.15</td>
</tr>
<tr>
<td>Organization</td>
<td>5.25</td>
<td>1.83</td>
<td>6.06</td>
</tr>
<tr>
<td>Control</td>
<td>5.55</td>
<td>1.47</td>
<td>5.00</td>
</tr>
</tbody>
</table>
*Table 8 revealed that Black male and female users of tobacco differed significantly on the Conflict subscale ($p < .01$).

Table 9

Mean FES Scores for Male and Female Users and Nonusers of Marijuana

<table>
<thead>
<tr>
<th>Subscales</th>
<th>Users (M/F) (N = 15)</th>
<th>Nonusers (M/F) (N = 47)</th>
<th>$p &lt; .05$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Cohesion</td>
<td>5.26</td>
<td>2.08</td>
<td>5.89</td>
</tr>
<tr>
<td>Expressiveness</td>
<td>3.80</td>
<td>1.14</td>
<td>4.29</td>
</tr>
<tr>
<td>Conflict</td>
<td>4.26</td>
<td>1.43</td>
<td>3.74</td>
</tr>
<tr>
<td>Independence</td>
<td>6.13</td>
<td>1.35</td>
<td>5.57</td>
</tr>
<tr>
<td>Achievement Orientation</td>
<td>5.86</td>
<td>1.24</td>
<td>6.14</td>
</tr>
<tr>
<td>Intellectual Cultural Orientation</td>
<td>3.93</td>
<td>2.12</td>
<td>5.55</td>
</tr>
<tr>
<td>Active Recreational Orientation</td>
<td>4.86</td>
<td>1.45</td>
<td>4.89</td>
</tr>
<tr>
<td>Moral Religious</td>
<td>5.53</td>
<td>1.55</td>
<td>6.29</td>
</tr>
<tr>
<td>Organization</td>
<td>5.33</td>
<td>1.75</td>
<td>5.89</td>
</tr>
<tr>
<td>Control</td>
<td>5.40</td>
<td>1.88</td>
<td>5.14</td>
</tr>
</tbody>
</table>
Table 9 indicated that nonusers of marijuana scored higher on the Intellectual-Cultural Orientation subscale ($p < .001$).

**Table 10**

Mean FES Scores for Male and Female Users and Nonusers of Cocaine

<table>
<thead>
<tr>
<th>Subscales</th>
<th>Users (M/F)</th>
<th>Nonusers (M/F)</th>
<th>$p &lt; .05$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N = 4)</td>
<td>(N = 58)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean</td>
<td>Mean</td>
<td>$t$-Value</td>
</tr>
<tr>
<td>Cohesion</td>
<td>4.50</td>
<td>5.82</td>
<td>-1.08</td>
</tr>
<tr>
<td>Expressiveness</td>
<td>2.75</td>
<td>4.27</td>
<td>-2.20</td>
</tr>
<tr>
<td>Conflict</td>
<td>4.25</td>
<td>3.84</td>
<td>.38</td>
</tr>
<tr>
<td>Independence</td>
<td>7.00</td>
<td>5.62</td>
<td>1.63</td>
</tr>
<tr>
<td>Achievement Orientation</td>
<td>6.50</td>
<td>6.05</td>
<td>.61</td>
</tr>
<tr>
<td>Intellectual Cultural Orientation</td>
<td>2.50</td>
<td>5.34</td>
<td>-2.83</td>
</tr>
<tr>
<td>Active Recreational Orientation</td>
<td>4.75</td>
<td>4.89</td>
<td>-.14</td>
</tr>
<tr>
<td>Moral Religious</td>
<td>5.75</td>
<td>6.13</td>
<td>-.45</td>
</tr>
<tr>
<td>Organization</td>
<td>5.25</td>
<td>5.79</td>
<td>-.52</td>
</tr>
<tr>
<td>Control</td>
<td>6.75</td>
<td>5.10</td>
<td>2.16</td>
</tr>
</tbody>
</table>

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Table 10 revealed that nonusers scored higher on Expressiveness ($p < .03$). Also, nonusers scored higher on the Intellectual-Cultural Orientation subscale ($p < .001$). However, users scored higher on the Control subscale ($p < .05$).
CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

A review of the research literature on alcoholism and alcoholism among Black Americans revealed that a dearth of research exists on the subject of alcohol and Blacks. According to a report by United States Department of Health and Human Services (1984), the majority of national studies were designed to elicit baseline data on the general population. As a result, the number of Blacks included in samples for these surveys generally were too small to draw definitive statements and conclusions about alcohol use and the nature and extent of alcohol related problems among Blacks.

In this study a sample of 62 Black American adolescents were assessed using the Family Environment Scale (FES) and two substance abuse assessment scales. Adolescents who reported regular use of alcohol or drugs (3 or more times a week during the past month) were hypothesized to perceive the family environment less favorably (lower scores), on the 10 subscales of the FES, than those who
reported no regular use.

The research was conducted at a large northeast medical facility which provides outpatient substance abuse services. All participants who reported regular use of alcohol or drugs, or regular use for a first or second degree relative (e.g., mother, father, sister, brother, grandmother) were included in the study. Each participant was administered the FES, subjects completed a demographic questionnaire and a substance abuse assessment interview. Participants were 62 Black adolescents, 46 females, 15 males, ages 12-21, grades 7-12.

A t-test was the statistic selected to determine differences between users and nonusers, and the comparison of group means determined if differences existed at the p < .05 level of confidence.

In general, support for alcohol and drug use affecting the perception of family environment among Black adolescent users and nonusers was substantiated. Based on the analyses it appears that the kind of drug used has an impact on certain aspects of perceived family environment.

In addition, the present study also provided data on Black adolescents' perceptions of family environment so that clinicians may have a better understanding of the impact alcohol or drugs have on adolescents' perception of family functioning. This information should be integrated.
when alcohol education and substance abuse prevention programs are developed.

The only subscale of the FES that was consistent for male and female nonusers, across two drug categories (marijuana and cocaine), was the Intellectual-Cultural Orientation subscale. In other words, the nonusers perceived that their family environments reinforced more interest in political, social, intellectual, and cultural activities than the users of marijuana or cocaine.

Other subscales in which the nonusers perceived more favorably were the Organization, Expressiveness and Moral Religious Emphasis subscales. These subscale differences did not extend across drug categories. Black male and female tobacco users rated their families as higher on the Conflict subscale, such that tobacco users perceived a greater amount of openly expressed anger, aggression, and conflict among family members.

On the other hand, two subscale ran counter intuitive. Black male marijuana users perceived the family environment more favorably on the Organization subscale, such that male marijuana users perceived that their family placed a higher degree of importance on clear organization and structure in planning family activities and responsibilities. On the other hand, Black female tobacco users perceived that their families have greater organization and rules which are used
to run family life. These were the only two subscales with a counter intuitive finding. These findings may be an artifact of the statistical analyses.

Essentially, the analyses revealed that on some dimensions of family milieu those adolescents who reported regular use of alcohol or drugs generally, with two exceptions, perceived the family milieu less favorably, and sometimes not.

Conclusions

Several initial conclusions were drawn from the statistical analyses of the data presented in the study. It was concluded that alcohol and drug nonusers have different perceptions of their family environment as compared with regular users of alcohol or drugs. Also, it was concluded that males and females differ in their perceptions of family environment. However, when comparing male and female users versus male and female nonusers, nonusers generally agreed that their families foster more intellectual and cultural activities.

Several explanations surfaced that may provide insight into the reason why users and nonusers, males and females, differ on some areas of perceived family environment, particularly the Intellectual-Cultural Orientation aspect. First is that the coping skills for nonusers may be more
developed than the users of alcohol or drugs. These individuals may see the negative impact of drugs within the society and may have the wherewithal to resist the use of drugs. Second, peer group relations for nonusers are more likely to be associated with nonusers. This association is more likely to reinforce intellectual and cultural activities as compared to users who may spend more time getting drugs.

Making a distinction between intact and single parent families was not a focus of this research, however, the researcher would argue that having two parents in a family may have an influence in adolescents’ perception of family functioning. Thus, a third explanation as to why nonusers may perceive their families as more intellectually and culturally stimulating is the fact that the majority of the participants were from non-nuclear families. The two-parent family system is likely to exert greater influence on the children for abstention of alcohol and drugs, however, this is not to say that adolescents coming from non-nuclear families are more likely to experiment with alcohol or drugs. It must be remembered, however, that Black youths from single-parent families within the inner cities, are vulnerable to the use of alcohol or drugs.
When analyzing why Black female marijuana users perceive more conflict in their family environments, the investigator interpreted this finding in relation to the impact drugs have on emotional adjustment. Just the use of the drug itself may be associated with rebellious and aggressive behaviors. Therefore, adolescent use of alcohol or drugs suggest the adolescent has more to be angry about, so the likelihood of expressing anger is better. Most researchers would agree that the use of a psychoactive substance (legal or illegal) will lower one's inhibitions. MacDonald (1984) states that all drugs share one disturbing property: they produce in the user a feeling of pleasure or euphoria. It is the desire to reproduce this feeling that may lead to sudden loss of control. Therefore, the potential to openly express anger and aggression is heightened.

When observing differences between males and females on perceptions of family environment, one is drawn to the explanation of the differences in the socialization process between males and females. It is a generally accepted belief that males are socialized differently from females. The literature suggests that males, in general, are less likely to pursue interests in tasks that have been traditionally identified as female oriented (i.e.,
childrearing, cleaning). Several researchers have postulated that many gender differences are a result of these learned behaviors during childhood (Derlega & Chaikin, 1976; Feinman, 1974). For example, males are taught that crying is not "manly" or don't show your emotions. Whereas, women are encouraged to show feelings and cry when the psyche is hurt.

Early gender learned behaviors have significant implications when we think of the potential for alcohol or drug use. Because males have been socialized not to show their affective qualities (Balswic & Peek, 1975), many males may have difficulty in emotional expressiveness. As the male desires to unlock those repressed feelings, he may turn to alcohol or drugs as a way to decrease the anxiety for expressing his feelings, or to help him gain social acceptance. Therefore, in a family, social, or intimate setting, the male may view drinking as an activity that makes it easier for emotional expressiveness. Therefore, he is less likely to view alcohol as disruptive or as having a negative impact on family functioning.

The concept of "denial" is a plausible explanation why males may view alcohol or drug use differently from the female. Denial in the family is the principal way substance use can hold the family hostage. Because males are generally considered the protector of their families, the
male adolescent is more likely to pretend there is no problem and hope that it goes away. This is particularly true of the Black male adolescent when the abuser is the mother. Within the Black family system children are reared to respect and protect their parents, particularly mothers. Brisbane (1987) says that "Black children do not speak against mother unless they can see some cause and effect relationship of something that happened minutes ago, yesterday or last week they often dismiss its importance" (p. 5).

Another explanation why males may have different perceptions from females for alcohol and drug use has to do with a concept called a "rites of passage." Generally, in today's society, it is common knowledge that male adolescents engage in alcohol or drug use as a symbolic gesture of their transformation into manhood. This may include such activities as beer drinking contests and the smoking of marijuana. It is this symbolic gesture that has far reaching implications for male potential substance abuse and addiction. Females, on the other hand, generally, do not have the same transformation into womanhood. One might postulate that females rites of passage are determined primarily from a biological perspective. Therefore, the concept of the rites of passage is likely to have a
great impact on males view of alcohol or drug use, as com-
pared with females who are less likely to practice this
cultural ritual.

Black youth are clearly at risk for developing drug
problems. Due to the high prevalence of exposure to
alcohol and drug use in their communities, particularly
the inner cities, many youth may fall prey to this problem
behavior. Brisbane (1987) suggests that where drinking is
a prevalent social activity, as in the Black community,
there is rationalization and denial of alcoholism as a
disease and family illness. Instead they tend to view
abusive drinking as having a good time.

Clearly alcohol and drug users have different percep-
tions of the effects alcohol or drugs have on family envi-
ronment as compared with nonusers. Also, males and fe-
males differ on perception of family environment on some
aspects of the family environment. The aforementioned ex-
planations may provide some plausible reasons why the dif-
ferences exist. However, when the use of alcohol and
drugs are mixed with ethnic and cultural patterns, family
dynamics, peer influences, and social rituals, one would
be hardpressed to delineate which factor has the most
impact on adolescent perception of family functioning.
Implications of Findings

Readers should exercise caution in generalizing the findings of this study given the many unknown dimensions surrounding the two groups. For example, the severity of alcohol or drug use among adolescents may effect the results. Also, because of the small $N$ for users in some drug categories (cocaine), some findings may be an artifact of the statistical analyses.

Nonetheless it is hoped that this investigation will stimulate further research interests by psychologists, counselors, social workers and substance abuse prevention specialists. These professionals may determine that alcohol and drug education programs must have a strong parental component, in addition to an educational component for the youth. Furthermore, there may be aspects about the Black family system that are unique to the treatment of substance abusing Black adolescents. After analyzing the FES subscales, the professional may form an understanding of family characteristics that may lead to substance abuse.

From this study, the investigator suggests that clinicians should access the family system for a drug history. If drug use is established by history or admission, a behavioral inventory should be obtained from the child and
his or her parents to determine the degree of drug in­volvement (Macdonald, 1984). Based on this assessment, clinicians will better determine what aspects of the family need treatment.

Using the FES as a clinical tool, clinicians can determine what patterns are more likely to be seen in these families (users versus nonusers). Clinicians can decide if treatment should occur within a family therapy context or some other treatment modality.

Because the Intellectual-Cultural Orientation appeared most affected by drug use, clinicians may determine what activities families can do together to enhance political and social awareness. Treatment may focus on how to spend more "quality time" together.

Clinicians should consider a life skills training component when designing prevention programs. One such program has been suggested by the National Institute on Drug Abuse (1985). These programs should concentrate on relationship enhancement, family effectiveness training; informing parents how to identify a potential problem; methods for confronting a child suspected of drug use; and anger management; and education regarding parent-child communication.

In sum, the study suggests that alcohol and drug edu­cation is needed for Black adolescents. Many of these
youth may have varying perceptions of the impact of drug use on their family environments. Clinicians, educators, and other mental health professionals, should become knowledgeable about the family environments of Black substance abusing adolescents. It is this understanding that is most likely to improve the ability of clinicians to design treatment and education programs that can have the greatest impact on adolescent drug use.

Limitations of the Study

The limitations in this study are in the sampling population. Participants came from single parent, low socio-economic status backgrounds, and the majority of their parents had less than a 12th grade education and resided in the inner city. The participants were presenting for psychological or medical treatment at a large northeast (inner-city) medical facility. Findings would have relevance for similar populations. However, the responses may be different for Black male and female adolescents coming from higher socio-economic status families, and not presenting for psychological or medical treatment.

In addition, the study does not measure the extent of individual involvement with drug use among the adolescents. One might speculate that an extensive history of abusing drugs may cause one to have a different perception
of family environment versus someone who has used intermittently.

Recommendations

Because Blacks appear to be at high risk for substance abuse and its related health and social consequences, and the fact that many Blacks have limited access to health care and treatment services, greater attention must be paid to intervention programs aimed at education and prevention, to prevent the use of tobacco, alcohol or other dangerous drugs.

Since alcohol appears to affect Blacks differently than whites, additional research in terms of the biological vulnerability of substance abuse on Blacks is warranted. This is particularly important in view of the fact that Blacks, especially Black males, appear to be at high risk for alcohol related illnesses (USDHHS, 1984).

Whereas this study focused on Black adolescents from families who reported substance use in their family environments, additional research should investigate Black families who are not substance abusers. The investigator can inquire, "What skills the nonusing families have in promoting cohesion among family members, or do they just adopt a self-centered philosophy? What skills are they
using to protect the child from drug use?" Do nonusing families have a stronger interest in intellectual and cultural activities? As stated earlier, most of the studies conducted using alcohol and nonalcoholic families have concentrated on white families (Moos & Moos, 1986).

Another research question may be, "To what extent do parents agree with their children's perceptions of the family environments?" The question of congruence and incongruence from members of the same household, should provide researchers with some evidence of correlation between family members' perceptions and the impact that differing perceptions of the family environment among family members has on drug use.

The development of a model treatment program for Black substance abusing adolescents, which has programmatic responses to the unique effects alcohol and drug abuse have on Black children, deserves research considerations. Brisbane (1987) has taken steps to fill this void by designing a treatment program entitled "Black Children of Alcoholic and Drug Addicted Parents." However, more extensive research is needed to formulate additional treatment strategies. Since substance abuse is considered by many to be a family illness, the treatment model should emphasize family and individual treatment.
It must be recognized that the problem of substance abuse in the Black community is a microcosm of the problems that Blacks encounter throughout the United States. Brisbane (1987) postulates that Blacks suffer from substance abuse in ways that are unique to them because they are Black. Brisbane and Womble (1985) further add that Blacks frequently experience problems that are different from those experienced by other ethnic and racial groups, both in their quest for treatment and in their ability to maintain sobriety. One may speculate that the "larger society's" treatment of Blacks may contribute toward the abuse of drugs. This is clearly suggested when one recognizes the fact that racism, alienation, high unemployment can create a condition of "learned helplessness". Thus, Blacks, in particular the Black male, becomes highly vulnerable for substance abuse due to the high rates of unemployment within the Black male population.

If significant progress is to be made regarding the problem of substance abuse within the Black population, researchers, politicians, psychologists, just to name a few, must begin to view Blacks within the American political context. In that regard, one can see how the problem of substance abuse is disproportionately represented within the Black community. Brisbane and Womble (1985),
maintained that if no solutions exist, there is, likewise, no incentive to define the problem. Therefore, this investigator has responded to the problem of substance abuse within the Black community by targeting the most vulnerable group, Black adolescents. I hope those who are concerned about substance abuse will continue to support education and prevention programming for Blacks.
Appendix A

Family Environment Scale
Instructions

Rudolf H. Moos

Form A

Environmental Scale

Family
Appendix A

1. Family members really help and support one another.
2. Family members often keep their feelings to themselves.
3. We fight a lot in our family.
4. We don't do things on our own very often in our family.
5. We feel it is important to be the best at whatever you do.
6. We often talk about political and social problems.
7. We spend most weekends and evenings at home.
8. Family members attend church, synagogue, or Sunday School fairly often.
9. Activities in our family are pretty carefully planned.
10. Family members are rarely ordered around.
11. We often seem to be killing time at home.
12. We say anything we want to around home.
13. Family members rarely become openly angry.
14. In our family, we are strongly encouraged to be independent.
15. Getting ahead in life is very important in our family.
16. We rarely go to lectures, plays or concerts.
17. Friends often come over for dinner or to visit.
18. We don't say prayers in our family.
19. We are generally very neat and orderly.
20. There are very few rules to follow in our family.
21. We put a lot of energy into what we do at home.
22. It's hard to "blow off steam" at home without upsetting somebody.
23. Family members sometimes get so angry they throw things.
24. We think things out for ourselves in our family.
25. How much money a person makes is not very important to us.
26. Learning about new and different things is very important in our family.
27. Nobody in our family is active in sports, Little League, bowling, etc.
28. We often talk about the religious meaning of Christmas, Passover, or other holidays.
29. It's often hard to find things when you need them in our household.
30. There is one family member who makes most of the decisions.
31. There is a feeling of togetherness in our family.
32. We tell each other about our personal problems.
33. Family members hardly ever lose their tempers.
34. We come and go as we want to in our family.
35. We believe in competition and "may the best man win."
36. We are not that interested in cultural activities.
37. We often go to movies, sports events, camping, etc.
38. We don't believe in heaven or hell.
39. Being on time is very important in our family.
40. There are set ways of doing things at home.
41. We rarely volunteer when something has to be done at home.
42. If we feel like doing something on the spur of the moment we often just pick up and go.
43. Family members often criticize each other.
44. There is very little privacy in our family.
45. We always strive to do things just a little better the next time.
46. We rarely have intellectual discussions.
47. Everyone in our family has a hobby or two.
48. Family members have strict ideas about what is right and wrong.
49. People change their minds often in our family.
50. There is a strong emphasis on following rules in our family.
51. Family members really back each other up.
52. Someone usually gets upset if you complain in our family.
53. Family members sometimes hit each other.
54. Family members almost always rely on themselves when a problem comes up.
55. Family members rarely worry about job promotions, school grades, etc.
56. Someone in our family plays a musical instrument.
57. Family members are not very involved in recreational activities outside work or school.
58. We believe there are some things you just have to take on faith.
59. Family members make sure their rooms are neat.
60. Everyone has an equal say in family decisions.
61. There is very little group spirit in our family.
62. Money and paying bills is openly talked about in our family.
63. If there's a disagreement in our family, we try hard to smooth things over and keep the peace.
64. Family members strongly encourage each other to stand up for their rights.
65. In our family, we don't try that hard to succeed.
66. Family members often go to the library.
67. Family members sometimes attend courses or take lessons for some hobby or interest (outside of school).
Appendix B

The Alcohol and Drug Information Screening

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Appendix B

ALCOHOL AND DRUG INFORMATION SHEET

Jesse Brinson's hours at the clinic are Thursdays 10-2:30 and Fridays 10-2. Please leave this completed form in envelope above the preceptor's boxes.

1. Does patient have concerns about his/her own alcohol/drug use?  
   YES   NO

2. Does patient have concerns about a parent's alcohol/drug use?  
   YES   NO

3. Does patient have concerns about another's alcohol/drug use (e.g., family member, household member, significant other)?  
   YES   NO

4. Do you recommend that this patient be contacted at home if the Prevention Specialist cannot see the patient at this visit?  
   YES   NO

Comments:

5. Did you provide patient with the Teens' Talk brochure?  
   YES   NO

6. Will a followup appointment been scheduled?  
   YES   NO

If YES, when?  1 week  2 weeks  _____ weeks
Appendix C

The Drug Exposure Response Sheet
### Appendix C

**DRUG EXPOSURE RESPONSE SHEET**

#### I. TOBACCO

1. **exposure (1...7)**
2. **use/exper (Y/N)**
3. **age first tried (yrs)**
4. **problems a b c d e f g**
5. **regular use (Y/N)**
6. **age at regular use**
7. **source (1...5)**
8. **frequency now (1...7)**
9. **year frequency (1...7)**
10. **month frequency (1...7)**
11. **future use (1...4)**

#### II. ALCOHOL

1. **exposure (1...7)**
2. **use/exper (Y/N)**
3. **age first tried (yrs)**
4. **problems a b c d e f g**
5. **regular use (Y/N)**
6. **age at regular use**
7. **source (1...5)**
8. **frequency now (1...7)**
9. **year frequency (1...7)**
10. **month frequency (1...7)**
11. **future use (1...4)**

#### III. MARIJUANA

1. **exposure (1...7)**
2. **use/exper (Y/N)**
3. **age first tried (yrs)**
4. **problems a b c d e f g**
5. **regular use (Y/N)**
6. **age at regular use**
7. **source (1...5)**
8. **frequency now (1...7)**
9. **year frequency (1...7)**
10. **month frequency (1...7)**
11. **future use (1...4)**

#### I.V. COCAINE

1. **exposure (1...7)**
2. **use/exper (Y/N)**
3. **age first tried (yrs)**
4. **problems a b c d e f g**
5. **regular use (Y/N)**
6. **age at regular use**
7. **source (1...5)**
8. **frequency now (1...7)**
9. **year frequency (1...7)**
10. **month frequency (1...7)**
11. **future use (1...4)**

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Appendix D

Demographic Characteristics
Appendix D

INTAKE AND REFERRAL FORM

Referred made by: ____________________________ Date: __________________
of: 1) Broadway Center 2) Adol. Med. 3) ATS-FSK 4) other __________________________

I. Child being referred: ___________________________________________ age ______
   Race: W B A H
   Address: ____________________________________________________________
   Telephone: ____________________________ Date of birth ______-____-____
   Name of School ____________________________________________
   Grade in school_________/special ed/ LD Grade average: a b c d e f
   Days absent from school last year ____________
   Circle if yes: Ever suspended / Repeated / Skipped
   Employment: YES NO IF YES, PT or FT, Days of week, Hours __________
   Medications for physical illness: YES NO If YES, what? ____________________
   Medications for nerves/mental illness: YES NO If YES, what? ____________________
   Siblings not in home under 18: name_____________________________________
   Adult responsible for child's welfare _________________________________________
   (eg: prepares meals, takes to doctor, signs report card, etc.)

Who regularly lives in the home with the child?

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship to Child</th>
<th>Drug/Alcohol Problem Use</th>
<th>Past/Present</th>
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</table>

II. Chemically dependent parent-figure/guardian: Name: __________________________

Presently lives with child? YES NO OCCASIONALLY DECEASED

Relationship to child: a) biol. mother/father b) grandparent c) other ________
   d) step-mother/father e) aunt/uncle
   Address: ____________________________________________________________
   Telephone: ____________________________

Occupation ________________________ Education (years) ______ Date of birth ______

Nature of substance abuse problem:
   a) presently dependent-alcohol abusing b) recovering alcoholic
   c) presently dependent-illicit opiates d) methadone maintenance
   e) other drugs-dependent f) opiate,other drugs-recovering/detox

Length of sobriety: ____________

Duration of abuse problem: ________ years

Treatment status: a) not in treatment b) inpatient treatment
                  c) outpatient treatment d) AA/NA/CDA only

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Appendix E

Screening for Research Study
SCREENING FOR RESEARCH STUDY

1. Parents and adolescents walk into Hopkins Pediatric Clinic.

2. Data on both (parent and child) are collected using the Hopkins' Questionnaires.

3. After completing questionnaires, clinicians (MD, PRECEPTOR) identify parent and child who screen positive for adolescent, parent or household member substance abuse.

4. All screening forms are placed in mailbox. Positive screens are identified for interviewing.

5. Parent and adolescent are introduced to the prevention program. The parent is asked to complete OSAP questionnaires, (FES, Family Pedigree) while child is completing clinical services.

6. The adolescent will be asked to complete the OSAP demographic data and FES. [Note that order of interviews will be adjusted depending on other services needed as well as the ability of the parent and/or child to self-administer these questionnaires.]
Appendix F

Western's Human Subjects Institutional Review Board Approval Letter
TO: Jesse Aaron Brinson, Jr.
FROM: Ellen Page-Robin, Chair
RE: Research Protocol
DATE: December 8, 1988

This letter will serve as confirmation that your research protocol, "The Relationship Between Perceived Family Environment and Substance Use in Black American Adolescents," has been approved as exempt by the HSIRB.

If you have any further questions, please contact me at 387-2647.
BIBLIOGRAPHY


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